

A MINDFUL ART PROGRAM:  
USING MINDFULNESS AND FOCUSING-ORIENTED ART THERAPY WITH  
CHILDREN AND ADOLESCENTS TO DECREASE STRESS  
AND INCREASE SELF-COMPASSION

A Grant Proposal  
Submitted in Partial Fulfillment  
of the Requirements  
for the Degree of  
Master of Arts in Marital and Family Therapy and Art Therapy  
Notre Dame De Namur University

Submitted by  
Emily Tara Weiner  
December, 2012

## Signatures

I certify that I have read this thesis and that, in my opinion, it meets the thesis requirement for the Master of Arts in Marriage and Family Therapy and Art Therapy degree.

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Amy Backos, Ph.D., ATR-BC  
Assistant Professor  
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I certify that I have read this thesis and that, in my opinion, it meets the thesis requirement for the Master of Arts in Marriage and Family Therapy and Art Therapy degree.

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John Lemmon, Ph.D.  
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## **Acknowledgements**

I am infinitely grateful to Dr. Laury Rappaport, Daniel Rechtschaffen of the Mindful Education Institute (MEI), and Megan Cowen of Mindful Schools for their initial inspiration for my vision to create this Mindful Art Program for children. I thank them and everyone from the FOAT (Focusing-Oriented Art Therapy) and MEI (Mindfulness Education Institute) communities from the center of my being, for their continued inspiration and support.

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## **Abstract**

This grant proposal's hypothesis is that an eight-week Mindful Art Program will decrease stress and increase Self-Compassion in children, ages 9 and 10. This pilot program will be conducted at Rocketship Discovery Prep, a charter elementary school in San Jose, California. The Mindful Art Program will be conducted with a total of four classrooms (three fourth grade classes and one fifth grade class), during one-hour sessions in the schoolday, once a week, for eight weeks. The Mindful Art Program is based on both the Mindful Schools curriculum and Dr. Laury Rappaport's, FOAT (Focusing-Oriented Art Therapy). The Mindful Art Program is also based on a wellness and prevention model, within the field of positive psychology. Results of this grant and follow-up research study should show a decrease in stress, as measured by the Perceived Stress Scale (PSS) and an increase in Self-Compassion, as measured by the Self-Compassion Scale-Children (SCS-C). Teacher report on the Child Behavior Checklist (CBC-L) should show a reduction in problem behaviors associated with child stress. In addition, the children should show an increase in Mindfulness skills, as measured by the Child and Adolescent Mindfulness Measure (CAMM), adding validity to the Mindful Art Program as a Mindfulness-based intervention.

(sponsoring letter on org. letterhead)

Date

To Whom It May Concern:

I am writing this letter in support of Emily Weiner who is seeking a grant to fund and carry out research concerning her Mindful Art Program that this sponsoring agency, Rocketship Discovery Prep, hopes to offer to its forth and fifth grade students.

Rocketship Discovery Prep is an elementary school located in San Jose, California, which is apart of Rocketship Education, a national, non-profit elementary charter school network that opened the nation's first hybrid school in 2007, pioneering the Rocketship Model. The Rocketship Model delivers on these four ambitions: innovation, empowerment, leadership and impact. It includes exceptional classroom teaching and individualized learning to enable students to master basic skills and higher order thinking skills, and an operational approach that minimizes expensive, unnecessary redundancy, while supporting academic innovation and excellence. Rocketship Education intends to expand across the U.S. to serve more low-income students in cities that have the urgency to eliminate the achievement gap.

At Rocketship Discovery Prep, we are committed to academic excellence in an environment that teaches, reinforces and celebrates our five core values: respect, responsibility, persistence, empathy and creative expression. I am confident that Emily Weiner's Mindful Art Program will serve our core values of empathy and creative expression.

Therefore, I support the grant research as proposed by Emily Weiner and invite her to conduct her Mindful Art Program at Rocketship Discovery Prep. We believe that her study will demonstrate how this Mindful Art Program can decrease stress and increase empathy in our students.

Sincerely,  
Joya Deutsch  
Prinicpal

## **Introduction to Sponsoring Agency**

Rocketship Discovery Prep is an elementary school located in San Jose, California, within Santa Clara County. Rocketship Discovery Prep is apart of Rocketship Education, a national, non-profit elementary charter school network that opened the nation's first hybrid school in 2007, pioneering the Rocketship Model.

The Rocketship Model delivers on these four ambitions: innovation, empowerment, leadership and impact. It includes exceptional classroom teaching and individualized learning to enable students to master basic skills and higher order thinking skills, and an operational approach that minimizes expensive, unnecessary redundancy, while supporting academic innovation and excellence.

Rocketship Education intends to expand across the U.S. to serve more low-income students in cities that have the urgency to eliminate the achievement gap.



## **Problem Statement**

### **Introduction**

Stress is an epidemic in our current culture in the United States (Ryan, 2012). “All across America, people are feeling squeezed and exhausted—running faster and faster yet falling further behind... people are maxed out...and crunched. They are running harder on an economic treadmill that just keeps getting faster and steeper.” (Ryan, 2012, p. 9). The struggling state of our current economy, and the ever-increasing pace of our culture, technology, war, political and environmental concerns are all common sources of stress for adults in the U.S. (Ryan, 2012). “Stress” is defined here as the body’s reaction to a perceived difficulty or challenge, that disturbs its equilibrium. The term “stressor” is defined as the perceived difficulty or challenge that may precipitate stress (Terzian, Moore, & Nguyen, 2010). Stress is now a well-proven risk factor for mental health illness and physical illness (Terzian et al., 2010).

### **Stress in Children and Adolescents**

Adults, however, are not the only ones who experience stress. Adolescents and children are also deeply affected by the state of our economy, parental job loss, state and budget cuts and the ever-increasing pace of our culture and technology (Ryan, 2012; Siegel, 2012). With the advent of ever-new, constant, streaming media at their fingertips, children and teens are being bombarded with more external stimulation than ever before (Ryan, 2012; Siegel, 2012). Academic and extra-curricular expectations and pressures in our country are also constantly increasing for children and adolescents (Ryan, 2012).

Children are being expected to learn more and to do more at earlier and earlier ages (Ryan, 2012). The focus in our school systems is on academic performance and success and on the cultivation of purely academic intelligence; the focus in schools is not on the cultivation of emotional intelligence and other life coping skills including stress management, Self-Compassion, compassion for others, and interpersonal skills--elements which are all crucial for coping with and thriving throughout life and in relationship to others, as well as in relationship to the larger global community and to the Earth itself (Ryan, 2012).

Adolescents and children experience some common stressors in their daily lives. Worrying about schoolwork and academic pressures, peer relationships and bullying, home life, and changing bodies and self-image are just some of the daily stresses experienced by school-age children and adolescents (Smith-Vogtmann, 2009).

Stress can have a huge, negative impact on child development, both in terms of neuro-development and mental-emotional development (Middlebrooks & Audage, Centers for Disease Control, 2008). Stress can disrupt early brain development and compromise functioning of the nervous and immune systems (Middlebrooks & Audage, CDC, 2008). In addition, childhood stress can lead to health problems later in life including alcoholism, depression, eating disorders, heart disease, cancer, and other chronic diseases (Middlebrooks & Audage, CDC, 2008). Therefore, addressing, managing and preventing stress experienced by children and adolescents during these crucial developmental life stages becomes even more critical for their long-term health and well-being (CDC, 2008; Terzien, et al. 2010).

Although stress can be problematic for all children and adolescents, children and

adolescents from low socioeconomic backgrounds may be even more likely to experience chronic and/or high levels of stress (Terzian et al., 2010; Ryan, 2012). Children and adolescents who live in low-resource, high crime neighborhoods may experience added and chronic stressors of poverty, failing educational systems and exposure to community violence (Sibinga et al., 2011). Research shows that chronic stress--stress experienced over a long period of time--can have a negative effect on learning and academic achievement, as well as psychological and physical wellbeing (Sibinga et al., 2011). Chronic stress can lead to physical illness and psychological disorders such as anxiety and depression (Sibinga et al., 2011). How children cope with and manage stress depends on the resources that are available to them and whether they have the skills to utilize these resources (Terzian et al., 2010). Mindfulness-Based Stress Reduction is one such resource that can help mitigate the effects of stress.

### **Mindfulness-Based Stress Reduction (MBSR)**

Mindfulness is now being widely used as a helpful stress management skill for adults. Jon Kabat-Zinn pioneered the program of Mindfulness-Based Stress Reduction (MBSR) for adults in 1979 at the Center for Mindfulness (CFM), within the University of Massachusetts Medical School (Kabat-Zinn, 1990). Kabat-Zinn defines “Mindfulness” as “the awareness that emerges through paying attention on purpose, in the present moment, and non-judgmentally to the unfolding of experience moment-to-moment” (Kabat-Zinn, 1990, p. 4). For purposes of this research, Kabat-Zinn’s definition of Mindfulness will be used.

Kabat-Zinn’s MBSR program is an eight-week program, focusing on regular

Mindfulness meditation exercises (Kabat-Zinn, 1990). These Mindfulness exercises include the “body scan”, using the breath as an “anchor” for attention, sitting meditation, walking and movement meditations, as well as informal Mindfulness practices in which participants intentionally bring mindful awareness to activities of daily life such as eating (Kabat-Zinn, 1990). The MBSR program also includes weekly group sessions and home practice (Kabat-Zinn, 1990). Through group and home practices, participants develop Mindfulness skills and attitudes including focused attention, sustaining and switching attention, accepting their present moment experience, and noticing felt sensations in the body, without judgment (Kabat-Zinn, 1990). Kabat-Zinn strongly upholds that MBSR teachers have extensive personal experience of Mindfulness practices before teaching the program to clients (Kabat-Zinn, Mindful Schools Benefit, February 17, 2012). Research has shown that the MBSR program is reliably effective in reducing symptoms of stress, anxiety and depression in adults (Kabat-Zinn, 2003; Baer, 2003; Bishop et al., 2004).

### **MBSR with Children and Adolescents**

In recent years, there have been adaptations to the MBSR program for adolescents and children (Saltzman & Goldin, 2008). Gina Biegel (2009) has adapted the MBSR program specifically for adolescents in her program “Stressed Teens”, and Amy Saltzman has adapted the MBSR program for children. For her MBSR program for children, Saltzman uses the same Mindfulness practices outlined in Kabat-Zinn’s MBSR program for adults, but makes various age-appropriate adaptations for children (Saltzman & Goldin, 2008). For example, Saltzman uses shorter time frames for the Mindfulness exercises and uses child-friendly language and metaphors (Saltzman & Goldin, 2008).

In Saltzman's Mindfulness exercise called, "Thought Parade", she uses the metaphor of a parade to help the children participants identify when they are "marching with the parade" (lost in thought), rather than "watching the parade go by" (observing their thoughts) (Saltzman & Goldin, 2008). In Saltzman's Mindfulness exercise, "Flashlight", Saltzman uses the metaphor of a flashlight to help the child participants learn how to keep mindful attention in the body; Saltzman invites the children to "shine the flashlight of their attention" on different parts of the body and the sensations felt at this location in the body (Saltzman & Goldin, 2008); Saltzman then invites the children to "open the lens of their flashlight" to include awareness of everything and then to "close the lens" to focus on only one thing, such as their breath (Saltzman & Goldin, 2008). These exercises help the child participants learn how to have more choice in terms of where to keep their focus, attention and awareness (Saltzman & Goldin, 2008). Saltzman also uses imagery and art to help make the Mindfulness exercises fun and engaging for children (Saltzman & Goldin, 2008).

For one of the at-home, "Feelings Practices", Saltzman asks children to make artistic representations of two feelings that they had during the meditations (Saltzman & Goldin, 2008). According to Saltzman, this "helps the children become more comfortable with identifying and expressing their emotions" (Saltzman & Goldin, 2008, p. 148). Saltzman instructed facilitators to explain to the children that there may be "layers of feelings or that the feelings may be subtle or somewhat shy" (Saltzman & Goldin, 2008, p. 148). After naming the feelings, the children are encouraged to notice where feelings are experienced in the body (location) (i.e. belly, chest, head, etc.), what the feelings feel like (sensation) (i.e. tingling, pulsing, heavy, etc.), and if they have a

color and/or sound (i.e. giggling, groaning, sighing, etc.) (Saltzman & Goldin, 2008). Next the children are encouraged to ask the feelings what they want or need (Saltzman & Goldin, 2008). As Saltzman describes to the children, “ Usually feelings need something simple, such as, attention, space and time.” (Saltzman & Goldin, 2008, p. 148) This Feelings Practice “decreases the tendency to over-identify with emotions, while enhancing a perspective of playfulness and curiosity towards emotions.” (Saltzman & Goldin, 2008, p. 148). These feeling practices help to increase emotional regulation for the children (Saltzman & Goldin, 2008). Research has shown that this adapted eight-week MBSR children’s program can also help reduce anxiety and stress for this child population and their parents as well (Saltzman & Goldin, 2008).

### **Mindful Schools**

Mindful Schools, a non-profit in the San Francisco Bay Area, founded by Laurie Grossman, Richard Shankman, and Megan Cowen in 2007, provides a Mindfulness-in-the-classroom program also adapted from Kabat-Zinn’s MBSR program (Ryan, 2012). During their eight-week, in-class Mindfulness training program, Mindfulness teachers come to participating classrooms, two times a week, for 15-minute sessions, to teach Mindfulness exercises to students. Mindful Schools also provides in-service trainings for educators and counselors. Mindful Schools has served over 50 schools in the Bay Area, 70% of which are public schools with predominately low-income populations (Ryan, 2012; Mindfulschools.org).

Mindful Schools describes Mindfulness as “ a particular way of paying attention. It is the mental faculty of purposefully bringing awareness to one’s experience.

Mindfulness can be applied to sensory experience, thoughts, and emotions by using sustained attention and noticing experience without reacting” (Mindfulschools.org ).

According to Mindful Schools, Mindfulness for children provides space/time between a stimulus and a reaction, changing impulsive reactions to thoughtful responses (Mindfulschools.org).

During their program, students receive training in the following Mindfulness-based activities: listening with a bell, using the breath as an anchor to the present, movement, walking, eating practices, and applying Mindfulness skills to test taking and other activities of children’s daily living (Mindfulness Curriculum Training Workshop, 2009). The program encourages at home practice with the use of a Mindfulness journal. Especially with the very young grades, K-2<sup>nd</sup>, Mindful Schools teachers encourage the children to draw their emotions in their journals, since they often do not have the language capacity yet for verbal expression of their emotions (Daniel Rechtschaffen, Mindful Education Institute, personal communication, 2012). Mindful Schools research has found that their Mindfulness training increases academic focus and attention, emotional regulation, empathy, social skills and conflict resolution, and decreases stress and anxiety (Biegel & Brown, 2011).

### **Mindfulness and Prevention**

Supporters of Mindful Schools and other such Mindfulness in Education programs believe that the earlier children can learn these Mindfulness skills and the earlier they become an everyday tool for children, the more equip these children will be to thrive in adolescence and adulthood (Ryan, 2012). Since stress in early childhood can

negatively impact brain development and increase the risk for mental and physical illness in adulthood (Middlebrooks & Audage, CDC, 2008), early intervention and prevention of stress build-up is key for this population. The earlier children learn Mindfulness skills, that then they become reinforced neural pathways in the brain, the more likely they will be as adults to remember to use and return to these skills learned early in life (Siegel, 2012; Ryan, 2012). The earlier children learn these necessary life coping skills, the more able they will be in adolescence and later in adulthood to cope with life's challenges, prevent and manage stress, and thrive as joyous, compassionate members of society (Ryan, 2012).

While the research literature in MBSR focuses on stress reduction and treatment of mental health illnesses with Mindfulness, Mindfulness training as stress and illness prevention has received far less attention in the literature. Mindfulness can be used as a preventative intervention, to prevent the build-up of chronic stress and subsequent illness. Mindfulness can be used within a positive psychology approach, and within a wellness and prevention model, to focus on cultivating and maintaining brain health and psychological well-being, resiliency and coping, rather than on simply reducing stress and treating illness and psychological dysfunction (Harpine, Nitza & Conyne, 2010; Hamilton, Kitzman, & Guyotte, 2006; Seligman, 2002).

Within the positive psychology literature, Mindfulness is being linked not only to the concept of psychological well-being, but also to the concept and construct of Self-Compassion. Neff (2003), a pioneer in the study of Self-Compassion, defines Self-Compassion as the tendency to be kind toward oneself in times of difficulty or pain, to be nonjudgmental about one's thoughts and feelings, and to see one's experience as a part of



the larger human experience. Neff (2003) claims that Mindfulness is actually a pre-condition for Self-Compassion; one must learn to unconditionally accept one's thoughts and feelings, before one can have unconditional love for oneself (Neff, 2003). Neff (2003) also claims that increasing Self-Compassion can increase compassion for others as well. Therefore, Mindfulness may help to increase not only psychological well-being, but also help to increase compassion for self and others (Neff, 2003).

Mindfulness-based prevention programs can therefore be implemented with children and adolescents at these critical developmental stages to cultivate physical, mental, emotional *and* interpersonal health and wellness. Overall, there is a still existing need in the literature to study Mindfulness, from a positive psychology perspective, not just as a stress reduction method or treatment for mental illness, but also as an early intervention and prevention measure for children and adolescents, to promote long-term health and well-being throughout the lifespan.

In addition to the need for more Mindfulness-based prevention programming for children and adolescents, there is also a need for more incorporation of art-based methods in Mindfulness training for children and adolescents. While Amy Saltzman's MBSR for children and Mindful Schools programs do incorporate some art practices into their Mindfulness training, some art therapy modalities allow for more in-depth integration of art with Mindfulness.

### **Focusing-Oriented Art Therapy (FOAT)**

Laury Rappaport (2009) developed Focusing-Oriented Art Therapy (FOAT)-- a Mindfulness-based approach in art therapy. FOAT combines Eugene Gendlin's (1981;

1996) Focusing method and approach with art therapy. In Focusing, participants learn to increase self-awareness through a mindful awareness of the bodily “felt sense”-- the whole sense of an issue that one feels “on the inside”, or within the body (Rappaport, 2009). “The Focusing Attitude”, is an attitude of acceptance towards this felt sense (Rappaport, 2009). Rappaport (2009) states, “Focusing incorporates inner listening, an empathic way of being towards oneself, and provides access to the body’s innate wisdom” (p. 16). All parts of self have wisdom to share (Rappaport, 2009), and learning to listen gently to what wisdom the bodily felt sense has to share, can lead not only to stress reduction but also to self-acceptance, Self-Compassion and empathy.

### **FOAT with Children and Adolescents**

Martha Stapert is known for her work adapting the Focusing Method for children and adolescents. Stapert has found that using art is a natural extension of the Focusing process for children and adolescents, and that art enhances the Focusing process especially for these age groups children (Stapert & Verliefe, 2008). Art can also simply make the Focusing method more engaging and fun for children and adolescents (Stapert & Verliefe, 2008). Stapert has found that for children, who are still learning to use verbal language, the addition of art in the Focusing process can help children better articulate their thoughts and emotions (Stapert & Verliefe, 2008). For adolescents, who are often resistant to verbal expression, the addition of art in the Focusing process can provide an alternative, non-verbal means of articulating and expressing thoughts and emotions (Stapert & Verliefe, 2008). Also for adolescents, who are beginning to use abstract thinking, the addition of art in the Focusing process can help with symbolic

representation of thoughts and emotions (Stapert & Verliefe, 2008). For both age groups, children and adolescents alike, the addition of art can help the mental imagery of the Focusing process to “come alive”, becoming more vivid and tangible. The art can serve as a tangible, external reference point for internal experience (Rappaport, 2009).

From a Mindfulness-based perspective, being able to create distance from thoughts and emotions, is key—and the addition of art to the Focusing process facilitates this externalization and crystallization of emotions. In Stapert’s work, children and adolescents often express that once they draw their thoughts and emotions out on paper, outside of their bodies, the emotions and thoughts no longer consume them or threaten them; they no longer feel like they are going to “drown” in them and the emotions become more clear, concrete and manageable (Stapert, 2008).

Rappaport describes this process of externalizing emotions and the stress reduction benefits, in one specific FOAT exercise referred to as “Clearing a Space with Art” (Rappaport, 2009). In Rappaport’s (2009) “Clearing a Space with Art” exercise, the client is able to identify current stressors through the felt sense and gently, and tangibly through the art, set them aside at an appropriate distance outside of his or her body:

Clearing a Space with Art is useful for centering, stress reduction, getting distance from overwhelming feelings and dis-identifying with them. It also helps clients to have an experiential knowing that there is a self that is separate from their issues, as well as a place of inherent wholeness (p. 112).

This place of inherent wholeness is referred to in Focusing as “The All Fine Place” (Rappaport, 2009), or as Amy Saltzman refers to it in her MBSR for children program, the “Still Quiet Place” (Saltzman & Goldin, 2008). Through art, clients are able to

represent this “All-Fine Place”, and experience great amounts of stress relief in doing so (Rappaport, 2009). By literally seeing this place represented through the artwork, the client is able to feel this inner felt shift from stress to relaxation more deeply and fully. Many clients have reported the experience of stress reduction through this Clearing a Space with Art exercise, and some research has been done on “Clearing a Space with Art” and FOAT (Castalia, 2010; Weiland, 2011). However, more research measuring the benefits of FOAT is greatly needed. In addition, Clearing a Space with Art and other FOAT exercises developed by Rappaport have yet to be fully explored, adapted and researched for children and adolescents.

### **Art-Based Mindfulness Programs for Children**

While Stapert and Saltzman have each incorporated elements of art and Mindfulness in their work with children, Diana Coholic (2011) is one of the first to develop a purely arts-based method for teaching Mindfulness to children. Coholic (2011) implemented this Arts-Based Mindfulness group with children from her local child mental health centers. Coholic (2011) found that it was primarily through the experience of having “fun” and enjoying themselves through the art-based methods that children learned the Mindfulness skills. Coholic (2011) found that the Arts-Based Mindfulness group increased emotional regulation and resiliency in the children.

Coholic’s study (2011) gives support for the acceptability, feasibility and suitability for this type of Arts-Based Mindfulness program with children. However, more studies on the use of these types of purely Arts-Based Mindfulness programs with children and adolescents are still needed. There is a need to replicate Coholic’s Art-

based Mindfulness program to learn more about what makes the addition of art in Mindfulness training more effective for children and adolescents than the Mindfulness training alone. Evidenced-based research is needed to support the benefits of the combination of art and Mindfulness for children and adolescents, as this combination may prove to be more effective in treating and preventing stress in children and adolescents than either intervention independently from each other.

### **Mindful Art Program**

To address these still existing needs for: 1) more Mindfulness-Based prevention programs for children and adolescents; 2) more purely Arts-Based Mindfulness programs; and 3) FOAT research with children and adolescents, I am proposing an eight-week Mindful Art Program for children.

This Mindful Art Program is framed within a wellness and prevention model (Harpine et al., 2010; Hamilton, Kitzman & Guyotte, 2006). (Children who learn these Mindfulness skills earlier in life will be more able to prevent the build-up of chronic stress and become more resilient to stress in adulthood; these children will be more likely to experience psychological and physical wellbeing throughout their lifetime, rather than illness.)

The Mindful Art Program is more art-based than previously outlined Mindfulness programs for children and adolescents. For most children, art is a natural means of expression (Stapert & Verliefde, 2008). For children, art allows for a deep expression that they may not have the ability to communicate verbally (Stapert & Verliefde, 2008). Art is effective because it helps emotional expression to become visible, tangible and concrete

for children and adolescents (Stapert & Verliefe, 2008). Art is also effective for children because it is engaging and fun (Stapert & Verliefe, 2008; Saltzman & Goldin, 2008; Coholic, 2011). Therefore, adapting Mindfulness exercises to include art-based methods is a natural extension and enhancement for any Mindfulness program geared towards children and adolescents, and may be a more effective means of teaching Mindfulness techniques to children and adolescents than non-art methods.

### **Purpose of Grant**

The primary purpose of this grant is to conduct a Mindful Art Program with children in order to decrease stress. Since chronic stress can negatively impact brain development and become a significant risk factor for physical and mental illnesses later in adulthood, stress reduction and prevention of chronic stress build-up, is critical for this child population. The secondary purpose of this Mindful Art Program is to help cultivate preventative and positive life coping and social skills including social and emotional learning, emotional regulation, Self-Compassion and empathy.

### **Primary Research Question**

How does the Mindful Art Program impact the children's experience of stress and Self-Compassion?

## **Objectives**

The primary goal of the proposed Mindful Art Program is to decrease stress and increase Self-Compassion for schoolchildren ages nine and ten.

Objectives:

1. Children will show a decrease in perceived stress after participating in the eight-week Mindful Art Program, as measured by the Perceived Stress Scale (PSS).
2. Children will show a decrease in stress after each Mindful Art Program session, as measured by the pre- and post-intervention scores on the Likert Stress Scale.
3. Children will show an increase in Self-Compassion after participating in the eight-week Mindful Art Program, as measured by the Self-Compassion Scale-Children (SCS-C).
4. Children will show a reduction in problem behaviors associated with child stress, after participating in the eight-week Mindful Art Program, as measured by teacher report on the Child Behavioral Checklist (CBC-L).
5. Children will show an increase in Mindfulness skills after participating in the eight-week Mindful Art Program, as measured by the Child and Adolescent Mindfulness Measure (CAMM).
6. Children will reveal their experience of the Mindful Art Program through Program Evaluation answers.

## **Methodology**

### **Hypothesis**

It is hypothesized that the eight-week Mindful Art Program will: 1) reduce stress ; and 2) increase Self-Compassion for fourth and fifth graders (ages nine and ten) at Rocketship Discovery Prep, an elementary charter school in San Jose, California (Santa Clara county).

### **Research Design**

Because random assignment is not feasible, the research design is quasi-experimental, in that the groups have been pre-assigned by classrooms at Rocketship Discovery Prep. The independent variable is the eight-week Mindful Art Program and the dependent variables being measured are stress and Self-Compassion. The design will be mixed-method, including quantitative pre-test and post-test questionnaires as well as a qualitative survey completed by the children (Appendix X).

### **Participants**

The children that will participate in the Mindful Art Program are the three fourth grade classes and one fifth grade class at Rocketship Discovery Prep (participating classes decided by School Principal, Joya Deutsch). There will be approximately 30 students in each class. The students will be between the ages of nine and ten. The majority of the students enrolled at Rocketship Discovery Prep are of Hispanic or Latino ethnicity (71%), and the majority of students are also from low –income families.



*Informed consent.* Participation in the Mindful Art Program is voluntary. All children in the fourth and fifth grades at Rocketship Discovery Prep will be sent home with information about the program along with consent forms. The Mindful Art Program forms will be provided in Spanish and English in order to be fully understandable to the predominately Spanish-speaking parents of the children enrolled at Rocketship Discovery Prep (See Appendix X for the English version of the consent form and Appendix Y for the Spanish version). Those parents who choose to return a signed consent form will have their children included in the program. In addition, there will be an informed assent form given to child participants (Appendix X). Children will be informed about the research and given the opportunity to sign indicating their assent. Any child who does not want to participate in the research study will still be given an opportunity to be a part of the Mindful Art Program.

### **Location**

The Mindful Art Program group meetings will take place within the computer lab and/or outdoor shade structure at Rocketship Discovery Prep, San Jose, California. Cleared tables and/or art boards will be provided to make the spaces conducive to art-making.

### **Instruments of Measure**

*Perceived Stress Scale (PSS).* The standardized instrument of measurement that will be used to measure stress in the participants is the Perceived Stress Scale (PSS). The PSS is the most widely used psychological instrument for measuring the perception of

stress (Mindgarden.com). PSS is a measure of the degree to which situations in one's life are appraised as stressful (Cohen, Kamarck & Mermelstein, 1983). The rationale for using a subjective measure of stress (PSS) rather than an objective measure of stress (such as stressful Life-Event Scales), is that a person's subjective perception and appraisal of an event as stressful (PSS), was proven to be a better predictor of symptomology and health-related outcomes than objective measures of stress (Life-Event Scores) (Cohen et al., 1983). When compared with either of the two objective measures of stress or Life-Event Scales used (The College Student Stressful Life-Event Scale, Levine and Perkins, 1980, or the Life-Event Scale from the Unpleasant Events Schedule, Lewinsohn and Talkington, 1979), the PSS proved to be more highly correlated with social anxiety (as measured by the Social Avoidance and Distress Scale, Watson and Friend, 1969), depression (as measured by The Center for Epidemiologic Studies Depression Scale), and physical symptomology (as measured by the Cohen-Hoberman Inventory of Physical Symptoms, 1983) (Cohen et al., 1983). Therefore the PSS can be viewed as assessing a state of stress that places people at risks for negative health effects, both physical and psychological (Cohen et al., 1983). The PSS, then, is a helpful measure in identifying stress as a risk factor for children and adolescents, and can be helpful in terms of prevention of stress and related health problems.

Cohen et. al (1983) originally tested the PSS with two samples of college students and one sample of a smoking-cessation program group. Although originally designed for a community sample with a junior high school education or higher, the questions on the PSS are simple enough to be used with children and adolescents (Cohen et al., 1983). The PSS is also brief and easy-to-administer (Cohen et al., 1983). Cohen et al. (1983)

found the PSS to have adequate reliability and validity. The test-retest reliability for the PSS was .85 for the college student samples and .55 for the smoking-cessation group sample (Cohen et al., 1983). The coefficient alpha reliability for the PSS was .84 or higher for all three samples (Cohen et al, 1983).

There are 14 questions in the PSS, each which ask about feelings and thoughts during the last month (Cohen et al., 1983). In each case, respondents are asked how often they felt a certain way, on a likert-type scale from zero (“never”) to four (“very often”) (Cohen et al., 1983). PSS scores are obtained by reversing the score on the seven positively stated items (items 4,5,6,7,9,10) and then summing all 14 items. Higher scores on the PSS indicate higher levels of perceived stress (PSS in Appendix X).

*Likert Stress Scale.* A simple Likert-type stress scale, asking child participants to mark their current level of stress from zero (“not at all stressed”) to five (“extremely stressed”) will be used before and after each Mindful Art Program intervention to measure child participants’ self-reported stress levels.

*Child Behavior Checklist-L (CBC-L).* The CBC-L will be used to help the teachers in the participating classrooms report behavioral markers of stress in their students (CBC-L in Appendix X). The Child Behavior Checklist-L (CBC-L), developed by Achenbach, is a widely-used method of identifying problem behavior in school-age children (ages six-18). Problem behaviors are identified by a respondent who knows the child well, usually a parent or teacher. The checklist consists of a number of statements about the child’s behavior, recorded on a Likert scale from zero (“not true/often”) to two (“very true/often”). The CBC-L checklist contains 120 questions, and is very comprehensive.

*Self-Compassion Scale- Children (SCS-C)*. The standardized instrument of measurement that will be used to measure Self-Compassion is the Self-Compassion Scale adapted for Children (SCS-C), designed by Amy Saltzman. Kristen Neff (2003) designed the original Self-Compassion Scale for adults, and has provided this researcher with a copy of the SCS-C, developed by Amy Saltzman, although this child version has yet to be published (Neff, personal communication, 2012) (See Appendix X for Neff's letter of approval).

Neff's SCS (2003) identifies three main components of Self-Compassion: 1) Mindfulness—holding painful thoughts and feelings in balanced awareness rather than over-identifying with them 2) Self-Kindness—being kind and understanding toward oneself in instances of pain or failure rather than being harshly self-critical, 3) Common Humanity—perceiving one's experiences as part of the larger human experience rather than seeing them as separating and isolating.

Neff (2003) found construct validity for the SCS as an independent construct from other related constructs such as self-esteem. One of the benefits of measuring for Self-Compassion rather than self-esteem, is that Self-Compassion does not depend on evaluation or judgment (negative or positive) or comparison to others, but rather is based on kindness and acceptance of imperfections in oneself, as part of the shared human condition (Neff, 2003). Unlike self-esteem, SCS was not significantly correlated with narcissism, isolation or social comparison (Neff, 2003).

Neff (2003) originally tested the SCS in three studies with undergraduate students, randomly selected from an educational-psychology pool sample at a large southwestern university (Neff, 2003). Neff (2003) found that high SCS scores had a

significant negative correlation with anxiety (as measured by the Spielberger State-Trait Anxiety Inventory Trait form, Spielberger, Gorsuch & Lushene, 1970), depression (as measured by The Beck Depression Inventory, Beck, Ward, Mendelson, Mock & Erbaugh, 1961) and neurotic perfectionism (as measured by the Almost Perfect Scale-Revised, Slaney, Mobley, Trippi, Ashby & Johnson, 1996). Neff (2003) found that high SCS scores had a significant positive correlation with life satisfaction (as measured by the Diener's Satisfaction with Life Scale, Diener, Emmons, Larsen & Griffin, 1985) (Neff, 2003). This suggests that Self-Compassion may be an adaptive process that increases psychological resiliency and well-being, and that it may be a useful predictive measure for mental health outcomes (Neff, 2003).

Neff (2003) found content validity and high internal consistency among all subscales of the SCS (coefficient alphas all over .8). Neff (2003) found convergent validity for the SCS with other related constructs, finding significant positive correlations with social connectedness (as measured by The Social Connectedness Scale, Lee & Robbins, 1995), and significant negative correlations with self-criticism (as measured by the Self-Criticism subscale of the Depressive Experiences Questionnaire (DEQ), Blatt, D'Afflitti & Quinlan, 1976). However, Neff (2003) found that the SCS still significantly predicted mental health outcomes, even when self-criticism was controlled for (Neff, 2003), providing construct validity of SCS as an independent measure. Neff (2003) also found additional construct validity for the SCS in that it did not correlate significantly with social desirability (as measured by the Marlowe-Crowne Social Desirability Scale, Stranhan & Gerbasi, 1972). Neff (2003) found good test-retest reliability for the SCS

across studies. Other studies have also found evidence for reliability and validity of the SCS, cross-culturally (Deniz, Kesici, & Sümer, 2008; Chen, Yan, & Zhou, 2011).

Neff's (2003) original SCS is a 26-item questionnaire contains six subscales: Self-Kindness (items 5,12,19,23,26), Self-Judgment (reversed scored, items 1, 8, 11, 16, 21), Common Humanity (items 3, 7,10, 15), Isolation (reversed scored, items 4,13,18,25) , Mindfulness (items 9,14,17,22), and Overidentification (reverse scored, items 2,6,20, 24). All items are rated on a 5-point Likert-type scale, ranging from one (almost never) to five (almost always), with higher scores indicating greater Self-Compassion (Neff, 2003).

Amy Saltzman's child version of the Self-Compassion Scale (SCS-C) is a direct adaptation, containing the same 26 questions and same 6 subscales as Neff's adult SCS, the only difference being that she translated the questions into child-friendly language (SCS-C in Appendix X).

Since Neff (2003) and others found strong reliability and validity for the SCS, and Amy Saltzman's Child version (SCS-C) is so closely adapted, it is likely that the SCS-C will also find similar results for reliability and validity. However, since the SCS-C is so new and yet to be published, validity and reliability for this specific version need to be further evaluated.

*Child and Adolescent Mindfulness Measure (CAMM)*. The standardized instrument of measurement that will be used to measure Mindfulness in participants is the Child and Adolescent Mindfulness Measure (CAMM). CAMM is the only published scale for assessing Mindfulness with children and adolescents, and was specifically designed for school-age children and adolescents, ages nine and up (Greco & Smith, 2011). It was originally tested with four samples of middle school children in Tennessee

(Greco & Smith, 2011). Greco & Smith (2011) found the CAMM to be a developmentally appropriate measure with adequate internal consistency (coefficient alpha .8) and reliability. Greco & Smith (2011) also found the CAMM to show adequate validity, controlling for the effects of other measures such as thought suppression (as measured by the White Bear Suppression Inventory (WBSI), Wegner & Zanakos, 1994) and psychological inflexibility (as measured by the AFQ–Y; Greco, Lambert, & Baer, 2008) (Greco & Smith, 2011).

The CAMM is used to assess two major components of Mindfulness used on adult Mindfulness scales: Acting with Awareness, or present-moment awareness, and Accepting without Judgment, or nonjudgmental, non-avoidant responses to thoughts and feelings (Greco & Smith, 2011). The CAMM omitted the Mindfulness component of Observing/Describing, or the degree to which respondents notice or attend to internal phenomena such as thoughts, feelings, and bodily sensations, as this component was not found to be developmentally appropriate for this age group (Greco & Smith, 2011).

The CAMM contains 10-items, and after reverse scoring all items, a higher CAMM score indicates higher levels of Mindfulness (Greco & Smith, 2011). High CAMM scores were positively correlated with quality of life (as measured by the Youth Quality of Life-Revised (YQOL–R), Edwards, Huebner, Connell, & Patrick, 2002) and academic competence and social skills (as measured by the Social Skills Rating System—Teacher Form (SSRS–TF), Gresham & Elliot, 1990). CAMM scores were negatively correlated with somatic complaints (as measured by the Children’s Somatization Inventory-Short Form (CSI–SF), Walker & Garber, 2001), internalizing symptoms (as measured by the Symptoms and Functioning Scale (SFS), Bickman, 2006)

and externalizing behavioral problems (again as measured by SSRS–TF, Gresham & Elliot, 1990) (Greco & Smith, 2011). Overall, results suggest that the CAMM is a useful measure of Mindfulness skills for school-aged children and adolescents (Greco & Smith, 2011).

*Program Evaluations.* Program evaluation questions, designed for the child participants, have been formulated by the researcher to help further evaluate the overall effectiveness of the Mindful Art Program in reducing stress and increasing Self-Compassion. Survey questions also intend to investigate the experience of the Mindful Art Program in cultivating other important life coping skills including attention, social and behavioral functioning, social and emotional learning and self-regulation, and empathy or compassion for others (Program Evaluations in Appendix X). Based on the responses, these variables might become promising areas for future study.

### **Art Materials**

The materials needed to implement the Mindful Art Program are listed in detail in Appendix X, as listed per weekly group meeting. In general, basic 2D art materials will be provided, including plain white paper in both a smaller size (8 x 11) and a larger size (11 x 17); colored construction paper (8 x 11); and non-toxic crayons, markers, colored pencils and oil pastels. There will also be an assortment of collage materials including magazine clippings of relaxing images and 3D materials including a variety of boxes, containers, pipe cleaners, colored cotton balls, child-safe scissors and non-toxic glue.



## **Procedure**

The Mindful Art Program interventions will be conducted once a week, during a one-hour session, during X Period of the school day, for eight weeks.

The Mindful Art Program is based on curriculum from Mindful Schools and MBSR programs adapted for children/adolescents. The Mindful Art Program instructor will spend the initial two weeks teaching an introduction to Mindfulness, or “Mindfulness Fundamental”, exercises adapted primarily from the Mindful Schools Curriculum. Art-based and expressive arts-based activities will be included to help demonstrate Mindfulness Fundamentals and help them to become vivid and engaging for the participants. These Mindfulness Fundamentals will be continually reinforced throughout the Mindful Art Program, in the form of opening and closing Mindfulness exercises.

The Mindful Art Program is also based on Rappaport’s FOAT exercises (Focusing-Oriented Art Therapy). FOAT combines Mindfulness with art, and is a way for children to access the body’s wisdom and communicate with it through art (Rappaport, 2009). Teaching and practicing the Mindfulness Fundamentals first, though, can allow the participants to feel some mastery of the Mindfulness skills before introducing this more in-depth art process. The Mindfulness Fundamentals will then be further reinforced and enhanced with the addition of the FOAT art interventions in later weeks.

Weeks three and four, will introduce FOAT exercises to establish safety and promote stress reduction. The children will learn exercises like "Clearing a Space with Art", in which they will learn how to get distance from emotions by creating artistic

representations of stressors and then physically setting them aside in creative ways. Next, they will learn how to find the “All-Fine Place” or “The Still, Quiet Place” inside them, this place of inherent wholeness, and represent this place as well through art. Through the art, they can experience this “ Still, Quite Place” inside them more fully and also have a tangible, external reminder of this internal experience, which they can take with them and return to again and again.

Weeks five through seven will focus on the FOAT theme of “The Focusing Attitude”, or being friendly and compassionate towards oneself and others. In addition to learning to how to disidentify from emotions, the children will learn how to keep “The Focusing Attitude” and “be friendly” and accepting towards these same emotions previously set aside. The children will learn through FOAT exercises how to be in kind relationship to their stressors, asking loving questions towards their stressors, and receiving the answers from them through their body’s wisdom and through the art. The children will learn how to extend The Focusing Attitude towards others, through exercises of unconditional listening and compassionate mirroring, thereby increasing compassion not only for self but also for others.

The final session, week eight, will provide review, closure and connection for the participants. An overview of the eight-week Mindful Art Program interventions is described in Table X. For a more detailed Mindful Art Program Curriculum guideline, which can be used for replication of the program, please see Appendix X.

**Table X**  
**Mindful Art Program**  
**Weekly Interventions**

	<b>Mindfulness/FOAT Theme</b>	<b>Art-Based Intervention</b>
<b>Week 1</b>	Mindfulness Fundamentals; Mindful Listening	Create “ Thought Jars”-create a visual representation of the thinking mind when active and quiet
<b>Week 2</b>	Mindfulness Fundamentals; Mindful Bodies	Create body-cut out drawings from Flashlight of Attention exercise
<b>Week 3</b>	FOAT Exercise: Clearing a Space with Art (CAS-A); “The All-Fine Place”	Create a “Treasure Box” for stressors; body cut-outs before and after CAS-A
<b>Week 4</b>	FOAT Exercise: Clearing a Space with Art (CAS-A); “The All-Fine Place” (continued)	Create Journals: draw or represent “The All-Fine Place”
<b>Week 5</b>	FOAT Exercise: Asking and Receiving; The Focusing Attitude with Oneself	Dialogue with one issue that was previously set aside; Ask Focusing Questions, receive answers from art and body’s wisdom
<b>Week 6</b>	The Focusing Attitude with Oneself (continued)	Self-Compassion Mandalas
<b>Week 7</b>	The Focusing Attitude with Others	Group Poems from Self-Compassion Mandalas; Listen to a partner share his/her art or one important thing he/she chooses to share
<b>Week 8</b>	Review and Closure	Group Mandala

The Mindful Art Program was originally piloted with adolescents (ages 14-17) at the Omega Teen Camp, of the Omega Institute, in upstate New York, Summer 2012. For this program, the Mindful Art Program Curriculum was adapted for an adolescent population, within a camp setting, for a consecutive five days (with a 90 minute session per day). While the population, setting and time-frame were different, many of the Mindfulness, FOAT and art activities in the curriculum were essentially the same. Pictures of the artwork and art activities from the Omega Teen Camp, Mindful Art Class can be viewed in Appendix X.

### **Data Collection and Analysis**

*Quantitative data.* Before the Mindful Art Program begins, this researcher will distribute and collect demographic surveys to/from the parents (Appendix X). This researcher will distribute and collect the Perceived Stress Scale (PSS) to/from the child participants before the first intervention as a pre-test and then again at the end of the last group, as a post-test. This researcher will compare pre and post-test scores to measure if there is, in fact, a decrease in stress after the eight-week Mindful Art Program, as originally hypothesized.

Before and after each week's Mindful Art intervention, this researcher will also distribute and collect the Likert Stress Scale to/from child participants. This researcher will compare pre and post intervention Stress Scale scores to see if there is, in fact, a decrease in self-reported stress levels for participants after each week's specific Mindful Art intervention. This will help assess which Mindful Art interventions have been most effective in reducing stress for participants.

To and from teachers, this researcher will distribute and collect the Child Behavior Checklist-L, (CDC-L) before the Mindful Art Program begins as a pre-test and again after the program has ended as a post-test. This researcher will compare pre and post test checklist scores to evaluate whether or not, and the degree to which, teachers have observed less stress-related behaviors in their students after having participated in the Mindful Art Program. These teacher report questionnaire scores will provide added measureable/observable data regarding stress-related behaviors and indicators of stress in the child participants, in addition to the child participants' own self-report questionnaire scores.

This researcher will distribute and collect the Self-Compassion-Scale- Child (SCS-C) questionnaire to/from the child participants before the first group meeting intervention as pre-tests, and then again at the end of the last group meeting intervention, as post-tests. This researcher will compare pre and post-test scores to measure if there is, in fact, an increase in Self-Compassion after the eight-week Mindful Art Program, as originally hypothesized.

In addition, the researcher will distribute and collect the Child and Adolescent Mindfulness Measure (CAMM) to/from the child participants before the first group meeting as pre-tests, and then again at the end of the last group meeting, as post-tests. This researcher will compare pre and post-test scores, and determine if there are any changes after the Mindful Art Program. If Mindfulness scores have increased over the course of the Mindful Art Program, this will provide construct validity to the program itself as a Mindfulness-based program, and show that the children have in fact gained Mindfulness skills from the Mindful Art Program.

*Qualitative data.*

Finally, at the end of the eight-week Mindful Art Program, this researcher will distribute and collect the Program Evaluations from the child participants. A qualitative analysis of the surveys will be conducted to assess the overall effectiveness of the Mindful Art Program in reducing stress and increasing Self-Compassion for participants, as well to assess the impact of the Mindful Art Program on the children's experience of other life-coping skills including academic focus and attention, school and home behavior, emotional and social learning, emotional self-regulation, and compassion for others. This researcher will analyze common themes within these surveys. This researcher will conduct this qualitative data analysis based on the eight steps suggested by Tesch (1990):

1. Get a sense of the whole.
2. Pick one document, asking, "What is this about?" Write thoughts in the margin.
3. Make a list of topics. Cluster together similar topics. Put into columns of major topics, unique topics, and leftovers.
4. Take the list and return to the original data. Write codes next to the topics.
5. Create categories. Related topics and quotes were grouped into one category.
6. Make a final decision on topics.
7. Assemble data. Quotes and art images grouped within each topic.
8. If necessary, recode data (p. 186)

This researcher will report the data in a summary report explicating the main themes and significant findings.

## **Risks**

There is minimal risk associated with this Mindful Art Program. It is possible that participants may encounter stressful issues or emotions during the Mindful Art Program. However, the Mindful Art Program interventions are inherently designed to minimize risk and provide a safe environment and containment for emotional reactions. Within the Mindful Art Program, participants are not ever guided to feel too deeply into one issue, but rather are guided to gain a general sense of healthy distance from and friendliness towards their issues. Participants are guided to choose issues and stressors that are smaller and “everyday” in nature, rather than bigger, major life stressors. For partner work, participants are guided to work with positive-themed issues and artwork. Additionally, the Mindful Art Program will be facilitated by a trained Marriage and Family Therapy intern (MFTI), who will be available after each meeting to discuss any feelings, answer any questions or concerns the participants may have, and identify if the participant needs further counseling outside the scope of the classroom setting. In this case, the participant will be referred to the school’s contracted mental health provider, Rebecca Borland of Foothill Community Health Center at: (408) 729-9700, 2880 Story Road San Jose, CA 95127.

## **Benefits**

The potential benefits of this Mindful Art Program are great and far outweigh any possible risks. From the Mindful Art Program, the participants can gain important skills and tools for coping with stress and cultivating Self-Compassion and compassion for

others. Participants may also receive other benefits from the program including gaining a sense of social support from the group. In addition, this program and follow-up study will benefit the fields of both Mindfulness and Art Therapy, adding to the growing body of research in support of these interventions, particularly with children and adolescents. This Mindful Art Program can give support to the idea of using Mindfulness and art as a preventative intervention with children and adolescents.

### **Confidentiality**

Confidentiality of the participant's identity will be maintained. Each participant in the Mindful Art Program will be assigned a coded number to be used throughout data collection and analysis, and only the researcher will have access to the list matching codes to names. All data materials will be kept separate from the consent forms, and in a locked box, and again only the researcher will have access to them. Consent and assent forms will be destroyed after expiration. The names and any identifying information of the participants will be kept confidential; therefore, the researcher will not use actual names in reporting results.

Limits to confidentiality will be explained to participants' parents through the consent forms and verbally in the classroom to the child participants and on their assent forms. Limits to confidentiality include suspected child abuse, elder abuse, intent to harm self or others, or court subpoena.



## **Human Participant Consideration**

This research will follow the ethical guidelines of Notre Dame De Namur University, the American Psychological Association (APA), and the Art Therapy Credentials Board (ATBC). At the end of the eight-week program, parents will receive a Debriefing Statement (Appendix X), explaining the purpose of the program and study, with contact information for questions.

## **Evaluation**

Results of this grant and follow-up research study should show a decrease in stress and an increase in Self-Compassion in fourth and fifth graders who participated in the Mindful Art Program at Rocketship Discovery Prep, in San Jose, California.

The Perceived Stress Scale (PSS), given to the children before and after the eight-week Mindful Art Program, should show a significant decrease in stress from pre to post test scores. The Stress Scales, given to the children before and after each Mindful Art Program intervention, should also show a decrease in stress, from pre- to post-intervention scores. In addition, the Child Behavior Checklist (CBC-L), given to teachers before and after the eight-week Mindful Art Program, should show a decrease in stress-related behaviors and symptoms in the children, from pre to post test scores. This will further support the hypothesis that the Mindful Art Program decreased stress for the children.

The Self-Compassion Scale-Children (SCS-C), given to the children before and after the eight-week Mindful Art Program, should show an increase in Self-Compassion, from pre to post test scores. However, research does indicate that longer periods of time may be necessary to affect the deeply-rooted issue of Self-Compassion (Neff, 2003). Therefore, a period longer than eight-weeks may be needed to show a statistically significant increase in Self-Compassion.

In addition, the Child and Adolescent Mindfulness Measure (CAMM) should provide validity to the Mindful Art Program as a Mindfulness-based program. The CAMM scores should show an increase in Mindfulness skills from pre to post test scores.

Lastly, the Program Evaluations given to the children at the end of the Mindful Art Program should also support the hypotheses of decreased stress and increased Self-Compassion. The children's comments on the Program Evaluations should also reveal other perceived experiences, benefits and suggestions for improvement of the Mindful Art Program as a whole and of each specific intervention.

The primary researcher will submit a full report of the results of this study to the funding source(s). The report will include data analysis comparing all quantitative pre and post tests, and evaluating the qualitative measure as well.

## **Future Funding**

Ideally, the Mindful Art Program will be written into the budget of Rocketship Discovery Prep and any other agency where the program is held, in order to maintain it as an ongoing program. Other options for future funding are to apply for future grants to the following foundations and foundations with similar missions:

- **1440 Foundation:** This foundation’s mission is to support programs that cultivate authentic relationship skills in education. The foundation’s vision for education is for it to include goals of “inner fitness” and “relationship fitness”; self-awareness and a healthy relationship with oneself and others.
- **Fish Foundation:** This foundation’s mission is to support programs that provide innovative and low-cost education and psychological support to students affected by poverty.
- **The George Lucas Educational Foundation (Edutopia.org):** This foundation’s mission is to improve the K-12 learning process by advocating for innovative, replicable and evidence-based strategies that prepare students to thrive in their adult lives. This foundation’s vision is of a “new world of learning”, one in which schools incorporate social-emotional learning.

In order to reproduce or extend this grant for further study, it is recommended that the future researcher have certification in the areas of Mindfulness in Education and FOAT (Focusing-Oriented Art Therapy). All further funding will be supplemented by the grant.

## Budget

### Summary of Budget Request for the Eight-Week Pilot Mindful Art Program

<b>Budget Category</b>	<b>Cost</b>
Personnel (see below for break down)	\$524.00
Program (see below for breakdown)	\$4,591.40
Operating (see below for breakdown)	\$524.00
<b>Grand Total</b>	<b>\$5, 639.40</b>

<b>Personnel Expenses</b>	<b>Cost</b>	<b>Total</b>
Facilitator	8 weeks (1hr/wk) @ \$25/hr	\$200.00
Assistant Facilitator	8 weeks (1hr/wk) @ \$18/hr	\$144.00
Labor (i.e. cut magazine collage materials, art prep, etc.)	10 hours @ \$18/hr	\$180.00
		\$524.00

<b>Program Expenses</b>	<b>Cost</b>	<b>Amount</b>	<b>Total</b>
Equipment- Portable Drawing Boards	\$30.00	30 (number of children per class)	\$900.00
Equipment- Storage Containers	\$15.00	5	\$75.00
Equipment- Mindfulness Bell	\$30.00	2 (for facilitators)	\$60.00
Re-useable Art Supplies (see below for breakdown)	\$ 382.50		\$382.50
Consumable Art Supplies (see below for breakdown of sample classes)	\$3,173.90		\$3,173.90
			\$4,591.40

<b>Operating Expenses</b>	<b>Cost</b>	<b>Amount</b>	<b>Total</b>
Printing costs- Photocopies of handouts and forms	10 cents/copy	~40 sheets/student (for 120 total students)	\$480.00
Childhood Behavior Checklist (CBC-L) Inventory	\$44.00	1	\$44.00
			\$524.00

<b>Re-usable Art Supplies</b>	<b>Cost</b>	<b>Amount/#</b>	<b>Total</b>
Scissors	\$5.00	30 (students/class)	\$150.00
Glue Guns	\$3.75	10	\$37.50
Paint Brushes	\$ 2.50	30	\$ 75.00
Paint Palettes	\$ 4.00	30	\$120.00
			\$382.50

<b>Consumable Art Supply</b>	<b>Cost</b>	<b>Amount/#</b>	<b>Total</b>
Journals	\$15.00	120 (total students)	\$1,800.00
Glycerin	\$53.95 (for 50lb. pail)	2 pails	\$107.90
8oz. Glass Jars	\$0.72 (per jar)	120 (total students)	\$86.40
White Paper (8x10)	\$21.40 (for pack of 500)	2 pack	\$42.80
White Paper (12x18)	\$21.40 (for pack of 500)	2 pack	\$42.80
Colored Paper (8x10)	\$21.40 (for pack of 500)	2 pack	\$42.80
Colored Paper (12x18)	\$21.40 (for pack of 500)	2 pack	\$42.80
Butcher Paper	\$50.00 (for roll)	1 roll	\$50.00
Glue gun glue pack (plain)	\$8.75 (for pack of 20)	1 pack	\$8.75
Glue gun glue pack (glitter)	\$8.75 (for pack of 20)	1 pack	\$8.75
Glitter Glue Markers pack	\$ 8.75 (for 1 pack of 12)	1 pack	\$8.75
Ye Glue	\$ 11.30 (for 1 pack)	1 pack	\$11.30
Glue Sticks	\$ 7.80 (for pack of 12)	2 packs	\$15.60
Washable Crayola Markers	\$3.34 (for pack of 12)	30 packs	\$100.20
Multi-Cultural Markers	\$3.34 (for pack of 12)	30 packs	\$100.20
Oil Pastels	\$ 3.34 (for pack of 12)	30 packs	\$100.20
Gellies (Markers)	\$ 15.00 (for pack of 12)	2 pack	\$30.00
Crayola Color Pencils	\$ 30.25 (for pack of 72)	1 pack	\$30.25
Colored Pom-Pom Balls	\$ 23.60 (for large pack)	1 pack	\$23.60
Assorted Feathers	\$ 23.60 (for large pack)	1 pack	\$23.60
Gems pack	\$ 15.00 (for large pack)	2 pack	\$30.00
Pipcleaners	\$15.85 (for pack of 24)	2 packs	\$31.70
Tissue Paper	\$10.00 (for 1 pack )	3 packs	\$30.00
Scrapbooking Paper books	\$10.00 (for 1 book)	2 books	\$20.00
Boxes	\$ 2.00 (each)	120 boxes	\$240.00
Colored Paper Bags	\$ 5.00 (for pack of 12)	10 packs	\$50.00
Popsicle Sticks	\$2.95 (for pack of 1,000)	1 pack	\$2.95
Miscellaneous Items			\$200.00
			3,173.90

## **Appendix A**

### **Literature Review**

#### **Introduction**

Stress is a widespread problem in our culture, for adults, adolescents and children alike (Ryan, 2012; Middlebrooks & Audage, CDC, 2008). Stress is associated with a wide range of negative health effects (Middlebrooks & Audage, CDC, 2008). This chapter includes an overview of the effects of stress on childhood neurodevelopment; the neuroscience of stress; and the neuroscience of Mindfulness-Based Stress Reduction (MBSR). The benefits of MBSR and other Mindfulness-based approaches will be covered, including the benefits and application of MBSR with children and adolescents and Mindfulness in Education. In addition, Mindfulness as it relates to positive psychology, prevention and Self-Compassion will be discussed. Finally, the integration of Mindfulness and Art, Mindfulness-Based Art Therapy (MBAT), Focusing-Oriented Art Therapy (FOAT), and Arts-Based Mindfulness programs with children will be explored.

#### **Effects of Stress on Childhood Neurodevelopment**

From a neurological viewpoint, a certain amount of stress is considered normal and necessary for survival, and can even be seen as evolutionarily adaptive (Middlebrooks & Audage, CDC, 2008). Stress helps children develop the skills they need to cope with and adapt to new and potentially threatening situations throughout life (Middlebrooks & Audage, CDC, 2008). The National Scientific Counsel on the Developing Child, as part of the Center on the Developing Child at Harvard University,

defines “positive stress” as stress resulting from short-lived adverse experiences (Middlebrook & Audage, CDC, 2008). For example, children may encounter positive stress when they attend a new daycare, get an immunization shot, meet new people, or have a toy taken away from them (Middlebrook & Audage, CDC, 2008). This type of stress causes only minor physiological changes, including an increase in heart rate and changes in hormone levels. With the support of caring adults, children can learn how to manage and overcome positive stress (Middlebrook & Audage, CDC, 2008). This type of stress is considered normal and coping with it is an important part of the development process (Middlebrook & Audage, CDC, 2008).

The National Scientific Counsel on the Developing Child defines “tolerable stress” as adverse experiences that are more intense than positive stress, but are still relatively short or occur in a single instance (Middlebrook & Audage, CDC, 2008). Examples include the death of a loved one, a natural disaster, a frightening accident, and family disruptions such as a move, separation or divorce. While these instances of stress can be potentially traumatic, if a child has the support of a caring adult, tolerable stress can usually be overcome (Middlebrook & Audage, CDC, 2008). In many cases, tolerable stress can even become positive stress and benefit the child developmentally. However, if the child lacks adequate support from parents and/or other caretakers, tolerable stress can become “toxic stress”, and can cause long-term trauma and negative health effects (Middlebrook & Audage, CDC, 2008).

The National Scientific Counsel on the Developing Child defines, “toxic stress” as stress resulting from intense adverse experiences that may be sustained over a long



period of time—weeks, months or even years (Middlebrook & Audage, CDC, 2008). An example of toxic stress is child maltreatment, which includes abuse and neglect.

### **Effects of Toxic Stress on Brain Development in Early Childhood**

Toxic stress, or intensive and/or prolonged and chronic stress, can lead to a variety of short-term and long-term negative health effects (Middlebrooks & Audage, CDC, 2008). The National Scientific Counsel on the Developing Child has conducted many scientific studies on the effects of toxic stress on child development ([www.developingchild.net](http://www.developingchild.net)). During toxic stress, the stress response system gets activated for a prolonged amount of time; this can lead to permanent changes in the development of the brain; it can also compromise functioning of the nervous and immune systems (Middlebrooks & Audage, 2008; Perry et al., 1995).

The ability to manage stress is controlled by brain circuits, neuropathways and hormone systems that are activated early in life (Middlebrooks & Audage, 2008). When a child feels threatened, hormones are released and they circulate throughout the body (Middlebrooks & Audage, 2008). Prolonged exposure to stress hormones can impact the brain and impair functioning in a variety of ways: 1) Toxic stress can impair the synapses and connections between brain circuits and, in the extreme, even result in the development of a smaller brain; 2) Toxic stress can disrupt the development of the brain circuits themselves. Brain circuits are especially vulnerable when they are developing during early childhood. This can cause an individual to develop a low threshold for stress, thereby becoming overly reactive to adverse experiences through-out life; 3) High levels of stress hormones, including cortisol, can suppress the body's immune response.

This can leave an individual vulnerable to a variety of infections and chronic health problems; 4) Sustained high levels of cortisol can damage the hippocampus, an area of the brain responsible for learning and memory. These cognitive defects can continue into adulthood (Middlebrooks & Audage, 2008).

Toxic stress overwhelms the child's ability to cope effectively, and the child is unable to manage this type of stress without support from an adult caretaker (Middlebrooks & Audage, CDC, 2008). The negative effects of toxic stress can be lessened with the support of caring adults. Appropriate support and intervention can help in returning the stress response system back to its normal baseline (Middlebrooks & Audage, CDC, 2008).

Left untreated though, childhood toxic stress can lead to multitude of health problems later in life including alcoholism, depression, eating disorders, heart disease, cancer, and other chronic diseases (Middlebrooks & Audage, CDC, 2008). The ACE study (Adverse Childhood Experience study), a collaboration between the Centers for Disease Control and Prevention (CDC) and Kaiser Permanente's Health Appraisal Clinic in San Diego, used a retrospective approach to examine the link between childhood stressors and adult health (Middlebrooks & Audage, CDC, 2008). Over 17,000 adults participated in the research, making it one of the largest studies of its kind (Middlebrooks & Audage, CDC, 2008). Each participant completed a questionnaire that asked for detailed information on their past history of abuse, neglect, and family dysfunction as well as their current behaviors and health status (Middlebrooks & Audage, CDC, 2008). Researchers collected data on participants' ACE's (Adverse Childhood Experiences), defined as experiences in childhood that caused the participant toxic stress (Middlebrooks

& Audage, CDC, 2008). Researchers were particularly interested in participants' exposure to abuse, neglect and/or household dysfunction (Middlebrooks & Audage, CDC, 2008).

The findings from the ACE study showed that ACE's (Adverse Childhood Experiences) are common: almost two-thirds of study participants reported at least one ACE, and more than one out of five of study participants reported three or more ACE's (Middlebrooks & Audage, CDC, 2008). The study found that as the number of ACE's increased, the risk for the following negative physical and mental health outcomes also increased: chronic obstructive pulmonary disease (CPOD), ischemic heart disease (IHD), liver disease, fetal death, depression, and alcoholism. The study also found that ACE's were highly correlated to the following risky health behaviors, in childhood, adolescence and adulthood: early initiation of smoking, illicit drug use, sexual activity, multiple sex partners, unintended pregnancies, sexually transmitted diseases, risk for intimate partner violence and attempted suicides (Middlebrooks & Audage, CDC, 2008). The ACE study found that children who experience just one ACE in childhood, showed an increase risk of attempted suicide later in life by two-five times (Middlebrooks & Audage, CDC, 2008).

### **Neuroscience of Stress**

Neurobiological studies have found that the amygdala is the brain structure most crucial in stress responses (Holzel et al., 2010). The amygdala is the part of the brain that is activated in the "flight or fight" (or "freeze") stress responses; when the brain perceives danger or threat in the environment, the amygdala mediates stress-related

physiological responses including the release of stress hormones and increase in blood pressure (Siegel, 2007). Hyperactive amygdala activity has been observed during high stress conditions and is associated with high levels of stress (Holzel et al., 2010).

### **Neuroscience of Mindfulness**

Conversely, Mindfulness-Based Stress Reduction (MBSR) has been associated with lowering amygdala activation and lowering stress levels. A study by Holzel et al. (2010) found that individuals who participated in an eight-week MBSR program, not only reported lower perceived stress on the Perceived Stress Scale (PSS), but showed an actual decrease in activation of the amygdala (decrease of grey matter density in this region, specifically in the right basolateral amygdala, as shown by fMRI scans) (Holzel et al., 2010).

Daniel Siegel, a clinical professor of psychiatry at the UCLA School of Medicine and Co-Director of the Mindful Awareness Research Center at UCLA, has found that Mindfulness can literally change the physical structures of the brain. Neuroplasticity is the process of change in the structural, neural connections in the brain in response to experience (Siegel, 2011). Mindfulness and MBSR programs have been associated with positive neuroplastic changes in the amygdala, and the lower brain structures of the limbic system and brain stem-- regions that are associated with stress reactions. Mindfulness is also associated with positive changes in higher brain structures--in the pre-frontal cortex, such as the insula (right, pre-frontal cortex region); these areas are associated with the capacity for empathy and emotional resonance with another (Siegel, 2007).

Siegel is a pioneer in the growing field of interpersonal neurobiology, in which neurobiological researchers are now finding areas of the brain and particular neural pathways that are specifically associated with empathy, or “resonance circuitry.” Researchers in this field are also finding that Mindfulness reinforces this resonance circuitry, thereby reinforcing the brain’s capacity for empathy (Siegel, 2007). “Mirror neurons” are an exciting recent finding in the field of interpersonal neurobiology and give support to the concept of the brain wiring for empathy (Siegel, 2007; Perry & Szalavitz, 2011 ).

“Mirror neurons” are neurons in the pre-frontal cortex (located in various cortical regions such as the frontal and parietal lobes) that researchers have found become activated not only when one performs a “goal-directed” or intentional action, but also when one *watches* “goal-directed” or intentional action in another (Siegel, 2007). This shows that there is sensorimotor integration between the pre-frontal cortex in the front of the brain and the visual-perceptual systems in the back of the brain (Siegel, 2007). The exciting new finding however, is that these “mirror neurons” and the sensorimotor integrated system is only activated when the motion being observed is perceived as “goal-directed” (Siegel, 2007). Therefore, this discovery with mirror neurons show that “the humans brain creates representations for others’ minds”; “at a neural level, we embed in our brains not just what we physically see, but the mental intention we imagine is going on in someone else’s mind” (Siegel, 2007, pp. 166-168).

The insula, a brain region also in the pre-frontal cortex, responds to these mirror neuron activations by engaging firing of neurons in the limbic system to match this perception (Siegel, 2007, pp. 166-168). Not only is there front-to-back integration

(horizontal) with activation of mirror neurons and the sensorimotor system, with the insula, there is also top-down (vertical) integration between the higher brain structures in the pre-frontal cortex and the lower brain structures in the limbic system (Siegel, 2007). The insula, serves as the “information highway”, or link, between mirror neurons in the pre-frontal cortex and reactions in the limbic system (Siegel, 2007). The insula links pre-frontal perception and representation of intentions in another to limbic alternations in emotional and bodily states in oneself (Siegel, 2007). Therefore, the insula helps individuals connect and match what they perceives in another with what they are actually feeling and sensing in their own bodies--a key aspect to emotional contagion, resonance, attunement and empathy (Siegel, 2007). Mindfulness is being proven to strengthen the insula and this entire resonance circuitry, therefore, literally strengthening the brain’s capacity and wiring for empathy (Siegel, 2007; Siegel, 2011).

Siegel has found that Mindfulness and MBSR training increases integration in the brain (Siegel, 2007). Mindfulness helps higher brain structures (pre-frontal cortex) to deactivate and regulate the lower brain structures (limbic system and brain stem regions)(Siegel, 2007). Now researchers are also finding that Mindfulness may help with vertical integration, by way of the insula (Siegel, 2007). Siegel has also found that Mindfulness increases bilateral integration between left and right hemispheres of the brain (however unpopular this concept of “right and left brain” currently is in the neuroscience field) (Siegel, The Whole Brain Child lecture, 2012). In addition, Siegel has found that Mindfulness helps to increase response flexibility in the brain, the space between impulse and action, and thereby reduces impulsivity. (Siegel, 2007).

Other neuropsychology studies have found MBSR to be associated with positive

neuroplastic changes in other specific brain structures and circuitry as well. A study by Goldin, Ramel, & Gross, (2009) at Stanford University found that patients with Social Anxiety Disorder (SAD) who participated in an eight-week MBSR program showed positive brain changes in the neural network associated with Self-Referential Processing (SRP) (specifically three, cortical, midline brain regions activated as a network during SRP: ventral medial prefrontal cortex (MPFC), dorsal MPFC, and posterior cingulate cortex (PCC)). Self-Referential Processing (SRP) involves a complex set of cognitions related to the “self”. FMRI scans showed that after MBSR, these patients showed reduced activity in the midline brain activations linked to a narrative/conceptual mode of SRP (Goldin et al., 2009). This suggests that MBSR reduces conceptual/linguistic mode of self-processing (conceptual evaluation of self), thus generating the possibility of utilizing other modes of self-processing, such as viscerosomatic modes of self-processing (visceral and somatic experience of self) (Goldin et al., 2009). This neuroscience finding is in line with the goal of Mindfulness to increase non-judgmental observation. Similarly Farb et al. (2007) found FMRI evidence of increased activation in sensory and attentional brain systems in adults with mixed anxiety and depression symptoms after MBSR, suggesting an increase in experiential (vs. conceptual/narrative) self-focus and self-view, and an increase in attention regulation as well.

Barnhofer, Chittka, Nightingale, Visser, & Crane (2010) found that a brief Mindfulness intervention (15 minutes) with 15 previously depressed individuals (with no previous Mindfulness training) produced significant positive changes in brain activity underlying affective state. Barnhofer et al. (2010) found that after the brief Mindfulness interventions, participants showed an increase in left pre-frontal activation (as shown by

EEG), related to stronger tendencies towards approach motivation and positive affect (vs. right pre-frontal activation, related to stronger tendencies towards withdrawal motivation and negative affect) (Barnhoffer et al., 2010). While Barnhoffer et. al (2010) studied affective *state* changes, previous researchers, Davidson et al. (2003) found that intensive practice of Mindfulness can change resting levels of prefrontal asymmetry (increase in left pre-frontal activation), changes that reflect *trait*-level alternations in approach motivation and positive affect (Barnhofer et al., 2010; Davidson et al., 2003). Davidson et al. (2003) also found Mindfulness to have positive effects on the immune system.

This neuroscience research shows that Mindfulness and MBSR are associated with positive neuroplastic changes in brain regions and circuitry associated with stress reduction, empathy, attention regulation, response flexibility, bilateral, horizontal and vertical brain integration, and positive affect. MBSR has been proven not only to be effective in producing positive neurobiological changes in the brain, it has also been proven to be an effective treatment modality for a wide range of clinical disorders and populations.

### **Mindfulness-Based Stress Reduction (MBSR)**

MBSR has been shown as an effective intervention for reducing symptoms of stress, anxiety and depression, in medical, psychiatric and nonclinical samples. MBSR was originally developed by Jon Kabat-Zinn in 1979, at the Stress Reduction Clinic/Center for Mindfulness at the University of Massachusetts Medical Center, to treat patients with chronic pain (Kabat-Zinn, 1990). Although originally rooted in Eastern and Buddhist traditions, Mindfulness was secularized and integrated into the Western field of



psychology, by Jon Kabat-Zinn through MBSR. Over the last three decades, researchers have developed valid and reliable measures for Mindfulness as a psychological construct (Mindful Attention Awareness Scale (MAAS), Brown & Ryan, 2003; Five Facet Mindfulness Questionnaire (FFMQ), Baer et al. 2006; Child and Adolescent Mindfulness Measure (CAMM), Greco, Baer & Smith, 2011) and have conducted evidence-based research, finding MBSR to be effective in the treatment of not only chronic pain patients, but patients with cancer and other medical illnesses, Generalized Anxiety Disorder (GAD), Major Depressive Disorder (MDD), Post-Traumatic Stress Disorder (PTSD) and to reduce stress in health care professionals, caretakers and working adults (Baer, 2003).

### **Mindfulness-Based Stress Reduction for Adolescents and Children (MBSR-A, MBSR-C)**

For the most part, research in MBSR has been conducted with adult populations. Recently, there has been an increasing body of research emerging in MBSR adapted for adolescents and children (Burke, 2010; Thompson & Gilbert, 2008).

Biegel, Brown, Shapiro, & Schubert (2009) conducted a randomized controlled trial (RCT) of a modified MBSR program with 102 adolescents (ages 14-18), who were currently or recently in psychiatric outpatient treatment. Modifications included reduced home practice times and content specific to the age group and population (Beigel et al., 2009). Biegel et al. (2009) found clinically significant results showing a reduction in perceived stress, anxiety and psychopathology symptoms after MBSR and again after a 3-month follow-up.

Sibinga et al. (2011) conducted an MBSR program with 33 African American “at-risk” youth (ages 13-21), and found a significant decrease in perceived stress,

hostility, general discomfort, emotional discomfort and increase in perceived improved interpersonal relationships (less conflict), school achievement, and physical health.

Saltzman and Goldin (2008) conducted a modified eight-week MBSR program with a non-clinical sample of 31 children (grades four-six), who participated with their parents. Modifications included reduced time for Mindfulness exercises, more parental involvement and use of metaphors and art. Saltzman and Goldin (2008) found an increase for both children and parents in attention, and a decrease in emotional reactivity.

### **Mindfulness-Based Cognitive Therapy (MBCT)**

Based on MBSR, MBCT was initially developed by Zindel Segal, Mark Williams and John Teasdale (2002) as an approach to prevent relapse or recurrence in Major Depressive Disorder (MDD). MBCT has now been adapted for use with Generalized Anxiety Disorder (GAD), mixed mood disorders, current depressed treatment-resistant individuals, and with cancer patients (Burke, 2010). Similarly to MBSR, MBCT employs the use of regular mindfulness meditation practices to develop mindfulness skills (Burke, 2010). MBCT, like MBSR, has also been found to be similarly effective in treating mental health disorders (Burke, 2010).

### **Mindfulness-Based Cognitive Therapy for Children (MBCT-C)**

Similarly to MBSR, MBCT has also been adapted for children and adolescents. (Burke, 2010). Semple, Lee, Rosa, & Miller (2010) conducted a RCT using MBCT-C, with a sample of 25 children (age nine-13) from predominately low-income and minority populations. Semple et al. (2010) found a clinically significant decrease in attention and behavior problems, as well as a clinically significant decrease in anxiety symptoms. The

findings of Semple et al. (2010) suggested that MBCT increases social-emotional resiliency in children.

### **Other Mindfulness-Based Therapies: Dialectical Behavior Therapy (DBT) and Acceptance and Commitment Therapy (ACT )**

Whereas Mindfulness is the primary component for both MBSR and MBCT, in Dialectical Behavior Therapy (DBT) and Acceptance and Commitment Therapy (ACT), Mindfulness is an important component, used in conjunction with other techniques and skills within broader theories (Greco & Hayes, 2008, p.25).

Dialectical Behavior Therapy (DBT), originally developed by Marsha Linehan, to treat adults with Borderline Personality Disorder (BPD), is based on a biosocial theory of personality (use the original source of Linehan in addition to Greco) Greco & Hayes, 2008). DBT combines Cognitive Behavioral Therapy (CBT) techniques with Mindfulness techniques, such as non-judgmental observation and focused attention (Greco & Hayes, 2008). Just as MBSR has been modified for children and adolescents, Rathus & Miller created a modified version of DBT for Adolescents (DBT-A) (Fleischhaker et al., 2011). Fleischhaker et al. (2011), used an adapted form of DBT-A for a 16-24 week outpatient treatment with 12, German-speaking adolescents with Borderline Personality Disorder (BPD). Fleischhaker et al. (2011) found a significant decrease in suicide attempts, non-suicidal self-injurious behaviors, depression and emotional dysregulation among the adolescents immediately following this DBT-A treatment and after a one-year follow-up.

Acceptance and Commitment Therapy (ACT), developed by Steven Hayes, Kelly Wilson and Kirk Strosahl (1999), is based in relational frame theory, a theory of language

and cognition (Greco & Hayes, 2008). ACT proposes that psychological suffering stems from language and cognitive processes that foster psychological inflexibility (Greco & Hayes, 2008). ACT's primary goal is to increase psychological flexibility, and reduce "experiential avoidance" or avoidance of thoughts and emotions (Greco & Hayes, 2008). ACT integrates Mindfulness and acceptance training with behavior-change processes (Greco & Hayes, 2008). ACT employs Mindfulness techniques and principles, acceptance of thoughts and emotion, awareness of the present moment, and observation of self (and a transcendental sense of self, or self-in-context) (ActMindfully.com). Mindfulness skills in ACT have been broken down into three categories: 1) Diffusion-distancing from unhelpful thoughts, 2) Acceptance- making space for painful feelings and allowing them to come and go without struggle, 3) Contact with the Present Moment- fully engaging with here-and-now experience, with an attitude of openness and curiosity (ActMindfully.com). Luciano et al. (2011) used an ACT-based intervention with 15, at-risk adolescents (age 12-15), with behavioral problems, high impulsivity and emotional reactivity. Luciano et al. (2011) found that the ACT-based interventions reduced problematic behaviors, increased accepting without judgment (as measured by KIMS), and decreased psychological inflexibility (as measured by AFQ-S).

Murrell and Scherbarth (2006) reviewed studies of ACT being successfully used to help treat children and adolescents with a variety of clinical issues including eating disorders, anxiety disorders, chronic pain, and youth with risk-behavior patterns. Murrell and Scherbarth (2006) suggested making similar adaptations to using ACT with children and adolescents as other Mindfulness-based programs, including reduced time of exercises and increased parental involvement. Murrell and Scherbarth (2006) also

suggested using concretizing metaphors for ACT exercises. For example, children used the metaphor of “mud-in-a glass” or “box-of-stuff” to represent negative thoughts (Murrell & Scherbarth, 2006). In another example, children used the metaphor of “vital heart or poison” for valuing; in this art activity, youth were encouraged to sort their attempts at alleviating distress into one of two boxes-- one box contained a vital heart that represented moving closer towards values and the other contained a poison bottle that represented moving away from values (Murrell & Scherbarth, 2006). Murrell and Scherbarth (2006) also suggest including physical activities as well to increase effectiveness for children and adolescents.

### **Mindfulness in Education and Social-Emotional Learning (SEL) Movements**

In addition to the research on MBSR and other Mindfulness-based therapies for children and adolescents, there has also been a recent surge of research on the benefits of Mindfulness in Education. The Social-Emotional Learning (SEL) movement in education encourages schools to include the goals of social-emotional intelligence, in addition to academic intelligence and achievement. Daniel Goleman is a well-known authority in the field of social and emotional intelligence; emotional intelligence is defined by Goleman as the ability to navigate complex social relationships and identify, assess, regulate and cope with the emotions of oneself and others (Goleman, 1995). The Mindfulness in Education movement aims to increase social-emotional learning, as well as increase behavioral and academic functioning in schools through Mindfulness in the classroom.

Mindful Schools, an in-class Mindfulness program in the San Francisco Bay Area, which services public and low-income schools, conducted a pilot study with 79

students (second and third grades)(Biegel & Brown, 2011). The Mindful Schools program was delivered for 15 minutes, three times a week, for five weeks (Biegel & Brown, 2011). Results of the study showed that the Mindful Schools program not only increased academic achievement, engagement and attention, but also increased social relatedness and decreased behavioral problems (Biegel & Brown, 2011). In their latest study, Mindful Schools

Inner Kids, developed by Susan Kaiser Greenland in Southern California, is another school-based, Mindfulness training program. Inner Kids uses what they have termed “MAP’s” or Mindful Awareness Practices. The program was evaluated in a randomized control trial (RCT) study with 64, second and third grade children (ages seven-nine)(Flook et al., 2010). The Inner Kids program was delivered for 30 minutes, twice a week, for eight weeks (Flook et al., 2010). The study found that the Mindfulness training was effective in improving executive functioning (EF), behavioral and emotional regulation, and metacognition in the children (Flook et al., 2010). The study also found a greater increase in improvement of EF for those children who started with executive function difficulties (Flook et al., 2010).

### **Mindfulness and Positive Psychology**

Mindfulness can be integrated well, both as a concept and as a therapeutic intervention, within a positive psychology framework (Collard, Anvy & Boniwell, 2008). Positive psychology focuses on enhancing and measuring for psychological well-being and happiness, rather than focusing on and measuring psychological difficulties (Collard et al., 2008; Seligman, 2002). In accordance to Seligman (2002), Seligman, Steen, Park and Peterson (2005) define happiness as a combination of three avenues-- Positive

emotion and pleasure (the pleasant life), Engagement (the engaged life) and Meaning (the meaningful life)(Collard et al., 2008). They constructed the Steen Happiness Index (SHI) that addresses these three components of happiness. The focus in their study was on creating effective psychological interventions that increase individual happiness; they stated their belief that such application is the core of work in positive psychology (Collard et al., 2008). Mindfulness has been correlated with increases in subjective well-being and positive affect (Collard et al., 2008).

Collard et al. (2008) conducted an eight-week MBCT program for Depression with 36 University students, and found that the MBCT program increased participants subjective well-being (as measured by the Satisfaction with Life Scale) and decreased negative affect (as measured by the Positive and Negative Affect Schedule). Huppert and Johnson (2010) administered an adapted MBSR program to 155 typical, adolescent boys in a school setting, and found that the Mindfulness training was positively correlated with psychological well-being (as measured by the Warwick–Edinburgh Mental Well-being Scale) (Huppert & Johnson, 2010).

### **Mindfulness and Prevention**

Wellness and prevention models of treatment can also be integrated well within positive psychology, as the focus here is on cultivating and maintaining health and well-being, rather than on treating illness and psychological dysfunction (Harpine et al., 2010; Seligman, 2002 ). While the research literature in MBSR and these other Mindfulness-based training programs focuses primarily on stress reduction and treatment of mental health illnesses with Mindfulness, Mindfulness training as stress and illness prevention

has received far less attention in the literature. Mindfulness can be used within a wellness and prevention model of treatment, to prevent the build-up of chronic stress and subsequent illness, and instead to promote psychological well-being.

Within prevention models, one of the key philosophies is to identify risk factors of mental illness, and to target these risk factors before they escalate. “To stop mental illness before it starts may become one of our most needed strategies” in the field of psychology (Harpine et al., 2010, p. 268). In order to stop mental illness before it starts, we as clinicians, parents, teachers, educators, and adult members of society, must be able to “identify the risk factors that cause dysfunctional behaviors and be able to intervene successfully before risk factors turn into problem” (Harpine et al., 2010, p.268). Before we can recognize risk factors in our children, it is helpful to be able to recognize these same risk factors in ourselves.

Stress, as previously covered, is a significant risk factor for mental illness and disease, not only for adults, but also for children and adolescents (Terizen et al., 2010). Stress can also be viewed as a risk factor for broader societal issues associated with mental health issues, including homelessness, healthcare, incarceration, substance abuse and gang (or non-gang) violence (Harpine et al., 2010; Terizen et al., 2010). Many of these mental health and societal problems, though, can be prevented, if effective prevention programming is implemented at the right time (Harpine et al., 2010). For prevention programming, timing is essential; prevention programs should be implemented *before* risky behaviors escalate (Harpine et al., 2010). Early elementary years are viewed as one of the best opportunities for prevention programming (Harpine et al., 2010). Early adolescent years are another critical time for prevention programming



(Harpine et al., 2010; Ryan, 2012). Therefore, implementing Mindfulness-based prevention programming for children and adolescents at these critical developmental life stages may be key to preventing later mental health and societal dysfunction (Ryan, 2012). Instead, through these Mindfulness-based prevention programs, mental health and well-being can be cultivated, and provide a strong foundation for future functioning and thriving into adulthood and all areas of society (Ryan, 2012).

Mindfulness-based prevention programming, in the form of Mindfulness groups, can be especially helpful. In prevention groups, children can learn new and enhanced coping skills for dealing with the challenges and demands of everyday life (Harpine et al., 2010). Mindfulness skills provide great coping skills for dealing with everyday stressors. Groups can be especially helpful for prevention because groups provide social support and provide modeling for social and interpersonal skills (Harpine et al., 2010). In prevention groups, children and adolescents can learn new ways of being in relationship to each other, new ways of behaving, collaborating, and learning together (Harpin et al., 2010). “A prevention group can serve as a reflective mirror through which participants may view how others perceive their actions while also providing the opportunity to practice and learn new interpersonal skills” (Harpine et al., 2010, p. 271). This is particularly true for Mindfulness-based and FOAT interventions which often allow participants to act as a mirror for oneself and for others through empathic listening (Rappaport, 2009). Harpine et al. (2010) also noted that “Altruism is vital to prevention. Any time we enable group participants to help others, the act of giving allows participants to shift from the role of receiver to provider “ (Harpin et al., 2010). The act of giving is therapeutic (Harpin et al., 2010). In Mindfulness-based groups, children and

adolescents are able to practice this act of giving and receiving, of empathic listening for oneself and for one another (Rappaport, 2009).

### **Mindfulness and Empathy**

Within the field of positive psychology (and also with origins in Buddhist traditions), are the concepts of Self-Compassion and compassion towards others. Pema Chodron, a Buddhist teacher said, “The root of compassion is compassion for oneself” (Hanson, 2009, p. ). Self-Compassion is considered to be a related construct to Mindfulness (Neff, 2003). Neff (2003) claims that Mindfulness is a pre-condition for Self-Compassion; one must learn to unconditionally accept one’s thoughts and feelings before one can have unconditional love for oneself (Neff, 2003).

Neff (2003) identifies three main components of Self-Compassion: 1) Mindfulness—holding painful thoughts and feelings in balanced awareness rather than over-identifying with them; 2) Self-Kindness—being kind and understanding toward oneself in instances of pain or failure rather than being harshly self-critical; and 3) Common Humanity—perceiving one’s experiences as part of the larger human experience rather than seeing them as separating and isolating. Neff (2003) claims that Self-Compassion is actually a healthier construct than that of self-esteem because it is not based on self-evaluation or self-judgment (negative or positive), which can sometimes lead to social comparison, feelings of inadequacy, feelings of inflation or feelings of narcissism. Neff (2003) has found that Self-Compassion is associated with overall psychological well-being, just as Mindfulness is.

Birnie, Speca, & Carlson (2010) conducted an eight-week MBSR program with 41 post-graduate faculty members in Canada and found that the MBSR program not only

significantly decreased participants' stress (as measured by the Symptoms of Stress Inventory (SOSI)), but the MBSR program also significantly increased participants' Self-Compassion (as measured by Neff's Self-Compassion Scale (SCS)). More research on the links between Mindfulness and Self-Compassion is needed, as well as on the links between Mindfulness and art.

### **Mindfulness-Based Art Therapy (MBAT)**

The combination of Mindfulness with art can be powerful intervention. Adding an art component to a MBSR model of treatment, Monti et al. (2006) created MBAT. Monti et al. (2006) conducted a RCT on an eight-week MBAT treatment with 111 women with cancer. Within the eight-week MBAT curriculum, Monti et al.(2006) created art-based interventions to correspond with MBSR curriculum content. For example, for the MBSR body scan exercise, Monti had participants draw body scans and instructed participants to, "Draw a complete picture of yourself" (Monti et al., 2006). For the guided meditation to a healing place, Monti had participants "Draw from the healing place", and do self-care/healing collages (Monti et al., 2006). After the MBAT program, Monti et al. (2006) found a significant decrease in symptoms of distress (as measured by the Symptoms Checklist-90-Revised anxiety and depression subscales) and significant improvements in key aspects of health-related quality of life (as measured by the Medical Outcomes Study Short-Form Health Survey) in the participants (Monti et al., 2006).

### **Focusing-Oriented Art Therapy (FOAT)**

Another form of therapy that incorporates art with Mindfulness is Focusing-Oriented Art Therapy (FOAT), created by Dr. Laury Rappaport (2009). Ari-Asha Castalia, a graduate student at NDNU (Notre Dame De Namur University), conducted research using FOAT, and specifically the FOAT exercise of “Clearing a Space with Art”, with nine sign-language interpreters, over three sessions (Castalia, 2010). Castalia (2010) found a reduction in perceived stress by participants (as evidenced by participant’s pre-post intervention questionnaires and body map drawings). Liz Weiland (2012), also a graduate student at NDNU, conducted research using FOAT with nine art therapy graduate students at NDNU, in two sessions. Weiland (2012) also found a reduction in stress. Weiland (2012) found a 60% reduction in stress after the first session, and a 56% reduction in stress after the second session (as measured by the Stress Arousal Checklist (SACL)), and a 20% reduction in stress at the end of the second session (as measured by a likert stress scale). While there has been this initial research in FOAT, there is still a great need for more FOAT research, and for FOAT research with children and adolescents.

### **Mindfulness and Art with Children and Adolescents**

While FOAT has yet to be fully explored and researched with children, Marta Stapert has found art to be a natural part of the Focusing process for children (Stapert & Verliefe, 2008). Stapert has found that symbolism and art enhances the Focusing process for children, making it easy and concrete for them, and helping them to access and refine their felt sense (Stapert & Verliefe, 2008). Amy Saltzman’s MBSR program for children (MBSR-C) incorporates art as well. Saltzman and Goldin (2008) found that

the use of metaphor and art helped make the Mindfulness exercises more fun and engaging for the children.

While Stapert and Saltzman both incorporate art in their Mindfulness practices with children, Coholic (2011) developed a specifically Arts-Based Mindfulness group for children “in need”-- children referred to by a local child protection agency or children’s mental health center. Coholic (2011) conducted qualitative research of her Arts-Based Mindfulness groups over a four-year period with a total of 50 children (age range from eight-15, mean age ten, with only four groups with girls ages 13-15). In the first three years, groups were held for six weeks and extended to 12 weeks in the final year. Coholic (2011) found that Mindfulness practices delivered via arts-based methods were more effective, engaging, non-threatening and enjoyable than the Mindfulness practices alone.

Coholic (2011) and research assistants conducted interviews with 31 of the program’s child participants and their parents. In interview feedback, Coholic (2011) primarily found that children found the arts-based approach to Mindfulness to be “fun”! 23 children explicitly described the group as “fun” or said that they “had fun”, and three children said they “liked coming” (Coholic, 2011). Fifteen children/parents reported changes associated with increases in self-awareness, self-confidence and self-esteem. Fifteen children/parents reported perceived changes in emotional regulation and expression. Seven parents reported improved behavior and academic performance in their child at school. Finally, several children/parents reported changes associated with an increase in overall “happiness”, Self-Compassion and compassion for others (Coholic, 2011).

Coholic (2011) found that the feedback given via interview supported the acceptability, feasibility and suitability for this type of Arts-Based Mindfulness program working with children and adolescents in need, and found that the program was perceived as beneficial by children and parents alike. Coholic (2011) also found that it was through the experience of having fun and enjoying themselves through the art-based methods that children learned the Mindfulness skills of self-awareness and awareness of thoughts and feelings without judgment; this foundation of self-awareness enabled more effective emotional regulation and healthy expression of feelings, more effective coping and social skills, problem solving skills and resiliency at school and at home (Coholic, 2011).

Stress is a major risk factor for adults, adolescents and children that contributes to a multitude of negative mental and physical health illnesses. MBSR and other similar Mindfulness-based therapies have been proven to reduce stress and effectively treat a variety of mental and physical health conditions for adult, adolescent and child populations. Despite these advances in the field of Mindfulness in treating stress and disease, many more advances are still needed in the field of Mindfulness, as it relates to positive psychology, prevention, and the cultivation of psychological well-being and Self-Compassion. Additionally, more research is needed on the benefits of the combination of Mindfulness and art, and the benefits of adding art to Mindfulness-based interventions for children and adolescents. The field of Art Therapy can also benefit from additional evidenced-based research on the benefits of combining Mindfulness with art, and adding Mindfulness interventions to already existing art interventions. Therefore, this research study aims to investigate the following questions: What is the effectiveness and benefits

of an Arts-Based Mindfulness prevention group program for children? Can an Arts-Based Mindfulness group help to reduce stress and increase Self-Compassion for children?

## **Letters of Support**



## **Letters of Support**

## Letter of Intent

Notre Dame De Namur University  
1500 Ralston Ave  
Belmont, CA 94002

Dear Student and Parent or Legal Guardian,

This letter is to request your consent to include your child in the Mindful Art Program being offered at Rocketship Discovery Prep for its fourth and fifth grade students. The purpose of the Mindful Art Program and follow-up study is to test the effectiveness of the program in decreasing stress and increasing Self-Compassion in children.

I am a Marital and Family Therapy and Art Therapy intern, from Notre Dame De Namur University. I will be piloting this eight-week Mindful Art Program, for my Master's Thesis Grant.

The data collected will be used only for this research and educational purposes. Your child's privacy and confidentiality will be respected and no personal identification will be disclosed.

Enclosed is an Informed Consent Form, which outlines the nature of this study and your child's role in it. If your approval has been met, please sign the Informed Consent Form. Your child will also need to sign the enclosed Informed Assent Form as well. Also enclosed is a Permission to Use Artwork Form, giving this researcher permission to reproduce your child's artwork for research and educational purposes. If both you and your child feel comfortable, please sign this Permission to Use Artwork Form. In addition, a Demographic Form is also enclosed for you to fill out, should you agree to have your child participate in the program.

Thank you in advance. Your child's participation in the Mindful Art Program will be greatly appreciated. If you have any questions and/or concerns, please contact me, Emily Tara Weiner at: (650) 888-7417 or [emilyweiner@aol.com](mailto:emilyweiner@aol.com).

Sincerely,

Emily Tara Weiner, B.A.  
Graduate student, MFT/AT, M.A.,  
Notre Dame De Namur University

**Informed Consent to Participate in a Research Study  
Parent/Guardian Form**

Notre Dame de Namur University  
1500 Ralston Avenue  
Belmont, CA 94002

**Title of Research:** A Mindful Art Program: Using Mindfulness and Art with Children to Decrease Stress and Increase Self-Compassion.

**Name and Contact of Primary Researcher:** Emily Tara Weiner,  
(650) 888-7417, emilyweiner@aol.com

**Name and Contact of Supervising Researcher:** Amy Backos PhD, ATR-BC  
(415) 652-2440, abackos@ndnu.edu

**A. Research Purpose and Background**

The purpose of this study is to evaluate the effectiveness of an eight-week Mindful Art Program in decreasing stress and increasing Self-Compassion for children. The research will be conducted by art therapy intern, Emily Tara Weiner, a graduate student at Notre Dame De Namur University (NDNU), under the supervision of Dr. Amy Backos, Associate Professor of Art Therapy Psychology at NDNU.

**B. Procedures**

As a parent/guardian of the participant, I give my consent for my child to take part in this research study, and I understand the following:

1. Participants will be asked to attend the Mindful Art Program for eight weeks, once a week, for 60 minutes each class.
2. Participants will complete a series of assessments and questionnaires prior to the beginning of the Mindful Art Program and at the end of the last class.
3. Participants will be asked to participate in Mindfulness and art activities.
4. After the Mindful Art Program, the researcher will give a debriefing statement, and be available if there are any follow-up questions or concerns.

**C. Risks**

There is minimal risk associated with this Mindful Art Program. It is possible that participants may encounter stressful issues or emotions during the Mindful Art Program. However, the Mindful Art Program interventions are inherently designed to minimize risk and provide a safe environment and containment for emotional reactions. Additionally, the Mindful Art Program will be facilitated by a trained Marriage and Family Therapy intern (MFTI), who will be available after each meeting to discuss any feelings and/or answer any questions or concerns the participants may have. If participants feel the need for further support after completion of the Mindful Art Program,

Rebecca Borland of Foothill Community Health Center is available at: (408) 729-9700, 2880 Story Road San Jose, CA 95127.

### **Benefits**

The potential benefits of this Mindful Art Program are many, some of which are listed below:

- Increase in Mindfulness skills
- Increase in relaxation and stress management skills
- Increase in Self-Compassion and compassion for others
- Increased social and emotional learning
- Increase in social skills and improved social interactions
- Increased social support from the group

This program and follow-up study will benefit the fields of both Mindfulness in Education and Art Therapy, adding to the growing body of research in support of these interventions, particularly with children and adolescents. This Mindful Art Program can give support to the idea of using Mindfulness and art as a preventative intervention with children and adolescents.

### **E. Confidentiality**

Confidentiality will be explained to both parents and participating children and will be included in this parental Informed Consent Form and child Assent Forms. No child participant will be identified in any reports or publications resulting from the research. All data will be kept confidential and will be used for research purposes only. All data collected from participants will be coded and the codes will be corresponding to each individual participant. The codes and all data will be stored in a secure place to assure that no one but the researcher will be able to identify the participants. All data will remain property of the researcher and be securely stored for three years after the research has been completed (or seven years if the study is published), after which it will be destroyed.

### **F. Alternatives**

As the parent/guardian, I am free to decline giving permission for my child to participate in this research study. My child may still participate in the Mindful Art Program, even if he/she does not participate in the research study.

### **G. Costs/Compensation**

There will be no costs or compensation as a result of participating in this research study.

## H. Questions

For any questions, please feel free to contact the primary researcher, Emily Tara Weiner at: (650) 888-7417 or [emilyweiner@aol.com](mailto:emilyweiner@aol.com). Feel free to also contact research supervisor, Dr. Amy Backos at: (415) 652-2440, [abackos@ndnu.edu](mailto:abackos@ndnu.edu). Dr. Backos may also be contacted by written letter through the Art Therapy Psychology Department, Notre Dame de Namur University, 1500 Ralston Avenue Belmont, CA 94002.

**Participation in this research study is voluntary. I understand that I am free to decline participation in this research study. I may withdraw my child's participation at any point during the study without penalty. I also understand that my child is free to participate in the Mindful Art Program, even if not participating in the research study.**

Print Name: \_\_\_\_\_  
Child Participant

Print Name: \_\_\_\_\_  
Parent/Guardian

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian

Print Name: \_\_\_\_\_  
Principal Researcher

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Principal Researcher

**Informed Assent to Participate in a Research Study  
Child Form**

Notre Dame de Namur University  
1500 Ralston Avenue  
Belmont, CA 94002

**Title of Research:** A Mindful Art Program: Using Mindfulness and Art with Children to Decrease Stress and Increase Self-Compassion.

**Name and Contact of Primary Researcher:** Emily Tara Weiner,  
(650) 888-7417, emilyweiner@aol.com

**Name and Contact of Supervising Researcher:** Amy Backos PhD, ATR-BC  
(415) 652-2440, abackos@ndnu.edu

**A. Research Purpose and Background**

The purpose of this study is to see if an eight-week Mindful Art Program can decrease stress and increase Self-Compassion in children at Rocketship Discovery Prep. The research will be conducted by art therapy intern, Emily Tara Weiner, a graduate student at Notre Dame De Namur University (NDNU), under the supervision of Dr. Amy Backos, Associate Professor of Art Therapy Psychology at NDNU.

**B. Procedures**

In agreeing to participate in this research study, I understand the following:

1. I will be asked to attend the Mindful Art Program class for eight weeks, once a week, for 60 minutes each class.
2. I will be asked to complete a series of questionnaires prior to the beginning of the Mindful Art Program and at the end of the last class, and also at the beginning and end of each class.
3. I will be asked to participate in Mindfulness and art activities.

**C. Risks**

There is minimal risk associated with this Mindful Art Program. It is possible that participants may encounter stressful issues or emotions during the Mindful Art Program. However, the Mindful Art Program interventions are inherently designed to minimize risk and provide a safe environment and containment for emotional reactions. Additionally, the Mindful Art Program will be facilitated by a trained Marriage and Family Therapy intern (MFTI), who will be available after each meeting to discuss any feelings and/or answer any questions or concerns the participants may have. If participants feel the need for further support after completion of the Mindful Art Program,

Rebecca Borland of Foothill Community Health Center is available at: (408) 729-9700, 2880 Story Road San Jose, CA 95127.

### **Benefits**

The potential benefits of this Mindful Art Program are many, some of which are listed below:

- Fun!
- Increase in Mindfulness skills
- Increase in relaxation and stress-management skills
- Increase in Self-Compassion and compassion for others
- Increased social and emotional learning
- Increase in social skills and improved social interactions
- Increased social support from the group

This program and follow-up study will benefit the fields of both Mindfulness in Education and Art Therapy, adding to the growing body of research in support of these interventions, particularly with children and adolescents. This Mindful Art Program can give support to the idea of using Mindfulness and art as a preventative intervention with children and adolescents.

### **E. Confidentiality**

Confidentiality will be explained to both parents and participating children and will be included in the parental Informed Consent Form and this child Assent Form. No child participant will be identified in any reports or publications resulting from the research. All data will be kept confidential and will be used for research purposes only. All data collected from participants will be coded and the codes will be corresponding to each individual participant. The codes and all data will be stored in a secure place to assure that no one but the researcher will be able to identify the participants. All data will remain property of the researcher and be securely stored for three years after the research has been completed (or seven years if the study is published), after which it will be destroyed.

### **F. Alternatives**

I am free to decline to participate in this research study. I may still participate in the Mindful Art Program, even if I do not want to participate in the research study.

### **G. Costs/Compensation**

There will be no costs or payment as a result of participating in this research study.

## H. Questions

For any questions, please feel free to contact the primary researcher, Emily Tara Weiner at: (650) 888-7417 or [emilyweiner@aol.com](mailto:emilyweiner@aol.com). Feel free to also contact research supervisor, Dr. Amy Backos at: (415) 652-2440, [abackos@ndnu.edu](mailto:abackos@ndnu.edu). Dr. Backos may also be contacted by written letter through the Art Therapy Psychology Department, Notre Dame de Namur University, 1500 Ralston Avenue Belmont, CA 94002.

**Participation in this research study is voluntary. I understand that I am free to decline participation in this research study. I may withdraw my participation at any point during the study without penalty. I also understand that I am free to participate in the Mindful Art Program, even if I do not participate in the research study.**

Print Name: \_\_\_\_\_  
Participant

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Participant

Print Name: \_\_\_\_\_  
Principal Researcher

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Principal Researcher



**Assent to Participate in a Research Study  
Child Form**

Title of Research: A Mindful Art Program: Using Mindfulness and Art to decrease stress and increase Self-Compassion for Children

Name of Researcher: Emily Weiner  
Phone number: (650) 888-7417  
Email: emilyweiner@aol.com

I \_\_\_\_\_, hereby give my assent to participate in a research study conducted by Emily Weiner, a graduate student at Notre Dame de Namur University, under the supervision of Amy Backos, PhD, ATR-BC.

I have the permission of my parents/guardians to participate in this research study. I have been informed of the purpose, procedures and steps for confidentiality of this research study.

I understand that participation is voluntary and that I am free to decline participation in the study or withdraw from participation in the study at any time. I also understand that I may choose to still participate in the Mindful Art Program, even if I do not want to participate in the research.

Print Name: \_\_\_\_\_  
Participant

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Participant

Print Name: \_\_\_\_\_  
Principal Researcher

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Principal Researcher

**Permission to Use Artwork Form**

Notre Dame De Namur University  
1500 Ralston Ave  
Belmont, CA 94002

Thank you for participating in the Mindful Art Program! The Mindful Art Program is part of a research study and grant, which will allow other children to participate in the program in the future.

Artwork will only be used for these research, grant and educational purposes. All artwork will remain completely confidential. Names and identifying information will not be used at any time.

I hereby give permission to Emily Weiner, primary researcher, to digitally photograph and use the artwork of \_\_\_\_\_, created during the Mindful Art Program at Rocketship Discovery Prep, for research and educational purposes.

\_\_\_\_\_  
Participant's Name (Please Print)

\_\_\_\_\_  
Participant's Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian's Name (Please Print)

\_\_\_\_\_  
Parent/Guardian's Signature

Date: \_\_\_\_\_

## Demographic Information Form

Notre Dame De Namur University  
1500 Ralston Ave  
Belmont, CA 94002

Please fill out the following information regarding your child and yourself for the use of the study only. All questions are optional. All data will be kept anonymous and confidential.

Name of Child Participant:

Date of Birth:

Age:

Gender:

Race/Ethnic Background:

\_\_\_\_\_ African American

\_\_\_\_\_ Asian/Pacific Islander

\_\_\_\_\_ Caucasian

\_\_\_\_\_ Hispanic/Latin American

\_\_\_\_\_ Mixed Heritage (Please explain)

\_\_\_\_\_ Other Identifying Group (Please explain)

Does your child have previous experience with (please check if apply):

\_\_\_\_\_ Art Therapy

\_\_\_\_\_ Mindfulness

Parent's Occupations (please list):

Currently employed (y/n) \_\_\_\_\_

Combined Annual Income \_\_\_\_\_

## Perceived Stress Scale

The questions in this scale ask you about your feelings and thoughts **during the last month**. In each case, you will be asked to indicate how often you felt or thought a certain way. Although some of the questions are similar, there are differences between them and you should treat each one as a separate question. The best approach is to answer each question fairly quickly. That is, don't try to count up the number of times you felt a particular way, but rather indicate the alternative that seems like a reasonable estimate. For each question choose from the following alternatives:

0	1	2	3	4
Never	Almost Never	Sometimes	Fairly Often	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 that you were unable to control the important things in your life?
- \_\_\_ 3. In the last month, how often have you felt nervous and "stressed"?
- \_\_\_ 4. In the last month, how often have you dealt successfully with irritating life hassles?
- \_\_\_ 5. In the last month, how often have you felt that you were effectively coping with important changes that were occurring in your life?
- \_\_\_ 6. In the last month, how often have you felt confident about your ability to handle your personal problems?
- \_\_\_ 7. In the last month, how often have you felt that things were going your way?
- \_\_\_ 8. In the last month, how often have you found that you could not cope with all the things that you had to do?
- \_\_\_ 9. In the last month, how often have you been able to control irritations in your life?
- \_\_\_ 10. In the last month, how often have you felt that you were on top of things?
- \_\_\_ 11. In the last month, how often have you been angered because of things that happened that were outside of your control?
- \_\_\_ 12. In the last month, how often have you found yourself thinking about things that you have to accomplish?

\_\_\_\_ 13. In the last month, how often have you been able to control the way you spend your time?

\_\_\_\_ 14. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?

**Coding Key For Perceived Stress Scale:**

Positively Stated Items (items 4,5,6,7,9,10,13) are reversed scored.

To reverse-score, change values: 0= 4, 1 = 3, 2 = 2, 3 = 1, 4 = 0

To compute a total Perceived Stress Score, add up the sum of all 14 items (after reverse-scoring). Higher score indicates higher level of perceived stress.

**References**

The PSS Scale is reprinted with permission of the American Sociological Association, from Cohen, S., Kamarck, T., and Mermelstein, R. (1983). A global measure of perceived stress. *Journal of Health and Social Behavior*, 24, 386-396.

## Likert Stress Scale

Not At All  
Stressed  
1

A little  
Stressed  
2

Somewhat  
Stressed  
3

Fairly  
Stressed  
4

Very  
Stressed  
5

## Self-Compassion Scale – Children (SCS-C)

### How I Typically Act Towards Myself In Difficult Times

Please read each statement carefully before answering. To the left of each item, indicate how often you behave in the stated manner, using the following scale:

<b>Almost Never</b>	<b>Rarely</b>	<b>Sometimes</b>	<b>Often</b>	<b>Almost always</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

- \_\_\_ 1. I'm unkind to myself when I feel I'm not "good enough".
- \_\_\_ 2. When I'm feeling sad, angry, lonely, or afraid I tend to focus on and worry about everything that's wrong.
- \_\_\_ 3. When things are going badly for me, I remember that difficulties are part of life, and that everyone goes through them.
- \_\_\_ 4. When I think about things I don't do well, I feel separate and cut off from everybody else in the world.
- \_\_\_ 5. I try to be loving towards myself when I'm feeling sad, angry, lonely, or afraid.
- \_\_\_ 6. When I fail at something important to me I feel completely stupid.
- \_\_\_ 7. When I'm sad, angry, lonely or afraid, I remind myself that lots of other people have these feelings too.
- \_\_\_ 8. When times are really difficult, I am very hard on myself.
- \_\_\_ 9. When something upsets me I try to notice my emotions and not get carried away by them.
- \_\_\_ 10. When I feel not "good enough" in some way, I try to remind myself that other people sometimes feel this way too.
- \_\_\_ 11. I'm unkind and impatient towards the parts of my personality/me I don't like.
- \_\_\_ 12. When I'm having a really hard time, I give myself the caring and kindness I need.
- \_\_\_ 13. When I'm feeling sad, angry, lonely, or afraid, I feel most other people are usually happier than I am.
- \_\_\_ 14. When something really upsetting happens I try to take a balanced view of things.



- \_\_\_ 15. I try to see my failures as part of life.
- \_\_\_ 16. When I see parts of myself that I don't like, I get down on myself/ give myself hard time.
- \_\_\_ 17. When I fail at something important to me I try to not to make it a bigger deal than it is.
- \_\_\_ 18. When I'm really struggling, I feel like other people usually have an easier time of it.
- \_\_\_ 19. I'm kind to myself when things go wrong and I'm feeling bad.
- \_\_\_ 20. When something upsets me I get carried away with my feelings and "lose it."
- \_\_\_ 21. I can be a bit mean to myself when I'm feeling bad or upset.
- \_\_\_ 22. When I'm feeling sad, angry, lonely, afraid I try to be curious about my feelings and not ignore them.
- \_\_\_ 23. I tell myself I'm still okay when I make a mistake or don't do well at something.
- \_\_\_ 24. When something painful happens, I make a big deal out of it.
- \_\_\_ 25. When I fail at something that's important to me, I feel alone in my failure.
- \_\_\_ 26. I try to be understanding and patient towards the parts of my personality/ me I don't like.

**Coding Key for Self- Compassion Scale-Child:**

Self-Kindness Items: 5, 12, 19, 23, 26

Self-Judgment Items (reverse scored): 1, 8, 11, 16, 21

Common Humanity Items: 3, 7, 10, 15

Isolation Items (reverse scored): 4, 13, 18, 25

Mindfulness Items: 9, 14, 17, 22

Over-identified Items (reverse scored): 2, 6, 20, 24

To reverse-score change values: 1 = 5, 2 = 4, 3 = 3, 4 = 2, 5 = 1

To compute a total Self-Compassion score, take the mean of each subscale (after reverse-scoring), then compute a total mean. Higher score indicates higher level of Self-Compassion.

**References:**

\* Not yet published. See following page (page ) for email permission to use the Self-Compassion Scale-Child from Self-Compassion Scale creator, Kristen Neff.

**Email Permission from Kristen Neff to use the Self-Compassion Scale-Child (SCS-C):**

Thu, Feb 2, 2012 4:39 pm

Re: Self-Compassion scale for children?  
From: Kristin Neff, [kristin.neff@mail.utexas.edu](mailto:kristin.neff@mail.utexas.edu)  
To: Emilyweiner, [emilyweiner@aol.com](mailto:emilyweiner@aol.com)

Hi Emily,

Amy Saltzman has developed a version for children but it hasn't been published. I'll attach it here.

Best wishes,

Kristin

Kristin Neff, PhD  
Associate Professor  
Human Development and Culture  
Educational Psychology Dept.  
University of Texas at Austin

New book *Self-Compassion* published by Harper Collins, 2011

[www.Self-Compassion.org](http://www.Self-Compassion.org)  
[www.horseboymovie.com](http://www.horseboymovie.com)

On Feb 2, 2012, at 2:53 PM, [emilyweiner@aol.com](mailto:emilyweiner@aol.com) wrote:

Hi Kristin,

I love the concept and measure of Self-Compassion! I am wondering if you have an adapted version for Children?!

I am writing my thesis for an MFT/Art Therapy program at NDNU (Notre Dame De Namur University, CA) , and I am hoping to write a grant for a Mindfulness and Art Program for children! I am looking for measures/scales right now ,and Self-Compassion really is at the heart of the program! I would love to be able to test for this in children! Thanks so much for any input and suggestions you may have! Emily (650) 888-7417

\* Scan in CBC-L ( Or ask Megan/Laury for alternative/shorter stress behavior questionnaire for teachers/parents)

## Child and Adolescent Mindfulness Measure (CAMM)

Please rate how often each statement is true for you, based on the following scale:

**0**                      **1**                      **2**                      **3**                      **4**  
**Never True**    **Rarely True**    **Sometimes True**    **Often True**    **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 happened in the past instead of thinking about things  
that are happening right now.
- \_\_\_ 8. I get upset with myself for having certain thoughts.
- \_\_\_ 9. I think that some of my feelings are bad and that I shouldn't have them.
- \_\_\_ 10. I stop myself from having feelings that I don't like.

**Coding Key for Child and Adolescent Mindfulness Measure:**

All 10 items are reversed scored.

To reverse-score, change values: 0 = 4, 1 = 3, 2 = 2, 3 = 1, 4 = 0

To compute a total CAMM score, add up the sum of all 10 items (after reverse-scoring).

Higher score indicates higher level of Mindfulness skills.

**References:**

Greco., L. A., Baer, R. A. & Smith, G. T. (2011). Assessing Mindfulness in Children and Adolescents: Development and Validation of the Child and Adolescent Mindfulness Measure (CAMM). *Psychological Assessment*, 23(3), 606-614.

**Program Evaluation**  
**Mindful Art Class**

1. What did you like about the Mindful Art Class? Please explain.

2. What did you *not* like about the Mindful Art Class? Please explain.

3. Please rate the following activities on a scale from 1 to 5 (1 = did not like at all to 5= liked very much): Please put the number next to the activity.

Did Not Like At All	Did Not Like Very Much	Neutral	Liked Somewhat	Liked Very Much
1	2	3	4	5

Mindfulness Exercises:

Bell Exercises

Anchor Breath

Flashlight of Attention

Clearing a Space (with Art), Box

Body Cut-Outs

Journal Cover Making (Peaceful or “All Fine Place)

Journaling

Self-Compassion Meditation

Self-Compassion Mandala

Sharing with Partner

Poem Activity

Closing Activity

4. What did you notice about your level of stress during the Mindful Art Class?

5. What did you notice about your level of compassion for yourself and/or others during the Mindful Art Class?
  
6. What did you learn in the Mindful Art Class that you think you will continue in your life?

Additional Comments and suggestions to improve the class:

Possible Additional Questions:

Did the Mindful Art Program affect your behavior at home and/or at school? How so?

How did the Mindful Art Program affect your classroom attention?

How did the Mindful Art Program affect your behavior at school? At home?

How did the Mindful Art Program affect your ability to regulate your emotions?

How did the Mindful Art Program affect your relationship with your own emotions and your own body? Please Explain.

How did the Mindful Art Program affect your social skills?

How did the Mindful Art Program change the way you interact with others?

Did you feel an increase in social support from the Mindful Art Program? Closer with your classmates?



## Debriefing Statement

Thank you for your participation in the Mindful Art Program! The primary purpose of this grant and research study is to reduce stress and increase Self-Compassion for children. Your child's participation represents a valuable contribution to both the fields of Art Therapy Psychology and Mindfulness in Education.

The data collected is for research purposes only. The information will remain confidential. If you have any questions about this research study, please feel free to contact the primary researcher, Emily Tara Weiner at: (650) 888-7417 or [emilyweiner@aol.com](mailto:emilyweiner@aol.com). Please also feel free to contact the research supervisor, Dr. Amy Backos at: [abackos@NDNU.edu](mailto:abackos@NDNU.edu) or (415) 652-2440. Dr. Backos can also be contacted via postal mail at: Art Therapy Psychology Department, Notre Dame de Namur University, 1500 Ralston Avenue, Belmont, CA 94002.

This study has been designed to reduce stress and carries minimal risk. However, should your child have any unresolved feelings from the research that cannot be addressed by Ms. Weiner or Dr. Backos, please contact Rebecca Borland of Foothill Community Health Center at: (408) 729-9700, 2880 Story Road San Jose, CA 95127 .

Thank you so much again for your participation in this study.

## Mindful Art Program Curriculum

**\*Opening Mindfulness Exercise for each meeting** (1 minute at the start of each class)

**Bell Exercise:** Ask students to raise their hands. Sound the bell. Ask students to lower their hands when they no longer hear the sound of the bell, but keep listening to the sounds in the room.

**\*Closing Exercise for each meeting** (5-10 minutes at the end of each class)

Invite students to share their artwork, either as large group or in small groups/partners. Always give the option to pass.

### Week 1: Mindfulness Fundamentals

**Mindfulness Exercise: Mindful Listening** (20 minutes)

-Introduce Mindfulness: What is Mindfulness? Invite discussion. (5-10 minutes)

**Bell Exercise:** *“Everyone raise your hands. Listen to the sound of the bell, and when you do not hear it at all anymore, put your hand down. Then, just continue listening to the sounds in the room. We will do this for 1 minute.”* Repeat this exercise several times to practice. Spend time after each Bell Exercise to discuss children’s experiences during the exercise.

**Art Activity** (20 minutes)

**Thought Jar:** *“Make a jar to represent your thinking mind.”* Have the students each make a jar containing sparkles and glycerin to represent the thinking mind when thoughts are active vs. settled. Fill jar with glycerin. Add sparkles/glitter to desired effect. Practice shaking up and settling jars.

**Closing Exercise: Share Art** (5-10 minutes)

Share/play with each other’s Thought Jars.

### **Materials List:**

- bell, any bell can work, however Tibetan bells and/or singing bowls have a nice sound
- 8 oz. empty jars (small baby food jars, specialtybottles.com)
- glycerin (enough to fill each jar full)
- sparkles/glitter
- newspaper (optional)(to cover tables)

## Week 2: Mindfulness Fundamentals Continued

### Opening Exercise: Bell Exercise (1 minute)

### Mindfulness Exercise: Mindful Bodies (20 minutes)

-Introduce body sensations: Hand out Body Sensation Word List for reference (see page X for Body Sensation Word List Handout)

**Anchor Breath:** *“Bring your attention down into your body, to your belly. Notice how does your belly feel? What sensations are there? Is it tight? Is it relaxed? Now bring your attention to you belly’s breath. Notice how the breath makes the belly expand like a balloon on the inhale and deflate on the exhale. See if you can keep your attention and focus on your breath, for one full cycle (inhale/exhale). See if you can do it again.”*

Practice for 1-2 minutes, and repeat several times for practice. Discuss children’s experiences.

**Body Scan/Flashlight of Attention:** *“Bring your attention down into your body again. This time, notice your whole body. Bring your attention to your feet. How do your feet feel? What sensations do you feel? Are the hot? Cold? ...”*

Repeat with each body part, scanning up the entire body (ankles, calves, knees, thighs, hips, bottom, back, belly, chest, shoulders, arms, fingers, neck, head, etc.)

### Expressive Arts/Movement Activity

**Seaweed Bodies:** Students can practice being seaweed with their bodies. Students can play with being active and settled in their bodies.

\*Good movement exercise/game to play if the class seems to have a lot of excess energy or attention difficulties.

### Art Activity (20 minutes)

**Body Cut-Out Drawings:** Invite students to draw what they noticed in their bodies from the Flashlight of Attention exercise. Encourage students to find the specific location in their bodies where they feel the sensation (“Where in your body do you feel this?”).

Encourage students to identify the specific sensation qualities (“What does it look like? What color is it? Does it have a sound? Is there a metaphor for what it looks/feels like? etc.)

### Closing Exercise: Share Artwork (5-10 minutes)

Take volunteers to share their body cut-out drawings.

### Material List:

-body cut-outs (see page X for a template)  
-colored markers, pencils, oil pastels, crayons

### **Week 3: FOAT Exercise: Clearing a Space with Art “All-Fine Place” or “Still Quiet Place”**

#### **Opening Mindfulness Exercise: Bell Exercise** (1 minute)

#### **FOAT Exercise:** (10 minutes)

**Clearing a Space with Art:** *“Find a comfortable position. Take a few deep breaths down into your body, inviting your body to relax...Feel free to keep your eyes open or closed, whichever is more comfortable for you. Take a few more deep breaths. When you are ready, ask yourself, ‘How am I on the inside right now?’ Just listen...Give an answer time to form in your body...Turn your attention like a flashlight inside to your body and just ‘say hi’ to whatever you find...Be accepting and nice to whatever you find there...When you’re ready, check inside your body and ask, ‘What’s in the way between me and feeling ‘All-Fine’ right now?’ Let whatever comes up...come up...Don’t go inside any particular thing right now...As each thing comes up, imagine gently placing it in a box. Set the box at the right distance from you. Some like it to stay close. Others like it to be farther away. Sense the right distance for you...Continue the process of asking your body, ‘So what’s between me and feeling ‘All-Fine’ right now?’ As each thing arises, image placing it into the box. When the list stops, you can check it by asking, ‘Except for all of that, I’m ‘All-Fine’, right?’ ...If more comes up, add it to what’s already in the box.”*

\* Encourage the students to focus on every-day stressors, not major stressors, encourage the students to focus on about 4-5 stressors in the way (not every stressor they have ever had!)

-introduce “felt sense”=whole sense of an issue/stressor inside your body

-introduce “all-fine place”=place that is separate from stressors/issues inside your body

#### **Art Activity** (40 minutes)

**Treasure Box:** *“Decorate your Treasure Box.”* Invite students to create artistic representations of stressors and physically set them aside in treasure box. Explain to students: *“We are not ‘banishing’ or ‘getting rid’ of the issues, but rather gently and lovingly setting them aside, for the moment, so that we can have some space/distance from them. You can always pick back up the issue to be with it at a later time, when it feels right (which is why it is a treasure box rather than trash can!)”*

**All-Fine Place Drawings:** After they have set issues aside in their Treasure Box and have a felt sense of the “All-Fine” place inside their bodies, invite the students to represent this “All-Fine” place through art. *“See if there is an image (or word, phrase, gesture, sound) that matches this felt sense of the ‘All-Fine’ Place inside your body. Draw or create this through the art.”* Invite students to use body-cut outs to represent how their “All-Fine Place” or “felt sense” feels inside their bodies.

\* Emphasize that it is okay if they do not get to an “All-Fine place”. That they can represent whatever they are feeling.

**Closing Exercise: Share Artwork** (10 minutes)

Share “All-Fine Place” drawings and/or about the process.

Share body cut-outs (from before) and after Clearing a Space with Art Exercise.

**Home Practice:** Finish decorating treasure box (if did not finish). Practice using box to “Clear a Space”. Take home body-cut outs to use for practice as well.

**Material List:**

-small cardboard boxes

-decorating materials: colored paper, sparkles, feathers, jewels

-colored markers, pencils, oil pastels, crayons

-glue sticks/hot glue guns (monitor closely for safety)

-scissors

## **Week 4: FOAT Exercise: Clearing a Space with Art**

**Opening Mindfulness Exercise: Bell Exercise** (1 minute)

**FOAT Exercise:**

**Clearing a Space with Art:** (see Week 3 for instructions)

**Art Activity**

Represent “All-Fine Place” on journal cover.

**Closing Exercise: Share Artwork**

Share journal covers.

**Home Practice:** Finish journal covers (if did not finish).

Write/draw 3 ways to be grateful for self/be kind to self in journal.

**Material List:**

- art journals (with blank, cardboard covers)
- pre-cut magazine/collage images (variety of peaceful images)
- pre-cut inspiration quotes
- hot glue-guns (glitter hot glue sticks)
- glue sticks
- scissors
- colored markers, pencils, oil pastels, crayons
- colored paper
- scrapbooking paper books

## **Week 5: FOAT Exercise: Asking and Receiving**

### **Opening Mindfulness Exercise: Bell Exercise** (1 minute)

#### **FOAT Exercise:**

**Asking and Receiving:** *“Choose one thing/issue that you put in your Treasure Box before, that you are now ready to look at, and take it out of the box. You can ask your body, ‘Do I have permission to look at this right now?’ Once you choose your issue to look at, see if you can get a ‘felt sense’ of how the issue makes you feel in your body. See if there is an image (or word, phrase, gesture or sound) that matches how you feel in your body when you bring your attention to this issue. Check it against your body for a sense of rightness. If it doesn’t feel right/fit, let it go and invite a new word, phrase, image gesture or sound to come. Draw/represent this image through art. (After the students create the art). We’re now going to ask the felt sense/art some questions. For some of the questions, answers will come, and for other questions, they may not, so simply let those go. Imagine sitting down next to your felt sense, like you would a friend, and keep in company. In a gentle way ask it:*

*1) What does it need?*

*2) What’s one small step in the right direction?*

*Welcome what comes. Create an artistic expression that matches what comes. See if you can give it what it needs through the art.”*

#### **Art Activity**

Draw/Write dialogue with stressors/issues/feelings in Journal.

#### **Closing Exercise: Share Artwork**

Share any artwork or art process.

**Home Practice:** Continue journaling.

#### **Material List:**

-colored markers, pencils, oil pastels, crayons

-colored paper

-pens/pencils

## **Week 6: Focusing Attitude with Oneself & Self-Compassion**

### **Opening Mindfulness Exercise: Bell Exercise** (1 minute)

-share at-home journal entries: 3 ways of being grateful for/kind to self  
(or write them if did not do it at home)

### **Mindfulness Exercise: Self-Compassion Exercise** (10 minutes)

*“Imagine someone who is alive and in your life right now, (that you see regularly), who is easy for you to love (and have loving thoughts and feelings about), and someone who makes you feel loved. Feel in your body how it feels when you think and/or imagine this person standing in front of you. Imagine that person telling loving things to you and (giving you a hug/smiling at you). (After 30 seconds or so) Now imagine loving yourself the way this person loves you. (See if you can tell yourself these kind and loving things about yourself. See if you can give yourself a loving hug and smile). For many people it is often harder to feel and give love to themselves, than to others. It can take time to cultivate this sense of love towards yourself. Be patient, gentle and loving with yourself. Even if you do not feel compassionate or peaceful, or loving towards yourself right now, that is okay. Whatever you feel is really okay, is more than okay, but is actually perfect, the perfect experience, because it is the experience you are having right now, in this moment. Stay with what this feels like in your body, and see if there is an image, word, phrase, that matches this felt sense. Draw a mandala to represent this felt sense (of Self-Compassion).”*

### **Art Activity** (20-30 minutes)

Draw a Self-Compassion Mandala/drawing.

### **Closing Exercise: Share Artwork** (10 minutes)

Share experience of Self-Compassion Exercise and/or drawings.

### **Material List:**

- pre-cut small (mini) circles
- colored markers, pencils, oil pastels, crayons



## **Week 7: Focusing Attitude with Others**

### **Opening Mindfulness Exercise: Bell Exercise** (1 minute)

#### **Art Activity: Self-Compassion Group Poems** (30-40 minutes)

Have students gather in groups of 4-5. Hang each Self-Mandala drawing on the wall, floor, or table, so they each have their own space. *“Everyone, go around to each group member’s drawing and write a word or phrase that matches your felt sense when looking at the drawing. Write the word or phrase on a piece of paper, and leave it near the drawing. Rotate until you have left a word/phrase near each group member’s drawings, including your own drawing. Then return to your own drawing, receive the gifts others have given you, and use the words/phrase to create a poem for your drawing. You can either use the actual words/phrases, or use them as inspiration for your own writing.”*

\* emphasize that the word/phrases should be kind/positive

#### **Mindfulness Exercise: Mindful Listening with Partner** (10 minutes)

Share Self-Compassion drawings/poems with a partner. Partners will take turns, each practice sharing and practice Mindful listening.

\*emphasize that the partner who is listening, is not responding at all, just listening mindfully to what the partner is sharing

#### **Closing Exercise: Share Artwork** (5-10 minutes)

Take a couple volunteer partners to discuss the experience with the whole group  
How was it to just listen? How was it to be listened to Mindfully/unconditionally?

#### **Material List:**

- hundreds of small strips of paper (for writing the words/phrases on)
- glue sticks
- scissors
- pens/markers

## **Week 8: Review & Closure**

### **Opening Mindfulness Exercise: Bell Exercise** (1 minute)

#### **FOAT Exercise** (10 minutes)

**Carrying it Forward:** *“Take a few deep breaths down into your body. Think and feel back over our whole eight weeks together. See if you can remember what we did, how you felt, what you learned, etc. See if you can get a ‘felt sense’ of the whole eight weeks. See if there is an image (word, phrase, sound, gesture) that matches this. Ask yourself/it, ‘What do I want to take with me from the Mindful Art Program?’ Just listen...and see what comes.”*

#### **Art Activity** (15-20 minutes)

Draw on mini-Mandala/circle, an image that represents what you want to carry forward (bring with you) from the Mindful Art Program into your life.

#### **Closing Exercise: Share Artwork** (20 minutes)

Closing circle: each student share his/her mini-Mandala (circle) and place it on a giant, group Mandala (circle), to hang up in the classroom.

#### **Material List:**

- mini-circle cut-outs (see page X for template)(white paper)
- large, group circle cut-out (butcher paper)
- scissors
- glue sticks/hot-glue guns/double-sided tape
- colored markers, oil pastels

## **Art from Omega Teen Camp's Mindful Art Class**

\*Print Resume (Art Therapy, 2012 Resume)

## **Funding Source Identification Form**

## **Request For Proposal (RFP) from Funding Source**

**Copy of Proposal Forwarding to Funding Source**

## References

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