



# Mindful Parenting: A Behavioral Tool for Parent Well-Being

Jessica L. Fuller<sup>1</sup> · Elizabeth A. Fitter<sup>1</sup>

Published online: 30 July 2020

© Association for Behavior Analysis International 2020

## Abstract

Parents often suffer from conditions such as stress and depression due to the high demands of parenting. In particular, parenting children with some form of developmental disability may bring about increased maladaptive behaviors that may increase daily parenting stressors. The fast-spreading repercussions of the COVID-19 pandemic have left millions of parents across the globe to deal with various stressors in isolation. Recent studies have demonstrated the effectiveness of mindfulness as an intervention for targeting individuals' behaviors such as aggression, self-injurious behavior, and noncompliance while increasing overall well-being and happiness levels. Significant decreases in target behaviors are noted across studies, as well as increases in parent satisfaction and well-being. This study reviews the use of mindfulness within the scope of behavior analysis as a tool that can be quickly implemented to support parents not only through this crisis but also throughout parenthood in general.

**Keywords** behavior reduction · COVID-19 · mindfulness · parent training · parent well-being

Over the last two decades, mindfulness has received a great deal of attention, going from a mainstream view to scientific investigation across disciplines (Adkins, Singh, Winton, McKeegan, & Singh, 2010; Ahemaitjiang, Hu, Yang, & Han, 2020; Felver, Doerner, Jones, Kaye, & Merrell, 2013; Kabat-Zinn & Davidson, 2011). Fields such as psychology have developed the notion that individuals experience significant changes in their quality of life and happiness when a decrease in focus on and judgment of private events occurs and an increase in awareness of the present moment arises. At the time of publication, a global pandemic (COVID-19) has swiftly altered the way of life for most people around the globe. Many countries have closed their borders, and strict governmental orders have been set in place to ensure the

citizens of the world stay safe within their homes and aid in flattening the curve of the rapidly growing number of cases of people infected. This has swiftly altered the way of life of many parents, leaving them to address all daily needs, from education to social skills, within the home setting with little or no support from the outside world. Some countries, such as the United States, have specific guidelines to continue to support parents through telehealth practices; however, many places throughout the world do not count on such support, leaving parents to deal with stress on their own.

Parent stress levels have been associated with an increase in maladaptive behaviors displayed by both typical children and those with some form of disability (Hastings, 2002; Neece, Green, & Baker, 2012; Ó Donnchadha, 2018; N. N. Singh et al., 2014). In addition, behavioral problems tend to be more severe among children with autism spectrum disorder (Beer, Ward, & Moar, 2013). Parents experienced not only added stress (Cassidy, McConkey, Truesdale-Kennedy, & Slevin, 2008; Lewis et al., 2006) but also levels of distress associated with depressive and anxiety symptoms (Beer et al., 2013; Hastings, 2002; Lewis et al., 2006). Kabat-Zinn and Kabat-Zinn (1998) suggested mindful parenting benefits both parents and children, regardless of the situation (p. 49). This may be due to the increase in the parent's ability to look at a stressful situation without judgment. Mindful parenting has aided in the decrease of maladaptive behaviors by increasing parent attention to the present moment, increasing

---

**Editor's Note** This manuscript is being published on an expedited basis, as part of a series of emergency publications designed to help practitioners of applied behavior analysis take immediate action to adjust to and mitigate the COVID-19 pandemic. This article was submitted on April 10, 2020, and received final acceptance on April 27, 2020. The journal would like to especially thank Amanda Chastain for her expeditious review of the manuscript. The views and strategies suggested by the articles in this series do not represent the positions of the Association for Behavior Analysis International or Springer Nature.

---

✉ Jessica L. Fuller  
jessicalizeth.fuller@gmail.com

<sup>1</sup> The Chicago School of Professional Psychology, Chicago, IL, USA

engagement with the child, and decreasing judgment of the situation.

## Mindfulness

The term *mindfulness* has a wide range of meanings and components but typically includes one or more of the following: meditation practice based on concentration, behavioral practices, and cognitive and empathic strategies (N. N. Singh, Lancioni, Wahler, Winton, & Singh, 2008). Because mindfulness is associated with covert behaviors, it is vital to ensure that clear operational definitions and measurement systems are in place. Bishop et al. (2004) suggested a two-component model to describe mindfulness, which involved (a) the self-regulation of attention and (b) the adoption of a particular orientation toward one's experience in the present moment. *Self-regulation of attention* is defined as bringing awareness to the present moment and attending to everything that is happening in both our immediate environment and within our minds (i.e., thoughts, feelings, and sensations). *Orientation to one's experience* is defined as noticing what one is feeling at that moment without attempting to change it; one just observes it with curiosity and acceptance.

The development of mindfulness-based approaches is aligned with the history of science and the theory development based on experiential data (Singh et al., 2008). For example, Langer (1989) presented the theory of mindfulness and its application to human behavior. His research accumulated data on how manipulating our thinking can lead to a better quality of life.

## Mindfulness-Based Interventions

There is a growing body of literature within the field of behavior analysis that has more recently looked at the effects of mindfulness as an intervention to make socially significant changes across diverse populations and behaviors, including those of parents and their children (N. Singh, Lancioni, Winton, Curtis, et al., 2006; N. Singh, Lancioni, Winton, Fisher, et al., 2006; N. N. Singh et al., 2014; N. N. Singh, Lancioni, Winton, Singh, et al., 2007). This concept adds value to the idea that mindfulness can help parents focus on what matters, the now, and how being present in a child's life is incredibly valuable—more so during these times of uncertainty in our world. Research has also shown that direct care staff and parents who have undergone training in mindfulness, as a result, can bring about feelings of happiness in individuals with profound intellectual disabilities (N. N. Singh et al., 2004). Research on mindfulness in the behavior-analytic community is still relatively new (but see Chapter 20 of Cooper, Heron, and Heward, 2020, and Little, Tarbox, and Alzaabi,

2020, for behavioral perspectives on the behavioral repertoires involved in mindfulness).

A primary goal of applied behavior analysis (ABA) is to select behaviors to decrease and skills to teach that will profoundly impact that individual's and his or her family's quality of life (Luiselli, Worthen, Carbonell, & Queen, 2017). Various articles show that mindfulness training for parents and caregivers creates a meaningful impact on the quality of life of individuals and their families, including the quality of relationships between siblings (N. N. Singh, Lancioni, Winton, Singh, et al., 2007). Mindful parenting has also been successful in decreasing the overall stress levels reported by mothers (N. N. Singh et al., 2014). These studies further support that training parents to engage in mindfulness can help effectively manage some of the challenging behaviors displayed by their children while making a significant impact on their own stress levels and well-being.

Our goal with this article is to select a few mindfulness-based interventions that can be broken into steps in order to decrease response effort by both the practitioner and parent, who still acquire benefits from the intervention. This article also serves as a quick how-to guide to help ABA practitioners teach parents to incorporate various informal mindfulness-based interventions into their everyday routines.

## Meditation on the Soles of the Feet (SoF)

The meditation on the soles of the feet (SoF) is a mindfulness-based training shown to be effective for parents, caregivers, and children (Adkins et al., 2010; Ahemaitijiang et al., 2020; N. N. Singh, Lancioni, Medvedev, et al., 2019). The training achieves mindfulness by directing the individual to focus on the present as opposed to the past by engaging in meditation practices and focusing on a neutral object. Through practice, an individual can divert attention from an aversive setting event that may lead to unwanted behavior to the present moment, which is neutral and holds neither a positive nor a negative valence (N. N. Singh, Lancioni, Winton, Adkins, et al., 2007). The following list summarizes the training procedure that is consistent across the literature with additions to observable, operant behaviors. It is recommended that this procedure is introduced to the parent during a training session by prompting him or her through each step, modeling the behavior, and providing feedback when needed. Feedback should be provided throughout the practice, when needed, with some form of socially positive praise statement, such as "You are doing a really great job at keeping your back straight and your feet grounded on the floor." Once the entirety of the sequence has been reviewed, the practitioner should offer statements pertaining to stimulus-response relations, such as "This practice may help you when unwanted changes occur." SoF practice has been extensively researched and is correlated with a decrease in the psychological distress of caregivers and their

significant others. With regard to social validity, participants, caregivers, and significant others have rated the SoF practice as acceptable and effective, with no unintended effects, and would recommend the practice to others (N. N. Singh, Lancioni, Medvedev, et al., 2019). The training procedure for SoF is as follows:

1. Sit with a straight spine, without slouching or stretching your shoulders.
2. Tilt your head slightly forward, with your chin tucked slightly toward your throat.
3. Keep your eyes slightly open or close them lightly, rather than squinting.
4. Touch the tip of your tongue to your upper palate, near the front of your teeth.
5. Place your right hand over your left hand on your lap, thumbs touching each other, or your left hand flat on your left thigh and your right hand flat on your right thigh.
6. Move your toes, feel your shoes covering your feet or the texture of your socks, and curve of your arch, with the heels of your feet against the back of your shoes.
7. Breathe evenly by inhaling for three to four counts and exhaling for three to four counts.
8. Focus your attention on the flow of your breath.
9. When you realize that your mind has wandered away, gently refocus your attention on the flow of your breathing.
10. Once you are calm, you can walk away with a smile on your face or respond to the incident with a clear, calm, and concise verbal behavior.

### Mindful S.T.O.P.

Mindful S.T.O.P. is a well-known and widely used mindfulness tool used to “check in” and cultivate mindfulness throughout the day (Phang, Keng, & Chiang, 2014) and can be a useful stimulus prompt for parents and caregivers. S.T.O.P. should be introduced during parent training by the practitioner. A printout or PDF file should be readily available to serve as a prompt for both the practitioner and the parent. It is suggested that the practitioner provide an overview of the purpose of mindful S.T.O.P. and review each letter in the acronym by reading them aloud, modeling the behavior, and allowing time for the parent to practice. Feedback should be provided, if needed, along with some form of socially positive praise statement, such as “I like the way you took your time taking a slow, deep breath.” Once all four components have been reviewed, the practitioner should offer supportive statements, such as “This may help be a cue for you when you are feeling stressed.” In addition, it is suggested the practitioner provide a brief review of the importance of antecedent

strategies and how a visual cue could help remind the parent to engage in the S.T.O.P. procedure throughout the day. The last recommendation is that the practitioner should provide examples of where the parent could place the visual in order for it to be most effective. This could be in the environments in which he or she is more likely to experience stress (e.g., playroom, office, kitchen) or where his or her child’s challenging behaviors happen more often. The training procedure for mindful S.T.O.P. is as follows:

1. Stop. When you notice that you are feeling stressed, anxious, worried, or overwhelmed and you need a moment, stop.
2. Take a breath. If you find yourself getting lost in thoughts about the future, bring yourself back to the present moment (think about what you are doing at this exact moment). Take a breath, look around, and feel your feet on the ground.
3. Observe what is happening within yourself. What are you feeling? What are you thinking? Acknowledge those feelings, take a deep breath, and come back to the present moment.
4. Proceed with full awareness of yourself and your environment.

### Surfing the Urge

Surfing the urge is an informal mindfulness practice that has been used to decrease aggressive behavior (including verbal aggression) through the practice of self-control (N. Singh, Lancioni, Karazsia, et al., 2019). The word noun *urge* is related to the idea of having a strong desire or impulse. Parents may often experience the urge to engage in reactive behaviors, such as yelling or using language stemming from frustration when experiencing varying levels of stress. N. Singh, Lancioni, Karazsia, et al. (2019) describe how urges may arise in a progressive manner, like waves, in which they increase in intensity, then dissipate on their own if the person chooses to not engage with the urges. The authors use a surfboard as a metaphor for how to use the breath to navigate through these urges. This technique can be useful for parents to navigate through stressful events when they are most likely to engage in instances of aggression (i.e., yelling at their children, saying hurtful words, engaging in physical aggression, etc.). Paying attention to the breath can be used as the metaphorical surfboard to ride the waves of urges without engaging in a reactive response and instead simply observing each urge as it arises with an open curiosity and a nonjudgmental demeanor.

Surfing the urge is a strategy that can also be introduced during parent training and can be coached through in vivo observation if the moment arises. Prior to being taught the sequence, the parent should be coached to understand that

urges, within the parenting context, are normal and that anger is a powerful emotion that can cloud the feelings of calmness and awareness. The study by N. Singh, Lancioni, Karazsia, et al. (2019), lists a foundation of preliminary steps to teach parents about the feeling of anger prior to beginning the surfing-the-urge practice, and we highly recommend reviewing those steps prior to teaching the following sequence:

1. Create a visual of a wave with the reminder “Be mindful of arising urges” or “Be mindful of the wave.” This could be placed around your home or office as a cue to engage in the practice.
2. When you feel an urge arising, focus on the sensation in your body where the urge is presenting itself (e.g., sensations in the stomach, tightness in the chest, heartbeat speeding, tightness in the jaw), and notice its intensity.
3. Acknowledge that the urge is there, and observe it with nonjudgmental awareness, take a deep breath, and remind yourself that it will dissipate, just as a wave does after it peaks.
4. Bring your attention to your breath.
5. Use the flow of your breath to ride that urge as it rises through you. Picture a surfboard riding a wave in the ocean as it begins to arise, peak with intensity, then dissolve at the end. Do this for a couple of minutes. It is suggested that you set a timer for 1–2 min to practice.
6. Shift your attention to where the initial sensation of that urge was present in your body. If it was the tensing of your jaw, does it feel more relaxed? Focus on how riding the wave decreases those sensations associated with the urge.
7. Focus on your breath once again, and observe the urge until it is no longer present.
8. Last, show appreciation to yourself for remaining present through the urge without giving in to the behaviors you normally would. Smile and take a mental note that you responded with awareness and not impulsivity.

### Self-Monitoring

Behavior analysts have the obligation to collect data and monitor any behavior change procedure in order to make appropriate recommendations. Self-monitoring is a procedure in which an individual collects data on his or her own behavior (Cooper et al., 2020). Self-monitoring can be a very useful tool for both parents and therapists for tracking progress and monitoring the intervention. Creating a simple self-monitoring checklist that tracks the frequency of meditation throughout the day, week, and month could assist the therapist and analyst in tracking behavior change. There are many great applications that could be used in lieu of a traditional data

collection sheet and that may decrease the response effort of data collection for many parents (i.e., Calm Headspace). Consider learning more about these to complement the valuable use of the interventions listed previously.

### Discussion

The studies reviewed for this article made a meaningful impact on the quality of life of individuals and their families. All studies highlighted that mindfulness as an intervention allows both caretakers and parents to fully attend, be in the present moment, be less reactive, and engage in more meaningful interactions to make a positive change in others’ lives—all qualities that could potentially help alleviate some of the stress-related behaviors that occur due to our current state of pandemic. The procedures suggested for practice have been adapted from their original versions to facilitate training between the practitioner and parent. It is important to note that just as with any other practice, repeated engagement in a behavior will strengthen the practice and become a habit. Taking some time out of each day to practice mindfulness will strengthen the practice, and it will begin to generalize to many situations in everyday life and across different environments. The goal of this article was to present the groundwork for introducing mindfulness to parents through some simple yet effective mindfulness-based interventions that, with consistency and practice, will have lasting impacts beyond the current global crisis.

### Compliance with Ethical Standards

**Conflict of interest** The authors declare that they have no conflict of interest.

**Funding** No funding was obtained for this research.

### References

- Adkins, A. D., Singh, A. N., Winton, A. S. W., McKeegan, G. F., & Singh, J. (2010). Using a mindfulness-based procedure in the community: Translating research to practice. *Journal of Child and Family Studies*, *19*(2), 175–183. <https://doi.org/10.1007/s10826-009-9348-9>
- Ahemaitijiang, N., Hu, X., Yang, X., & Han, Z. R. (2020). Effects of meditation on the soles of the feet on the aggressive and destructive behaviors of Chinese adolescents with autism spectrum disorders. *Mindfulness*, *11*(1), 230–240. <https://doi.org/10.1007/s12671-019-01246-z>
- Beer, M., Ward, L., & Moar, K. (2013). The relationship between mindful parenting and distress in parents of children with an autism spectrum disorder. *Mindfulness*, *4*(2), 102–112. <https://doi.org/10.1007/s12671-012-0192-4>
- Bishop, S. R., Lau, M., Shapiro, S., Carlson, L., Anderson, N. D., Carmody, J., et al. (2004). Mindfulness: A proposed operational



- definition. *Clinical Psychology: Science and Practice*, 11(3), 230–241. <https://doi.org/10.1093/clipsy.bph077>
- Cassidy, A., McConkey, R., Truesdale-Kennedy, M., & Slevin, E. (2008). Preschoolers with autism spectrum disorders: The impact on families and the supports available to them. *Early Child Development and Care*, 178(2), 115–128. <https://doi.org/10.1080/03004430701491721>
- Cooper, J., Heron, T., & Heward, W. (2020). *Applied behavior analysis* (3rd ed.). Hoboken, NJ: Pearson Education.
- Felver, J. C., Doemer, E., Jones, J., Kaye, N. C., & Merrell, K. W. (2013). Mindfulness in school psychology: Applications for intervention and professional practice. *Psychology in the Schools*, 50(6), 531–547. <https://doi.org/10.1002/pits.21695>
- Hastings, R. (2002). Parental stress and behaviour problems of children with developmental disability. *Journal of Intellectual & Developmental Disability*, 27(3), 149–160. <https://doi.org/10.1080/1366825021000008657>
- Kabat-Zinn, J., & Davidson, R. J. (2011). *The mind's own physician: A scientific dialogue with the Dalai Lama on the healing power of meditation*. Oakland, CA: New Harbinger.
- Kabat-Zinn, M., & Kabat-Zinn, J. (1998). *Everyday blessings: The inner work of mindful parenting*. New York, NY: Hachette Books.
- Langer, E. J. (1989). *Mindfulness*. Boston: Addison-Wesley/Addison Wesley Longman.
- Lewis, P., Abbeduto, L., Murphy, M., Richmond, E., Giles, N., Bruno, L., et al. (2006). Psychological well-being of mothers of youth with fragile X syndrome: Syndrome specificity and within-syndrome variability. *Journal of Intellectual Disability Research*, 50(12), 894–904. <https://doi.org/10.1111/j.1365-2788.2006.00907.x>
- Little, A., Tarbox, J., & Alzaabi, K. (2020). Using acceptance and commitment training to enhance the effectiveness of behavioral skills training. *Journal of Contextual Behavioral Science*, 16
- Neece, C., Green, S., & Baker, B. (2012). Parenting stress and child behavior problems: A transactional relationship across time. *American Journal on Intellectual and Developmental Disabilities*, 117(1), 48–66.
- Ó Donnchadha, S. (2018). Stress in caregivers of individuals with intellectual or developmental disabilities: A systematic review of mindfulness-based interventions. *Journal of Applied Research in Intellectual Disabilities: JARID*, 31(2), 181–192. <https://doi.org/10.1111/jar.12398>
- Phang, C., Keng, S., & Chiang, K. (2014). Mindful-S.T.O.P.: Mindfulness made easy for stress reduction in medical students. *Education in Medicine Journal*, 6(2). <https://doi.org/10.5959/eimj.v6i2.230>
- Singh, N., Lancioni, G., Karazsia, B., Myers, R., Kim, E., Chan, J., et al. (2019). Surfing the urge: An informal mindfulness practice for the self-management of aggression by adolescents with autism spectrum disorder. *Journal of Contextual Behavioral Science*, 12, 170–177. <https://doi.org/10.1016/j.jcbs.2018.10.003>
- Singh, N., Lancioni, G., Winton, A., Curtis, W., Wahler, R., Sabaawi, M., & McAleavey, K. (2006). Mindful staff increase learning and reduce aggression in adults with developmental disabilities. *Research in Developmental Disabilities*, 27(5), 545–558.
- Singh, N., Lancioni, G., Winton, A., Fisher, B., Wahler, R., McAleavey, K., & Sabaawi, M. (2006). Mindful parenting decreases aggression, noncompliance, and self-injury in children with autism. *Journal of Emotional and Behavioral Disorders*, 14(3), 169–177. <https://doi.org/10.1016/j.ridd.2005.07.002>
- Singh, N. N., Lancioni, G. E., Medvedev, O. N., Sreenivas, S., Myers, R. E., & Hwang, Y. S. (2019). Meditation on the soles of the feet practice provides some control of aggression for individuals with Alzheimer's disease. *Mindfulness*, 10(7), 1232–1242.
- Singh, N. N., Lancioni, G. E., Wahler, R. G., Winton, A. S. W., & Singh, J. (2008). Mindfulness approaches in cognitive behavior therapy. *Behavioral and Cognitive Psychotherapy*, 36(6), 659–666.
- Singh, N. N., Lancioni, G. E., Winton, A. S., Karazsia, B. T., Myers, R. E., Latham, L. L., & Singh, J. (2014). Mindfulness-based positive behavior support (MBPBS) for mothers of adolescents with autism spectrum disorder: Effects on adolescents' behavior and parental stress. *Mindfulness*, 5(6), 646–657.
- Singh, N. N., Lancioni, G. E., Winton, A. S., Singh, J., Curtis, W. J., Wahler, R. G., & McAleavey, K. M. (2007). Mindful parenting decreases aggression and increases social behavior in children with developmental disabilities. *Behavior Modification*, 31(6), 749–771.
- Singh, N. N., Lancioni, G. E., Winton, A. S., Wahler, R. G., Singh, J., & Sage, M. (2004). Mindful caregiving increases happiness among individuals with profound multiple disabilities. *Research in Developmental Disabilities*, 25(2), 207–218.
- Singh, N. N., Lancioni, G. E., Winton, A. S. W., Adkins, A. D., Singh, J., & Singh, A. N. (2007). Mindfulness training assists individuals with moderate mental retardation to maintain their community placements. *Behavior Modification*, 31(6), 800–814.