

‘Caring for me, Caring for You’

Mindfulness Based Cognitive Therapy for Adoptive Parents

Mindfulness Based Cognitive Therapy (MBCT) for Adoptive Parents is an exciting and innovative project; initial trials of the programme were part-funded by the [Oxford Mindfulness Centre](#). This bespoke course for adopters in an adapted version of MBCT, **an evidence-based N.H.S programme used in to treat recurrent depression and stress**. MBCT for Adoptive Parents is delivered over 8 weeks, live, on-line, via zoom.

In this new MBCT programme for **Adoptive Parents learn to use the skill of Mindfulness for themselves (to support wellbeing, reduce stress and manage strong emotions) and model and apply this knowledge and skills to parenting their children.**

We know from research and direct participant feedback that:

parents’ wellbeing and the quality of parent- child, family relationships do change positively as a result of the MBCT delivered to date.

The Course

The course includes 8 weekly (2 hours) sessions.

The course is delivered on zoom-reducing the burden of travel and increasing geographical reach.

Sessions include mindfulness practices, discussion and exercises from Cognitive Behavioral Therapy (CBT).

Where possible it is best for parents to attend all sessions, the course is like a ladder, each session builds on the next.

Each week parents receive home practice to build on what they have learnt and learn to integrate into everyday life.

MBCT helps Adoptive Parents and their families in the following ways:

- To invest in self-care and build the foundational structures of wellbeing and resilience.
- To develop more empathy and compassion, increasing confidence to respond to difficulties with kindness and care
- To become more accepting of themselves and to loosen unrealistic standards of what it means to be the ‘perfect’ human, parent, child.
- To spot and reduce rumination, stress, and low mood
- To be more present and fully experience both the joys and challenges of parenting and life (noticing and savouring positive experiences and reducing risk of burn out)
- To be more able to regulate strong emotions in self and child and as a result feel more able to put in place other techniques such as P.A.C.E
- Feel less isolated, less judged and more confident to ask for help
- Improve physical health, manage sleep and other common physical health ailments such as headaches and pain.

COURSE CURRICULUM

- 1) Waking up to auto-pilot
- 2) Living in our head
- 3) Gathering and balancing the scattered mind
- 4) Responding not reacting
- 5) Allowing
- 6) Mindfulness and relationships
- 7) Taking care of ourselves- resilience and burn out.
- 8) Planning for the future.

Who is the course suitable for?

The main criteria for inclusion and those who are likely to benefit are individuals *are both open to and show a willingness* to find a new way to respond to their stress and improve wellbeing. The programme requires a time commitment and where possible attendance at all 8 (2hr) sessions. It is essential that participants are made aware of this.

Mindfulness is not appropriate for everyone- please see exclusion criteria. All parents are contacted before the course to check suitability.

Voices of the parents

- My 8-year-old son says (in an old man's voice) 'I know you are a better mum for it' because he must have heard me say it. I think it's great modelling for our children.
- A more intentional 'noticing' of times when the (children's) behaviour is delightful rather than terrifying.
- I am trying to be more mindful in spending time with my kid and tuning in with what is going on with them rather than just going through routines in an automatic way.
- I'm developing a wider window of tolerance ..
- Finding a safe place behind the waterfall - I knew I needed to find a safe place and this course has given me a safe space inside me.
- I am much calmer and relaxed in my parenting. I have managed to avoid escalating the tension in difficult situations when my children were in tricky moods, by noticing my emotions / feelings, not suppressing them but also not acting on them – choosing to respond instead of reacting.
- I never thought I would bond with my second child, now, since the training. I can honestly say I love him just as much..

About the trainers:

Jacky Slade: Jacky has been a childcare social worker specialising in fostering and adoption services for many years. She has a longstanding interest in meditation and has had a practice since the mid 80's. She has completed the postgraduate Diploma to teach Mindfulness Based Stress Reduction and Mindfulness Based Cognitive Therapy at Exeter University. As part of the Mindful Parenting Community Project, CIC, Jacky is committed to supporting the development of mindfulness programmes in adoption and fostering services.

Emma Thom: Emma has been working in primary care mental health since 1998. She is a qualified Mindfulness Based Cognitive Therapist and Psychological Therapist (Pg Cert), Exeter University. Emma teaches mindfulness to health professionals, parents and young people involved with Child and Adolescent Mental Health Services. She is passionate about supporting the development of mindfulness programmes those caring for children.

Summary Report on Online Mindfulness Based Cognitive Therapy Programme (MBCT) for Adoptive Parents July – September 2020

Service: Adoption West Consortia

Funding: Adoption Support Fund Covid 19

*“I think the zoom format worked really well and I can honestly say that I would not have been able to attend if I had to go somewhere to do it”
Adoptive Parent.2020*

This report, describes a single Mindfulness Based Cognitive Course for adoptive parents undertaken online and is structured as follows:

1. Background to current project with Adoption West
2. Online MBCT course July – September 2020
3. Course content, adaptations and structure
4. Discussion of outcomes - measures, evaluation forms, verbal feedback
5. High points and challenges
6. Conclusion

Appendix 1: Why a specific Mindfulness Based Cognitive Therapy course for adoptive parents?

Appendix 2: References

1. Background to current project with Adoption West

We delivered the 8- week evidence based MBCT programme with some modifications to a group of adoptive parents in 2018. In the light of the evidence, our hypothesis was that MBCT (a NICE approved treatment for recurrent depression) offers adopters a course that may improve wellbeing, reduce stress and rates of depression. We also hypothesised that improved parental mental health may also have additional benefits including helping parents to mindfully engage with other therapeutic interventions, and therefore reduce risk of placement breakdown. Improvement in self-compassion are also of interest to this population, a study has found that children of mindfully self-compassionate parents tend to have lower rates of anxiety and depression with improved capacity for emotional regulation (Geurtzen, Scholte et. al, 2014).

Our aim was accrue evidence to assess whether MBCT, was useful and acceptable and collate evidence that would support other services in applying for AS funding to make mindfulness courses available to all adoptive parents with children living with them, in addition to the existing range of adoption support interventions. Anecdotally, we are aware that adoptive parents are likely to be reluctant to attend public

mindfulness courses and parenting courses and appreciate safe groups where their unique parenting issues are shared and understood. So, in conjunction with the hypothesised benefits, we considered MBCT for adoptive parents with children in placement only as an area worth considering

This first course was extremely positively received proving accessible and acceptable to adoptive parents. Benefits included significant reductions in anxiety and depression, improved levels of self-compassion and self-reported improvements in parent-child attachment. A full report is available.

2. Online MBCT course July – September 2020

Running further face-to-face courses proved difficult and due, to some extent, to adopters finding it difficult to travel long distances to attend a course but, also significantly, to the pressures on adoption services and the burden of additional ASF applications. As an external provider of mindfulness courses, we depend upon the vision of adoption managers with a willingness to 'own' and promote the courses to the adoptive parents they serve. The additional Covid 19 funding available to Adoption West in 2020 allowed for a proactive (and pragmatic) approach to supporting groups of adoptive parents living with children in locked down or restricted conditions.

It was agreed that Jacky Slade (MPCP) and Emma Thom (The Mindful Choice), the teachers who delivered the face-to-face course, would trial an online mindfulness course based on the same curriculum as before. It would be measured and evaluated taking account of the fact that, whilst online work had become normalised as result of the pandemic, delivering a mindfulness course on line to this population of vulnerable parents would be an important addition to our learning. We would be testing again the efficacy of the curriculum and, crucially, seeking to discover whether a course of this nature, delivered online would be accessible and acceptable. We would be able to compare directly, the experiences of the two groups and this would enable us to gauge whether an online delivery would meet the needs of these geographically dispersed, and now even more isolated, parents.

Key questions for us were:

1. What would be the balance of gains and losses in delivering an MBCT course in this way?
2. How would aspects of the curriculum, intrinsic to face to face interaction, be delivered by us and received by the parents on Zoom?

5. Delivery of the course

a) *Promotion.* Flyers offering a 'Taster' session date, course dates and some explanatory detail were sent to all adoptive parents(pre and post order) in the Consortium with children in the home.

b) *No of enquiries:* 23

c) *Two Taster sessions (second session arranged as a result of the interest shown)*

d) *Pre-course eligibility screening assessment (1:1 sessions) :12*

e) *No's proceeding to course: 9.* (2 people were advised not to proceed as their personal circumstances suggested that they were, at that time, unlikely to benefit from the programme).

f) *Pre-course 'Orientation' session - further information and 'getting to know each other'*

g) *Profile of group*

- 2 men and 7 women (included one couple and one single parent)
- All participants were White British.
- The children in these families were all adopted and of school or college age.

h) *Reported levels of distress and anxiety:* very high, with one exception, and focussed on the impact of Covid 19 on the children's' mental health and behaviour, the impact of children's mental health and associated behaviour on parents' wellbeing, potential secondary trauma, and relationships with others (spouse, partners, biological children) the impact of school closure and concerns about personal health issues and safety at work.

6. Course content, structure

Two teachers delivered 8 x 2-hour sessions following the MBCT evidence-based manualised structure and content with some minor modifications which included replacing sitting practice in S.6 with a mountain meditation to reinforce learning in relation to grounding and safety: a decision informed by the continuing fear and uncertainty generated by Covid 19, parents reported struggles of resourcing themselves when faced with violent outbursts from their children, and difficulties grounding themselves when facing conflict and difficult conversations with schools and other support services.

The teaching elements included the mechanics of rumination and role of low mood, stress and exhaustion in maintaining depressive thinking and contributing to burnout. We offered parents the standard-length mindfulness practices in sessions and included options for shorter practices as part of the home practice.

A number of additional 'catch-up' sessions took place to enable participants who unavoidably missed session to remain engaged with the course and the home practice.

7. Discussion of outcomes - measures, evaluation forms, verbal feedback

7.1 Feasibility: All 9 of the adoptive parents completed the course although illness prevented one person from attending the final session. Given the demands on these parents and the unpredictable nature of

their lives, this was an excellent outcome demonstrating both high levels of commitment and, perhaps, some desperation in very challenging circumstances.

7.2 Measures: an online course in these challenging conditions presents problems in getting measures completed and returned. We only succeeded in getting pre and post course measures completed by 3 people. We did however manage to get 7 out of 9 evaluation forms returned. The contents are summarised below.

7.3 Voices of the adoptive parents: There was a strong sense that a course catering exclusively for adoptive parents course was supportive and helpful; we believe it contributed to the commitment shown and safety experienced. However, the need of some individuals to speak in depth about their personal adoption related issues was problematic for two participants. 7 out of 9 evaluation forms were returned after S.8. We asked the following questions and have attempted to capture the themes below.

Have you discovered, learnt anything that has been particularly meaningful or helpful for you?

Theme	Illustrative examples
Day- day benefits	<ul style="list-style-type: none"> • Yes, it's reinforcing that self-care and noticing those special moments doesn't have to take ages - just 15-30 minutes a day makes a difference and little things can be huge. • Being more present with whatever I'm doing • I'm now very attuned to enjoying every ounce of small things • I'm trying to listen and be more curious about other people
Physical and Mental benefits	<ul style="list-style-type: none"> • Better sleep which is amazing • ...helps me stay stable and true to myself .. • Eating more mindfully... • To listen to pause or short body scan has helped manage the pain of migraine

<p>Decentring and ability to diffuse difficult situations</p>	<ul style="list-style-type: none"> • I'm developing a wider window of tolerance .. • A 3SBS regularly prior to and after difficult situation • Finding a safe place behind the waterfall, I knew I needed to find a safe place, this course has given me a safe space inside me.
<p>Importance of looking after self</p>	<ul style="list-style-type: none"> • ...being more mindful of what is nurturing , what my needs are.. • I'm really bad at being kind to myself! (Now) learning to give myself permission to do this & take time to nourish my soul – a work in progress:) • I have found kindness, there is no excuse now to say that this is impossible, kindness makes me available • I have learned that I can give myself permission to slow down, and to tune into my own needs
<p>Different relationship to thoughts</p>	<ul style="list-style-type: none"> • I have completely altered my thinking and way of approaching difficult situations • I am noticing habits of mind in detail, that lead to my pervasive sense of unease
<p>Acceptance</p>	<ul style="list-style-type: none"> • I learnt to be kinder to myself and not beta myself up so much if I don't achieve everything • Learning acceptance for myself and my children whatever place we are in, knowing kindness and acceptance is available in me allows me to engage with things however they are • I realise how hard I am on myself, I wouldn't treat anyone else that way I treat myself, I am not comparing so much and when I do I catch myself-
<p>Gratitude and enjoyment</p>	<ul style="list-style-type: none"> • ..taking breaks throughout my day helps me notice how busy I am and how much of life I am not noticing! • ... for me taking breaks throughout my day helps me notice how busy I am and how much of life I am not noticing!

	<ul style="list-style-type: none"> • Stroking the dog, watching the bees, feeling the sun. I would like to practice further.
Awareness of early warning signs	<ul style="list-style-type: none"> • I am more aware of changes in my body- the interrupt helps me focus on my own state of being • I am finding I am less likely to get pulled in, I think this is helpful for everyone

Is the course having any impact on your relationship with your child/partner or parenting/co-parenting style?

Theme	Illustrative examples
Partner	<ul style="list-style-type: none"> • I am much more aware that myself and my partner need to nourish and care for ourselves and each other. I am more certain now of the critical importance of this. • ..supporting each other in times of stress. • It can be a challenge for one partner experiencing change in the other
Parent/child interaction	<ul style="list-style-type: none"> • I feel like I can listen to my children more. • I am trying to be more present now with the kids, it's been fun to do this, I think for everyone... • My 8-year-old son says (in an old man's voice) 'I know you are a better mum for it' because he must have heard me say it. I think it's great modelling for our children. • I've had lovely conversation about mindfulness with my eldest son – he has had sessions at school and enjoyed body scans and I never knew!

	<ul style="list-style-type: none"> • A more intentional noticing times when the (children's) behaviour is delightful rather than terrifying. • I am trying to be more mindful in spending time with my kid and tuning in with what is going on with them rather than just going through routines in an automatic way.
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What parts of the course did you find least helpful and can you suggest and improvements (e.g.: content, location, times, pace, group size, facilitator style)?

No changes or improvements were identified other than some discomfort with people not being able to keep to task in break-out rooms.

Would you recommend this course to other adoptive parents?

100% said 'yes'

If yes, please could you say why?

- Do as much as you can, don't pressure yourself but try to put support in place to enable you to engage fully. By the end, your toolkit will be much fuller...
- Believe in it. It is a gift to you from yourself that you may not know yet but you will come to realise you sorely need and will benefit hugely from.
- I would say that they would find out what mindfulness is all about and how to do it. There are lots of strategies to try and find out what works best for you. You need to give it time in order to get the most out of it as the homework can take quite a bit of time. Jackie and Emma are excellent teachers.
- I would say that they have to be open minded about the impact of a holistic approach like mindfulness. It's not a "quick fix." Also, to be really clear that they have to commit to the home practice as a leap of faith, as it's vitally important. I embarked on the course in the middle of some difficult times for my family. There was some conversation and reflection about whether this was the best time to do the course. But I thought "if not now then when?" and actually I am glad I did. Because I am in such an extreme environment small changes are more apparent and this was

encouraging as I progressed through the course. So, I would say to other parents in crisis that this is still worth doing, as long as you aren't expecting an immediate fix for the crisis.

- A wonderful way of reconnecting with looking after yourself.
- It really helps to feel more grounded and stable.

Any further thoughts about the programme?

- I love the way the course was delivered. With kindness, openness and an understanding of people's experiences. Facilitative and non-preachy.
- I am grateful for this opportunity, which leapt into my lap and I would not have sought out. I do think this could be a really important part of surviving as an adoptive parent. I was grateful for the generous spirit of the trainers, particularly in offering catch up sessions and individual calls. The pre and mid-course calls were very helpful in focusing what I wanted from the course and what I still have to learn.
- Thank you – I really enjoyed the course and interaction with yourselves and the other attendees. I feel that I now have a completely different perspective on everything.
- I really enjoyed the gentle style of teaching and felt safe knowing that other parents were adopters - there was a sense of understanding present before we even began to get to know each other

Course ratings (out of 10)

4 x 10; 2 x 9; 1 x 8 - 10; 1 x unranked

8. Teacher perspective

Highpoints

- Commitment to the course
- Highly positive verbal feedback at the halfway review and at course end.

- An observation that one participant had, on her own initiative, incorporated mindfulness into how she listened to her children at a very early stage in the process.
- The way that adoptive parents began to 'see' how critical their own well-being was for their children: a sense of the 'penny dropping' in a new way.
- There was also an optimism about how mindfulness may continue to be developed with children and the implications of modelling mindfulness on a day to day basis.

Challenges and learning

- Problems in getting measures completed and returned. These tasks need to be structured more fully into the booking system and at course end.
- As teachers, holding the group through pain and guilt - we recognised the importance of staying very closely with whatever is said, allowing the meanings of utterances to emerge and to be gently offered back and giving space for full and lengthy inquiry.
- As teachers, the challenge of responding skilfully in this online forum where body language and gesture are less available to manage group processes especially when participants move into narrative mode.
- As teachers, finding the balance between encouraging home practice and persevering with all the practices and not adding to feelings of failure and inadequacy.
- A small number of participants returned frequently to stories and narrative resulting in a degree of overwhelm or dissociation for others. Tasters and improved preparation may help participants appreciate the difference between a mindfulness course and a 'support group.
- Supporting participants in keeping to task in small groups is always a challenge and may be more problematic when people are in online break-out rooms. More attention to the set up and management of these may help but probably not overcome this problem.
- Optional 1:1 meeting were offered at the half way review stage. 2 participants availed themselves of this. This was highly valued and we consider it offers an important support for anyone struggling with motivation or engagement.

- A number of 'catch-up' sessions took place – on one occasion for 5 group members who had missed session 4. This was also a useful additional support and encouragement to stay with the course but has to be balanced with the need for people to commit to 100% attendance in principle – or as close to this as possible.

9. Conclusions

Adopters are asked to therapeutically parent their children. They receive training on attachment and resilience. The focus of the training, and of any subsequent therapy, is invariably, the child. Adopters have told us that the training that they receive often confronts them with a critical perceptual gap between how they 'should' be as parents and how they, in states of confusion and exhaustion, actually *are* as parents. The training, paradoxically, has the potential to make things even more difficult for them.

As in the previous course, this course gave us access to the emotional and cognitive processes at work as adoptive parents struggle over months and years to care for children with complex needs when universal and specialised services are severely under resourced and public understanding of modern adoption is undeveloped. The impact of this upon us was not compromised by the online delivery.

Decentring, acceptance and self-compassion appear to be key foundations for this population. Whilst the primary focus of adoption support social workers and therapeutic interventions is, of course, on the child, MBCT is an intervention that recognises and 'honours' the whole person: the parent who is dealing with personal issues and challenges in addition to the tasks of parenting. Many of these challenges are likely to be outside the awareness of the adoption professionals supporting them, if indeed they are receiving support at all. This attention to the wider experiential world of the parent is, we believe, essential for the quality of the psychological conditions in which adopted children live.

The project with Adoption West has provided us with additional strong evidence that MBCT for adoptive parents can provide this in the form of a low cost and effective group intervention that works very well online. There is now sufficient evidence for the case that these courses should be made available, funded by the ASF, for all adoptive parents with children in placement who want it; online delivery and the low cost per head makes this a wholly realistic objective. They have the potential for, in some cases, reducing the need for more intensive therapeutic help and, in others, improving the ability of adoptive parents to engage with and support interventions focussed on their children.

An amended copy of this report will be sent to relevant office of the Department of Education and the Mindfulness All-Party Parliamentary Group (MAPPG).

Acknowledgments

We would like to thank managers at Adoption West for making this project possible. A further joint-funded course is now underway and Adoption West have committed to fund 6 hour-long 'Top Up' sessions in the next year to support adoptive parents who have undertaken a course or have some meditation practice. This too will be evaluated.

Report compiled by Emma Thom and Jacky Slade – PG Dip Psychological Therapies Practice
(Mindfulness-based Cognitive Therapies and Approaches)
25th October 2020

Appendix 1 (reproduced from first MBCT for Adoptive Parents Course Report 2018)

Why a specific mindfulness course for adoptive parents?

Children taken into the care of local authorities (Looked After Children) have usually experienced chaotic lives, have often been exposed to abuse, neglect and harsh parenting, and can display challenging behaviours (Kerr & Cossar, 2014). Many adopters have had little or no experience of parenting. Reasons for seeking to adopt are often connected with a sense of family completion as a consequence of infertility. This means that many adopters are highly vulnerable to experiencing a gap between their expectations and the reality of parenting children who have suffered abuse and trauma.

The prevalence of adopter depression and anxiety, overlaid by feelings of guilt for perceived inadequacies in parenting, can be high and there is often a correlation between poor adopter or carer mental health and children's challenging behaviour. A major report on adoption disruption recently found depression prevalence of 43% in the sample of adoptive parents dealing with challenging children at home, compared to 13% in its 'general population' sample (Selwyn et al, 2014).

A complex model of adoptive parenting stress has been offered by Glossop (2013) in his doctoral thesis exploring the role of mindfulness and self-compassion in relation to parenting stress in adoptive parents. He cites additional factors contributing to adopter stress which include .

- Parents' mental health

- Low levels of trait mindfulness and self-compassion
- Poor parent-child attachments
- Adopters' own attachment history
- Behavioural problems of child
- Generally inadequate therapeutic support

The psychological and economic costs of adoptions that breakdown are extremely high; the 'emotional fall out' for all parties is long lasting. The associated economic implications may include:

- Increased need for additional therapeutic interventions and support (higher stress levels in parents may reduce parents' ability to be present and engage with therapeutic interventions on offer).
- Costs incurred in approval/ preparation of adopters.
- Increased costs to services in response to placement breakdown (social work time in planning and reviewing subsequent placement of the child).
- The costs of the next foster placement for the child and the additional drain on fostering resources overall.

Appendix 2

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