

A Spanish adaptation of the mindfulness in parenting questionnaire

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Abstract

Background: The Mindfulness in Parenting Questionnaire (MIPQ) is a self-report instrument to measure how much parents practice mindful parenting. The main aim of this study was to analyze the psychometric properties of the Spanish version of the MIPQ. Method: A total of 271 parents of adolescents completed the MIPQ along with questionnaires about their mindfulness trait, parenting style, and their children's resilience and symptoms of depression. Their adolescent children completed questionnaires about their own depressive symptoms, their perception of their parents' parenting style, and their perceived stress. Results: Factor analyses suggested a two-factor structure corresponding to Being in the Moment with the Child and Mindful Discipline. Moreover, the MIPQ showed good internal consistency and was related to parent's dispositional mindfulness and positive parenting as well as to adolescents' resilience and (negatively) to their depressive symptoms. Conclusion: The Spanish version of the MIPQ exhibits good psychometric properties and is an easily applicable test for the assessment of mindful parenting.

Keywords: Mindful parenting, parenting, mindfulness, adolescents.

Resumen

Adaptación de la versión española del cuestionario de mindfulness en la crianza. Antecedentes: el Cuestionario Mindfulness in Parenting (MIPQ) es un instrumento de autoinforme para medir la crianza consciente entre las madres y los padres. El objetivo de este estudio fue analizar las propiedades psicométricas de la versión española del MIPQ. Método: participaron en el estudio 271 madres y padres de adolescentes que respondieron el MIPQ junto con cuestionarios sobre su rasgo de atención plena, su estilo de crianza y la resiliencia y síntomas de depresión de sus hijos/as. Sus hijos/as adolescentes respondieron cuestionarios sobre sus propios síntomas depresivos, su percepción sobre el estilo de crianza de sus padres y madres y su estrés percibido. Resultados: los análisis factoriales sugirieron una estructura de dos factores correspondientes a Estar en el Momento con el Niño/a y Disciplina Consciente. Además, el MIPQ mostró una buena consistencia interna y se relacionó con el rasgo de atención plena de los padres y madres y la crianza positiva, y con la resiliencia y los síntomas depresivos (negativamente) de los y las adolescentes. Conclusión: la versión española del MIPQ presenta buenas propiedades psicométricas y es una prueba fácilmente aplicable para la evaluación de la crianza consciente.

Palabras clave: crianza consciente, atención plena, adolescentes.

Mindful parenting was originally described by Kabat Zinn and Kabat Zinn (1997) as paying attention to the child and parenting intentionally, here and now and non-judgmentally. The model of mindful parenting (Duncan, Coatsworth, & Greenberg, 2009) proposes that incorporating mindful awareness to the parent-child interaction allows parents to view their present-moment parenting experience within the context of the long-term relationship they have with their child. It is, therefore, the opposite of behaving in automatic pilot mode in a parent-child relationship, and fosters a higher quality relationship where the parent is sensitive and responsive to the child's needs, open to the child's behavior and emotions, and able to regulate their own emotions before acting (Duncan et al., 2009).

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In the last decade, there have been abundant studies about the benefits of mindful parenting. There is evidence that mindful parenting is related to a better parent-child relationship and also to greater well-being both in parents and in their children. For example, recent studies have shown that mindful parenting is related to higher levels of an authoritative parenting style and lower levels of authoritarian and permissive parenting styles (Gouveia, Carona, Canavarro, & Moreira, 2016), more positive parenting practices (Parent, McKee, Rough, & Forehand, 2016), less negative parenting styles such as laxness, verbosity, and over reactivity (de Bruin et al., 2014), children's more secure perception of the relationship with the parents (Medeiros, Gouveia, Canavarro, & Moreira, 2016; Moreira, Gouveia, & Canavarro, 2018), and lower parental stress (Bögels, Hellemans, van Deursen, Römer, & van der Meulen, 2014; Gouveia et al., 2016). In addition, as support for the relationship between mindful parenting and better parent-child interaction, studies of the efficacy of interventions to promote mindful parenting have found that it reduces parenting stress and over-reactivity (Bögels et al., 2014; van der Oord, Bögels, & Peijnenburg, 2012) and promotes parents' satisfaction with their

parenting skills and their interaction with their children (Singh et al., 2006) as well as confidence in their parenting (Potharst, Aktar, Rexwinkel, Rigterink, & Bögels, 2017).

Mindful parenting has also been related to children's mental health. For example, Geurtzen, Scholte, Engels, Tak, and van Zundert (2015) found that, at a correlational level, adolescents' depressive and anxiety symptoms were negatively related to mindful parenting dimensions, and Parent et al. (2016) found that mindful parenting was negatively correlated both to internalizing and externalizing symptoms in a sample of children and adolescents. Mindful parenting has also been related to adolescent health-related risk behaviors, including substance use and sexual risk behaviors (Turpyn & Chaplin, 2016). Similarly, mindful parenting was also positively cross-sectionally related to children's well-being (Medeiros et al., 2016; Moreira et al., 2018; Tak, Van Zundert, Kleinjan, & Engels, 2015). In support of the beneficial role of mindful parenting in children's mental health, Meppelink, de Bruin, Wanders-Mulder, Vennik, and Bögels (2016) found that mindful parenting training predicted an increase in mindful parenting and that this improvement, in turn, predicted the reduction of children's externalizing, but not internalizing, symptoms.

Mindful parenting is related to the parents' dispositional mindfulness. Both theory and empirical evidence indicate that parents who have more mindfulness abilities have a greater capacity to assume a mindful attitude in the relationship with their children (e.g., de Bruin et al., 2014; Gouveia et al., 2016; Parent et al., 2016). Dispositional mindfulness is defined as conscious attention to and awareness of the internal and external stimuli that accompany one's immediate experience (Brown & Ryan, 2003). Therefore, it is plausible that parents with more awareness ability also use these abilities in the relationships with their children, making them more conscious of their children's emotions and applying discipline with more self-regulation. Parents' mindfulness has been related to positive outcomes similar to mindful parenting. For example, in a sample of 216 mothers, Siu, Ma, and Chui (2016) found that maternal mindfulness was positively related to adaptive child social behavior, parent-child attachment, parental involvement and parenting confidence, and negatively related to parental frustration and negative disciplinary practice.

In order to continue studying the role of mindful parenting in the parent-child interaction and in the well-being of parents and children, and also to evaluate the efficacy of programs aimed at improving mindful parenting, it is essential to have adequate instruments to measure it. On our knowledge, there are two instruments developed to measure mindful parenting. The first instrument developed with this aim was the Interpersonal Mindfulness in Parenting Scale (IM-P; Duncan, 2018; Duncan et al., 2009), which measures several dimensions of mindful parenting proposed by Duncan et al. (2009). More recently, a new instrument has been developed to measure mindfulness in parenting: The Mindfulness in Parenting Questionnaire (MIPQ; McCaffrey, Reitman, & Black, 2017). McCaffrey et al. (2017) created a 61 item questionnaire that was administered to 203 mothers and fathers of children and adolescents (aged 2-16). These authors adopted an item response theory approach to guide measure development and psychometric evaluation, and the results revealed a two-factor structure with 28 items. The first factor is called Mindful Discipline and includes items that describe nonreactivity in parenting, parenting awareness, and goal-focused parenting. The second factor is named Being in the Moment

with the Child and it contains items that reflect present-centered attention, empathic understanding of the child, and acceptance. Due to the excellent psychometric properties, the comprehensive structure of two factors and the suitability for a wide age range of children and adolescents of the MIPQ, it would be adequate to develop a Spanish version to be used in Spanish samples.

The main goal of this study was to validate the Spanish version of the MIPQ in a sample of parents of Spanish adolescents. We assessed the factor structure, internal consistency, test-retest reliability, and convergent validity of the questionnaire. For the last aspect, associations between the two dimensions of mindful parenting and adolescents' depression, resilience, and perceived stress were explored. We also assessed the relationship of the mindful parenting dimensions with parents' dispositional mindfulness and positive parenting, expecting to find positive associations. We also expected to find positive relationships with adolescents' resilience and negative associations with adolescents' depression and perceived stress.

Method

Participants

The parents were contacted through their children's schools. A total of 20 schools were contacted and 10 schools agreed to participate in the study. A total of 821 parents were invited to participate and 271 agreed to participate (participation rate = 33.01%). Forty-one point eight percent of participants were from public schools and 58.2% of participants were from private schools. Although both mothers and fathers were invited to participate, finally, 80.8% of the respondents were mothers and 19.2% were fathers. One of their children (54.1% girls) also participated in the study. The parents who agreed to participate were between 31 and 62 years old with an average age of 48.61 (SD = 4.28), and their children were between 12 and 16 years old with an average age of 14.45 (SD = 0.95). Out of the total sample, 89.8% of the parents lived together, 6.5% consisted of the mother living with the children, 2.4% consisted of the father living with the children, and 1.3% of the parents had joint custody. Considering the parents' employment, the distribution of the socioeconomic level of the families was as follows: 0.4% low, 3.5% medium-low, 14.9% average, 23.5% medium-high, and 57.6% high. In addition, 129 parents participated again in the study six months later, answering only questions about mindful parenting to analyze the stability of the measure. There were no significant differences in any study variable between those parents who participated six months later and those who did not.

Instruments

Parents answered the Mindfulness in Parenting Questionnaire (MIPQ; McCaffrey et al., 2017) to evaluate parenting based on mindfulness. As this is the first adaptation of the MIPQ to Spanish, the guidelines of the International Test Commission (2018) and the recommendations of Muñiz, Elosua, and Hambleton (2013) were followed. Back translation procedures were used. The scale consists of 28 items that are rated on a four-point Likert type format ranging from 1 (*infrequently*) to 4 (*almost always*). The questionnaire consists of two factors: Being in the Moment with the Child (13 items) and Mindful Discipline (15 items).

Furthermore, in order to test the convergent validity of the questionnaire, adolescents' parents also answered questionnaires about their dispositional mindfulness, their parenting style, and their children's resilience and depression symptoms. Lastly, the adolescents answered questionnaires about their own depressive symptoms, their perception of the parenting style, and their perceived stress. The questionnaires used are described below.

Parents filled in the Mindful Attention Awareness Scale (Brown & Ryan, 2003; Spanish version of Soler et al., 2012) to evaluate their dispositional mindfulness. This questionnaire consists of 15 items to measure the general tendency to be attentive in daily life and to pay attention to the present moment. The items are answered on a scale ranging from 1 (almost never) to 6 (almost always). The questionnaire has been shown to have good psychometric properties with a single-factor structure. In this study, Cronbach's alpha was .89.

To assess adolescents' resilience, parents completed the Brief Resilience Scale (Smith et al., 2008), which consists of six items (e.g., "He/she usually comes through difficult times with little trouble") that are answered on a scale ranging from 1 (totally disagree) to 5 (totally agree). The Spanish version has obtained good psychometric indicators (Rodríguez-Rey, Alonso-Tapia, & Hernansaiz-Garrido, 2016). Cronbach's alpha in this study was .76.

Adolescent depressive symptoms were measured through reports from parents, who filled in the Depression subscale of the Child Behavior Checklist (CBCL; Achenbach & Rescorla, 2001). This subscale consists of nine items that are answered on a scale of 0 (*not true*) to 3 (*quite often*). Cronbach's alpha in this study was .76.

To measure positive parenting style, the Affection and Communication subscale of the Parental Style Scale (Oliva Delgado, Parra Jiménez, Sánchez-Queija, & López Gaviño, 2007) was used. This subscale refers to the educational style that implies the expression of support and care of the parents, their ability to be there, and the communication between parents and their children. The subscale is composed of eight items for the mother and eight for the father that are answered by parents and adolescents on a scale ranging from 1 (totally false) to 6 (it describes it perfectly). The questionnaire has shown good psychometric properties (Oliva Delgado et al., 2007). Cronbach's alphas in this study were .96 for the adolescents' report and .85 for the parents' report.

The Depression Scale of the Center for Epidemiological Studies (CES-D; Radloff, 1977) was used to evaluate adolescents' self-reported depression. CES-D measures symptoms of depression in the general population. It contains 20 items that are answered on a Likert scale that ranges from 0 (practically never) to 3 (almost all the time). Previous studies confirm the factor structure of the Spanish version of the CES-D (Calvete & Cardeñoso, 1999). In this study, Cronbach's alpha was .82.

To assess perceived stress, the Adolescent Life Events Questionnaire (ALEQ; Hankin & Abramson, 2002) was used. The ALEQ evaluates a wide range of life events that occur among adolescents, including achievement and relational problems with friends, partners, and family. In this study, a short version of 24 potentially stressful events was used. This version has been used with good validity in a sample of Spanish adolescents (Cortázar & Calvete, 2019). To complete this questionnaire, the adolescents had to indicate whether each of the events had happened to them or not in the last six months. In addition, they rated how stressful the event had been on a scale of 0 (not stressful) to 3 (very stressful).

In this study, we used the score on this scale of Perceived Stress, and the Cronbach's alpha was .77.

Procedure

Firstly, permission was obtained from the heads of the schools that participated in the study. The parents were contacted through the schools where their children studied. We informed both parents and children that we were conducting a study among young people to explore parenting practices, the trait of mindfulness, and psychological symptoms. All participants were informed that their participation was voluntary and that their answers would remain anonymous. All parents were notified and given the option to refuse to allow their children's participation. All the children whose parents' accepted also agreed to take part in the study. The parents completed the questionnaires at their homes and sent them to the research team by mail. The adolescents completed the questionnaires in their classrooms. A numerical code was used to match the questionnaire of the parents with those of their children. The Ethics Committee of the University of Deusto approved this study.

Data analysis

First, exploratory factor analysis (EFA), with minimum rank factor analysis (MRFA; Timmerman & Lorenzo-Seva, 2011) as the extraction method and Promin rotation, was carried out to explore the factorial structure of the MIPQ, following the recommendations of Izquierdo, Olea, and Abad (2014) and Baglin (2014). The polychoric correlation matrix was used in the EFA. The procedure to determine the number of recommended extracted factors was the optimal implementation of Parallel Analysis, using 500 random correlation matrices (Timmerman & Lorenzo-Seva, 2011). Recent studies suggest that parallel analysis is the best dimensionality estimator (Garrido, Abad, & Ponsoda, 2016). The EFA was carried out with the program Factor 10 (Ferrando & Lorenzo-Seva, 2017).

Second, we evaluated the hypothesis that the structure of the Mindful Parenting Questionnaire is represented by two correlated factors. The parameters for the confirmatory factor analysis were estimated using the polychoric matrices and asymptotic covariance of the questionnaire items. The model was tested via weighed least squares estimation with the statistical program LISREL 9.2 (Jöreskog & Sörbom, 2015). Following the recommendations of several authors (Hu & Bentler, 1999), the comparative fit index (CFI), the non-normative fit index (NNFI), and the root mean square error of approximation (RMSEA) were used to evaluate goodness of fit. CFI and NNFI values of .95 or higher and RMSEA values less than .06 reflect a good fit.

Analyses of reliability were also performed for each of MIPQ subscales through Cronbach's alpha and ordinal alpha. Due to its adequacy for Likert-type responses, analyses of reliability were also performed for both subscales through McDonald's Omega (McDonald, 1999).

Results

Factor structure and reliability

To verify the applicability of the EFA to the MIPQ, we calculated the Kaiser-Meyer-Olkin index (0.68) and Bartlett's sphericity

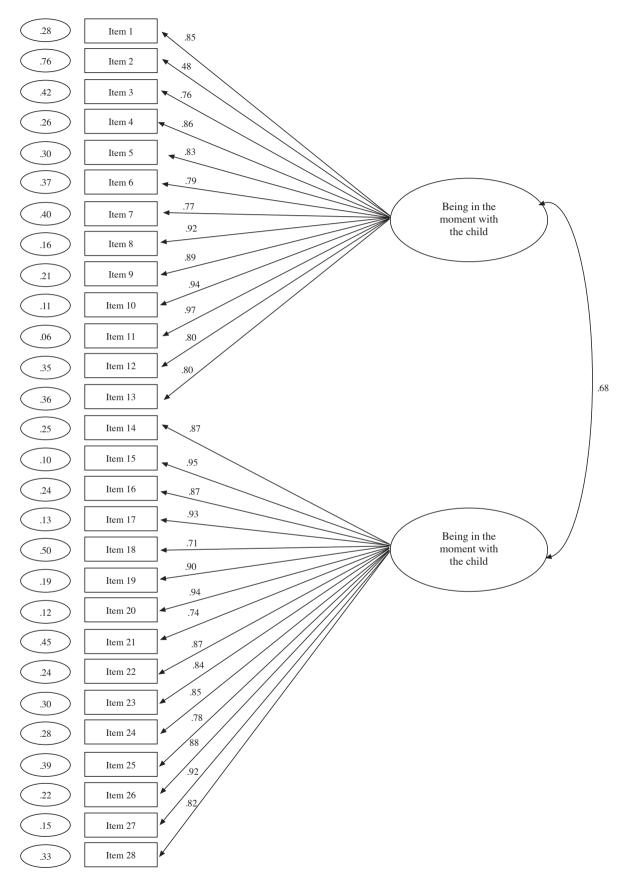


Figure 1. Factor Loadings of the MIPQ items

test [$\chi^2(378) = 2,646,1$, p < .001]. After parallel analysis of the polychoric correlation matrix, we estimated that the appropriate number of factors to be extracted was two. The factorial solution derived from the MRFA factor analysis revealed that this two-factor structure explained 52.66% of the total variance of the questionnaire. All factor loadings were above .30 except for Item 2 ("bring attention back to your child when distracted"; 0.25). Furthermore, Item 13 ("accept your child exactly how he/she is") loaded .28 on Factor 1 (being in the moment with the child) and .48 on Factor 2 (mindful discipline) and was therefore considered a complex variable.

Next, we carried out a confirmatory factor analysis. The model presented a good fit, $\chi^2(349, N = 271) = 618$, RMSEA = 0.053, 90% confidence interval [0.046, 0.060], NNFI = .953, CFI = .957. All the factorial loadings of the items were statistically different from zero (t > 1.96). The values are presented in Figure 1.

Cronbach's alpha coefficients were .87 for the Mindful Discipline factor and .88 for Being in the Moment with the Child. The ordinal alpha coefficients were .98 and .96 for Mindful Discipline and Being in the Moment with the Child, respectively. The omega coefficient was .72 for Being in the Moment with the Child and .77 for Mindful Discipline.

In order to evaluate the stability of the measure, a subsample (n=129) of parents completed the same questionnaire six months later. We found high correlations for the subscale of Being in the Moment with the Child (r=.62, p<.001) and for Mindful Discipline (r=.67, p<.001).

Correlations between Mindful Parenting and Study Variables

Correlations of the two MIPQ scales and parents' dispositional mindfulness with adolescents' depression, resilience, perceived stress, and positive parenting are presented in Table 1. As can be observed, the factor Being in the Moment with the Child was related to the parents' dispositional mindfulness, depression informed both by parents and by adolescents (negatively), resilience and positive parenting informed both by parents and by adolescents. The Mindful Discipline factor was related to parents' dispositional

Table 1

Correlations between MIPQ Factors and Parents' Dispositional Mindfulness with Study Variables

	Being with the Child	Mindful Discipline	Parents' Dispositional Mindfulness
PARENT REPORT			
1. Being with the Child	1		
2. Mindful Discipline	.67**	1	
3. Dispositional Mindfulness	.33**	.22*	1
4. Child Depression	25**	25**	46**
5. Child Resilience	.23**	.20*	.37**
6. Positive Parenting	.54**	.45**	.35**
ADOLESCENT REPORT			
1. Depression	14*	09	16*
2. Perceived stress	03	07	16*
3. Positive parenting	.22*	.12	.19*

mindfulness, parent-reported adolescent depression (negatively), positive parenting informed by parents, and adolescent resilience. Parents' dispositional mindfulness was also significantly related to several variables, specifically, with adolescents' depression, both self-reported and reported by parents (negatively), adolescent resilience and positive parenting informed both by parents and adolescents (negatively).

Finally, we compared the differences between the Pearson correlations found between the two mindful parenting factors with the rest of the variables and the correlations between the parents' dispositional mindfulness with the rest of the variables, using the R package Cocor 1.0-1 (Diedenhofen & Musch, 2015) for related samples and overlapping variables. The results indicated that the correlation of dispositional mindfulness with the depression symptoms reported by parents was higher than the correlation of the depression symptoms with the Being in the Moment with the Child (z = 2.85, p = 0.004) and the Mindful Discipline factors (z = 2.65, p = 0.008). Likewise, the correlation between the parent's dispositional mindfulness and adolescent resilience was significantly higher than the correlation between Mindful Discipline and resilience (z = 2.07, p = 0.038). There were no significant differences in the size of the rest of correlations.

Discussion

The main goal of this study was to accumulate evidence of validity of the quality of the scores obtained with the Spanish version of the MIPQ, which measures mindful parenting. We evaluated its psychometric properties in a sample of Spanish parents of teenage children. The results showed good reliability and validity indexes.

First, both exploratory and confirmatory factor analysis confirmed the two-factor structure obtained by the questionnaire's authors using item response theory. The two-factor structure has also been confirmed in other studies, such as the Turkish adaptation (Gördesli, Arslan, Çekici, Sünbül, & Malkoç, 2018) and the Chinese adaptation (Wu et al., 2019). The first factor, which is called Mindful Discipline, is focused on parents and on the way they apply discipline to their children. It includes items related to not reacting, awareness, and objectives. The second factor, which the authors called Being in the Moment with the Child, focuses on being in the present with the son or daughter, understanding the child empathically, and accepting him or her. In addition, the MIPQ obtained an excellent internal consistency for its two subscales as well as an adequate test-retest reliability, which indicates that it is a stable measure.

Regarding convergent validity, firstly, it is important to note that mindful parenting, which was measured through parents' reports, correlated higher with the variables when they were reported by parents than when they were reported by adolescents. These higher correlations are probably due to common method variance. The results of this study indicated that mindful parenting was related to the parents' dispositional mindfulness, to lower levels of depression in the children, higher levels of children's resilience, and to a higher level of positive parenting perceived both by parents and children.

As expected and found in other studies (e.g., Geurtzen et al., 2015), mindful parenting was associated with lower levels of depression both when symptoms were parent-reported and when they were self-reported. This result is important because it indicates

that the children of parents who pay attention to the child in the present moment and non-judgmentally are more likely to have fewer symptoms of depression. This result adds to the evidence about the role of parenting in child depression (see, for a meta-analysis, McLeod, Weisz, & Wood, 2007). Furthermore, mindful parenting was also related to adolescents' resilience. Both theory (Armstrong, Birnie-Lefcovitch, & Ungar, 2005) and different studies (e.g., Zolkoski & Bullock, 2012) indicate that the quality of parenting is related to children's resilience, and these results add to that evidence, suggesting that the parents' capacity to be present, interact with the children non-judgmentally and with an accepting attitude makes the children more resilient in face of adversity.

Interestingly, the results show that, although mindful parenting was not related to less perceived stress, adolescents' whose parents scored higher in dispositional mindfulness perceived less stress. This result could be explained through the social learning model because it suggests that mindful parents are more likely to model adaptive coping with stressful life events. If adolescents see their parents coping with difficult situations (e.g., work, economic, interpersonal) in a mindful manner, they may learn this adaptive way of coping through observation and feel less stressed when facing their own stressful situations. This is in line with previous studies that show that parents' dispositional mindfulness is related to adolescents' well-being and less stress (Bluth & Blanton, 2015; Moreira et al., 2018).

As expected, the results also indicate that mindful parenting is related to positive parenting, that is, high levels of warmth and communication. This result is consistent with the theory (Duncan et al., 2009) and with previous results that found that mindful parenting was related to greater positive parental styles and lower levels of coercive and ineffective discipline (de Bruin et al., 2014; Gouveia et al., 2016; Parent et al., 2016).

Not surprisingly, as found in previous studies (Gouveia et al., 2016; Parent et al., 2016; Wu et al., 2019), parents' dispositional mindfulness was related to their mindful parenting ability. This relationship suggests that the dispositional capacity to maintain present-moment attention is related to the ability to parent in a similar way, paying attention to the child non-judgmentally and in a self-regulated manner during the interactions with the child. However, the correlation, although positive, was small, suggesting that dispositional mindfulness and mindful parenting are related but different constructs. The authors of the original MIPQ also found a weak correlation between these two constructs (McCaffrey et al., 2017). Interestingly, parents' dispositional mindfulness and mindful parenting were related to the study variables in an almost identical way. Specifically, they were negatively related to adolescents' depression, and positively to positive parenting and adolescents' resilience. In fact, the results showed that parents' dispositional mindfulness was related to parent-reported children's

depression and to resilience to a greater extent than mindful parenting. These results suggest that parents' mindfulness capacity plays a more prominent role in children's well-being than does mindful parenting.

This study presents some limitations. First, the low percentage of parents who responded to the questionnaires led to a reduced sample size, especially for the stability analysis of the measure. The small sample size, and the fact that all the participants are from the Basque Country, do not allow us to make generalizations and scale the scores. Future studies should include a larger sample of parents from different countries. Second, the present study's sample was composed of primarily middle- to upper-income families, which limits the generalization of the findings to families with lower socioeconomic statuses. Future studies should include more low-income families. Third, it should be noted that the majority of participants were mothers, and very few fathers agreed to participate. Therefore, it was not possible to study differences between mothers and fathers. It would be necessary to include more fathers in future studies so that gender differences could be studied. Finally, the cross-sectional nature of the data limits our ability to establish causal direction between variables. It would be relevant to examine longitudinal associations between mindful parenting and children's psychological symptoms. In fact, results from longitudinal studies are mixed. For example, Tak et al. (2015) found that, at a correlational level, almost all the dimensions were negatively related to adolescents' depressive symptoms, but mindful parenting was not associated with depressive symptoms six months later. On the other hand, our study also shows relevant strengths, such as the use of both adolescent-reports and parent-reports and the inclusion of several variables to assess their relationship with mindful parenting. Moreover, findings allow contrasting the role of both dispositional mindfulness of parents and their mindful parenting behavior in several outcomes of their children

In conclusion, the results show that the Spanish version of the MIPQ is adequate and that reliable and valid data can be obtained to evaluate mindful parenting in parents of adolescents. This questionnaire can be used in empirical studies about correlations between variables. Moreover, the validation of this instrument also has clinical and educational implications, since the use of questionnaires such as the MIPQ to identify parenting styles is a necessary first step in the development of adequate prevention or intervention strategies and in the evaluation of efficacy studies.

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