



Assessing Adolescent Mindfulness: Validation of an Adapted Mindful Attention Awareness Scale in Adolescent Normative and Psychiatric Populations.

Brown, K., West, A., Loverich, T. & Biegel, G. (2011). *Psychological Assessment*, 23(4), 1023-1033.
<http://www.apa.org/pubs/journals/pas/index.aspx>



The focus of this research was to validate a mindfulness measure among adolescents: the Mindful Attention Awareness Scale-Adolescent (MAAS-A). Study 1 tested the reliability and validity of the MAAS-A in a normative sample of adolescents from eight Midwestern public schools. Study 2 examined the utility of the MAAS-A in a clinical context with a sample of adolescent psychiatric outpatients who were randomly assigned to an intervention group who received Mindfulness Based Stress Reduction (MBSR) or treatment-as-usual (control) group.

Key Findings:

- The MAAS-A is considered a strong measure to assess mindfulness for adolescents (acceptably high internal consistency, test-retest reliability, and both concurrent and incremental validity).
- In study 2, mindfulness scores increased significantly among those who participated in an 8-week MBSR but not among those assigned to the treatment-as-usual (control) group.
- In study 2, the increases in mindfulness (MAAS-A score) among the intervention group were significantly related to positive changes in mental health and well-being over the pre-intervention to follow-up period. In particular, increases in mindfulness were significantly related to increases in self-esteem and declines in perceived stress, past and present anxiety, and general psychological symptoms.

Implications for Programs:

- School or after-school programs can consider mindfulness training, as it may increase self-esteem and decrease perceived stress, anxiety, and general psychological symptoms in adolescents.
- Professional development may be provided to program or school staff regarding mindfulness interventions and programs and their benefits to adolescent health.

Implications for Policies:

- Organizations that support mindfulness programs should implement guidelines regarding the careful selection of appropriate measures/scales for the target population and target audience.
- Cross-sector collaboration with community organizations who offer integrative or holistic health practices and programming should be encouraged.

Avenues for Future Research:

- Research should consider a wider time interval to assess long-term effects at follow-up.
- Future research may focus more specifically on the use of the MAAS-A to predict mental health outcomes.
- The findings from the present study should be replicated in additional studies.

Prepared by Military REACH Team.

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Background Information

Methodology:

- Study 1 used exploratory and confirmatory factor analysis to examine the factor structure of the measure, the large sample in Study 1 allowed cross validation of results.
- Study 2 used randomly assigned participants to the MBSR intervention or Treatment as usual group. The MBSR intervention was offered as an adjunct to psychiatric treatment, so all participants continued their usual psychological care (i.e., MBSR + TAU). Posttest measures were obtained from all available participants 8 weeks later (immediately following MBSR program completion) and at 3 months following the posttest.
- This study included adolescents from population and clinical samples.

Participants:

- The sample of Study 1 consisted of 595 adolescents. In this group the mean age was 16.73 years ($SD = 1.18$, range: 14–18 years), and the gender demographics were 65% female and 35% male.
- The sample of Study 2 consisted of 102 adolescents whose mean age was 15.35 years ($SD = 1.20$, range: 14–18 years) and the gender demographics were 73.5% female and 26.5% male.
- In terms of Race and ethnicity, the majority of participants in both studies were Caucasian

Limitations:

- The lack diversity in terms of race (majority Caucasian) in both samples may limit the ability to generalize to other diverse populations (e.g., perhaps the MAAS-A has improved or weakened validity for different populations).
- The study samples were not expert practitioners of mindfulness; therefore, MAAS-A as a measure may have differing reliability and validity when applied to a population highly trained in mindfulness practices.

Assessing Research that Works

Research Design and Sample					Quality Rating:
	Excellent (★★★★)	Appropriate (★★★)	Limited (★★★)	Questionable (★★★)	★★★★☆
The design of the study (e.g., research plan, sample, recruitment) used to address the research question was....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Research Methods					Quality Rating:
	Excellent (★★★★)	Appropriate (★★★)	Limited (★★★)	Questionable (★★★)	★★★★☆
The research methods (e.g., measurement, analysis) used to answer the research question were...	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Limitations					Quality Rating:
	Excellent Minor Limitations (★★★★)	Appropriate Few Limitations (★★★)	Limited Several Limitations (★★★)	Questionable Many/Severe Limitations (★★★)	★★★☆☆
The limitations of this study are...	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Implications					Quality Rating:
	Excellent (★★★★)	Appropriate (★★★)	Limited (★★★)	Questionable (★★★)	N/A
The implications of this research to programs, policies and the field, stated by the authors, are...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/> Not applicable because authors do not discuss implications					
Overall Quality Rating					★★★★☆

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