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Investigating the Effectiveness of a Mindfulness-Based Acceptance Training Package on Mother-Child Relationships in Children with Autism Spectrum Disorder

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A B S T R A C T

Objective: This study aimed to examine the effectiveness of a mindfulness-based acceptance training package on the mother-child relationship in mothers of children with ASD.

Methods and Materials: This quasi-experimental study employed a pretest-posttest design with a control group. The statistical population included mothers of children with ASD attending the Special Needs Children Training and Research Clinic at Shahid Beheshti University in Tehran. Using convenience sampling, 30 mothers were selected and randomly assigned to the experimental and control groups (15 participants each). The experimental group received 12 sessions of a mindfulness-based acceptance training package, each lasting 120 minutes, while the control group received no training. Both groups completed the Parent-Child Relationship Scale (Driscoll & Pianta, 2011) before and after the intervention. Data analysis was performed using covariance matrix analysis in SPSS software version 27.

Findings: Results revealed a significant difference in the overall positive parent-child relationship between the experimental group, which received the mindfulness-based acceptance training package, and the control group ($P < 0.001$). Additionally, the effect of the intervention remained stable during the follow-up phase ($P < 0.001$).

Conclusion: Based on the findings, it can be concluded that the mindfulness-based acceptance training package improves the mother-child relationship in families with children with ASD. Therefore, this training package can be utilized to enhance the relationship between mothers and their children with ASD.

Keywords: *Mindfulness-Based Acceptance Training Package, Parent-Child Relationship, Autism Spectrum Disorder.*

1. Introduction

Autism Spectrum Disorder (ASD) is a neurodevelopmental disorder characterized by persistent deficits in communication and social interaction across various contexts, including impairments in nonverbal communicative behaviors and skills necessary for establishing, maintaining, and understanding interpersonal relationships (Pagan, 2024; Vuijk, 2024). Neurodevelopmental disorders refer to a group of conditions that typically manifest early in development and generally involve developmental deficits affecting personal, social, academic, or occupational functioning (Lake et al., 2020; Lievore, 2024). These deficits range from limitations in executive functioning, social skills, intelligence, and verbal abilities to broader developmental delays. ASD is marked by atypical development or deficiencies in social interaction and communication, as well as significant restrictions in activities, interests, and behaviors (Kang et al., 2024).

According to this definition, some children exhibit abnormalities from birth, while others develop noticeable symptoms after the first year or even the second year of life. However, symptoms always appear before the age of three (Azizi et al., 2024). Core features of ASD include pervasive and persistent deficits in reciprocal communication and social interactions, along with restricted and repetitive patterns of behavior, interests, or activities. These characteristics not only impact the individual but also affect families and surrounding communities (Hosseini Renani & Shojaei, 2020).

Due to the wide range of language, communicative, behavioral, and social abnormalities in ASD, along with delayed diagnosis and the lack of definitive and effective treatments, the disorder imposes diverse psychological pressures on families and close associates of children with ASD (McAuliffe et al., 2017). Symptoms of ASD, such as poor emotional responsiveness, reduced eye contact, failure to respond to one's name, regression in speech, inappropriate word usage, and extreme sensory reactions to stimuli, often draw parents' attention to changes in their child's behavior. Parents' initial reactions to their child's diagnosis are often accompanied by significant psychological distress (Aguiar & Pondé, 2020).

Raising any child presents undeniable challenges for parents, but parents of children with developmental disabilities, including ASD, face additional stressors. For instance, McStay and Disneyyak (2014) found that parents of children with ASD are at increased risk of experiencing psychological problems. It is not surprising that parents, after becoming aware of their child's condition and navigating the challenges of diagnosis, treatment, rehabilitation, and medical interventions, experience severe psychological strain. Furthermore, societal stigma and others' negative perceptions often exacerbate the distress experienced by parents of children with ASD (Nikbakht & Haghayegh, 2019).

According to Hayes (1994), acceptance refers to the willingness to fully and non-defensively experience one's internal events. The goal of the acceptance process is for parents to avoid self-blame for their problems, refrain from attempting to change private events, and be willing to face fears and other unwanted psychological experiences while pursuing meaningful values in life(Al Taqatqa & Ahmad, 2022; Mohammadi Mazrae et al., 2021). A mother of a child with ASD may exhibit acceptance by expressing positive feelings and love, both physically and verbally, or rejection through behaviors such as neglect or aggression, which significantly influence the child's development. Thus, acceptance encompasses the expression of warmth, affection, care, reassurance, support, and genuine parental love toward their child (Heidarian Samani, 2017).

Parental involvement in certain home-based interventions is a notable advancement in managing behavioral disorders and improving parent-child interactions (Jawadi et al., 2020; Koh & Wong, 2018). Numerous treatments have proven effective in improving mental health, particularly among mothers, including mindfulness as a subset of cognitive-behavioral therapies (McConachie & Diggle, 2007). Studies on mindfulness emphasize the interaction between bodily, cognitive, and emotional processes (Nikbakht & Haghayegh, 2019; Zlomke et al., 2019). Among educational programs, mindfulness has demonstrated positive impacts on mental health by enhancing perceived control, self-efficacy, self-esteem, adaptive coping, and social support (Aguiar & Pondé, 2020; Baker-Ericzen et al., 2005; Foody et al., 2015; Jawadi et al., 2020).

Mindfulness, through increasing awareness, acceptance of thoughts, and nonjudgmental attention to the present moment, appears to promote flexibility, improve parent-child interactions, and enhance parents' psychological well-being (Baer et al., 2006; Hossein Zadeh et al., 2016). Based on these considerations, this study seeks to answer the question: Can a mindfulness-based acceptance training package for mothers improve parent-child relationships in mothers of children with ASD?

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2. Methods and Materials

2.1. Study design and Participant

The research employed a semi-experimental design with pre-test, post-test, and follow-up assessments using a control group. The quantitative segment of the study targeted all mothers of children with autism spectrum disorder (ASD) who visited the Special Needs Children Training and Research Clinic at Shahid Beheshti University and whose children were undergoing training and rehabilitation.

For this study, 30 mothers of children with ASD were randomly selected from the clinic's attendees and assigned to experimental and control groups. The sampling method was purposive and convenient, and participants met the inclusion criteria. Inclusion criteria were as follows: ASD diagnosis by a psychiatrist and confirmed scoring on the GARS test for diagnosis and grading. Exclusion criteria included irregular participation or non-adherence to group session rules (e.g., punctuality, active feedback, completing exercises).

Before the treatment sessions began, the researcher provided participants with an explanation of the sessions' nature and objectives and addressed any questions raised by the participants. It was clarified that the aim of the intervention was to assist them in improving their parent-child relationships and that they were participating in a research study. Control group participants were assured that they would receive the same intervention after the experimental group sessions concluded.

Informed consent was obtained from all participants, emphasizing the ethical principles of the study. Participants were informed about the study's purpose, confidentiality of information, and their right to withdraw at any time. The researcher ensured adherence to ethical principles, including maintaining confidentiality and avoiding harm to participants during all stages of the research.

The study received ethical approval from the Islamic Azad University. Measures were implemented to ensure the anonymity and confidentiality of participants' identity and data.

Following the completion of the Parent-Child Relationship Scale by both the experimental and control groups during the pre-test phase, the intervention sessions were conducted in a group format. However, participants in the control group did not receive any intervention during the study and were placed on a waiting list for future sessions.

2.2. Measures

2.2.1. Mother-Child Relationship

The data collection tool was the Parent-Child Relationship Scale (PCRS) developed by Pianta (1994), consisting of 33 items measuring parental perceptions of their relationship with their child. This scale covers domains such as conflict, closeness, dependency, and overall positive relationship (the sum of all domains). The PCRS is a self-report questionnaire scored on a 5-point Likert scale (from 1 = "definitely does not apply" to 5 = "definitely applies"). This scale has been used to evaluate parent-child relationships across all ages. The questionnaire was translated by Tahmaseian (2007), and its content validity was evaluated by specialists. Cronbach's alpha reliability coefficients for the subscales of conflict, closeness, dependency, and overall positive relationship were reported as 0.84, 0.70, 0.61, and 0.86, respectively, by Abari et al. (2009). Driscoll and Pianta (2011) reported Cronbach's alpha coefficients of 0.75, 0.74, 0.69, and 0.80 for these subscales, respectively (Hosseinian, 2022). In the current study, Cronbach's alpha coefficients were 0.81, 0.69, 0.74, and 0.83, respectively.

2.3. Measures

2.3.1. Mindfulness-Based Acceptance Training

The mindfulness-based acceptance training package, developed by the researcher, was the intervention used in this study. It consisted of 12 two-hour sessions, and its validity was confirmed by experts.

Session 1: Introduction and Orientation

Participants are introduced to one another, and the objectives of the intervention are outlined. Concepts such as autism, mindfulness, and their relevance to parent-child relationships are explained. Participants are encouraged to share their expectations and initial thoughts about the program.

Session 2: Understanding and Moving Through Grief

Autism and its implications are discussed, focusing on understanding participants' worries, feelings, and emotions. Past grief related to their child's condition is explored, and empathic approaches to coping with these emotions are introduced.

Session 3: Facing Reality

The causes of autism are examined alongside the importance of accepting the reality of the condition.

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Participants engage in self-assessment activities to explore their emotions and beliefs, fostering a mindset of acceptance and understanding.

Session 4: Letting Go

Participants discuss expectations and demands they may have for their child with autism, analyzing associated thoughts and emotions. The concept of self-compassion is introduced as a tool to manage unrealistic expectations and foster emotional resilience.

Session 5: Healing Despair Through Acceptance

The session delves into the etiology of autism, and participants practice body and thought awareness exercises. Flexibility in thought patterns and emotional responses is encouraged to promote acceptance and healing.

Session 6: Shifting the Mind

Participants learn strategies to understand and manage the behaviors associated with autism. Exercises focus on distinguishing productive and unproductive thoughts, aligning with life values, and practicing mindful body scans.

Session 7: Forgiving Oneself

The session emphasizes awareness of intrusive thoughts and self-compassion practices. Participants are guided to accept and understand themselves, reducing self-blame and fostering a sense of peace.

Session 8: Navigating Ambiguity

Participants explore the trajectory of autism and practice mindfulness breathing and body awareness. The session encourages realistic thinking to manage uncertainty and foster clarity.

Session 9: Accepting Hands

Discussions focus on therapeutic approaches for autism, emphasizing mindful focus on thoughts and breathing. Gratitude exercises are introduced to nurture positive emotional states.

Session 10: Enthusiastic Hands

Participants work on building appropriate communication strategies with their child. Activities involve analyzing auditory stimuli, focusing on desired outcomes, and cultivating an accepting mindset.

Session 11: Attention to Flow

Participants observe their emotions and thoughts, learning techniques to let go of unhelpful patterns. The focus is on transitioning through emotions and thoughts without judgment.

Session 12: Acceptance of What Is

The final session consolidates previous learnings, emphasizing conscious acceptance and love for oneself and the child. Participants reflect on their journey and summarize the key takeaways from the intervention.

2.4. Data Analysis

For the quantitative data analysis, mixed ANOVA was used. The data were analyzed using SPSS version 27.

3. Findings and Results

The demographic characteristics of the participants in the study are as follows. The mean GARS scores were 13.99 with a standard deviation of 3.48 for the intervention group and 13.98 with a standard deviation of 5.02 for the control group. The difference was not statistically significant, with t-value 0.67 and p-value 0.50. The time elapsed since the diagnosis of autism was similar between groups, with a mean of 4.29 years and a standard deviation of 1.51 for the intervention group and a mean of 3.67 years and a standard deviation of 1.29 for the control group. This difference was also not significant, with t-value 0.64 and p-value 0.52. The mean age of the mothers was 39.73 years with a standard deviation of 3.57 in the intervention group and 37.33 years with a standard deviation of 4.21 in the control group, with no significant difference, t-value 1.66 and p-value 0.10.

Regarding the child's gender, there was an equal distribution in both groups, with 4 daughters and 11 sons in both the intervention and control groups. This distribution was not statistically significant, with chi-square value 0 and p-value 1.0. The education levels of the mothers were comparable between groups. In the intervention group, 4 mothers had postgraduate degrees or higher, 8 had up to a bachelor's degree, and 3 had a diploma. In the control group, 3 mothers had postgraduate degrees or higher, 10 had up to a bachelor's degree, and 2 had a diploma. This distribution was not statistically significant, with chi-square value 0.56 and p-value 0.75. These results indicate that the two groups were demographically similar across the measured variables.

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Table 1

Mean and Standard Deviation for Subscales (Closeness, Dependency, and Conflict) Across Three Phases

Variable	Group	Pre-test Mean	Post-test Mean	Follow-up Mean	Pre-test SD	Post-test SD	Follow-up SD	Min	Max
Closeness	Experimental	16.80	34.60	34.60	3.14	4.67	6.17	12	44
	Control	26.60	27.80	29.66	8.07	8.52	8.04	14	45
Dependency	Experimental	15.53	20.66	21.26	2.92	2.99	2.98	11	28
	Control	20.46	20.46	20.80	2.23	2.50	2.27	15	24
Conflict	Experimental	72.40	49.53	49.46	5.64	5.13	5.61	42	80
	Control	58.60	55.93	57.26	9.54	10.06	9.67	42	76

The mean and standard deviation for the closeness, dependency, and conflict subscales were analyzed across three phases (pre-test, post-test, and follow-up) for both the experimental and control groups (Table 1). For the closeness subscale, the experimental group showed a substantial increase in mean scores from 16.80 (SD = 3.14) at pre-test to 34.60 (SD = 4.67) at post-test and follow-up, while the control group's mean remained relatively stable (pre-test: 26.60, SD = 8.07; follow-up: 29.66, SD = 8.04). For the dependency subscale, the experimental group's mean increased from 15.53 (SD = 2.92) at pre-test to 21.26 (SD = 2.98) at follow-up, whereas the control group's scores showed minimal changes (pre-test: 20.46, SD = 2.23; follow-up: 20.80, SD = 2.27). For the conflict subscale, the experimental group's mean decreased significantly from 72.40 (SD = 5.64) at pre-test to 49.46 (SD = 5.61) at follow-up, whereas the control group's scores remained relatively consistent (pre-test: 58.60, SD = 9.54; follow-up: 57.26, SD = 9.67).

The assumptions for the mixed ANOVA were tested using Mauchly's test for sphericity. For the closeness subscale, the sphericity assumption was met (Mauchly's W = 0.834, df = 2, $p < 0.001$). For both the dependency and conflict subscales, the sphericity assumption was violated (dependency: Mauchly's W = 0.707, df = 2, $p < 0.001$; conflict: Mauchly's W = 0.642, df = 2, $p < 0.001$). Consequently, the Greenhouse-Geisser correction was applied for the dependency and conflict analyses, while the uncorrected results were used for the closeness subscale.

Table 2

Mixed ANOVA Results for Subscales (Closeness, Dependency, and Conflict)

Variable	Effect	Sum of Squares	Degrees of Freedom	Mean Square	F	p-value
Closeness	Within-subjects (Time)	1999.756	2	999.878	137.929	<0.001
	Interaction (Time × Group)	1240.289	2	620.144	85.547	<0.001
	Error	405.956	56	7.249		
	Between-subjects (Group)	9.344	1	9.344	0.077	0.784
	Error	3406.978	28	121.678		
Dependency	Within-subjects (Time)	160.067	1.546	103.509	16.104	<0.001
	Interaction (Time × Group)	138.956	1.546	89.857	13.980	<0.001
	Error	278.311	43.299	6.428		
	Between-subjects (Group)	45.511	1	45.511	3.963	0.056
	Error	321.556	28	11.484		
Conflict	Within-subjects (Time)	3106.067	1.472	2109.690	75.943	<0.001
	Interaction (Time × Group)	2191.400	1.472	1488.434	53.579	<0.001
	Error	1145.200	41.224	27.780		
	Between-subjects (Group)	0.400	1	0.400	0.003	0.959
	Error	4115.333	28	146.976		

The results from the mixed ANOVA revealed significant within-subjects effects of time across all subscales: closeness ($F(2, 56) = 137.929$, $p < 0.001$), dependency ($F(1.546, 43.299) = 16.104$, $p < 0.001$), and conflict ($F(1.472, 41.224) = 75.943$, $p < 0.001$). Significant interaction effects between time and group were also found for closeness ($F(2, 56) = 85.547$, $p < 0.001$), dependency ($F(1.546, 43.299) = 13.980$, $p < 0.001$), and conflict ($F(1.472, 41.224) = 53.579$, $p < 0.001$). However, between-subjects effects of group were not significant for any subscale, with p-values of 0.784 for closeness, 0.056 for dependency, and 0.959 for conflict. These results indicate that changes over time differed significantly between the experimental and control groups for all subscales (Table 2).

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4. Discussion and Conclusion

This study aimed to determine the effectiveness of a mindfulness-based maternal acceptance training package on the parent-child relationship in mothers of children with autism spectrum disorder (ASD). The findings demonstrated that the intervention significantly improved the parent-child relationship. While no identical prior studies were found for comparison, the results align with portions of earlier research (Aghababaei & Taghavi, 2020; Cachia et al., 2016; Drüsedau et al., 2023; Emamdoost et al., 2020; Hosseinzadeh et al., 2016; Iyer, 2022; Jones et al., 2018; Singh et al., 2019; Tungol, 2015; Wang et al., 2023). This suggests that the training package is beneficial for parents struggling in their relationships with their children.

Mothers of children with ASD often focus more on their child's negative behaviors due to a history of uncontrollable behaviors and negative emotions. This attentional bias interferes with their ability to recognize neutral or positive behaviors, leading to increased sensitivity and impulsivity, and diminished patience and kindness. Mindfulness, within the context of maternal acceptance training, disrupts cycles of repetitive negative thoughts, helping parents focus on their interactions with their child rather than ruminating on negative thoughts. This shift allows parents to engage with their children non-judgmentally and with openness. Techniques like mindful breathing during stressful moments help reduce physiological arousal, enabling parents to respond more consciously and effectively. By substituting avoidance behaviors with value-based actions, parents can engage in positive interactions with their children (Jones et al., 2018).

Mindfulness techniques also encourage observation of painful thoughts and feelings without suppression, promoting non-judgmental awareness and physical relaxation. This comprehensive approach enhances emotional balance, behavioral regulation, and parental self-awareness, ultimately improving interactions with the child (Iyer, 2022). When mothers are asked to employ effective behavioral strategies for their child's maladaptive behaviors, they often resort to experiential avoidance, seeking short-term relief. The training encourages long-term adaptive behaviors, such as becoming a supportive mother. The intervention emphasizes aligning actions with values, requiring diverse skills like behavioral contracts, self-management, goal-setting, and assertiveness. Explicit actions, such as dedicating 10 minutes to play with the child, help mothers foster value-driven interactions.

The training package offers a novel approach by promoting acceptance of thoughts and feelings rather than challenging them. This is especially important for managing persistent challenges associated with ASD, helping parents focus on enhancing their interactions with the child (Aghababaei & Taghavi, 2020). Earlier theoretical work suggests that cognitive fusion leads to maladaptive parenting behaviors, such as internalizing negative self-perceptions (e.g., "I am a bad parent"). Mindfulness disrupts such patterns, enabling more effective child-rearing practices. The intervention motivates mothers to respond adaptively to their child's behaviors by integrating mindfulness, value clarification, and committed actions (Cachia et al., 2016).

Unlike traditional approaches that emphasize suppressing negative feelings, this intervention fosters awareness and acceptance of painful emotions. This approach reduces the risk of escalating negative thoughts and enhances parenting effectiveness. Mindful awareness helps parents understand their child's needs and fosters quality interactions (Tungol, 2015; Wang et al., 2023). By cultivating mindfulness, mothers improve their capacity for present-moment awareness, enhancing their interactions and fostering compassionate relationships with their children.

5. Limitations and Suggestions

This study faced limitations in sampling, as it only included mothers of children with ASD who attended the Special Needs Children Training and Research Clinic at Shahid Beheshti University. This limits the generalizability of the findings. The study also involved a small sample size, restricting applicability to broader populations. Practically, the findings can inform educational and therapeutic programs. Based on these results, it is recommended that counseling clinics and professionals in family and individual therapy adopt this approach to assist mothers. Future studies should explore the method's effectiveness across diverse populations and with children presenting other behavioral disorders. Further validation is needed by replicating the study in larger and demographically varied samples.

Authors' Contributions

This article is derived from the doctoral dissertation of the first author, who conducted the research and wrote the manuscript. The second author supervised the study, and the third author provided consultation on the research process.

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Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants. This study was approved by the Ethics Committee of the Islamic Azad University, Shiraz Branch (Ethics Code: IR.IAU.SHIRAZ.REC.1402.153). All participants provided informed consent, were aware that participation was voluntary, and could withdraw at any time without repercussions.

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