



# Effectiveness of mindfulness-based interventions on quality of life and positive reappraisal coping among parents of children with autism spectrum disorder



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## ABSTRACT

**Background:** Previous research has supported mindfulness-based interventions (MBIs) to enhance quality of life (QOL) in different populations, but no studies have been found to examine the effectiveness of MBIs on QOL among parents of children with ASD.

**Aim:** The purpose of the current study was to examine the effectiveness of brief MBI on perceived QOL and positive stress reappraisal (PSR) among parents of children with ASD.

**Methods:** A quasi-experimental, with nonequivalent control group design was used. One hundred and four parents of children with ASD were equally assigned to the intervention and control groups. The study groups were matched on measures of their gender and age, and level of severity of ASD in children. The intervention group participated in MBI program for 5 weeks, while the control group had not attended the program.

**Results:** After the intervention program, results of paired samples *t*-test indicated that parents in the intervention group demonstrated significant improvements in measures of psychological health domain of QOL, social health domain of QOL, mindfulness, and positive stress reappraisal with medium to large effect size ( $P < 0.01$ ). The control group demonstrated improvement in measures of the dependent variables with small effect size.

**Conclusion:** MBI is culturally adaptable, acceptable, and effective method to improve QOL and PSR in parents of children with ASD.

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## What this paper adds?

Parents of children with autism spectrum disorder (ASD) frequently report poor Quality of life (QOL). Few studies have identified measures to improve QOL in these parents. This is possibly the first study to examine the effectiveness of brief MBI on perceived QOL and positive stress reappraisal (PSR) among parents of children with ASD. It is also possibly the first study to use MBI for an Arab population. Furthermore, this study is distinguished from previous studies by using a MBI which was carefully adapted to be consistent with the needs of parents of children with ASD.

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## 1. Introduction

Autism spectrum disorder is a complex, developmental disorder characterized by deficits in social interaction (DSI), and restricted interests and repetitive behaviors (RIRB) (American Psychiatric Association, 2013). There is no cure or any evidence-based treatment available at the current time for children with ASD (de Bruin, Blom, Smit, Steensel, & Bögels, 2014), which can impose a significant burden on parents of children with the disorder.

Recently, quality of life (QOL) is considered an index of parents' adjustment to the condition of their child with ASD and an important tool to obtain a full understanding of the difficulties faced by these parents (Cappe, Wolff, Bobet, & Adrien, 2011). In addition, QOL is considered a critical outcome for measuring the effectiveness of intervention programs for parents of children with ASD (Eapen, Črnčec, Walter, & Tay, 2014). Many studies found that parents of children with ASD are frequently reporting poor QOL (Cappe et al., 2011; Dardas & Ahmad, 2014a, 2014b; Eapen et al., 2014; Malhotra, Khan, & Bhatia, 2012; Mungo, Ruta, Arrigo, & Mazzona, 2007; Perumal, Veeraraghavan, & Lekhra, 2014; Tekinarslan, 2013; Yamada et al., 2012). In Jordan, parents of children with ASD receive little psychological support, and the Jordanian society has a negative attitude toward individuals with disabilities in general (Al-Khalaf, Dempsey, & Dally, 2014). Despite the known poor QOL in parents of children with ASD, no studies have been found in literature identifying measures to improve QOL in these parents.

Research suggests that mindfulness-based interventions (MBIs) could be an effective method to improve QOL for different populations (Baer, 2003; Grossman, Nieman, Schmidt, & Walach, 2004; Jacobs & Nagel, 2003; Nyklíček, Dijkman, Lenders, Fonteijn, & Koolen, 2014). The mechanism by which mindfulness works to enhance QOL is not well understood. However, some authors have argued that non-reactive acceptance of the current situation, which is embodied in MBIs, may facilitate positive reappraisal of the situation (Garland, 2007; Garland, Gaylord, & Fredrickson, 2011; Garland, Gaylord, & Park, 2009; Hölzel et al., 2011; Kieviet-Stijnen, Visser, Garsen, Hudig, 2008). Mindfulness may help parents of children with ASD to cultivate nonjudgmental acceptance of ASD, which is a chronic and pervasive disorder (de Bruin et al., 2014). Levac, McCay, Merka, and Reddon-D'Acry (2008) suggested that parents who non-judgmentally respond to their children are more able to gain better skills in parenting. Recently, Ferraioli and Harris (2013) compared the effectiveness of an eight-week MBI and eight-week skill-based intervention for parents of children with ASD. The sample included six parents in the MBI group and nine parents in the skill-based intervention group. The results of the study indicated that the MBI resulted in statistically significant improvement in parental stress, global health outcome measures, and mindfulness scores. However, no significant changes in parental stress and global health outcomes were observed in the skill-based intervention group. Despite these benefits for mindfulness, no study examined the effectiveness of MBIs on QOL for parents of children with ASD. Therefore, the purpose of this study is to examine the effectiveness of mindfulness-based intervention on perceived QOL and positive stress reappraisal (PSR) among parents of children with ASD.

## 2. Methods

A quasi-experimental, with nonequivalent control group design was used. Parents of children with ASD who participated in the study were recruited in coordination with seven centers that are serving children with mild and moderate ASD, in addition to three centers that are serving children with severe ASD in Jordan. The severity of autism was determined based on the DSM-V criteria (American Psychiatric Association, 2013). Using G\*Power 3 program (Faul, Erdfelder, Lang, & Buchner, 2007), the needed sample size for a paired sample's *t*-test, with a power of 0.80, a medium effect size (Cohen's *d* = 0.50), and alpha of 0.05, the required sample size was 34 participants for each group (for the two groups, 68 participants are needed). The researchers substantially increased the sample size to 120. The rationale for using this number is to avoid the expected negative impact of attrition, considering that this is the first study using such intervention in the Arab world, and considering the high attrition rate reported in Western literature. The actual number of participants who were contacted and invited to participate in the study was 187. One hundred and forty-six potential participants were contacted directly by telephone and 41 participants were invited through an invitation letter sent with their child. Out of the 120 parents who were initially agreed to participate in the study, one hundred and four parents completed the pretest and posttest measures. Fifty-two parents were assigned to each of the intervention and control groups.

The study was conducted in three stages. In the first stage, 23 participants in the intervention group and 22 participants in the control group were included in data analysis. The second stage started at the end of the fifth week of the first stage. In the second stage, 21 participants in the intervention group and 20 participants in the control group were included in data analysis. Only 8 participants in the intervention group and 10 participants in the control group from the third stage were included in data analysis. In each stage, the number and characteristics of parents included in each group were determined using randomization and matching techniques. This resulted in recruiting 62 participants in the intervention group and 58 participants in the comparison group in the three stages. In the intervention group, ten participants were not included in data analysis. Two of them traveled outside the country after the pretest, one of them admitted having obsessive-compulsive disorder during the second session, and seven participants were excluded from data analysis because they had not met the minimum required criteria for the level of compliance with the intervention program. These criteria are attending at least one in-person session, responding to at least on by-telephone session, practice MBIs at home with an average of at least three times per week. In the comparison group, three participants did not respond to the invitation to complete the posttest. Furthermore, the researchers excluding two spouses because they reported having a stressful life situation prior to post-test, this might affect their scores on posttest measures. Finally, one mother asked the researchers to withdraw during

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