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Investigating the Effectiveness of Cognitive-Behavioral Approach Couple Therapy on the Internalized Behavioral Problems of Children Aged 10 - 15 with Autism Spectrum Disorder

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A B S T R A C T

Objective: The current research aimed to investigate the effectiveness of implementing a cognitive-behavioral approach-based couple therapy program on parents and the reduction of internalized behavioral problems in students with autism spectrum disorder.

Method: The present research design was quasi-experimental, utilizing a pre-test, post-test, and follow-up design with a control group. The population consisted of all parents with autistic sons aged 10 to 15 years in the city of Mashhad, from which 56 eligible parents (couples) were selected through convenience sampling and placed into two groups: experimental and control (each group comprising 28 parents). The experimental group underwent twelve 90-minute sessions of couple therapy with a cognitive-behavioral approach by Dattilio (2005; 2009), while the control group was on a waitlist. Both groups responded to the Achenbach Child Behavior Checklist at three stages. Data were analyzed using repeated measures analysis of variance with SPSS.22 software.

Findings: The results indicated that the implementation of couple therapy with a cognitive-behavioral approach on parents significantly reduced the internalized behavioral problems (F=29.48, P<0.001) of children with autism spectrum disorder. This effect was sustained at the follow-up stage.

Conclusion: It can be concluded that couple therapy with a cognitive-behavioral approach was effective in reducing the internalized behavioral problems of children with autism spectrum disorder, and this approach can be utilized to decrease the psychological problems of children with autism spectrum disorder.

Keywords: *Couple therapy, cognitive-behavioral approach, behavioral problems, autism.*

1. Introduction

Autism is a syndrome that manifests itself within the first three years of life and is characterized by communication difficulties, and repetitive interests and behaviors (Marzouk et al., 2022). This neurodevelopmental disorder varies greatly from person to person and encompasses a range of symptoms and signs resulting from abnormal brain development. As such, each child exhibits different degrees of these symptoms in their behavior. Autism disorder appears in infancy in a latent form and then goes through a stable period without improvement, with symptoms persisting into adulthood. Autistic individuals may be weak and incapable in some tasks, average in others, and highly capable in some areas (Geschwind, 2008). According to past international epidemiological studies, autism was considered a relatively rare disease, but it has seen a significant increase over the last four decades. Recent study findings show a prevalence rate of 13.4 per 1000 among 4-year-old children (Byrne et al., 2023). The significant increase in the prevalence of autism disorder has led to a series of extensive research aimed at determining its various aspects (Gorji, HassanZadeh, GhasemZadeh, & GholamAli Lavasani, 2020; Gorji, Hassanzadeh, Ghasemzadeh, & Qolamali Lavasani, 2020).

Despite the numerous studies on autism disorder in recent decades and the significant findings of these studies, unanswered questions remain, attracting researchers' attention to understanding this disorder. The lack of studies in the field of autism, differing findings in research literature, and methodological limitations might have contributed to these ambiguities. Unlike other research, some studies in recent years have presented a positive and hopeful perspective on autism. According to these results, autism is not just a neurodevelopmental disorder but a form of neurodiversity and a natural variation in human thinking and experience (Driscoll et al., 2020; Rojas-Torres et al., 2023). From this perspective, despite the high support needs of autistic individuals, they are not considered problematic. This thought-provoking view has created tension among supporters, active institutions, and individuals with autism (Breinholst et al., 2012; Reaven et al., 2015).

When diagnosing autism, it's important to consider that the term "autism spectrum disorder" does not provide precise information about a child's characteristics. In other words, no two autistic children are exactly alike, and as they age, the signs of this disorder are uniquely observed in each child. Therefore, different challenges and behavioral changes in each autistic child may be observed in school or adulthood (Blackledge & Hayes, 2006; Byrne et al., 2023; Gorji, HassanZadeh, GhasemZadeh, & GholamAli Lavasani, 2020). The researcher of the present study has also witnessed the diversity and unique presentation of symptoms in each child during years of working with children and adolescents with autism. Furthermore, there is a sweet reality and a bitter reality about children and adolescents with autism: the sweet reality is that autistic children are interested in and inclined to have friends and playmates; the bitter reality is that they lack the skills for establishing communication and making friends. This inability is manifested in school, among peers, and in other situations, leading to their rejection and non-acceptance. As a result of this deprivation, it is often seen that these children internalize their problems, exhibiting behaviors such as depression, isolation, anxiety, reluctance to participate in group games and activities, medically unexplained physical pains, worry, and other internalized problems.

Internalized behavioral problems are overly inhibited behaviors that are more self-directed than directed at others and often manifest as excessive silence, depression, anxiety, withdrawal, social isolation, physical pains, worry, fear, fantasizing, and the like. Children with internalized problems, in addition to low self-esteem and learning and academic difficulties, also have interpersonal communication problems with peers and teachers, which have damaging consequences and outcomes in adulthood (Casseus et al., 2023; Dajani et al., 2016; Ferguson et al., 2019; Kasperzack et al., 2020; Sikora et al., 2013; Stoppelbein et al., 2016; Weiss et al., 2018). The core of internalized behavioral problems is mood or emotional disorder (Hoseini Yazdi et al., 2021; Satoorian et al., 2016). Internalized behavioral problems are also observed in the behaviors and functioning of children and adolescents with autism spectrum disorder. Like neurotypical children, the internalized problems of autistic children and adolescents are self-focused and, unlike externalized problems that have an outward manifestation, become internalized, causing the child to suffer individual distress and emotional turmoil. Many studies have reported an increase in internalized behaviors like depression (Tehranizadeh et al., 2011) and a decrease in life skills and communication abilities due to anxiety in children and adolescents with autism (Drahota et al., 2011; Hallett et al., 2013). Ferguson et al. (2019) showed a positive and significant correlation between symptoms of internalized problematic behaviors and gastrointestinal symptoms such as stomach pain, constipation, and physical

pains in autistic children and adolescents (Ferguson et al., 2019).

Confirming the impact of autism spectrum disorder on the social skills of those affected, Stoppelbein et al. (2016) also showed that autistic children often have internalized symptoms indicative of psychological distress in their social functioning (Stoppelbein et al., 2016). Temporarily setting aside the destructive impact of autism spectrum disorder on those affected, we encounter studies that have expanded their research domain to explore the detrimental effects of this disorder on the family structure, especially the parents of autistic children. For instance, the study by Al-Farsi et al. (2016) showed that children with autism may experience physical and psychological harm or be discriminated against and rejected by those who do not understand autism. Therefore, in addition to financial problems, treatment, education, and caregiving, their parents face more challenges and difficulties (Al-Farsi et al., 2016).

It is clear that fathers and mothers, as the primary caregivers of the child, play a special role in the education and development of their children, and this role becomes even more important when discussing children with developmental disorders (Liliana et al., 2023). Despite this, despite the key role of parents in providing interventions to improve the mental health or behavioral problems of children with neurological disabilities, few studies have paid the necessary attention to families with autistic children (Kasperzack et al., 2020; Kuhlthau et al., 2014; Runyon & Deblinger, 2013; Sikora et al., 2013; Wei, 2023).

The author of the present study also believes that autistic children and adolescents often have severe difficulties in controlling and regulating their emotions and conveying their feelings in conventional ways, especially in situations away from home, such as school and peer groups. They show their behavioral problems in an internalized form. They perform poorly in communication skills and social interactions, group games, taking turns, tolerance threshold, making friends, understanding emotional expressions on faces and body language of others, and often face rejection and non-acceptance by their peers. Furthermore, with a systemic view of these children and adolescents, we realize that the emotional exchanges between them and their surroundings form in a multifaceted and complex communication network. Therefore, to investigate those behavioral problems of autistic children and adolescents that manifest in an internalized form, we must take a deep and fundamental look at their communication network. Obviously, in this communication network, the quality of the parental relationship is of utmost importance and should be the core focus of examination and research; hence, it seems that now is the time to view autism spectrum disorder from another perspective and, instead of focusing solely on the child, examine the emotional and psychological state of their parents. To this end, in the present study, group couple therapy based on the cognitive-behavioral approach has been utilized to address the internalized behavioral problems of autistic children and adolescents and improve the quality of their parents' relationship in various dimensions.

2. Methods

2.1. Study design and Participant

The method of the present study was quasi-experimental, utilizing a pre-test, post-test design with a control group. The study population included the parents of all male students aged 10 to 15 with autism spectrum disorder (ASD) who were enrolled in the 2022-2023 academic year at the Tabassom public educational center; they were benefiting from educational and rehabilitation services at the Mehr Amin counseling and psychological services center and were diagnosed with autism disorder based on the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), according to a psychiatrist or a neurologist. It is worth mentioning that the severity and extent of autism in these students were diagnosed as moderate based on the Gilliam Autism Rating Scale, Second Edition (GARS-2). The sample for the current study consisted of a convenient sample of 56 couples with autistic children, divided into 28 mothers and 28 fathers, who met the defined research criteria from among the parents belonging to the study population. Initially, all autistic students at the Tabassom educational and rehabilitation center and Mehr Amin clinic were observed for several weeks. Subsequently, through the researcher's implicit observation around the internalized problems in the students' behaviors, 28 students whose parents met the necessary conditions for participation in the study were selected. It should be noted that the autism students were also diagnosed with internalized behavioral problems based on the Child Behavior Checklist (CBCL). Following this, 28 mothers and 28 fathers were selected, and thus the members of the sample group were divided into two groups, experimental and control, for assessment and intervention to investigate the effect of implementing a cognitive-behavioral approach couple therapy program on the parents of the control group and reducing the internalized problems of their children with autism.

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Necessary and clarifying explanations were provided to the participants in the intervention program, and the time and place of all sessions were held with the agreement of the couples, thereby securing their satisfaction. All participating parents in this study were assured of the confidentiality of the information obtained, thus adhering to the principle of informed consent regarding the objectives, methodology, and procedure of the research. Additionally, it was agreed that the research results would be published without mentioning the participants' names. The voluntary nature of participation in the research and the right to withdraw from the group at any stage of the research process with prior notice to the researcher (therapist) were explained to the members. The control group was also promised that the relevant intervention would be conducted for them after the completion of the research process.

2.2. Measures

2.2.1. Internalized Behavioral Problems

The Child Behavior Checklist is part of the Achenbach System of Empirically Based Assessment (ASEBA) parallel forms and assesses children and adolescents' problems across 8 factors: anxiety/depression, withdrawal/depression, somatic complaints, social problems, thought problems, attention problems, rule-breaking behavior, and aggressive behavior. This questionnaire evaluates the emotional-behavioral problems as well as the academic and social competencies and abilities of children aged 6-18 from the parents' perspective and is typically completed in 20 to 25 minutes. It consists of 113 questions related to various behavioral states of children. Answers to the questionnaire are on a 3-point Likert scale from 0 to 2, where a score of 0 indicates the behavior is never observed in the child, 1 indicates the behavior is sometimes observed, and 2 indicates the behavior is often or always observed (Tehrani et al., 2011). This form measures 8 emotional-behavioral problems or syndromes, including: 1-Anxiety/Depression (AD), 2-Withdrawal/Depression (WD), 3-Somatic Complaints (SC), 4-Social Problems (SP), 5-Thought Problems (TP), 6-Attention Problems related to Attention Deficit/Hyperactivity Disorder (AP), 7-Rule-breaking Behavior (RB), 8-Aggressive Behavior (AG), and the internalizing problems scale includes items from the sub-scales Withdrawal/Depression (WD), Somatic Complaints (SC), and the Anxiety/Depression (AD) scale. According to Achenbach (1991), for the internalizing problems scales, a T score below 60 is considered normal or non-clinical, a T score between 60-63 is borderline-clinical, and a T score above 63 is clinical. The overall reliability coefficients for CBCL forms using Cronbach's alpha is .97, and test-retest reliability is .94. Content validity (logical selection of questions and use of a class one questions analysis), criterion validity (using psychiatric interviews with the child and correlation with the CSI-4 scale), and construct validity (internal relationships of scales and group differentiation) of these forms have been reported as satisfactory (Achenbach & Rescorla, 2007). This tool was first translated and normalized in Iran by Tehrani Doost and colleagues (2002). In Minaei's research (2005), the range of internal consistency coefficients of scales using Cronbach's alpha formula was reported from .63 to .95. The temporal stability of the scales was examined using the test-retest method with an interval of 5-8 weeks, yielding stability coefficients ranging from .32 to .67. The agreement between respondents was also examined, with coefficients ranging from .09 to .67. Overall, Minaei's research (2005) concluded that this questionnaire has satisfactory and high validity and reliability and can be confidently used to assess the emotional-behavioral disorders of children and adolescents aged 6-18 (Achenbach & Rescorla, 2014; Dehghani et al., 2022; Kashani Nasab et al., 2015; Tehranizadeh et al., 2011; Unnsteinsdóttir, 2012).

2.2.2. Autism

Gilliam Autism Rating Scale, Second Edition (GARS-2): is a screening checklist for diagnosing individuals with autism, normed in 1994 by Gilliam, including four subscales, each comprising 14 items with scores ranging from zero to three. The first subscale covers stereotypical behaviors, describing motor disorders and bizarre behaviors; the second, Communication, covers items 15 to 28, detailing verbal and non-verbal behaviors indicative of autism. Social Interaction, the third subscale, includes items 29 to 42, evaluating subjects' ability to appropriately describe events to people. This test was standardized and its reliability determined using Cronbach's alpha method on a sample of 1094 individuals with autism from 46 states in the USA and Canada. Studies have shown an alpha coefficient of .90 for Stereotypical Behaviors, .89 for Communication, and .93 for Social Interaction. The validity of this test has been confirmed through comparison with other assessment and screening systems like the ABC rating scale. The test consists of three sets of 14 questions, with each question scored between 0 to 3. The maximum score for each of the three subgroups (Stereotypical Behaviors, Communication,

and Social Interaction) is 42, and the minimum is zero. The total maximum score for each child is 126, and the minimum is zero. A higher score indicates the severity of the disorder, and a lower score indicates its mildness (Gorji, Hassanzadeh, Ghasemzadeh, & Qolamali Lavasani, 2020). This test was used in this research solely to determine the level of autism in the students.

2.3. Intervention

2.3.1. CBCT

Cognitive-Behavioral Couple Therapy Program: This protocol consists of 12 sessions, each lasting 100 minutes, conducted in groups at the community hall of the Tabassom Center and Mehr Amin Clinic. The process of the sessions began with counseling meetings for a preliminary introduction with each couple, covering topics such as obtaining each spouse's personal history, individual injuries, experiences during early childhood and adolescence, a description of the marital history of the spouses, among other things. To design and compile the program and protocol for the current intervention based on cognitive-behavioral couple therapy, the comprehensive guide for therapists, Cognitive Behavioral Therapy with Couples and Families (Dattilio, 2005; Dattilio, 2009), was utilized.

Table 1

CBCT Intervention Sessions

Session	Content
First Session	Introduction and acquaintance, stating group rules, the nature and logic of cognitive-behavioral couple therapy for couples, strengthening the therapeutic relationship through acceptance and support of each other, presenting the main goals of the intervention and explaining the importance, value, and credibility of cognitive-behavioral therapy, preparing members for the therapeutic process, making a therapeutic contract, and explaining how cognitive-behavioral couple therapy sessions are conducted (introducing a teaching aid book).
Second Session	Introduction and statement of the formal and scientific definition of autism spectrum disorder and internalized problems in children and adolescents with this disorder. Explaining the effective role of parental participation in the treatment process in improving the emotional and behavioral quality of children and reducing their internalized problems. Evaluating the current attitudes of couples towards their autistic child, examining expectations, beliefs, and unrealistic perceptions about satisfaction and intimacy of couples, and explaining the detrimental effects of inefficient beliefs on feelings and behaviors (worksheet provided).
Third Session	Teaching and practicing verbal and non-verbal communication skills, recognizing reinforcement and punishment patterns of couples, increasing positive and reinforcing behavioral interactions and exchanges, explaining the necessity of starting internal change instead of insisting on external control (worksheet provided).
Fourth Session	Teaching emotional expression, active listening skills, empathy, and increasing effective discourse and skill in clear and effective transmission and reception of thoughts, feelings, and needs of the other, evaluating existing barriers in message exchanges (worksheet provided).
Fifth Session	Explaining and elucidating the constant interaction of the three dimensions of human psyche (cognition, behavior, and emotions), introducing negative emotions of couples and identifying thoughts associated with negative emotions, cognitive technique training of self-statements table / Identifying situations and activating factors of negative self-statements (providing therapy-related worksheets), identifying situations conducive to negative self-statements, especially regarding the expectations of both parties on how to deal with the problems and hardships of the child (worksheet provided).
Sixth Session	Teaching cognitive errors of couples and identifying cognitive distortions of each spouse about themselves, each other, the concept of married life, examining the effect of cognitive distortion of couples on evaluating the quality of each other's parenting, and explaining how these cognitive errors affect the behavioral problems of their autistic child and explaining the relationship between negative self-statements, cognitive errors, and increasing each spouse's skill in recognizing their spouse's cognitive errors (worksheet provided).
Seventh Session	Identifying foundational beliefs of couples using the downward arrow technique, explaining the relationship between negative self-statements and foundational beliefs, examining its effect on feelings and behaviors of couples with each other and also with their child (worksheet provided).
Eighth Session	Identifying attributional patterns and examining their effect on the relationship between spouses and also on the behavioral problems of the child, teaching challenging negative self-statements with cost-benefit techniques and confirming and refuting evidence, teaching cognitive restructuring and the process of replacing efficient and logical thoughts (worksheet provided).
Ninth Session	Teaching and practicing the stages of problem-solving and decision-making and examining the problems related to the problem-solving strategies of each spouse, identifying and examining deeper conflicts between spouses, styles of solving conflicts of couples, and explaining the consequences thereof, practicing problem-solving starting from examining each spouse's definition of the problem, paying attention to the narrative of couples on the subject, suggestions and strategies of each spouse, and finally proposing alternative solutions, evaluating solutions, selecting and implementing the selected solution, and evaluating the results of its implementation (worksheet provided).
Tenth Session	Examining gender and personality differences in communication, addressing unresolved issues of couples, explaining reactions and behaviors of spouses by each other, setting realistic goals and expectations, further acquainting with the needs of oneself and spouse, and encouraging spouses towards fairly fulfilling the needs of both sides (worksheet provided).
Eleventh Session	Teaching constructive negotiation around personal interests and increasing acceptance and respect for the interests of the other, strengthening emotional and feeling expressions, and verbalizing emotional feelings, practicing involving the other in thoughts and feelings, and increasing intimacy between couples, preparing a list of enjoyable activities (worksheet provided).
Twelfth Session	Teaching activity planning and how to design long-term programs in the family, examining existing obstacles, and providing solutions regarding committing to long-term and grand family plans, receiving final feedback from members, and final summarization regarding the therapeutic effects of the intervention protocol. Closing ceremony.

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2.4. *Data Analysis*

The data analysis from the questionnaires of the present study was performed using the Statistical Package for the Social Sciences (SPSS) software version 25.

3. Findings and Results

The mean and standard deviation for the parents in the experimental group were 36.78 (SD = 6.44), and for the control group, 37.44 (SD = 6.89). Descriptive statistics of the research variables in the pre-test and post-test according to the experimental and control groups are presented in Table 2.

Table 2

Descriptive Statistics of the Variable Under Study at Different Stages of Research by Experimental and Control Groups

Variable	Stage	Group	N	Mean	Standard Deviation	Min	Max
Internalization	Pre-test	Experimental	14	41.36	23.31	12.00	62.00
		Control	14	41.71	22.03	13.00	62.00
	Post-test	Experimental	14	35.86	20.34	10.00	55.00
		Control	14	40.79	22.38	12.00	62.00
	Follow-up	Experimental	14	36.78	20.89	11.00	60.00
		Control	14	40.51	22.14	12.00	59.00

According to the results in Table 2, the mean and standard deviation of internalization in the post-test decreased compared to the pre-test, and this decrease was also evident in the follow-up stage.

Table 3

Results of Repeated Measures ANOVA for Examining the Difference Between Groups in Research Variables

Variable	Source of Variation	Sum of Squares	Df	Mean Square	F-Statistic	P	Eta Squared
Internalization	Groups	116.557	2	58.270	29.487	0.001	0.385
	Stages	163.010	1.909	85.379	80.306	<0.001	0.572
	Interaction of Stages x Group	87.865	5.728	15.340	14.429	<0.001	0.419

The results of the repeated measures analysis of variance among the study groups showed a significant between-subjects effect (group) ($\eta^2 = 0.106$, $p = 0.018$, $F = 2.334$), indicating that at least one of the groups differs from the others in terms of internalization scores. The within-subject effect (time) for the variables and components of the study was also significant, meaning that at least one of the variables or components experienced a change in mean over time, from pre-test to follow-up. Furthermore, the significance of the interaction effect of time×group for the variables and components of the study means that over time (from pre-test to post-test and follow-up), the mean of the variable in one of the groups has changed. Table 3 shows the results of the repeated measures analysis of variance to examine the difference between groups in the research variables. It is noted that a p-value of <0.05 was considered for rejecting the null hypothesis. The partial eta squared was used to assess the effect size. A partial eta squared value of (0.01) indicates a small effect, (0.04) to (0.09) a medium effect, and (0.10) and above a large effect. As shown in Table 3, the F-value for the interaction effect of stages and group on internalization (14.429) is significant at the 0.001 level. This finding indicates that the experimental and control groups significantly differ in internalization across the three stages: pre-test, post-test, and follow-up. Additionally, the eta squared for all variables was greater than 0.1, indicating that the difference between groups in the population is substantial and significant.

Table 4

Comparison of Mean Differences Between Experimental Groups in Three Stages Pre-test, Post-test, and Follow-up

Variable	Stage	Mean Difference	Standard Error	P
Internalization	Pre-test - Post-test	6.250	1.531	0.001
	Post-test - Follow-up	0.312	1.253	0.853

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The results in Table 4 showed a significant difference between the effectiveness of cognitive-behavioral approach-based couple therapy in the pre-test versus post-test stages, and also pre-test versus follow-up, in the internalization variable ($p < 0.001$). There was also no significant difference between the post-test and follow-up stages, indicating the sustainability of cognitive-behavioral therapy until the end of the study.

4. Discussion and Conclusion

The current research aimed to investigate the effectiveness of implementing a cognitive-behavioral approach-based couple therapy program on parents and the reduction of internalized behavioral problems in students with autism spectrum disorder (ASD). Statistical analysis indicates that in this study, the implementation of couple therapy with a cognitive-behavioral approach on parents significantly reduced the internalized behavioral problems of children with ASD. These findings align with the research results previous studies (Alahyari et al., 2021; Dattilio, 2005; Dattilio, 2009; Drahota et al., 2011; Driscoll et al., 2020; Hayes, 2004; Johnson et al., 2023; Peterson et al., 2009; Rajendram et al., 2023; Reaven et al., 2015; Runyon & Deblinger, 2013; ZafarAl-Hayari et al., 2022). The cognitive-behavioral couple therapy approach emphasizes the reciprocal cognition of humans with all their behaviors and emotions, as well as the influence of couples' cognition and their analysis of their spouse's behavior. This approach includes strategies for changing thinking, attitudes, perceptions, and behaviors, focusing on environmental stress stimuli associated with symptoms (Dattilio, 2009; Young & Long, 2007). Based on this and considering the current researcher's belief that parents are the starting point of treatment, this therapeutic program seriously considered the quality of cognition and attitude of parents towards each other, as well as their perception and attitude towards their autistic child's behaviors. To achieve the primary goal of the research, i.e., reducing the internalized behavioral problems of children and adolescents with ASD, the treatment process started from the quality of the parental relationship and their cognition and attitude towards each other. For this purpose, the therapist initially encourages the spouses to move in two almost different directions, meaning that they identify and discover differences and commonalities in their relationship, and based on common positions and similarities, they try to create a new understanding and attitude towards each other. New cognition and attitude broaden the spouses' perspective and insight, enabling them to examine and review their behaviors and emotional responses towards each other. It is clear that these two categories, cognition and attitude, and spouses' behaviors have a bidirectional and mutual effect on each other, meaning that cognition and attitude affect behavior and vice versa, facilitating parents' readiness for change in thoughts, feelings, and behaviors. Modifying and changing parents' behavioral responses and reactions increased the level of calm and tranquility and reduced the chaotic and tense atmosphere; likely, this tranquility allowed them to, besides accepting their spouse (with all their characteristics), have a new and fresh look at their autistic child's problematic behaviors; and from another perspective, look at their performance and behaviors, significantly changing their attitude and quality of acceptance towards their child (with all the challenges and conditions they have). Therefore, in the current research, a significant part of the impact of the parents' couple therapy program on reducing the internalized behavioral problems of children with autism is a prominent product of changing behavior and correcting parents' cognition and attitude towards each other, as well as a new acceptance and attitude towards their autistic child's conditions.

The research results of Smalls (2010) are similar to the current study. In that research, parenting training, based on creating a new communication pattern with love and respect and mutual respect between parent and child, had a significant change in their attitude and viewpoint towards accepting their child (Smalls, 2010). The outcome of the new parental attitude was the reduction of internal behaviors such as stress and other emotional problematic behaviors, and enhancement of children's motivation for progress. The research findings of researchers (Hayes, 2004; Peterson et al., 2009) also align with the current study's findings. These researchers showed that accepting and recognizing differences helps couples better understand each other's attitudes and beliefs, significantly reducing their marital conflicts. In this research, increasing awareness and realistic attitude of parents created an atmosphere with mutual understanding, non-judgmental acceptance, and enjoyment of the parenting role. Another important factor affecting the internalized behavioral problems of autistic children and adolescents is the quality of fathers' and mothers' ability to express emotions. Ellis's (2003) rational-emotive view considers the presence of negative and harmful emotions such as despair and hopelessness and a vicious cycle of chaotic relationships as one of the causes of couples' turmoil. In the current study, parents were taught to first identify and

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control damaging and destructive interaction cycles and reactive emotions following them and, by gaining empathy and perspective-taking skills, create new interaction cycles within a new emotional context created with the therapist's help, enhancing their positive emotions. Reducing negative and harmful emotions allowed parents to avoid unfair and incorrect judgments about their spouse's behaviors and align their cognition with the emotions they have about their spouse. The result of this alignment and balance has been that alongside behavioral exchanges and agreements between parents, their emotional communication pattern with their autistic child has also changed positively and significantly. So much so that these parents have managed to think more contemplatively about their parenting role in the face of challenges and stressful situations caused by having an autistic child, instead of past automatic negative emotional responses, with openness and a smile, and refraining from complaints and objections. The continuation of this process has led to significant changes in their feedback regarding their child's behaviors and has injected tranquility into the family atmosphere. Likely, the moderation and management of emotions by parents have played an effective role in reducing their autistic children's internalized behavioral problems, such as isolation, anxiety, and depression (Alahyari et al., 2021; Attari et al., 2010; Marzouk et al., 2022). Another research explored the impact of spouses' thoughts and the type of thinking on their emotions in the cognitive, behavioral, and emotional domains, clarifying that the onslaught of sorrowful emotions and the assault of thoughts and irrational beliefs bring about inappropriate coping behaviors of spouses, and negative behavior is reciprocated with negative behavior (ZafarAl-Hayari et al., 2022). Behavioral exchange agreements are a necessary and complementary part of cognitive-behavioral therapy and an effective factor in reducing conflicts and tensions between couples, affecting their behaviors, beliefs, and motivations. The goal of "behavioral exchange agreements" is for each individual to identify and perform specific behaviors that lead to their improvement, regardless of their spouse's actions (Dattilio, 2005; Dattilio, 2009). Other research findings are also consistent with the current study's findings. In these findings, the relationship between parents' behaviors and conflict resolution methods and the significant reduction of children's behavioral problems is shown. The research results of Fahad and Hanif (2019) demonstrated that the main origin of emotions is relationships, and the core of relationships is emotions; and how individuals express emotions and feelings to each other has a significant correlation with the concept of communication, creating a smooth path for mutual communicative interactions (Fahd & Hanif, 2019). Additionally, the research findings of Kashani Nasab et al. (2014) align with the current study's results. In the couple therapy program of this research, couples are encouraged to talk about their emotions on one hand, and on the other hand, support is provided for reconstructing and developing emotional reactions of spouses towards each other, and encouraging parents increases their emotional bond with their children . When children with behavioral disorders feel loved and belonging to the family, they become cooperative and strive to improve their relationships with their parents. Studies showed that training parents in encouragement methods reduces their children's behavioral problems; has a significant effect on reducing turmoil in parent-child relationships and social maladjustment, and prevents their occurrence. For example, the research findings of Gutiérrez (2006) are also consistent with the current study, showing that encouragement training significantly impacted improving family communication, parents' parenting skills, and reducing children's behavioral disorders (Gutierrez, 2006).

In another explanation indicating the impact of the therapeutic program of the current study on reducing the internalized behavioral problems of children and adolescents with autism, it's possible to mention the technique used by the therapist to correct the communicative pattern between parents and autistic children, especially verbal communication, and its impact on children's behaviors. For this purpose, the therapist teaches each parent to ensure that their message is correctly understood and heard and that they have correctly received their spouse's message by acquiring proper listening skills. Proper listening allows spouses to understand each other's feelings, beliefs, and sensitivities, and eliminate harmful verbal behaviors, including threats, belittlement, blame, and guilt-tripping, from their verbal communication, focusing on reconstructing the communicative-verbal foundation with their spouse. Likely, their autistic children also had the opportunity to talk about their emotions and feelings without worry and fear and express their interests and sensitivities with a greater sense of tranquility. Following these changes, the situation for expressing themselves and being seen, in addition to within the family, also created outside the home for these children, reducing the internalization of their problems and directing their internalized problems towards externalization. The research findings of Azimifar et al. (2019) are in line with

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the current study. In this study, by training parents and aligning their expectations with the child's abilities, they addressed correcting the parent-child communication cycle, resulting in children modeling their parents' behavior, showing fewer maladaptive behaviors. On the other hand, parents also communicated with their children with higher mental flexibility and less entanglement with their thoughts and feelings (Azimifar et al., 2019). The research findings of many studies (Aali et al., 2015; Alahyari et al., 2021; Attari et al., 2010; Azimifar et al., 2019; Belali & Aghayousefi, 2011; Breinholst et al., 2012; Dattilio, 2005; Drahota et al., 2011; Hayes, 2004; Hoseini Yazdi et al., 2021; Kashani Nasab et al., 2015; Kasperzack et al., 2020; Kreslins et al., 2015; Kuhlthau et al., 2014; Marchant et al., 2007; Marzouk et al., 2022; Peterson et al., 2009; Rajendram et al., 2023; Reaven et al., 2015; Smalls, 2010; Tehranizadeh et al., 2011; Wood et al., 2003; Yeh et al., 2006; ZafarAl-Hayari et al., 2022) are consistent with the current study. These studies have examined the quality of verbal and non-verbal communication of troubled couples and have come to believe that therapeutic interventions based on spouse training will increase their communication skills and reduce their conflicts. The research findings of Howard and Markman (2005) titled "Couples' Communication Program" are in line with the current study. In this study, parents were trained to become proficient in effective conversation and listening skills and interpersonal communication skills and strive to resolve their conflicts. The research findings indicate a significant increase in their long-term psychological, emotional, and social well-being.

Some studies are also consistent and agree with the current study, based on a strong belief in the impact of parental performance on children's behavior, addressing children's behavioral problems by training their parents in different areas. Including: training parents in positive parenting (Breinholst et al., 2012; Drahota et al., 2011; Driscoll et al., 2020; Hayes, 2004; Reaven et al., 2015). Also, some research results in Iran have significantly shown the impact of parental training on their success in dealing with their autistic children's problems (Belali & Aghayousefi, 2011). The current study's findings are consistent with the theoretical foundations of cognitive-behavioral couple therapy. The cognitive-behavioral couple therapy program begins with assessing and measuring the severity of couples' problems and, by identifying problems and strengths and weaknesses of the relationship, designs the therapeutic program process (Belali & Aghayousefi, 2011).

The couples participating in the current study have a significant difference from other couples, which is having a child with an autism spectrum disorder. This disorder has special conditions and brings many problems and challenges for parents and society, but it may be claimed that the obstacles this disorder creates for parental marital satisfaction are at the forefront of other problems. Especially since children and adolescents with autism sometimes express their problems in an internalized form. Due to the hidden nature of internal behaviors, understanding and recognizing their causes is difficult for parents. Accordingly, it is evident that parental behavioral feedback regarding their child's ambiguous and unknown behaviors will follow inappropriate coping behaviors by the children, and this defective cycle, as it continues to rotate, will have detrimental effects both on the parents' marital relationships and on the internalized behavioral problems of autistic children. In the cognitive-behavioral group couple therapy program of the current study, to reduce the internalized problems of autistic children and using behavioral and cognitive techniques, parents were taught to first address correcting their cognitive system, attitudes, expectations, and beliefs; and take fundamental steps towards changing their feelings and behavioral feedback in response to their spouse. Following this process, participating parents managed to evaluate the foundation and pattern of their communication with their spouse and strive to create new and innovative cycles in the realm of verbal and non-verbal communication. Finally, it was clearly observed in the therapeutic sessions that they were able to control and manage their emotions, listen attentively to each other, and by acquiring optimal communication skills, enhance the quality of their relationship, with progress and continuity in this process, they succeeded in using problem-solving techniques instead of arguing and brainstorming in the face of crisis situations created by the presence of an autistic child. It is clear that parental management in creating behavioral changes and correcting the communicative structure also had reciprocal effects in correcting their communicative cycles with their autistic child and led to a significant reduction in their internalized behavioral problems.

5. Suggestions and Limitations

The research limitations include: conducting the study on parents of autistic boys in Mashhad, which limits the generalizability of the results regarding autistic girls.

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Irregular attendance of men in sessions or the presence of only one parent and the lack or almost absence of studies aimed at examining the impact of couple therapy on parental marital satisfaction and internalized behavioral problems of autism. It is recommended that educational workshops focusing on cognitive-behavioral couple therapy for parents of children with special needs be held so that they can gain skills in correcting cognition, attitude, and acceptance of their spouse and identifying and evaluating techniques and parenting methods of exceptional children to reduce their children's behavioral problems. It is suggested that educational workshops on cognitive-behavioral couple therapy for young couples who have recently had a child with special needs be held to appropriately establish the level of quality of verbal and non-verbal communication, emotional expression methods, and their marital relationship from the beginning and prevent the occurrence of behavioral problems in exceptional children. It is recommended that family educational programs, including parents, siblings, be continuously and serially implemented in the educational and caregiving domains suitable for children and adolescents with autism. Increasing communication skills and social interactions, sensory integration, and acquiring the skill of using different senses simultaneously and focusing on each child's specific abilities and the like can be at the forefront of the educational content of these sessions. It is suggested that to reduce children's problems, especially those that have an internal manifestation and a hidden nature and are less visible, we always consider two principles: first, that the therapeutic triangle be designed based on three communication patterns (parent-parent), (parent-child), and (child-environment), and second, that the treatment starts with examining the base of the triangle, i.e., the communication and interaction of parents (spouses); and the two sides of this triangle, i.e., evaluating the quality of the child's communication with parents and then the child's communication with the surrounding environment, including siblings and peers, be examined. The twenty years of experience and observations of the current research's investigator, indicating the importance and impact of the quality of parents' relationship on children's behavioral problems, is a reason for presenting the therapeutic triangle scheme.

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Declaration of Interest

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Authors' Contributions

All authors made substantial contributions to the research process, covering various aspects from study design to data handling and manuscript preparation.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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