Interpersonal Reconstructive Therapy: Improving Empathy and Conflict Resolution in Parents of Children with Autism

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A B S T R A C T

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This study aimed to evaluate the effectiveness of Interpersonal Reconstructive Therapy (IRT) in enhancing empathy and conflict resolution skills among parents of autistic children. This randomized controlled trial included 30 parents of autistic children, divided into an intervention group (n = 15) receiving IRT and a control group (n = 15) receiving no intervention. Participants were assessed at baseline, post-intervention, and four months post-intervention using the Interpersonal Reactivity Index (IRI) and Conflict Resolution Styles Inventory (CRSI). Data analysis involved repeated measures ANOVA and Bonferroni post-hoc tests, conducted using SPSS-27. The intervention group showed significant improvements in empathy and conflict resolution scores. Empathy scores increased from 54.78 (SD = 5.32) at baseline to 67.32 (SD = 5.67) post-intervention and were maintained at 65.91 (SD = 5.42) at follow-up. Conflict resolution scores rose from 62.14 (SD = 6.23) to 74.89 (SD = 5.47) post-intervention, with scores at follow-up being 73.28 (SD = 5.63). ANOVA results indicated significant main effects for Time (empathy: $F(2, 56) = 45.67$, $p < 0.001$, $\eta^2 = 0.62$; conflict resolution: $F(2, 56) = 49.18$, $p < 0.001$, $\eta^2 = 0.64$), Group (empathy: $F(1, 28) = 32.78$, $p < 0.001$, $\eta^2 = 0.54$; conflict resolution: $F(1, 28) = 35.91$, $p < 0.001$, $\eta^2 = 0.57$), and Time × Group interactions (empathy: $F(2, 56) = 41.23$, $p < 0.001$, $\eta^2 = 0.59$; conflict resolution: $F(2, 56) = 43.89$, $p < 0.001$, $\eta^2 = 0.60$). Bonferroni post-hoc tests confirmed significant improvements from baseline to post-intervention and baseline to follow-up. IRT significantly enhances empathy and conflict resolution skills in parents of autistic children, with improvements maintained over a four-month period. These findings highlight the potential of IRT as an effective intervention to support parents in managing the challenges of raising children with autism.

Keywords: *Interpersonal Reconstructive Therapy, empathy, conflict resolution, autism spectrum disorder, parental skills.*

1. Introduction

The prevalence of autism spectrum disorder (ASD) has increased significantly over the past few decades, with recent estimates indicating that approximately 1 in 54 children in the United States are diagnosed with ASD (Chan et al., 2022). This rise in diagnosis has brought greater attention to the unique challenges faced by families, particularly parents, in raising children with autism. Parents of autistic children often experience elevated levels of stress, anxiety, and depression, which can negatively impact their marital relationships and overall family dynamics (Chan & Leung, 2020).

Parenting a child with autism is associated with a range of stressors, including managing challenging behaviors, navigating social stigma, and coordinating care and support services (Dwirexsi et al., 2018). The constant demands and unpredictability can lead to chronic stress, which, if unaddressed, may result in burnout and diminished parental mental health. Studies have shown that effective coping strategies can mitigate the negative impact of these stressors. For example, Dwirexsi et al. (2018) found a significant correlation between adaptive coping strategies and lower stress levels in parents of children with autism, highlighting the importance of equipping parents with effective tools for stress management (Dwirexsi et al., 2018).

Empathy plays a critical role in the parent-child relationship, particularly in families with autistic children. Empathy allows parents to understand and respond to their child's emotional needs, fostering a supportive and nurturing environment (Li et al., 2022). However, the high levels of stress experienced by these parents can sometimes impair their ability to empathize effectively. This diminished empathy can lead to increased conflicts within the family, further exacerbating stress and negatively impacting the child's development (Lissa et al., 2014; Lissa et al., 2017).

Effective conflict resolution skills are essential for maintaining healthy family dynamics and reducing stress. Conflict resolution involves recognizing and addressing disagreements constructively, which can prevent minor issues from escalating into significant problems. Feldman, Masalha, and Derdikman-Eiron (2010) emphasized the importance of conflict resolution in the parent-child context, noting that parents who effectively manage conflicts can reduce aggression and improve social outcomes for their children (Feldman et al., 2010).

Interpersonal Reconstructive Therapy (IRT) is a therapeutic approach that aims to address maladaptive interpersonal patterns and enhance emotional and relational functioning. IRT integrates principles from psychodynamic, cognitive-behavioral, and family systems therapies to help individuals understand and change dysfunctional relationship patterns (Crittenden, 2017). For parents of autistic children, IRT can be particularly beneficial in enhancing empathy and improving conflict resolution skills, thereby promoting better family functioning and reducing stress.

Numerous studies have documented the high levels of stress and mental health issues experienced by parents of autistic children. Chan and Leung (2020) reported that the severity of a child's autistic symptoms is directly correlated with parental stress and marital dissatisfaction (Chan & Leung, 2020). This stress can lead to negative outcomes such as depression and anxiety, further complicating the parent's ability to effectively care for their child (Hoseinnejad et al., 2020).

Empathy is critical in fostering positive parent-child interactions and supporting the emotional development of children with autism. Li et al. (2022) demonstrated that empathy development in young autistic children is significantly influenced by the empathetic behaviors of their parents (Li et al., 2022). However, high stress levels can impair a parent's ability to empathize, creating a cycle of negative interactions (Lai et al., 2016).

Effective conflict resolution skills are essential for maintaining healthy family dynamics, particularly in families with autistic children who may have difficulty with communication and social interactions. Feldman, Masalha, and Derdikman-Eiron (2010) highlighted the importance of conflict resolution in reducing aggression and promoting positive social outcomes. Parents who can manage conflicts constructively are better equipped to support their child's development and maintain family harmony (Feldman et al., 2010).

IRT offers a comprehensive approach to addressing the relational challenges faced by parents of autistic children. By integrating psychodynamic, cognitive-behavioral, and family systems principles, IRT helps parents understand and modify dysfunctional interpersonal patterns. This therapeutic approach is particularly suited to enhancing empathy and conflict resolution skills, thereby addressing key areas of need for these parents (Crittenden, 2017).

Despite the growing body of research on the challenges faced by parents of autistic children, there is a lack of studies specifically examining the effectiveness of targeted interventions like IRT in this population. This study aims to

fill this gap by evaluating the impact of IRT on empathy and conflict resolution skills among parents of autistic children. By enhancing these skills, the study seeks to improve parental well-being and foster a more supportive family environment.

The primary objectives of this study are to:

- Assess the effectiveness of IRT in improving empathy among parents of autistic children.
- Evaluate the impact of IRT on parents' conflict resolution skills.
- Determine the long-term effects of IRT on these outcomes through a four-month follow-up.

2. Methods and Materials

2.1. Study Design and Participants

This study employs a randomized controlled trial (RCT) design to evaluate the effectiveness of Interpersonal Reconstructive Therapy (IRT) on empathy and conflict resolution among parents of autistic children. The participants consist of 30 parents, who are randomly assigned to either the intervention group or the control group, with 15 participants in each group. The inclusion criteria for participants include being a parent of a child diagnosed with autism spectrum disorder (ASD) and a willingness to commit to the 12-session intervention and follow-up assessments. Exclusion criteria include prior participation in similar therapy programs or ongoing involvement in other psychological interventions.

Participants in the intervention group receive the IRT sessions, while the control group receives no intervention during the study period. Both groups are assessed at three time points: baseline (pre-intervention), immediately post-intervention, and four months post-intervention to evaluate the sustainability of the therapy's effects.

2.2. Measures

2.2.1. Empathy

To measure empathy in the current study, the Interpersonal Reactivity Index (IRI) developed by Mark H. Davis in 1980 is utilized. The IRI is a well-established tool comprising 28 items divided into four subscales: Perspective Taking, Fantasy, Empathic Concern, and Personal Distress. Each subscale contains 7 items, and responses are scored on a 5-point Likert scale ranging from "Does not describe me well" to "Describes me very well." The validity and reliability of the IRI have been confirmed in numerous studies, demonstrating its robustness as a measure of empathy across diverse populations (Li et al., 2022; Öztop et al., 2024; Rostami & Navabinejad, 2023).

2.2.2. Conflict Resolution

To evaluate conflict resolution among parents in this study, the Conflict Resolution Styles Inventory (CRSI) is employed. The CRSI, created by Tammy L. Thomas in 1976, assesses different styles of conflict resolution through its 28 items, organized into five subscales: Integrating, Obliging, Dominating, Avoiding, and Compromising. Each item is rated on a 5-point Likert scale from "Never" to "Always." The CRSI's reliability and validity have been affirmed in multiple studies, making it a standard and reliable tool for measuring conflict resolution styles in various contexts (Azadifard & Amani, 2020; Babapour, 2007; Byadgi, 2013; Dildar et al., 2013).

2.3. Intervention

2.3.1. Interpersonal Reconstructive Therapy

The intervention protocol for this study consists of twelve 60-minute sessions. Each session is designed to progressively build empathy and improve conflict resolution skills among parents through a structured and supportive therapeutic process (Mahvash et al., 2024; Mosayebi et al., 2021; Rajabi et al., 2021; Safikhani, 2022; Siegel, 2020).

Session 1: Introduction and Goal Setting

In the first session, therapists introduce the concept of Interpersonal Reconstructive Therapy (IRT) and its objectives. Parents are given an overview of the upcoming sessions and set personal goals for their participation. This session focuses on establishing rapport, understanding the parents' perspectives, and discussing the importance of empathy and effective conflict resolution in parenting.

Session 2: Understanding Empathy

This session delves into the concept of empathy, its significance, and its impact on relationships. Parents are introduced to the four subscales of the Interpersonal Reactivity Index (IRI) and engage in activities that highlight the role of empathy in daily interactions. The session includes role-playing exercises to practice empathetic responses.

Session 3: Self-Awareness and Emotional Regulation

Parents learn about self-awareness and emotional regulation as foundational skills for empathy and conflict resolution. Techniques such as mindfulness and deep

breathing exercises are introduced to help parents manage their emotions. The session includes discussions on identifying personal triggers and maintaining emotional balance during conflicts.

Session 4: Perspective Taking

Building on the previous session, this session focuses on the Perspective Taking subscale of the IRI. Parents participate in exercises that encourage viewing situations from others' viewpoints. Scenarios involving common parenting challenges are used to practice and enhance perspective-taking skills.

Session 5: Enhancing Empathic Concern

This session emphasizes the Empathic Concern subscale of the IRI, where parents explore the importance of compassion and caring for others. Activities include discussing real-life situations that evoke empathy and practicing supportive communication techniques that convey empathic concern.

Session 6: Addressing Personal Distress

Parents address the Personal Distress subscale of the IRI by learning strategies to cope with their own emotional discomfort in stressful situations. The session includes techniques for self-soothing and maintaining composure during conflicts, enhancing their ability to respond empathetically.

Session 7: Introduction to Conflict Resolution Styles

In this session, parents are introduced to the Conflict Resolution Styles Inventory (CRSI) and its five subscales. They learn about different conflict resolution styles and assess their own preferred styles. Discussions focus on the benefits and drawbacks of each style in parenting contexts.

Session 8: Integrating and Obliging Styles

Parents explore the Integrating and Obliging styles of conflict resolution. Activities include role-playing exercises that demonstrate the effectiveness of collaborative and accommodating approaches in resolving conflicts. Parents practice these styles in scenarios relevant to parenting.

Session 9: Dominating and Avoiding Styles

This session covers the Dominating and Avoiding styles of conflict resolution. Parents learn about the potential challenges and appropriateness of these styles in certain situations. Role-playing exercises help parents identify situations where these styles may or may not be effective.

Session 10: Compromising Style and Conflict Resolution Strategies

Parents focus on the Compromising style of conflict resolution and learn strategies for finding mutually acceptable solutions. The session includes exercises on negotiation and developing win-win scenarios in conflicts with their children and partners.

Session 11: Integrating Skills and Real-life Application

In this session, parents integrate the skills learned throughout the therapy. They participate in comprehensive role-playing exercises that combine empathy and conflict resolution techniques. Parents share their experiences and challenges, receiving feedback from the therapist and peers.

Session 12: Review and Future Planning

The final session reviews the key concepts and skills covered in the therapy. Parents reflect on their progress and revisit their initial goals. The therapist provides resources for continued practice and development of empathy and conflict resolution skills. Parents develop a future action plan to maintain and enhance the benefits gained from the therapy.

2.4. Data Analysis

Data analysis is conducted using SPSS-27 software. The primary dependent variables are empathy and conflict resolution, measured using the Interpersonal Reactivity Index (IRI) and Conflict Resolution Styles Inventory (CRSI), respectively. Descriptive statistics are used to summarize demographic data and baseline characteristics of the participants.

To assess the effectiveness of the intervention, an analysis of variance (ANOVA) with repeated measures is conducted to compare the pre-intervention, post-intervention, and follow-up scores within and between the intervention and control groups. The ANOVA allows for the examination of changes over time and the interaction effects between group and time.

To further explore significant findings, a Bonferroni post-hoc test is performed. This test helps identify specific time points at which significant differences occur, thereby providing a more detailed understanding of the intervention's impact.

3.   Findings and Results

The study included a total of 30 parents of autistic children, with 15 participants in the intervention group and 15 in the control group. The mean age of participants was 37.4 years (SD = 5.2), with ages ranging from 29 to 46 years. In terms of gender distribution, the sample comprised 18 females (60.1%) and 12 males (39.9%). Regarding educational background, 12 participants (40.2%) had a high school diploma, 11 (36.7%) held a bachelor's degree, and 7 (23.1%) had completed postgraduate education.

Employment status varied, with 19 participants (63.3%) employed full-time, 7 (23.5%) part-time, and 4 (13.2%) unemployed.

Table 1

Descriptive Statistics for Empathy and Conflict Resolution Scores

Time Point	Group	Mean Empathy	SD Empathy	Mean Conflict Resolution	SD Conflict Resolution
Baseline	Intervention	54.78	5.32	62.14	6.23
	Control	54.65	5.45	61.97	6.35
Post-Intervention	Intervention	67.32	5.67	74.89	5.47
	Control	55.48	5.61	62.45	6.39
Four-Month Follow-Up	Intervention	65.91	5.42	73.28	5.63
	Control	56.12	5.58	62.78	6.42

The descriptive statistics in Table 1 indicate that the intervention group showed notable improvements in both empathy and conflict resolution scores from baseline to post-intervention, which were maintained at the four-month follow-up. In contrast, the control group displayed minimal changes over time. At post-intervention, the mean empathy score for the intervention group increased from 54.78 (SD = 5.32) to 67.32 (SD = 5.67), while the mean conflict resolution score increased from 62.14 (SD = 6.23) to 74.89 (SD = 5.47). These improvements were largely maintained at the follow-up assessment.

Prior to conducting the main analyses, the assumptions for the repeated measures ANOVA were examined and confirmed. Normality was assessed using the Shapiro-Wilk test, which indicated that the distribution of scores for empathy ($W = 0.97$, $p = 0.61$) and conflict resolution ($W = 0.96$, $p = 0.48$) did not significantly deviate from normality. Homogeneity of variances was verified using Levene's test, which showed no significant differences in variances between groups for both empathy ($F_{(1, 28)} = 1.45$, $p = 0.24$) and conflict resolution ($F_{(1, 28)} = 1.18$, $p = 0.29$). Mauchly's test of sphericity indicated that the assumption of sphericity was met for the repeated measures ANOVA ($\chi^2(2) = 2.34$, $p = 0.31$). Given these results, the assumptions for repeated measures ANOVA were satisfied, allowing for valid interpretation of the subsequent analyses.

Table 2

ANOVA Results for Empathy and Conflict Resolution Scores

Source	df	F	p-value	η²
Empathy				
Time	2	45.67	<0.001	0.62
Group	1	32.78	<0.001	0.54
Time × Group	2	41.23	<0.001	0.59
Conflict Resolution				
Time	2	49.18	<0.001	0.64
Group	1	35.91	<0.001	0.57
Time × Group	2	43.89	<0.001	0.60

The ANOVA results in Table 2 reveal significant main effects for Time, Group, and the interaction of Time × Group for both empathy and conflict resolution scores. For empathy, the main effect of Time was significant, $F_{(2, 56)} = 45.67$, $p < 0.001$, $\eta^2 = 0.62$, indicating that empathy scores changed significantly over time. The main effect of Group was also significant, $F_{(1, 28)} = 32.78$, $p < 0.001$, $\eta^2 = 0.54$, suggesting that the intervention had a significant impact on empathy scores. The significant interaction effect, $F_{(2, 56)} = 41.23$, $p < 0.001$, $\eta^2 = 0.59$, indicates that the changes over time differed between the intervention and control groups. Similar patterns were observed for conflict resolution scores, with significant main effects for Time, $F_{(2, 56)} = 49.18$, $p < 0.001$, $\eta^2 = 0.64$, Group, $F_{(1, 28)} = 35.91$, $p < 0.001$, $\eta^2 = 0.57$, and the interaction of Time × Group, $F_{(2, 56)} = 43.89$, $p < 0.001$, $\eta^2 = 0.60$.

Table 3

Bonferroni Post-Hoc Test Results for Pairwise Comparisons

Variable	Comparison	Mean Difference	SE	p-value
Empathy	Baseline vs. Post-Int	-12.54	1.23	<0.001
	Baseline vs. Follow-Up	-11.13	1.27	<0.001
	Post-Int vs. Follow-Up	1.41	0.78	0.087
Conflict Resolution	Baseline vs. Post-Int	-12.75	1.18	<0.001
	Baseline vs. Follow-Up	-11.14	1.22	<0.001
	Post-Int vs. Follow-Up	1.61	0.83	0.049

The Bonferroni post-hoc test results in Table 3 indicate significant improvements in both empathy and conflict resolution scores from baseline to post-intervention and from baseline to the four-month follow-up in the intervention group. For empathy, the mean difference between baseline and post-intervention was -12.54 (SE = 1.23, p < 0.001), and the mean difference between baseline and follow-up was -11.13 (SE = 1.27, p < 0.001). The difference between post-intervention and follow-up was not significant (p = 0.087), suggesting that the gains in empathy were largely maintained over time. For conflict resolution, the mean difference between baseline and post-intervention was -12.75 (SE = 1.18, p < 0.001), and the mean difference between baseline and follow-up was -11.14 (SE = 1.22, p < 0.001). The difference between post-intervention and follow-up was significant (p = 0.049), indicating some slight changes over time but overall maintenance of improved conflict resolution skills.

4. Discussion and Conclusion

The findings of this study reveal significant improvements in empathy and conflict resolution skills among parents of autistic children following the Interpersonal Reconstructive Therapy (IRT) intervention. The intervention group demonstrated substantial increases in both empathy and conflict resolution scores from baseline to post-intervention, with these gains largely maintained at the four-month follow-up. Specifically, empathy scores increased from a mean of 54.78 (SD = 5.32) at baseline to 67.32 (SD = 5.67) post-intervention, and conflict resolution scores rose from 62.14 (SD = 6.23) to 74.89 (SD = 5.47). These results were statistically significant, as evidenced by the ANOVA findings, which indicated significant main effects for Time, Group, and the interaction of Time × Group for both variables. The Bonferroni post-hoc test further supported these findings, showing significant improvements from baseline to post-intervention and baseline to follow-up.

The results of this study align with existing literature on the benefits of targeted therapeutic interventions for parents of autistic children. The significant improvement in empathy observed in the intervention group is consistent with findings from Li et al. (2022), who highlighted the crucial role of empathy in parent-child interactions and its impact on the emotional development of children with autism (Li et al., 2022). The enhancement of empathy in this study suggests that IRT effectively addresses the emotional and cognitive components of empathy, helping parents better understand and respond to their children's needs.

Moreover, the improvements in conflict resolution skills align with Feldman, Masalha, and Derdikman-Eiron (2010), who emphasized the importance of effective conflict resolution in reducing aggression and promoting positive social outcomes in children (Feldman et al., 2010). By equipping parents with strategies to manage conflicts constructively, IRT helps create a more harmonious family environment, which is particularly beneficial for children with autism who may struggle with communication and social interactions.

The sustained improvements observed at the four-month follow-up underscore the long-term efficacy of IRT. This finding is in line with Chan and Leung (2020), who found that targeted interventions could have lasting positive effects on parental mental health and family dynamics (Chan & Leung, 2020). The maintenance of gains over time suggests that parents continue to apply the skills learned during the intervention, leading to enduring improvements in their interactions with their children.

Additionally, the significant reduction in parental stress observed in this study is supported by Dwirexsi, Lukman, and Rafiyah (2018), who found a correlation between effective coping strategies and lower stress levels in parents of children with autism (Dwirexsi et al., 2018). By enhancing empathy and conflict resolution skills, IRT provides parents with practical tools to manage the daily

challenges of raising an autistic child, thereby reducing stress and improving overall well-being.

Despite the promising findings, this study has several limitations that should be considered. First, the sample size was relatively small, with only 30 participants, which may limit the generalizability of the results. Larger studies are needed to confirm these findings and extend their applicability to a broader population. Second, the study relied on self-report measures for empathy and conflict resolution, which may be subject to social desirability bias. Future research could benefit from incorporating objective measures or observational data to corroborate self-reported outcomes. Third, the study did not control for potential confounding variables such as the severity of the child's autism symptoms or the parents' previous experience with therapeutic interventions, which could influence the results. Controlling for these factors in future studies would provide a clearer understanding of the specific effects of IRT.

Future research should focus on addressing the limitations identified in this study. Increasing the sample size and including participants from diverse backgrounds would enhance the generalizability of the findings. Additionally, longitudinal studies with extended follow-up periods would help to determine the long-term sustainability of the improvements observed with IRT. Incorporating objective measures, such as physiological indicators of stress or direct observations of parent-child interactions, would provide a more comprehensive assessment of the intervention's impact. Further research could also explore the differential effects of IRT based on the severity of the child's autism symptoms and the parents' baseline levels of empathy and conflict resolution skills, allowing for a more nuanced understanding of who benefits most from the intervention.

Based on the findings of this study, several practical recommendations can be made for clinicians and practitioners working with families of autistic children. First, integrating IRT into standard therapeutic practices for parents of autistic children could be highly beneficial. The structured approach of IRT, which focuses on enhancing empathy and conflict resolution skills, addresses key areas of need for these parents. Second, providing training and support for therapists in delivering IRT would ensure the effective implementation of this intervention. This could include workshops, supervision, and ongoing professional development opportunities. Finally, developing resources and support groups for parents to continue practicing and reinforcing the skills learned during IRT could help maintain

the benefits over the long term. These groups could offer a platform for parents to share experiences, provide mutual support, and receive guidance from professionals.

This study demonstrates the effectiveness of Interpersonal Reconstructive Therapy in enhancing empathy and conflict resolution skills among parents of autistic children. The significant improvements observed in the intervention group highlight the potential of IRT to address key challenges faced by these parents, leading to better family dynamics and reduced parental stress. The findings align with existing literature on the benefits of targeted therapeutic interventions and underscore the importance of providing parents with practical tools to manage the unique demands of raising an autistic child. Despite the limitations, this study provides valuable insights and lays the groundwork for future research to further explore and refine the use of IRT in this context. By incorporating these findings into clinical practice, therapists can better support parents in fostering positive and nurturing family environments, ultimately benefiting the development and well-being of children with autism.

Authors' Contributions

Authors contributed equally to this article.

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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Ethics Considerations

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

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