

Examining the Effectiveness of an Integrated Mindfulness and Self-Care Technique Protocol on the Psychological Well-Being of Parents with Developmentally Delayed Children (Single-Case Study)

Maryam. Etemadan^{1,2} , Siamak. Samani^{3*} , Sajjad. Amini Manesh⁴ , Mohammad Reza. Bardideh⁵ 

¹ PhD Student, Department of Psychology and Education of Exceptional Children, Fars Science and Research Branch, Islamic Azad University, Fars, Iran

² Department of Psychology and Education of Exceptional Children, Shiraz Branch, Islamic Azad University, Shiraz, Iran

³ Associate Professor, Department of Psychology, Shiraz Branch, Islamic Azad University, Shiraz, Iran

⁴ Assistant Professor, Department of Psychology, Shiraz Branch, Islamic Azad University, Shiraz, Iran

⁵ Assistant Professor, Department of Psychology, Firoozabad Branch, Islamic Azad University, Firoozabad, Iran

* Corresponding author email address: siamaksamani@iau.ac.ir

Article Info

Article type:

Original Research

How to cite this article:

Etemadan, M., Samani, S., Amini Manesh, S., & Bardideh, M. R. (2024). Examining the Effectiveness of an Integrated Mindfulness and Self-Care Technique Protocol on the Psychological Well-Being of Parents with Developmentally Delayed Children (Single-Case Study). *KMAN Counseling and Psychology Nexus*, 2(1), 153-161.

<http://doi.org/10.61838/kman.psynexus.2.1.21>



© 2024 the authors. Published by KMAN Publication Inc. (KMANPUB), Ontario, Canada. This is an open access article under the terms of the Creative Commons Attribution-NonCommercial 4.0 International (CC BY-NC 4.0) License.

ABSTRACT

The presence of developmentally delayed children in a family leads to disruptions in the psychological well-being of the parents. This study aimed to examine the effectiveness of an integrated protocol combining mindfulness techniques and self-care on the psychological health of parents with developmentally delayed children. The research method used in this study was an experimental single-case design with an ABA model. The statistical population consisted of all parents of children aged 2 to 5 years who were screened for developmental delays by pediatric specialists in the city of Bushehr. Mothers filled out the ASQ3 questionnaire, and the children were referred to a psychologist specializing in child disorders and rehabilitation in the second half of 2022 at two psychological clinics. From this population, 5 couples (10 parents) were selected based on inclusion and exclusion criteria through random sampling. The interventions were implemented for the couples in 16 sessions. The research tool used was the Goldberg and Hillier General Health Questionnaire (1979). Data analysis was performed at two levels: intra-session and inter-session. The findings of the study indicated that the integrated intervention of mindfulness and self-care techniques significantly improved the psychological well-being and mental health of parents with developmentally delayed children. Based on the study's findings, the effectiveness of the integrated mindfulness and self-care interventions on the psychological well-being of parents with developmentally delayed children was confirmed. Therefore, this intervention can be considered as a valuable and practical treatment for parents of these children.

Keywords: Developmental Delay, Psychological Health, Mindfulness, Self-Care, Child, Parent

1. Introduction

Despite advancements in the field of child development sciences, developmental delay continues to be considered one of the healthcare challenges in developed countries, and it is identified as the most common issue in children after infections and trauma (Torabi et al., 2012). According to the CDC report in the United States, in 2018, approximately 16.7% of children experienced some form of developmental delay or disability (Zarifi, 2022). Since the family is the primary and most influential social institution, the role of the family in shaping relationships, behaviors, and both intrinsic and acquired characteristics of its members is undoubtedly clear. To improve a child's physical, psychological, and developmental conditions, family members must have good mental health. In fact, for the well-being of a child, one must first monitor the parents' heartbeat (Cachia et al., 2016).

Every individual with optimal mental health should be able to cope with daily challenges, overcome conflicts, regulate their emotions, and accept life's difficulties. Enjoying life, being grateful and hopeful, experiencing security and social peace, and maintaining emotional relationships are essential components of mental health. These factors are inherent in interventions such as mindfulness and various self-care practices. Mindfulness is defined as the awareness gained from purposeful, non-judgmental attention to the present moment (Kabat, 2021). In recent years, the third wave of cognitive-behavioral interventions, known as the mindfulness paradigm, such as mindfulness-based stress reduction, mindfulness-based cognitive therapy, dialectical behavior therapy, and acceptance and commitment therapy, has been shown to address this issue to some extent. On the other hand, self-care refers to the actions individuals take to maintain and improve their health and well-being. It is a strategy for coping with life events and stress, and a common concept in healthcare that can be used to preserve and enhance one's health and well-being (Helmi, 2015; Saatchi et al., 2022).

Therefore, considering the prevalence of developmental disorders in children and the relationship between the mental health of parents and the psychological development of children, interventions derived from positive psychology that can improve the psychological well-being of parents seem essential. This study aims to evaluate the effectiveness of a combined mindfulness and self-care protocol in improving the mental health of parents with children experiencing developmental delays. The research question

is: Does the combined training of mindfulness techniques and self-care have an impact on the mental health of parents with children who have developmental delays

2. Methods and Materials

2.1. Study Design and Participants

This applied research utilized a single-subject experimental design, specifically an ABA design, based on its objectives and data collection methods. The target population in this study included all parents of children aged 2-5 years with developmental delays who had been screened by pediatric specialists in the city of Bushehr. The mothers of these children had completed the ASQ3 questionnaire and were referred to a psychologist active in the field of pediatric disorders and rehabilitation in the first half of 2022 at two psychology clinics. From this population, 5 pairs (10 parents) who met the entry criteria were selected purposefully. The combined mindfulness and self-care intervention was then applied to them using the ABA single-subject design.

The inclusion criteria for this study were as follows: child age between 2 and 5 years, a score below the normative range on the ASQ3 in one of the following domains: cognitive, sensory and motor skills, social-emotional, speech and language, clinical interviews and observations by the researcher, and at least a high school diploma for the parents (for reading and writing). The exclusion criteria included missing more than two sessions, the child concurrently receiving rehabilitation interventions (medical, speech therapy, play therapy, medication), and the parents undergoing similar interventions or medication simultaneously. Before referring the participants to therapists, speech therapists, or child psychiatrists, the protocol was administered to the parents with their consent.

After obtaining permission from the university and coordinating with pediatric specialists and supervisors at the aforementioned clinics, the researcher, who has at least 10 years of clinical experience with children, selected 5 couples (10 parents) based on inclusion and exclusion criteria from the referral cases to two clinics where developmental screening cases were referred. The necessary information about the research objectives was provided to the participants. The measurement of the questionnaire scores for the participants was conducted in three main stages. Initially, the Goldberg General Health Questionnaire and the Hillier questionnaire were completed by the participants over four weeks, and the baseline resilience scores were

recorded. (Phase A) and the baseline curve was plotted. Then, the independent variable, the integrated protocol of mindfulness and self-care, was implemented under the supervision of the supervisor (Dr. Samani) and the advising professors and clinic collaborators (Dr. Dehghani and Dr. Keykhosrovani), comprising 16 sessions of 90 minutes (8 weeks, with two sessions per week). During the intervention, the questionnaire was completed by the participants each week, and their mental health scores were recorded as the intervention phase. (Phase B) The results were plotted as a second graph next to the first graph. In the third phase, over four weeks, the participants completed the questionnaire weekly (without treatment or intervention), and the general health scores of the participants were recorded as the follow-up phase. (Phase A) and the results were plotted as a third graph next to the second graph.

2.2. Measures

2.2.1. General Health

The General Health Questionnaire (GHQ) was developed by Goldberg in 1972, with the goal of identifying mental disorders in clinical settings. It is one of the most widely used screening tools for mental disorders, significantly contributing to the advancement of behavioral science and psychiatry research (Goldberg, 1972; Sharifi et al., 2015). The 28-item version of the GHQ was created by Goldberg and Hillier in 1979, with questions derived from factor analysis of the original 60-item form. This version contains four subscales, each with seven questions: 1) somatic symptoms, 2) anxiety and sleep disturbances, 3) social dysfunction, and 4) depressive symptoms. Each question on the GHQ is rated on a four-point scale (0, 1, 2, 3), with the total score derived by summing the responses across all four subscales. A higher total score indicates poorer mental health, with a score of 23 or higher suggesting general mental health issues, and a score lower than 23 indicating good mental health. Reliability coefficients for the GHQ have been reported as 0.95 using split-half reliability, 0.93 based on internal consistency using Cronbach's alpha (Chan, 1985), and 0.90 based on a test-retest procedure (Bohlmeijer et al., 2010; Cheraghpour Khankdar, 2021).

2.3. Intervention

2.3.1. Integrative Package

The combined mindfulness and self-care intervention sessions were designed to enhance the psychological well-

being of parents and reduce symptoms of somatic complaints, anxiety, social dysfunction, and depressive symptoms. Mindfulness training content followed the instructions of Kabat-Zinn, utilizing mindfulness guides (Kabat, 2021) and awareness skills training manuals (Saatchi et al., 2022). Self-care sessions were based on self-care manuals for mental health (Helmi, 2015) and self-care in minor illnesses (Sharifi et al., 2015), with input from the research supervisor and consultants. These sessions were structured into 16 sessions of 90 minutes each, delivered twice a week over eight weeks. The content validity of this program was thoroughly reviewed and approved by several psychology specialists.

Session 1: Introduction, Objectives, and Presenting the Treatment Plan, Awareness of the Present Moment

The first session focuses on introducing the structure and rules of the program, explaining its goals, and presenting the fundamentals of mindfulness. Participants are introduced to the concept of being present in the moment through practical exercises like the raisin technique and mindful breathing. A homework assignment is given to practice mindfulness in daily activities.

Session 2: Body Mindfulness, Mindful Breathing, Mindful Thinking

This session reviews the previous week's homework and discusses potential barriers to practice, offering solutions for overcoming these challenges. It also explains the difference between thoughts and emotions, guiding participants through a sitting meditation and mindfulness of breath. A homework assignment is given for continued practice.

Session 3: Seeing and Hearing Exercises, Mindfulness of Breathing Meditation, Mindfulness of Nature, Mindfulness in Activities

The session includes reviewing homework, followed by exercises in non-judgmental observation of sights and sounds for two minutes. Participants engage in a three-minute breathing space exercise, where they practice mindfulness in the moment, and are given homework to deepen their practice.

Session 4: Four-Dimensional Sitting Meditation, Understanding Stress

This session introduces a four-dimensional sitting meditation, focusing on breath, body sensations, and thoughts. The group discusses stress responses and the way people react to difficult situations, introducing alternative perspectives and behaviors. Participants are encouraged to practice mindfulness during stressful moments, and a homework assignment is given.

Session 5: Mindfulness of Emotions

This session revisits homework and introduces mindfulness practices focused on emotions. Participants engage in a sitting meditation while focusing on experiencing and labeling their core emotions. They are then given a homework assignment to reflect on their emotional states through mindfulness.

Session 6: Mindfulness of Thoughts, Mindfulness in Relationships

Participants review their homework and practice a specific technique for dealing with spontaneous negative thoughts (e.g., the “termite” technique). This session also covers how to accept emotions without judgment and how to apply mindfulness in interpersonal relationships. A homework assignment is provided.

Session 7: Non-Judgmental Acceptance, Mindfulness During Movement

This session involves a review of homework, followed by a mindful walking exercise where participants focus on non-judgmental awareness of their movements. The session emphasizes the concept of acceptance without judgment. Participants are assigned homework to integrate mindful walking into their daily routine.

Session 8: Summary and Review of Previous Sessions

In this session, participants are encouraged to apply the mindfulness techniques they’ve learned in their everyday lives to improve their mental health. The session is designed to reinforce the benefits of mindfulness and self-care practices through reflection and feedback.

Session 9: The Role of Self-Care in Mental Health Improvement – Introduction to Types of Self-Care and Physical Self-Care Education

This session highlights the importance of self-care for mental health and introduces various types of self-care practices. Participants learn how to create a self-care schedule and are educated on the physical components of self-care, such as sleep, exercise, and nutrition.

Session 10: Emotional, Social, and Spiritual Self-Care Education

Participants reflect on their experiences from the previous session, and the focus shifts to emotional, social, and spiritual aspects of self-care. The session educates on strategies for managing emotional well-being, building social support, and nurturing spiritual health.

Session 11: Psychological Self-Care and Communication Skills Education

This session introduces psychological self-care, focusing on the importance of mental and emotional well-being.

Participants are taught communication skills, including how to effectively communicate with their spouse and children. Barriers to communication and ways to overcome them are discussed.

Session 12: Anger Management Skills Education

The session explores the concept of anger and aggression, including understanding the stages of anger and the body's physiological responses. Participants learn techniques for challenging negative thoughts, replacing them with positive alternatives, and practicing healthy ways to express anger. Skills for problem-solving and conflict resolution are also introduced.

Session 13: Stress Management Skills Education

Participants are taught about the nature of stress and effective coping strategies. The session offers practical techniques for managing and reducing stress, including mindfulness practices and relaxation exercises.

Session 14: Conflict Resolution Skills Education

This session covers the concept of conflict, its causes, and the methods of resolving conflicts, both healthy and unhealthy. Participants are introduced to the concept of negotiation, the barriers to effective negotiation, and strategies to facilitate constructive dialogue in difficult situations.

Session 15: Resilience Skills Education

The session focuses on building resilience, explaining its benefits and the characteristics of resilient individuals. Participants learn practical techniques for developing personal resilience and coping effectively with adversity.

Session 16: Review and Final Summary

In the final session, participants reflect on the skills and strategies they have learned throughout the program. A comprehensive review of the previous sessions is conducted, with a focus on how participants can continue applying these techniques in their daily lives. Participants are thanked for their engagement, and the session concludes with positive reinforcement and encouragement for ongoing practice.

2.4. Data analysis

For data analysis, SPSS software (version 23) was used to extract descriptive statistics, and the graphs were plotted using Excel software. The data analysis of the study was based on the step-by-step guide for single-subject data analysis, and visual analysis was applied at two levels: within-session and between-session, using three indicators—level, trend, and variability. To ensure ethical considerations, informed consent was obtained from the

participants. Their questionnaires were coded, and ethical principles such as confidentiality and privacy were strictly followed.

3. Findings and Results

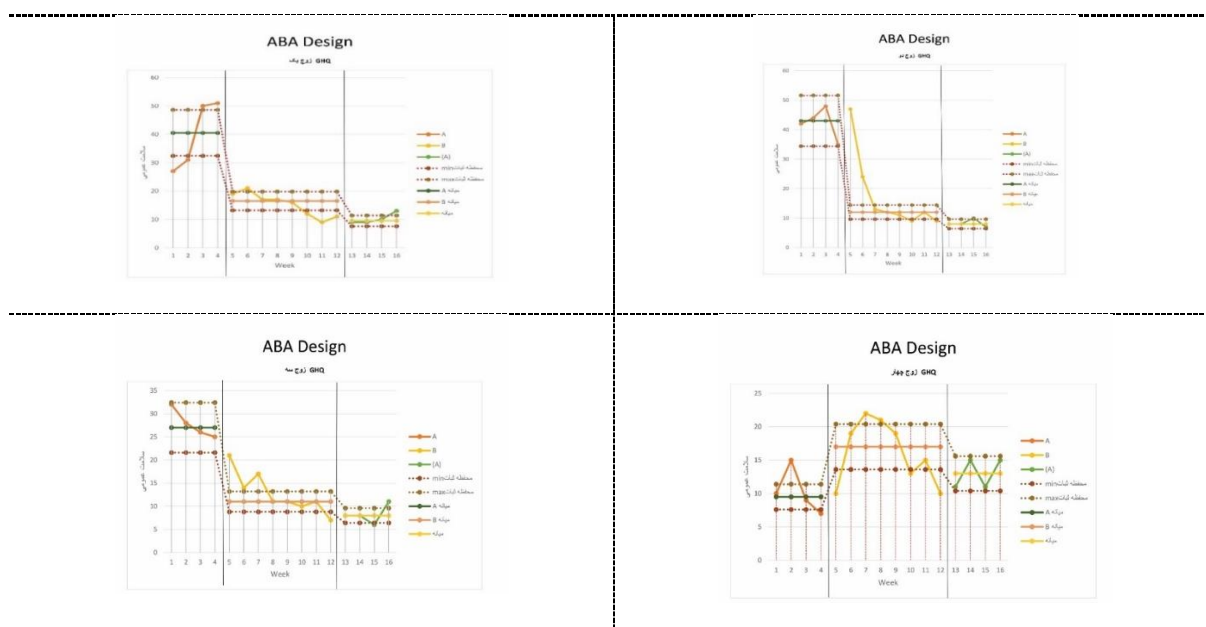
The demographic characteristics of the participants in the study are as follows: Participant 1 is a 32-year-old female with a bachelor's degree, a housewife, and has one child with delays in cognitive, speech-language, and social-emotional skills. Participant 2 is a 38-year-old male with a bachelor's degree, an employee, and has one child with delays in cognitive, speech-language, and social-emotional skills. Participant 3 is a 39-year-old female with a bachelor's degree, a housewife, and has two children with delays in social-emotional and speech-language skills. Participant 4 is a 45-year-old male with a bachelor's degree, an employee, and has two children with delays in social-emotional and speech-language skills. Participant 5 is a 36-year-old female with a high school diploma, a housewife, and has two children with delays in cognitive, speech-language, and social-emotional skills. Participant 6 is a 41-year-old male

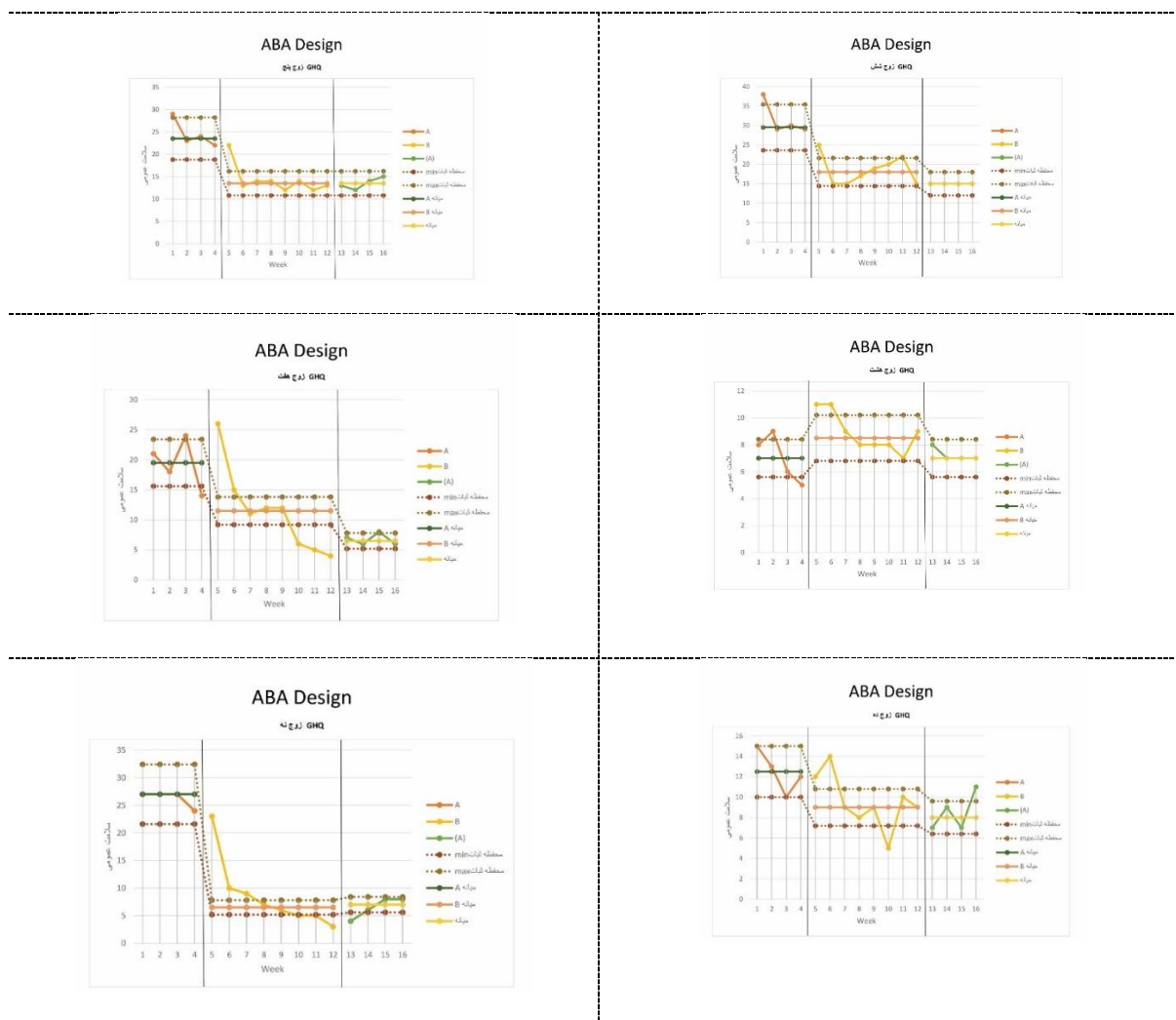
with a bachelor's degree, an employee, and has two children with delays in cognitive, speech-language, and social-emotional skills. Participant 7 is a 40-year-old female with a bachelor's degree, an employee, and has one child with delays in cognitive and speech-language skills. Participant 8 is a 40-year-old male with a bachelor's degree, an employee, and has one child with delays in speech-language and social-emotional skills. Participant 9 is a 24-year-old female with a bachelor's degree, a housewife, and has one child with delays in speech-language and social-emotional skills. Participant 10 is a 36-year-old male with a master's degree, an employee, and has one child with delays in speech-language and social-emotional skills. All participants' children have varying degrees of developmental delays, and the participants represent a range of education levels, occupations, and family structures.

To evaluate the potential results of the intervention, the visual analysis method of the charts, the percentage of non-overlapping data, and effect size were used. Figure 1 shows the results of the visual analysis of the improvement in the mental health of parents with children having developmental delays.

Figure 1

Results of the visual analysis of the improvement in mental health of parents with children having developmental delays with the integrated protocol of mindfulness and self-care techniques.





As shown in Figure 1, the total number of observations in the baseline, intervention, and follow-up phases for all parents is 16 observations. The total number of intervention points is 8, and the number of observations in both the baseline and follow-up phases is 4 each. To examine the effect size of the integrated protocol of self-care and

mindfulness techniques for all parents, the percentage of all non-overlapping data points was used.

Finally, the improvement percentage of parents in the general health scale was examined. The results are presented in Table 1.

Table 1

Scores and percentage improvement of participants in the general health scale

Participant	Gender	GHQ Score
First	Female	61.39
Second	Male	59.47
Third	Female	54.05
Fourth	Male	57.26
Fifth	Female	41.83
Sixth	Male	41.26
Seventh	Female	40.93
Eighth	Male	21.42
Ninth	Female	67.61
Tenth	Male	31.57
Average Improvement	-	47.67

A closer examination of the changes revealed that the improvement percentage of the participants on the questionnaires was greater than 20%, and the average percentage improvement was more than 47%, which is statistically significant. As can be seen, the integrated protocol of mindfulness and self-care techniques has been effective in improving the mental health of parents with children having developmental delays.

4. Discussion and Conclusion

The present study aimed to examine the effectiveness of an integrated protocol combining mindfulness and self-care techniques on the mental health of parents with children experiencing developmental delays. The results of the data analysis indicated that the intervention, which involved a combination of mindfulness and self-care techniques, was effective in improving the mental health of parents with developmentally delayed children. It resulted in reductions in physical symptoms, anxiety, sleep disturbances, social dysfunction, and depressive symptoms among the participants. The findings of this study are consistent with prior studies (Ahmadvand et al., 2012; Azari et al., 2022; Bohlmeijer et al., 2010; Cachia et al., 2016; Cheraghpour Khankdar, 2021; De Bruin et al., 2014; Jenaabadi et al., 2017; Nakamura et al., 2011; Neece, 2014; Saatchi et al., 2022; Sadeghi et al., 2018; Sharifi et al., 2015; Zaiden et al., 2010).

In explaining the results, it can be stated that many parents, while observing their child's growth and predicting developmental milestones, naturally become curious and sometimes concerned about whether their child's growth is on track. Doctors use the term "developmental delay" when a child fails to reach developmental milestones within a broad timeframe that is considered typical and experiences delays in motor skills, communication, language, self-help, and social abilities. The presence of a child with disabilities threatens the family's adjustment, physical health, and psychological well-being, negatively impacting the family members. Many individuals in such families suffer from autoimmune diseases, migraines, ulcers, anxiety, anger, guilt, social isolation, sleep disorders, and depression. Mindfulness is considered an inherent capacity or ability of humans, although it can be increased through a range of exercises. Mindfulness training, as a therapeutic approach, is associated with emotional regulation, self-esteem, and positive social interactions, and it can enhance resilience and hardiness. When mindfulness techniques are combined with

self-care techniques in an integrated protocol for individuals, it leads to greater self-awareness and, along with improving psychological well-being, helps individuals overcome difficult life challenges, such as accepting a child with developmental delays.

On the other hand, no research has yet examined the effectiveness of all self-care elements on mental health in Iran or abroad. However, there are studies that have explored the effectiveness of individual self-care components, such as psychological, spiritual, or social self-care, on mental health. The results obtained from this study align with the previous findings (Azari et al., 2022; Benson, 2010; Boyde et al., 2018; Fateri & Abdi, 2023; Karbalai Harafteh et al., 2020; Narasimhan et al., 2019; Zarimoghadam et al., 2020).

In explaining the results, self-care training allows individuals to renew their energy, gain a fresh perspective, and develop positive emotions toward life. For individuals who have learned self-care, it fosters feelings of happiness, calm, and peace, boosts their self-confidence and self-esteem, and enhances their enthusiasm for life and motivation for success. Therefore, it reduces symptoms of anxiety and depression and promotes the individual's psychological well-being, which is supported by the findings of this study. Parents of children with developmental delays, by learning self-care, especially psychological self-care, which includes stress management, anger management, and resilience skills, are able to cope with difficult circumstances and maintain a positive and constructive attitude toward life's challenges. Good mental and emotional health includes feelings of satisfaction, high self-confidence, intimacy, trust, enthusiasm for life, happiness, ability to cope with stress, and adaptability to difficult life conditions. The findings of this study also indicated that mindfulness training had a positive effect on the psychological well-being of parents and led to improvements in their psychological well-being during the intervention phase.

A study showed that there is a significant positive relationship between self-care and self-compassion, between self-care and mindfulness, between self-awareness and self-care, and between self-identity coherence and self-care (Fateri & Abdi, 2023).

In a general summary, it can be stated that during the therapeutic and educational sessions of the integrated mindfulness and self-care protocol, the researcher demonstrated to parents that by using mindfulness techniques and through moment-to-moment awareness of thoughts and feelings, they could achieve self-acceptance. Both formal and informal meditation practices reduced

stress, anxiety, and rumination, and by engaging in learned self-care activities—those aimed at maintaining, preserving, and enhancing health—parents experienced improved mental, psychological, and physical health. This enabled them to meet their social and psychological needs and those of their family members, adapt to their child's developmental delay, and, in the face of challenges, cultivate resilience and grit, improving their quality of life. Consequently, this led to an increase in the psychological well-being and overall mental health of parents with children experiencing developmental delays.

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.

Acknowledgments

We would like to express our gratitude to all individuals helped us to do the project.

Declaration of Interest

The authors report no conflict of interest.

Funding

According to the authors, this article has no financial support.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants. This research is based on a doctoral thesis in psychology from the Islamic Azad University, Shiraz Branch, with the ethical code IR.IAU.SHIRAZ.REC.1402.244.

References

- Ahmadvand, Z., Heydarinasab, L., & Shairi, M. R. (2012). Prediction of psychological well-being based on the components of mindfulness. *Health Psychology, Voll*(No2). <https://www.sid.ir/paper/227355/fa>
- Azari, Z., Aminimanesh, S., Mozafari, M., & Omidvar, B. (2022). The efficacy of mindfulness-based life skill training on parent-child relationships among parents of children with mild intellectual disabilities. *Journal of Psychological Science, 21*(115), 1427-1441. <https://doi.org/10.52547/JPS.21.115.1427>
- Benson, P. R. (2010). Coping, distress, and well-being in mothers of children with autism. *Journal of Research in Autism Spectrum Disorders, 40*, 312-325. <https://doi.org/10.1016/j.rasd.2009.09.008>
- Bohlmeijer, E., Prenger, R., Tail, E., & Cuijpers, P. (2010). The effects of mindfulness-based stress reduction therapy on mental health of adults with a chronic medical disease: A meta-analysis. *Journal of psychosomatic research, 68*, 539-544. <https://doi.org/10.1016/j.jpsychores.2009.10.005>
- Boyde, M., Peters, R., New, N., Hwang, R., Ha, T., & Krczyk, D. (2018). Self-care educational intervention to reduce hospitalisations in heart failure: A randomised controlled trial. *European Journal of Cardiovascular Nursing, 17*(2), 178-185. <https://doi.org/10.1177/1474515117727740>
- Cachia, R. L., Anderson, A., & Moore, D. W. (2016). Mindfulness, stress and well-being in parents of children with autism spectrum disorder: A systematic review. *Journal of Child and Family Studies, 25*(1), 1-14. <https://doi.org/10.1007/s10826-015-0193-8>
- Cheraghpour Khankdar, R. (2021). The effectiveness of mindfulness-based therapy on resilience and mental health of mothers with mentally disabled children. *New Developments in Psychology, Educational Sciences, and Education, 4*(38), August. <http://ensani.ir/fa/article/467559/%D8%A7%D8%AB%D8%B1%D8%A8%D8%AE%D8%B4%DB%8C-%D8%AF%D8%B1%D9%85%D8%A7%D9%86-%D9%85%D8%A8%D8%AA%D9%86%DB%8C-%D8%A8%D8%B1-%D8%B0%D9%87%D9%86-%D8%A2%DA%AF%D8%A7%D9%87%DB%8C-%D8%A8%D8%B1-%D8%AA%D8%A7%D8%A8-%D8%A2%D9%88%D8%B1%DB%8C-%D9%88-%D8%B3%D9%84%D8%A7%D9%85%D8%AA-%D8%B1%D9%88%D8%A7%D9%86-%D9%85%D8%A7%D8%AF%D8%B1%D8%A7%D9%86-%D8%AF%D8%A7%D8%B1%D8%A7%DB%8C-%DA%A9%D9%88%D8%AF%DA%A9-%D9%85%D8%B9%D9%84%D9%88%D9%84-%D8%B0%D9%87%D9%86%DB%8C>
- De Bruin, E. I., Blom, R., Smit, F. M., Steensel, V., & Bögels, S. M. (2014). mymind: mindfulness training for youngsters with autism spectrum disorders and their parents. *Autism, 19*, 906-911. <https://doi.org/10.1177/1362361314553279>
- Fateri, Z., & Abdi, M. S. (2023). The survey of relationships among self-care with self-compassion, mindfulness, self-awareness and integrated self-knowledge in students. *medical journal of mashhad university of medical sciences, 65*(6), 2624-2637. https://mjms.mums.ac.ir/article_23775.html
- Helmi, K. (2015). *A clinician's guide to teaching mindfulness: The comprehensive session-by-session program for mental health professionals and healthcare providers*. Arjmand Publications. <https://www.arjmandpub.com/Book/1652>
- Jenaabadi, H., Pilehchi, L., Salmabady, M., & Tayarani, A. (2017). The effectiveness of training mindfulness skills on

- occupational stress and psychological well-being of female teachers. *Iran Occupational Health*, 13(16), 58-69. <https://sid.ir/paper/128963/fa>
- Kabat, Z. (2021). *Return to the house (108 lessons of mindfulness)*. Arjmand Publications. <https://www.amazon.de/-/en/Arriving-Your-Own-Door-Mindfulness/dp/1401303617>
- Karbalai Harafteh, F., Karami Mohajer, Z., & Kia, S. (2020). The Effect of Self-care Training on Perceived Stress, Health Literacy, and Self-care Behaviors in Women with Gestational Diabetes. *Journal of Community Health*, 14(2), 30-39. <https://sid.ir/paper/383162/fa>
- Nakamura, Y., Lipschitz, D. L., Landward, R., Kuna, R., & Wet, G. (2011). Two sessions of sleep-focused mind-body bridging improve self-reported symptoms of sleep and PTSD in veterans: A pilot randomized controlled trial. *Journal of psychosomatic research*, 70, 335-345. <https://doi.org/10.1016/j.jpsychores.2010.09.007>
- Narasimhan, M., Allotey, P., & Hardon, A. (2019). Self-care interventions to advance health and wellbeing: a conceptual framework to inform normative guidance. *bmj*, 365. <https://doi.org/10.1136/bmj.l688>
- Neece, C. L. (2014). Mindfulness-based stress reduction for parents of young children with developmental delays: applications for parental mental health and child behavior. *Journal of Applied Research in Intellectual Disability*, 27, 174-186. <https://doi.org/10.1111/jar.12064>
- Saatchi, M., Kamkari, C., & Askarian, M. (2022). *Psychological tests*. Virayesh Publication. https://www.researchgate.net/publication/329493584_Relationship_Between_Talent_Management_and_Organizational_Commitment_in_Midwives_Working_in_Iran_University_of_Medical_Sciences
- Sadeghi, Z., Latifi, Z., & Aghababaei, S. (2018). The effectiveness of group mindfulness training on psychological well-being, emotion regulation, and resilience of mothers of primary-school children with intellectual disabilities in Isfahan. *Journal of Exceptional Children*, 18, 105-116. <http://ensani.ir/fa/article/398186/%D8%A7%D8%AB%D8%B1%D8%A8%D8%AE%D8%B4%DB%8C-%D8%A2%D9%85%D9%88%D8%B2%D8%B4-%D8%B0%D9%87%D9%86-%D8%A2%DA%AF%D8%A7%D9%87%DB%8C-%DA%AF%D8%B1%D9%88%D9%87%DB%8C-%D8%A8%D8%B1-%D8%A8%D9%87%D8%B2%DB%8C%D8%B3%D8%AA%DB%8C-%D8%B1%D9%88%D8%A7%D9%86-%D8%B4%D9%86%D8%A7%D8%AE%D8%AA%DB%8C-%D8%AA%D9%86%D8%B8%DB%8C%D9%85-%D9%87%DB%8C%D8%AC%D8%A7%D9%86-%D9%88-%D8%AA%D8%A7%D8%A8-%D8%A2%D9%88%D8%B1%DB%8C-%D9%85%D8%A7%D8%AF%D8%B1%D8%A7%D9%86-%DA%A9%D9%88%D8%AF%DA%A9%D8%A7%D9%86-%DA%A9%D9%85-%D8%AA%D9%88%D8%A7%D9%86-%D8%B0%D9%87%D9%86%DB%8C-%D9%85%D9%82%D8%B7%D8%B9-%D8%AF%D8%A8%D8%B3%D8%AA%D8%A7%D9%86-%D8%B4%D9%87%D8%B1-%D8%A7%D8%B5%D9%81%D9%87%D8%A7%D9%86>
- Sharifi, N., Kiasalar, M., & Daniali, M. (2015). *Do I need to see the doctor? : The home-treatment encyclopedia, written by doctors, that lets you decide*. Parsaye Salamat Publication. <https://ph.sbm.ac.ir/uploads/PUBLIC-HEALTH-EBOOK/TEXTBOOK-OF-PUBLIC-HEALTH-VOLUME-2.pdf>
- Torabi, F., Amir Ali Akbari, S., Amiri, S., Soleimani, F., & Alavi Majd, H. (2012). Correlation between high-risk pregnancy and developmental delay in children aged 4-60 months. *Libyan Journal of Medicine*, 7(1). <https://doi.org/10.3402/ljm.v7i0.18811>
- Zaiden, F., Johnson, S. K., Diamond, B. J., David, Z., & Goolkasian, P. (2010). Mindfulness meditation improves cognition: Evidence of brief mental training. *Consciousness and Cognition*, 19, 597-605. <https://doi.org/10.1016/j.concog.2010.03.014>
- Zarifi, K. (2022). *Climbing the stairs of evolution with Maman Doctor*. Adib Mostafavi Publication. <https://taaghche.com/book/79231/%D9%87%D8%B4%D8%AA-%D9%82%D8%AF%D9%85-%D8%A7%D9%88%D9%84%D8%8C-%D8%A8%D8%B1%D8%A7%DB%8C-%D9%85%D8%A7%D9%85%D8%A7%D9%86%D8%AF%DA%A9%D8%AA%D8%B1-%D8%B4%D8%AF%D9%86>
- Zarimoghdam, Z., Davoudi, H., Ghafari, K., & Jamilian, H. (2020). The effectiveness of mental self-care training on mental health and social adjustment of students. *medical journal of mashhad university of medical sciences*, 62(6), 1888-1897. <https://www.sid.ir/paper/952512/fa>