





Examining the Effectiveness of Integrative Training in Mindfulness Techniques and Self-Care on the Resilience of Parents with Children with Developmental Delay (A Single-Subject 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

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ABSTRACT

This study aimed to examine the effectiveness of an integrative protocol combining mindfulness techniques and self-care on the resilience of parents with children with developmental delay. This study employed a single-subject experimental design with an ABA framework. The statistical population included all parents of children aged 2 to 5 years with developmental delay who had undergone developmental screening by pediatric specialists in the city of Bushehr. The mothers completed the Ages and Stages Questionnaire (ASQ-3), and children diagnosed with developmental delays were referred to psychologists specializing in child rehabilitation in the second half of 2022 at two psychology clinics. From this population, five couples (10 parents) were selected through random sampling based on inclusion and exclusion criteria. The intervention was conducted over 16 sessions for the participating couples. The research instrument used was the Connor-Davidson Resilience Scale. Visual data analysis was performed at both intra-situational and inter-situational levels. The results indicated that the intervention involving the integrative protocol of mindfulness techniques and self-care had a significant positive impact on the resilience of parents with children with developmental delay. Based on the study's findings, the effectiveness of the integrative mindfulness and self-care protocol in enhancing the resilience of parents with children with developmental delay was confirmed. Therefore, this intervention can be considered a useful and practical therapeutic approach for these parents.

Keywords: *Developmental delay, resilience, mindfulness, self-care, child, parent.*

1. Introduction

Despite advancements in pediatric sciences, developmental delay remains one of the major challenges within healthcare systems in developed countries and is recognized as the most common condition in children after infections and trauma (Torabi et al., 2012). According to a report by the Centers for Disease Control and Prevention (CDC) in the United States, approximately 16.7% of children had some form of developmental delay or disability in 2018 (Zarifi, 2022). Since the family is the first and most fundamental social institution, its role as the primary influencing factor on the relationships, behaviors, and both inherent and acquired characteristics of its members is undeniable. For the improvement of a child's physical, psychological, and developmental condition, family members must maintain optimal mental health. In essence, the well-being of a child is reflected in the psychological state of their parents.

An individual with optimal mental health should be able to cope with daily life challenges, overcome conflicts, avoid suppressing emotions, and accept life's adversities. Various factors influence parental mental health, one of which is resilience. Resilience is determined by an individual's response to stressful life events or prolonged exposure to stress (Boughdady et al., 2024; Khajeh Hasani Rabari et al., 2023; Parvaresh et al., 2024; Soleymany & Sarifi, 2023). Enjoying life, expressing gratitude and hope, experiencing security and social peace, and maintaining emotional relationships are essential components of psychological well-being. These components can be nurtured through interventions such as mindfulness and self-care practices. Mindfulness is defined as a state of awareness achieved through purposeful and non-judgmental attention to the present moment, allowing individuals to experience life as it unfolds (Bao, 2022; Rezvani et al., 2022).

In recent years, the third wave of cognitive-behavioral interventions, known as the mindfulness paradigm, has emerged as an effective approach. This includes Mindfulness-Based Stress Reduction (MBSR), Mindfulness-Based Cognitive Therapy (MBCT), Dialectical Behavior Therapy (DBT), and Acceptance and Commitment Therapy (ACT), which have shown promise in addressing psychological challenges. On the other hand, self-care encompasses the actions an individual takes to maintain and enhance their life and health. It serves as a strategy for adapting to life events and stressors and is recognized as a fundamental concept in healthcare that contributes to

maintaining and improving overall well-being (Monroe et al., 2021; Nima Sabetfar et al., 2021; N. Sabetfar et al., 2021; Wu et al., 2021).

Given the prevalence of developmental disorders in children and the strong association between parental mental health and a child's psychological state and developmental progress, it is essential to explore psychological interventions rooted in positive psychology. Such interventions should effectively enhance parental psychological well-being and resilience. Resilience is the capacity to withstand stress and adversity. Accordingly, the present study was designed to investigate the effectiveness of an integrative protocol combining mindfulness techniques and self-care practices on the resilience of parents of children with developmental delay. The primary research question guiding this study is whether integrative training in mindfulness techniques and self-care has a significant impact on the resilience of parents with children experiencing developmental delay.

2. Methods and Materials

2.1. Study Design and Participants

The present study is an applied research based on its objective and an experimental single-subject study using an ABA design for data collection. The statistical population of this study included all parents of children aged 2 to 5 years with developmental delay who had undergone developmental screening by pediatric specialists in the city of Bushehr. The mothers completed the Ages and Stages Questionnaire, Third Edition (ASQ-3), and children identified with developmental delay were referred to psychologists specializing in developmental disorders and rehabilitation at two psychology clinics during the second half of 2022. From this population, five couples (10 parents) who met the inclusion criteria were purposefully selected. The integrated intervention of mindfulness techniques and self-care was then implemented using the single-subject ABA design.

The inclusion criteria consisted of having a child between the ages of 2 and 5 years, obtaining a score below the normative threshold in one of the cognitive, perceptual and reasoning, social and emotional, or speech and language dimensions of the ASQ-3, and confirmation through researcher interviews and clinical observations. Additionally, parents were required to have at least a high school diploma to ensure literacy for participation. The exclusion criteria included absence from more than two

intervention sessions, simultaneous participation of the child in other rehabilitation interventions (such as occupational therapy, speech therapy, play therapy, or pharmacological treatment), and concurrent parental participation in similar interventions or psychiatric medication use.

The demographic characteristics of the participants are detailed below. Table 1 presents the demographic information of the participants.

Table 1

Demographic Characteristics of the Participants

Characteristic	P1	P2	P3	P4	P5	P6	P7	P8	P9	P10
Age	32	38	39	45	36	41	40	40	24	36
Gender	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
Education	Bachelor's	Bachelor's	Bachelor's	Bachelor's	High School Diploma	Bachelor's	Bachelor's	Bachelor's	Bachelor's	Master's
Occupation	Homemaker	Employee	Homemaker	Employee	Homemaker	Employee	Employee	Employee	Homemaker	Employee
Number of Children	1	1	2	2	2	2	1	1	1	1
Domain of Developmental Delay in Child	Cognitive, Speech-Language, Social-Emotional	Cognitive, Speech-Language, Social-Emotional	Social-Emotional, Speech-Language	Social-Emotional, Speech-Language	Cognitive, Speech-Language, Social-Emotional	Cognitive, Speech-Language, Social-Emotional	Cognitive, Speech-Language, Social-Emotional	Cognitive, Speech-Language, Social-Emotional	Speech-Language, Social-Emotional	Speech-Language, Social-Emotional
Birth Order	1	1	1	1	2	2	1	1	1	1

2.2. Measure

The Connor-Davidson Resilience Scale (CD-RISC) was developed by Connor and Davidson in 2003 following a review of resilience research from 1979 to 1991. This questionnaire consists of 25 items designed to assess resilience based on components such as personal competence/strength, trust in personal instincts, tolerance of negative emotions, control, and spirituality. Responses are measured on a five-point Likert scale ranging from 0 (completely incorrect) to 4 (always correct). The total resilience score is calculated by summing the scores of all items, yielding a range from 0 to 100. Higher scores indicate greater resilience, whereas lower scores reflect reduced

resilience. A score of 50 serves as the threshold; scores above 50 indicate high resilience, while scores below 50 indicate low resilience. Connor and Davidson reported a Cronbach's alpha coefficient of 0.89 for the scale's reliability. Additionally, test-retest reliability over a four-week interval yielded a coefficient of 0.87. The scale was standardized in Iran by Mohammadi in 2005, who reported a reliability coefficient of 0.89 using Cronbach's alpha. The CD-RISC scores demonstrated a significant positive correlation with Kobasa's Hardiness Scale and a significant negative correlation with the Perceived Stress Scale and Sheehan's Stress Vulnerability Scale, confirming its concurrent validity. In a study conducted by Samani, Jokar, and Sahragard among university students, the reliability was

reported as 0.93, and the test's validity was confirmed using factor analysis and both convergent and divergent validity in normal and at-risk groups (Hosseini, 2024).

2.3. Intervention Program

The integrative training sessions on mindfulness techniques and self-care were designed to enhance resilience in parents of children with developmental delay and to improve their personal competence/strength, trust in personal instincts, tolerance of negative emotions, control, and spirituality.

The content of the mindfulness training sessions was based on Kabat-Zinn's guidelines, utilizing clinician manuals on mindfulness training (Helmi, 2015) and the Mindfulness Skills Workbook (Nobakht et al., 2018). The self-care training sessions were based on guidebooks related to the principles of self-care in mental health (Jalali Nadooshan et al., 2017), self-care for minor illnesses (Sharifi et al., 2015), and self-care principles (Kiasalar, 2017).

With input from the research supervisor and consultants, the intervention was conducted over 16 sessions, each lasting 90 minutes (twice a week for eight weeks). The content validity of the program was reviewed and approved by multiple psychology experts.

2.4. Implementation Method

Following approval from the university and coordination with pediatric specialists and clinic supervisors, the researcher, who has over ten years of clinical experience with children, selected five couples (10 parents) from among the referrals to two clinics specializing in developmental screening. The study's objectives were fully explained to the participants.

Resilience scores were measured at three stages. Initially, participants completed the Connor-Davidson Resilience Scale (CD-RISC) over four weeks, establishing baseline resilience scores (Phase A). A baseline graph was generated.

Subsequently, the independent variable—the integrative mindfulness and self-care protocol—was implemented under the supervision of the research advisor, Dr. Samani, and the consulting faculty members, Dr. Dehghani and Dr. Keykhosrowani. The intervention was conducted over 16 sessions (8 weeks, twice weekly, 90-minute sessions). Throughout the intervention, participants completed the CD-RISC weekly, and their mental health scores were recorded as part of the intervention phase (Phase B). The results were plotted on a second graph alongside the baseline graph.

In the third phase, over a four-week follow-up period, participants completed the CD-RISC weekly without any intervention, and their resilience scores were recorded as follow-up data (Phase A). The results were plotted on a third graph alongside the second graph.

To ensure ethical considerations, informed consent was obtained from all participants. Questionnaires were coded for confidentiality, and ethical principles, including data privacy and confidentiality, were strictly upheld.

2.5. Data Analysis

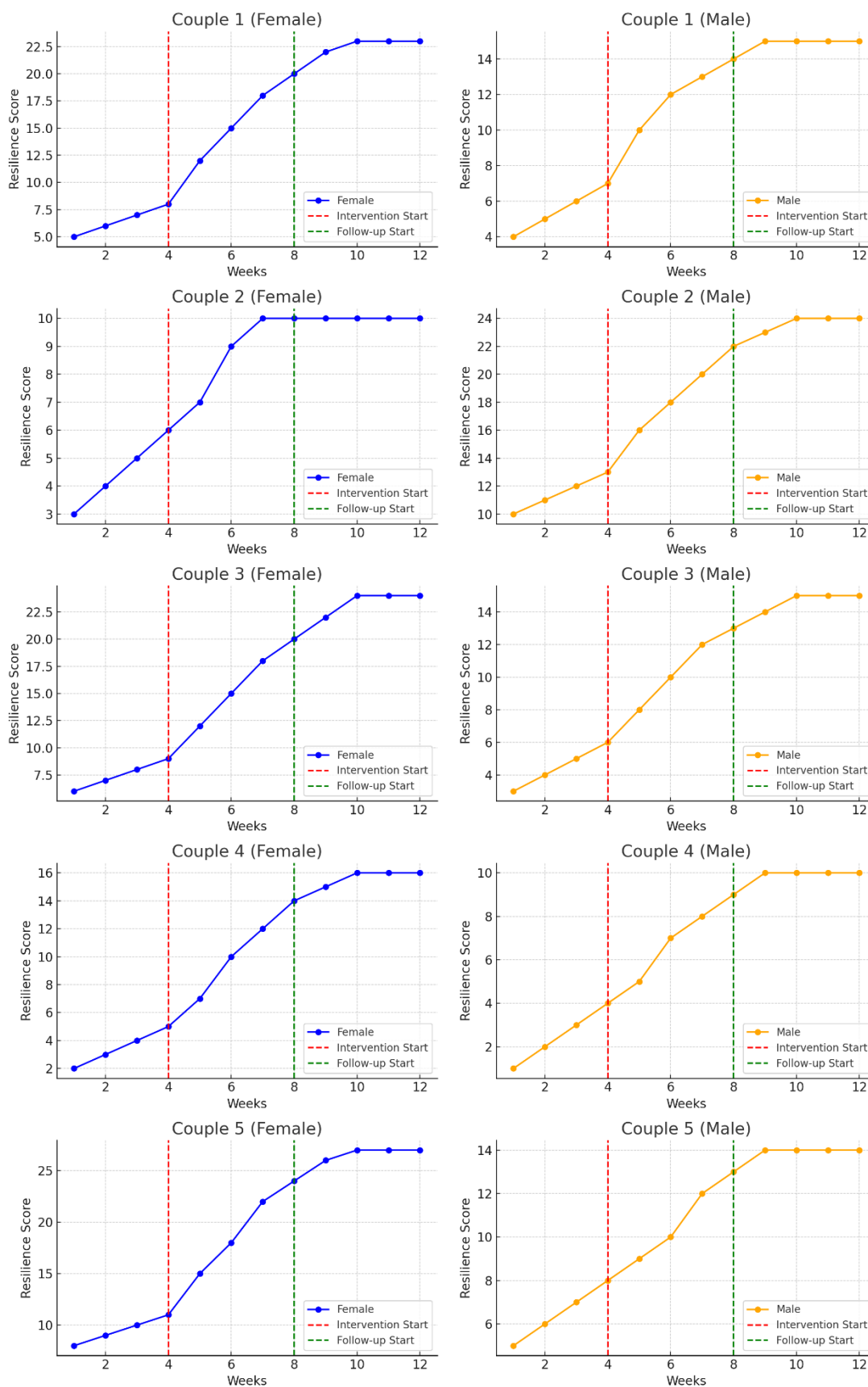
Data analysis was performed using SPSS (Version 23) to extract descriptive statistical indices, while graphs were created using Microsoft Excel. Data analysis followed the step-by-step guide for single-subject data analysis, employing visual analysis at both the intra-situational and inter-situational levels. This analysis was conducted based on three indices: level, trend, and variability.

3. Findings and Results

To evaluate the potential outcomes of the intervention, visual analysis of graphs, the percentage of non-overlapping data, and effect size were utilized. Figure 1 illustrates the results of the visual analysis regarding the improvement in resilience among parents of children with developmental delay.

Figure 1

Visual analysis results of the improvement in resilience



As shown in Figure 1, the total number of observations during the baseline, intervention, and follow-up phases for all parents was 16. The number of intervention data points was 8, while there were 4 observations each in the baseline and follow-up phases. To assess the effect size of the

integrative mindfulness and self-care protocol on all parents, the percentage of non-overlapping data points was used.

Finally, the percentage of improvement in parental scores on was analyzed. The results are presented in Table 2.

Table 2

Scores and Percentage of Improvement in Participants on the Resilience

Participants	Gender	Resilience (%)
1st	Female	23.0
2nd	Male	15.4
3rd	Female	10.46
4th	Male	24.25
5th	Female	24.21
6th	Male	4.39
7th	Female	8.0
8th	Male	0.25
9th	Female	26.90
10th	Male	7.3
Mean Improvement	-	14.41

A closer examination of the changes indicated that the percentage of improvement among participants based on the questionnaires and the mean improvement percentage exceeded 14%, which was statistically significant. As observed, the intervention using the integrative protocol of mindfulness techniques and self-care was effective in enhancing the resilience of parents of children with developmental delay.

4. Discussion and Conclusion

The present study aimed to examine the effectiveness of an integrative protocol combining mindfulness techniques and self-care on the resilience of parents with children with developmental delay. The results of visual data analysis indicated that the intervention effectively enhanced parental resilience by improving their personal competence/strength, trust in personal instincts, tolerance of negative emotions, control, spirituality, and overall resilience. These findings align with previous research (Abotalebi et al., 2022; Abotalebi Isazadegan et al., 2022; Akbarinejad & Naqizadeh Alamdari, 2023; Foroozan et al., 2023; Ghayour Kazemi et al., 2022; Hedayati Dana et al., 2023; Hosseini, 2024; Hosseini et al., 2021; Kütük et al., 2022; Malekpour Golsefidi, 2022; Mealer et al., 2021; Nikan et al., 2023; Sedighi Arfaee et al., 2021; Vahabi et al., 2022; Zamani & Zolfaghari, 2022).

To explain these findings, it can be stated that parents of children with developmental delay face numerous challenges. At times, they exhibit reactions ranging from grief and distress to feelings of confusion, helplessness, and despair. Having a child with developmental delay—whether in a single domain or across multiple developmental domains—negatively affects parents' beliefs, thoughts, and emotions, ultimately reducing their resilience. Mindfulness training, as a third-wave cognitive-behavioral therapy, is associated with emotional regulation, self-esteem, positive social interactions, and psychological adaptability. Engaging in mindfulness exercises fosters various mindfulness-related components, such as observation, non-judgmental awareness, non-reactivity, and mindful action, ultimately enhancing resilience in the face of life's challenges and adversities while promoting self-acceptance.

Additionally, self-care training has several benefits, including enhancing social interactions, improving quality of life, optimizing personal capabilities, strengthening resilience, and increasing psychological hardiness to cope with physical and emotional stressors. In the absence of self-care, emotions may be suppressed and manifest as physical discomfort. Psychological, spiritual, and physical self-care includes a combination of meditation, mindfulness exercises, prayer, positive self-talk, physical activity, establishing healthy boundaries in relationships, and emotional regulation, all of which contribute to reducing stress and anxiety, mitigating rumination, and enhancing

resilience. While no prior research has examined the combined effects of all self-care components on resilience in Iran or internationally, studies have investigated the effects of individual aspects of psychological, spiritual, and social self-care on resilience. In this context, Wilson and Saklofske (2018) found that resilience contributes to improved mental health, while Salimi et al. (2017) reported that spiritual self-care is the most significant form of self-care, encompassing physical, mental, and emotional dimensions, and is significantly correlated with resilience (Wilson & Saklofske, 2018). The effectiveness of combined mindfulness and self-care training can be attributed to its ability to enhance positive attributes such as patience in adversity, reduce anxiety and stress, and improve resilience components, psychological well-being, and overall mental health in study participants.

In summary, the researcher demonstrated throughout the educational-therapeutic sessions that by employing mindfulness techniques and fostering moment-to-moment awareness of their thoughts and emotions, parents could achieve self-acceptance. Engaging in both formal and informal mindfulness practices reduced stress, anxiety, and rumination. Furthermore, adopting self-care behaviors—practices aimed at maintaining, preserving, and enhancing well-being—contributed to better mental, psychological, and physical health. These practices helped parents meet their social and psychological needs and those of their families, leading to improved adaptation and resilience in facing challenges. Ultimately, the findings suggest that individuals with greater resilience experience higher quality of life, enhanced psychological well-being, and improved mental health, particularly among parents of children with developmental delay.

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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Ethical 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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