

A Community-Based Mindfulness Intervention to Enhance Emotional Regulation among Mothers of Children with Autism Spectrum Disorder in Kerala, India

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Abstract

Background: Mothers of children with autism spectrum disorder (ASD) often experience significant emotional challenges due to caregiving demands. Mindfulness-based interventions have been identified as a promising approach to improve emotional well-being, particularly in community-based and low-resource settings.

Objective: This study examined the effectiveness of an 8-week mindfulness-based intervention on emotional adjustment among mothers of children with ASD.

Methods: A quasi-experimental pretest–posttest control-group design was employed, with 100 mothers (50 in the intervention group, 50 in the control group) recruited from community rehabilitation centers and Buds Schools in Kerala, India. Emotional adjustment was assessed using the Positive and Negative Affect Schedule (PANAS). The intervention group received weekly mindfulness sessions over 8 weeks, while the control group received no structured intervention.

Results: The intervention group showed significant improvement in emotional adjustment, reflected by increased positive affect and decreased negative affect ($p < .001$, $d = 0.59$). A repeated-measures ANOVA confirmed a significant time effect ($p < .001$, $\eta^2 = .26$). No significant changes were observed in the control group.

Conclusion: The findings suggest that mindfulness-based interventions are effective in enhancing emotional well-being among mothers of children with ASD. These interventions may serve as accessible, culturally adaptable, and cost-effective strategies in community-based settings.

Keywords: Mindfulness-Based Intervention; Emotional Regulation; Autism Spectrum Disorder; Caregivers of Children with Autism; Maternal Mental Health; Community-Based Intervention.

Introduction

Autism Spectrum Disorder (ASD) is a neurodevelopmental condition characterized by ongoing challenges in social communication and restricted, repetitive behaviors (APA, 2013). Mothers of children with ASD often experience substantial psychological stress as a result of caregiving demands, societal stigma, and limited access to support systems (Hwang & Kearney, 2012). Such chronic stress frequently contributes to emotional dysregulation, anxiety, and reduced well-being (Bonis, 2016). In India, where awareness and structured support for autism remain limited, these challenges are even more pronounced.

Mindfulness is defined as the awareness that arises from paying attention to the present moment in a nonjudgmental manner (Kabat-Zinn, 2003), has emerged as a beneficial approach for enhancing caregivers' emotional regulation and psychological resilience (Beaumont & Hollins, 2017). Prior studies have shown that parents of children with developmental disorders benefit from mindfulness-based interventions (MBIs) in terms of stress management and emotional awareness (Bogels et. al., 2013; Manczak et al., 2017). However, there is limited empirical evidence examining the effectiveness of mindfulness-based interventions on emotional adjustment among mothers of children with autism spectrum disorder (ASD) in the Indian context. Despite the increasing interest in mindfulness-based interventions, there is limited empirical evidence assessing their impact on emotional regulation among Indian women whose children have autism spectrum disorder (ASD). Given the intense caregiving responsibilities and limited availability of mental health services in India, it is crucial to create culturally relevant and affordable solutions that assist mothers in strengthening their emotional resilience.

Problem Statement

Mothers caring for children with autism spectrum disorder (ASD) frequently endure significant emotional stress due to ongoing caregiving responsibilities, insufficient support systems, and societal challenges. In India, these issues are heightened by limited access to mental health care and a shortage of culturally suitable support interventions. Consequently, many mothers struggle to manage their emotional responses effectively, which can affect their overall health and their ability to provide care. Although mindfulness-based approaches may offer advantages, there are few accessible, community-focused interventions to support emotional adjustment for these mothers. Thus, it is essential to investigate viable and culturally relevant methods to enhance their emotional well-being.

Research Gap

While mindfulness-based interventions have been extensively utilized to aid caregivers of children with autism spectrum disorder, most past research has concentrated on alleviating stress and caregiver burden within Western clinical environments. Unlike prior clinic-based studies, this research contributes by examining mindfulness effectiveness in a community-based rehabilitation setting (Buds Schools) within a low-resource Indian context, enhancing ecological validity. There is a notable scarcity of studies investigating the efficacy of mindfulness interventions in enhancing emotional regulation among caregivers in community rehabilitation settings in India. Specifically, mothers of children enrolled in Buds Schools in Kerala constitute a caregiver group that has not been thoroughly researched and who are experiencing considerable emotional difficulties. Despite growing interest in mindfulness-based approaches, their application in community-based rehabilitation settings in India remains underexplored.

Aim

This study aims to examine the effectiveness of an 8-week mindfulness-based intervention on emotional adjustment among mothers of children with autism in a community-based setting.

Research Question

The research question guiding the study was: Does participation in a mindfulness-based intervention improve emotional adjustment, as reflected in affective functioning, among mothers of children with ASD compared to a control group?

Objectives

The study aimed to examine whether an 8-week mindfulness intervention improves affective functioning (positive and negative affect) among mothers of children with ASD. Specifically, the objectives were: (1) to examine the effect of the intervention on affective functioning, and (2) to assess whether increases in mindfulness are associated with improvements in emotional regulation.

Hypotheses

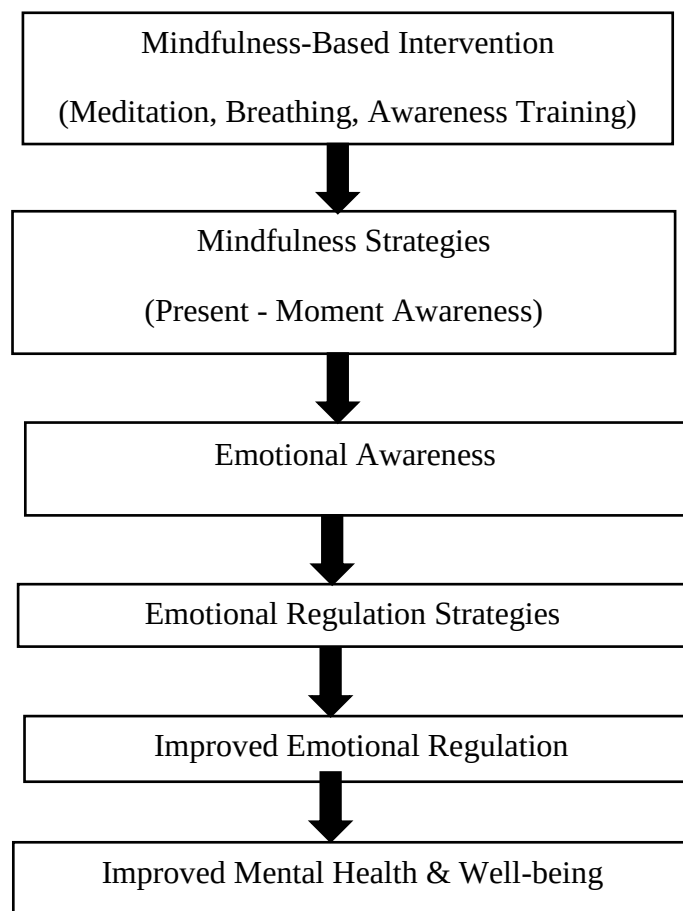
H1: Mothers of children with autism spectrum disorder who receive the mindfulness-based intervention will show greater improvement in emotional adjustment than those in the control group.

H2: Participation in the mindfulness-based intervention will increase mindfulness levels, which will be positively associated with improved emotional adjustment.

Theoretical Model of Change

Guided by the mindfulness-to-meaning framework (Garland et al., 2015), mindfulness practice enhances emotional awareness and adaptive coping through positive reappraisal processes. Through repeated practice, mothers learn to observe emotions with openness rather than react impulsively, thereby improving regulation. The current intervention operationalized these mechanisms through meditation, breathing exercises, and awareness training over eight weeks. Grounded in mindfulness theory, this study posits that cultivating emotional awareness and adaptive coping through mindfulness enhances emotional regulation, thereby potentially reducing psychological distress among mothers of children with autism spectrum disorder.

Figure 1. Theoretical Model of Change



Note: Figure 1 illustrates the proposed pathway by which mindfulness practices enhance emotional awareness and regulation, thereby improving mental health and well-being.

This framework provides the theoretical basis for understanding how mindfulness practices lead to improvements in emotional adjustment.

In the present study, emotional adjustment is conceptualized as the ability to manage emotional experiences and is operationalized through changes in affective functioning (positive and negative affect).

Methods

Study Design

The study employed a quasi-experimental design featuring pretests and posttests alongside a control group to evaluate how an 8-week mindfulness-based program influenced emotional adjustment in mothers of children diagnosed with autism spectrum disorder (ASD). Participants were allocated using non-random assignment due to practical constraints.

Participants were split into an intervention group (n = 50) that engaged in the mindfulness program and a control group (n = 50) that maintained their usual caregiving routines. Assessments were conducted at both the start and conclusion of the intervention. Emotional adjustment was operationalized through changes in affective functioning, as measured by the Positive and Negative Affect Schedule (PANAS).

Research Setting

The study was conducted in Buds Schools and community rehabilitation centers in Kerala, India.

Participants

A total of 100 mothers of children diagnosed with autism spectrum disorder (ASD) were initially approached and assessed for eligibility from community rehabilitation centers and Buds Schools in Kerala, India. Of these, 50 participants were excluded based on predefined criteria, including failure to meet inclusion criteria, ongoing psychological treatment, incomplete responses, or unwillingness to commit to the full duration of the intervention. The final sample consisted of 50 eligible participants who met all inclusion criteria and provided informed consent. Participants were allocated to two groups: an intervention group (n = 50) that received the mindfulness-based program and a control group (n = 50) that continued routine caregiving activities without a structured psychological intervention. Both groups were comparable at baseline with respect to key sociodemographic variables, including age, educational level, marital status, and socioeconomic status.

Sampling Technique

A purposive sampling method was used to identify eligible participants according to predefined criteria.

Inclusion and Exclusion Criteria

Inclusion Criteria

- Mothers aged between 25 and 45 years;
- Primary caregivers of a child diagnosed with autism spectrum disorder (ASD);
- Affiliated with community rehabilitation centers or Buds Schools in Kerala;
- Willing to participate in the full 8-week mindfulness-based intervention; and
- Provided informed consent.

Exclusion Criteria

- Participants were excluded if they met any of the following conditions:
- Currently undergoing structured psychological or psychiatric treatment;
- Presence of severe physical or mental health conditions that could interfere with participation;
- Inability to attend regular sessions or commit to home practice;
- Incomplete baseline data or withdrawal during the study period; or
- Unwillingness to provide informed consent.

Intervention Procedure

The intervention followed a structured manual based on standardized mindfulness protocols. The mindfulness-based intervention consisted of weekly 60-minute group meetings over an 8-week period, conducted according to a structured protocol to ensure consistency. These meetings included practices such as mindful breathing, body awareness, body scans, and exercises centered on emotions, all designed to enhance present-moment awareness and emotional adjustment. Participants were encouraged to practice mindfulness daily for 15 to 20 minutes at home, utilizing audio-guided materials provided by the researcher. Compliance with the program was monitored by tracking session attendance and practice checklist completion.

The control group did not participate in any structured psychological intervention and continued with their regular caregiving duties throughout the study period. The program was facilitated by the principal investigator, a postgraduate in Psychology and certified mindfulness trainer with prior experience conducting mindfulness-based programs for caregivers of children with neurodevelopmental disorders. The control group received no intervention and no alternative psychological training during the study period.

Table 1. Overview of the Mindfulness-Based Intervention Program

Weeks	Session Focus
Orientations	Overview of mindfulness, its advantages, and guidelines for practicing at home
1–2	Techniques for mindful breathing and awareness of bodily sensations, Weeks
3–4	Mindfulness centered on emotions and observing thoughts and feelings without judgment
5–6	Using mindfulness for managing stress and reflecting on emotional reactions
7–8	Incorporating mindfulness into everyday life and reinforcing the skills learned

Note. The program consisted of eight weekly sessions focusing on core mindfulness practices, emotional awareness, stress management, and daily life integration, with recommended home practice.

Adherence Monitoring

Participant involvement was tracked through attendance sheets and self-reported home practice logs. Participants were motivated to engage in mindfulness exercises daily, and their adherence was assessed weekly.

Intervention Fidelity

To maintain intervention fidelity, each session was conducted by the same trained facilitator using a structured manual. The content, duration, and order of sessions were uniform across all groups. Consistent supervision and session checklists were utilized to uphold uniformity.

Measures / Instruments

Sociodemographic Details: A structured sociodemographic questionnaire was used to collect background information from participants. The questionnaire comprised questions evaluating maternal age, marital status, educational level, employment situation, socioeconomic status, family configuration, and child-specific factors, such as the child's age and time since diagnosis of ASD, were collected to outline the characteristics of the sample and ensure baseline equivalence of the intervention and control groups.

Positive and Negative Affect Schedule (PANAS): Affective states were assessed utilizing the Positive and Negative Affect Schedule (PANAS; Watson et al., 1988), a self-report instrument comprising 20 items designed to evaluate positive affect (PA) and negative affect (NA). Participants indicated the extent of their emotions using a 5-point Likert scale. Higher PA scores suggest a greater degree of positive emotional experience, whereas elevated NA scores indicate a rise in negative affect. In the current sample, internal consistency reliability was deemed acceptable (Cronbach's $\alpha = .746$).

Reliability and Validity

Reliability Analysis: The internal consistency of the 20-item Positive and Negative Affect Schedule (PANAS) was assessed using Cronbach's alpha, yielding a coefficient of .746. This value indicates an acceptable level of internal consistency, suggesting that the items reliably assess participants' affective states. Consistent with the criterion proposed by Nunnally and Bernstein (1994), an alpha value above .70 indicates sufficient internal consistency, confirming that the PANAS is reliable for later analyses of emotional regulation before and after the intervention.

Validity: The PANAS is a standardized instrument with well-established validity. It demonstrates good construct validity and has been widely used in psychological research to measure positive and negative affect. The scale is considered appropriate for assessing emotional functioning in the present study.

Data Collection Procedure

All participants completed the questionnaires in a quiet and supportive environment. Data were collected at two time points. The baseline pretest was conducted before the intervention began. The posttest evaluation was performed right after the 8-week intervention program concluded. Every participant completed the self-report questionnaires in a calm, encouraging setting to promote comfort and reduce potential response bias. Blinding was not feasible due to the nature of the intervention.

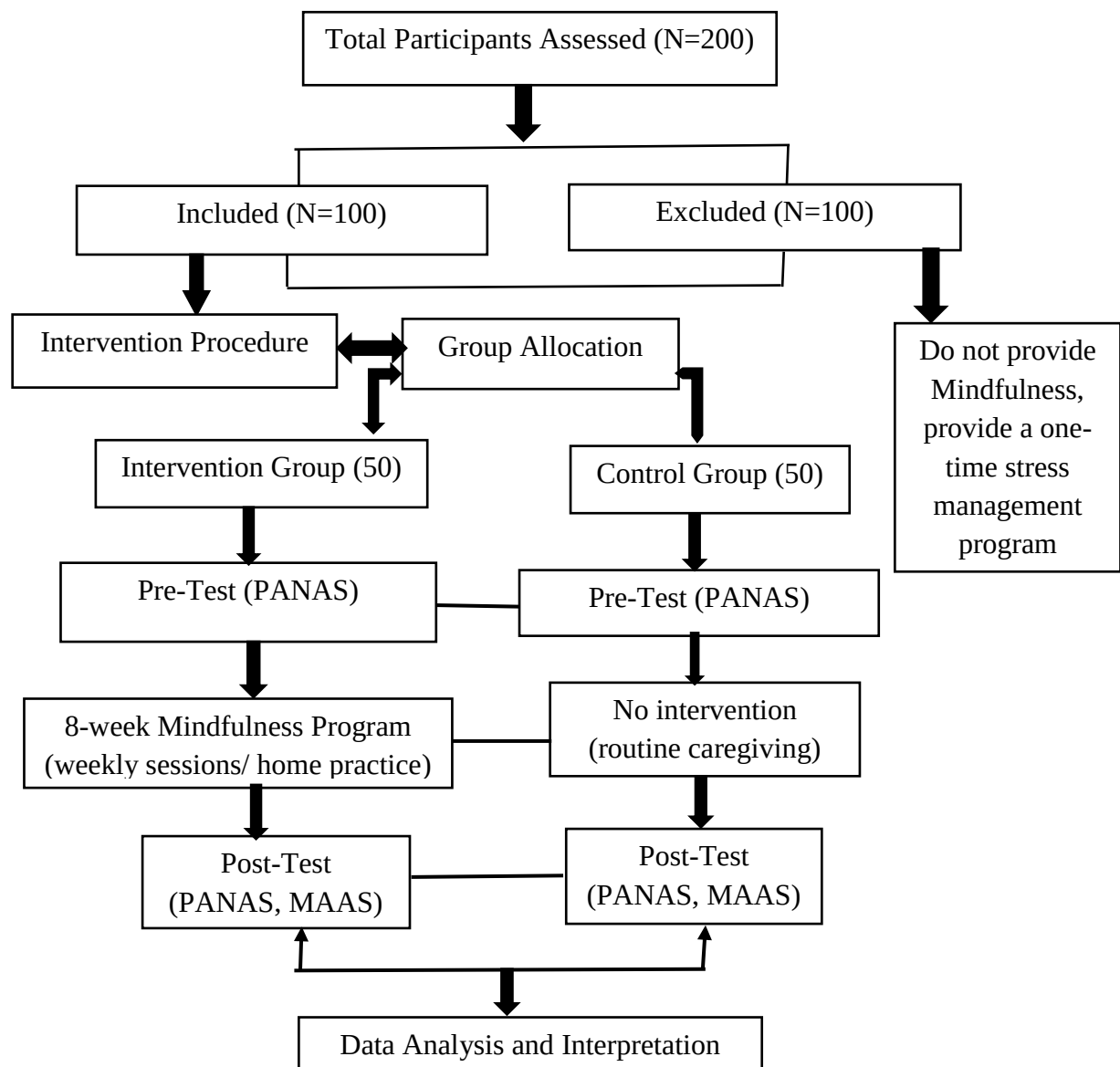
Data Analysis

Data were analyzed using SPSS Version 22. Descriptive statistics were computed for all variables. Paired-samples t-tests were conducted to assess pre-post changes, and repeated-measures ANOVA was used to evaluate within-subject effects over time. Statistical significance was set at $p < .05$. Effect sizes were calculated to assess the magnitude of the observed differences. Cohen's d was computed for paired-samples comparisons, and partial eta squared (η^2) was calculated for repeated-measures ANOVA.

Procedure in a Flow Chart

As shown in Figure 2, 100 participants were considered, but only 50 were included in the study. The selected participants were divided into intervention ($n = 25$) and control ($n = 25$) groups. The intervention group received an eight-week mindfulness-based program. The control group received no intervention. Pre-test and post-test assessments were conducted for both groups.

Figure 2: Flow chart of Study design and Procedure



Ethical Considerations

All elements of the research adhered to the ethical guidelines set by the Ethics Committee of Lovely Professional University in Punjab, India. Participation was entirely voluntary, and participants were guaranteed anonymity and confidentiality during the study. Before inclusion, each participant gave written informed consent.

Result

The results of the study are presented in both descriptive and inferential statistics. Pretest and posttest scores were compared between the intervention and control groups to examine changes in emotional adjustment and mindfulness levels.

Sociodemographic Details

Table 1 presents the sociodemographic details of the participants. The study included 100 mothers of children diagnosed with autism spectrum disorder (ASD), aged between 25 and 45 years. The majority of participants were married, had completed secondary or higher education, and belonged to the middle-income group.

Table 1: Sociodemographic Details of Participants (N = 100)

Variable	Category	Frequency (n)	Percentage (%)
Age of Respondents	25–30	13	13.0
	31–35	33	33.0
	36–40	29	29.0
	41–45	25	25.0
Marital Status	Married	70	70.0
	Divorced	18	18.0
	Widow	12	12.0
Working Status	Yes	38	38.0
	No	62	62.0
Educational Level	SSLC and below	32	32.0
	Plus Two	22	22.0
	Graduation	36	36.0
	Post Graduation	10	10.0
Economic Status	Low	28	28.0
	Middle	48	48.0
	High	24	24.0

Note. Percentages are based on the total sample (N = 100).

Descriptive Statistics

Descriptive statistics were calculated for each main variable. The mean and standard deviation of the affect, mindfulness, and emotional regulation measures before and after the intervention are shown in Table 2.

Table 2: Descriptive statistics for PANAS Scores Before and After the Mindfulness Intervention

Measure/ Variables	Pre-Mean	Pre-SD	Post-Mean	Post-SD
Positive Affect	3.12	0.64	3.78	0.58
Negative Affect	2.84	0.69	2.11	0.60

Note. PANAS = Positive and Negative Affect Schedule.

Descriptive statistics were computed for all study variables. The mean and standard deviation of positive and negative affect before and after the intervention are presented in Table 2. Positive affect increased from pretest (M = 3.12, SD = 0.64) to posttest (M = 3.78, SD = 0.58), while negative affect decreased from pretest (M = 2.84, SD = 0.69) to posttest (M = 2.11, SD = 0.60). These values indicate increases in positive affect and decreases in negative affect from pre- to post-intervention.

Baseline Equivalence

Baseline equivalence between the intervention and control groups was examined using independent-samples t-tests and chi-square tests for key sociodemographic and study variables. The results indicated no significant differences between the groups at baseline ($p > .05$), suggesting that the groups were comparable prior to the intervention.

Effect of Mindfulness-Based Intervention on Emotional Regulation:

Paired Samples t-Test

A paired-samples t-test was performed to evaluate changes in emotional regulation scores before and after the mindfulness-based intervention among mothers of children with autism.

Table 3: Paired Samples t-Test Results for Emotional Regulation Scores (N = 50)

Comparison Test	Mean Diff	SD Diff	t	df	p	Cohen'd:
Pre vs.Post	2.02	3.42	4.18	49	<.001	0.59

Note. Cohen's d = 0.59 indicates a moderate effect size (Cohen, 1988).

A paired-samples t-test was conducted to examine changes in affective scores following the mindfulness-based intervention. The results indicated a statistically significant improvement from pre- to post-intervention, $t(49) = 4.18$, $p < .001$, $d = 0.59$. The mean difference was 2.02, reflecting an increase in positive affect and a reduction in negative affect. In contrast, the control group showed no significant change between pre-test and post-test scores ($p > .05$).

Repeated-Measures ANOVA

A repeated-measures ANOVA was conducted to further examine changes over time. The analysis revealed a significant main effect of time, $F(1, 49) = 17.45$, $p < .001$, $\eta^2 = .26$, indicating a large effect. These findings suggest a significant change in affective scores from pre- to post-intervention. Detailed results are presented in Table 4.

Table 4: Repeated-Measures ANOVA Results for Emotional Regulation Scores (N = 50)						
Source		Type III Sum of Squares	df	Mean Square	F	Sig.
Time (Pre vs. Post)		102.010	1	102.010	17.44 7	.000
Error (Time)		286.490	49	5.847	-	-

Note. A significant within-subjects effect of time, $F(1, 49) = 17.45$, $p < .001$, indicates that mindfulness training improved emotional regulation.

Discussion

The current research explored the impact of a mindfulness-based program on emotional adjustment in mothers of children diagnosed with autism spectrum disorder. The results showed a statistically significant improvement in emotional functioning, as evidenced by increased positive emotions and decreased negative emotions after participating in the program. The improvement in emotional adjustment may be explained by increased attentional control and reduced rumination promoted through mindfulness practice.

The results of the paired-samples t-test indicated a significant change from pre- to post-intervention, with a moderate effect size (Cohen's $d = 0.59$), suggesting that the program had significant practical implications. Similarly, the repeated-measures ANOVA indicated a notable main effect over time with a large effect size ($\eta^2 = .26$), providing further evidence of the program's effectiveness in improving emotional adjustment.

In contrast, the control group showed no significant variations throughout the study, suggesting that the positive outcomes in the intervention group were likely due to the mindfulness-based program rather than external factors or natural fluctuations over time.

These results align with earlier studies that indicate mindfulness practices improve emotional awareness and decrease emotional reactivity. The noted rise in positive emotions, along with a decline in negative emotions, suggests that participants improved their ability to manage and navigate emotional experiences more effectively.

Practically speaking, these findings underscore the importance of mindfulness-based interventions as accessible, cost-effective methods for boosting caregivers' emotional well-being, especially in community and resource-limited environments.

However, the findings should be interpreted in light of certain limitations. Emotional adjustment was assessed indirectly through affective measures rather than a dedicated emotional regulation scale. Additionally, the quasi-experimental design limits causal inference, and the reliance on self-report measures may introduce response bias. Future research should incorporate longitudinal designs, objective measures, and more diverse samples to enhance the generalizability of findings.

Limitations

Despite the encouraging findings, this research has several limitations. First, the sample size was somewhat small and confined to a particular geographic area in Kerala, which could limit the applicability of the results to larger populations. Second, the reliance on self-report assessments may lead to response bias, as participants could either exaggerate or downplay their emotional experiences and levels of mindfulness. Third, the study utilized a short-term pretest–posttest framework without any long-term follow-up, making it challenging to determine if the observed effects are maintained over time. Furthermore, the lack of an active control group may restrict the ability to completely eliminate the influence of placebo or attention effects.

Future Directions

Future studies could address these challenges by using larger, more diverse samples across different cultural and socioeconomic environments. Longitudinal designs with follow-up evaluations are suggested to assess the long-term effects of mindfulness-based interventions. Additionally, further research might include objective or clinician-administered measures alongside self-reported instruments to minimize bias. Furthermore, future programs could evaluate mindfulness-based interventions against other psychological treatments to gain insights into their comparative effectiveness. Investigating the effects of mindfulness on additional caregiver outcomes, such as parenting stress, resilience, and quality of life, would further enhance the understanding of its advantages.

Conclusion

The current research shows that an 8-week mindfulness-based program effectively enhances emotional adjustment among mothers of children diagnosed with autism spectrum disorder. The results reveal significant improvements in positive feelings and a decrease in negative feelings among those in the intervention group compared to those in the control group. These findings underscore the value of mindfulness-based methods as practical, attainable psychological interventions for improving caregiver well-being in community settings. Given the moderate effect sizes observed, mindfulness training could be a beneficial component of caregiver support initiatives, especially in low-resource settings such as community rehabilitation centers in Kerala. Future studies should investigate long-term impacts and include larger, more varied samples to improve the applicability of the findings.

Acknowledgments

The study was supported by the Research Institute of Lovely Professional University. I express my deepest gratitude to the mothers who participated in this study; their dedication and openness made this research possible, and I am profoundly thankful for their contributions. My sincere thanks to the autism support organizations and community groups that helped with participant recruitment and provided invaluable resources throughout this process. Special thanks to the experts, advisors, and guidance for their insightful feedback.

Author Contributions

Conceptualization, S.M.M.; methodology, S.M.M.; formal analysis, S.M.M.; investigation, S.M.M.; data curation, S.M.M.; writing—original draft preparation, S.M.M.; writing—review and editing, S.D.; supervision, S.D.; guidance, S.D.; project administration, S.D. All authors have read and agreed to the published version of the manuscript.

Funding

This research received no external funding.

Institutional Review Board Statement / Ethics Statement

The study was conducted following the guidelines of the Institutional Review Board (IRB) and received approval from the Ethics Committee of Lovely Professional University (Institutional Ethical Committee Registration No. EC/NEW/NST/2022/3110).

Informed Consent Statement

Informed consent existed obtained from all participants (mothers of children with autism) involved in the study.

Data Availability Statement

The datasets used for this research on mothers of autistic children cannot be shared with the public as per the privacy policy and regulations of Lovely Professional University.

Conflict of Interest

The authors declare that they have no conflicts of interest related to this study.

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