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Child Behavior Problems and Parental Well-Being in Families of Children With Autism: The Mediating Role of Mindfulness and Acceptance

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Abstract

Few research studies have explored how the level of a child's behavior problems leads to psychological distress in parents of children with autism. The authors explored whether psychological acceptance and mindfulness mediated this relationship between child behavior and parental distress. Seventy-one mothers and 39 fathers of children with autism participated, by reporting on their own positive and negative psychological well-being and their child's behavior problems. Psychological acceptance was found to act as a mediator variable for maternal anxiety, depression, and stress, and for paternal depression. General mindfulness and mindful parenting had significant mediation effects for maternal anxiety, depression, and stress. These results contribute to evidence that mindfulness and acceptance may be important parental psychological processes, with implications for parent support.

Key Words: *autism spectrum disorder; parents; mindfulness; mindful parenting; psychological acceptance*

Parents, especially mothers, of children with an autism spectrum disorder (ASD) often report elevated psychological-distress profiles compared with parents of typically developing children (Eisenhower, Baker, & Blacher, 2005; Schieve, Blumberg, Rice, Visser, & Boyle, 2007; Totsika, Hastings, Emerson, Berridge, & Lancaster 2011) and compared with parents of children with other disabilities, including Down syndrome (Dabrowska & Pisula, 2010; Olsson & Hwang, 2003), Fragile X syndrome (Abbeduto et al., 2004), cerebral palsy (Eisenhower et al., 2005), and intellectual disability (ID) alone (Blacher & McIntyre, 2006; Totsika et al., 2011). Within samples of parents of children with ASD, child behavior problems have regularly been associated with negative outcomes, in cross-sectional and longitudinal designs (Hastings et al., 2005; Herring et al., 2006; Lecavalier, Leone, & Wiltz, 2006; Lounds, Seltzer, Greenberg, & Shattuck, 2007; Totsika et al., 2011). Given the longitudinal design of some studies (e.g., Herring et al., 2006; Lecavalier et al., 2006), there is evidence to

indicate that child behavior problems function as a risk factor for parental negative outcomes.

With both theoretical and practical considerations in mind, it is important to ask how the behavior problems of children with ASD come to have an impact on parental well-being. "How" questions in this context relate to the identification of mediator variables, defined as the processes that intervene between a risk factor (e.g., child behavior problems) and outcomes (such as parental psychological distress; see Baron & Kenny, 1986). Identification of mediator variables is theoretically important because we develop a better understanding of psychological distress in parents. At the practical level, mediator variables represent processes that might be targeted via intervention.

Researchers have explored a range of psychological process variables that may be related to well-being in parents of children with ASD. For example, negative correlations with parental negative outcomes (i.e., increased reporting of the process variable associated with lower levels of psychological distress) have been identified for

optimism (Greenberg, Seltzer, Krauss, Chou, & Hong, 2004), attributions of control (M. J. Weiss, 2002), and self-efficacy (Hastings & Brown, 2002). Only rarely have psychological process variables been examined statistically as potential mediators of the relationship between child behavior problems and parental well-being (Hastings & Brown, 2002; J. A. Weiss, Cappadocia, MacMullin, Viecili, & Lunsy, 2012). Therefore, more research is needed, specifically with a focus on mediation processes.

A particular problem in the search for relevant psychological process variables is the starting point of which processes to examine. Our rationale for selection was to look to an emerging trend in intervention research with parents and other carers of children and adults with ASD and/or ID. Increasingly, the “third wave” therapies such as acceptance and commitment therapy (ACT; Hayes, Strosahl, & Wilson, 1999) and mindfulness-based therapies (Chiesa & Serretti, 2011; Grossman, Nieman, Schmidt, & Walach, 2004) have been evaluated as intervention models to reduce psychological distress in carers of individuals with developmental disabilities. The results of these evaluations of acceptance-based (e.g., Blackledge & Hayes, 2006; Noone & Hastings, 2009, 2010) and mindfulness-based (e.g., Benn, Akiva, Arel & Roeser, 2012; Ferraioli, & Harris, 2013; Singh et al., 2006; Singh et al., 2007) interventions are encouraging in terms of stress-reduction outcomes. However, theory-building research, such as evidence for the mediating role of acceptance and mindfulness processes in understanding carer well-being, generally postdates these intervention-evaluation research developments.

In the first research to explore mindfulness and acceptance in parents of children with developmental disabilities, Lloyd and Hastings (2008) found evidence that increased psychological acceptance was associated both cross-sectionally and longitudinally with psychological distress in mothers of children with ID. Mindfulness was also measured in this research as a dispositional (trait) variable, but no significant associations with maternal well-being were found. The authors suggested using a situational measure of mindfulness in the parenting context in future research. MacDonald, Hastings, and Fitzsimons (2010) found evidence, in a cross-sectional design, that acceptance measured in relation to parenting acted as a mediator of the relationship between child behavior problems and paternal well-being (stress, anxiety, and depression).

In a partial replication study, J. A. Weiss et al. (2012) also found cross-sectional evidence of acceptance acting as a mediator variable for the well-being (nonspecific psychological distress) of mothers of children with ASD.

The main aims of the current research were to (a) replicate the finding that psychological acceptance may act as a mediator of the association between child behavior problems and psychological distress in mothers of children with ASD, (b) extend this exploration of acceptance to fathers of children with ASD, (c) explore the putative role of general mindfulness and mindfulness in the parenting context (using a new measure designed for the current study) as a mediator for both mothers and fathers, and (d) explore any mediated relationships for parental positive perceptions as opposed to psychological distress. In terms of the final aim, existing family-research findings indicate that positive well-being is distinct from an absence of psychological distress, and that positive and negative outcomes are associated with different variables (Hastings & Taunt, 2002). No associations between mindfulness or acceptance and parental positive perceptions have been found in previous research with parents of children with ID (Lloyd & Hastings, 2008; MacDonald et al., 2010). However, we are not aware of existing research addressing this question with both mothers and fathers of children with ASD.

Based on previous research findings, we hypothesized that psychological acceptance would mediate the relationship between the behavior problems of children with ASD and their parents' psychological distress, but not their parents' positive perceptions. Although we also explored the putative mediating role of mindfulness, we had no directional hypotheses, given the lack of previous empirical findings.

A secondary aim of the research was to report initial psychometric data on a mindful-parenting scale suitable for use with parents of children with disabilities. There is a lack of measures of mindful parenting, and our research on psychological acceptance suggested that it is important to measure these psychological processes in the context of the relationship with the child with disability.

Method

Participants

Seventy-one mothers and 39 fathers (who were partners of the mothers) participated in the

research. The majority of parents were biological parents—one adoptive mother, one foster mother, one adoptive father, one foster father, and one stepfather also participated. All fathers and 59 of the mothers were either married or cohabiting, and 12 mothers were divorced, single, or widowed. Mothers were on average 45 years of age ($SD = 4.64$), and fathers 46 years ($SD = 4.01$). Thirty-eight mothers (54%) and 25 fathers (64%) were educated to university-degree level or higher, with 23 mothers (32%) and 35 fathers (90%) in employment at the time of the research. Modal household income for the current sample of 71 families was £25,000–£35,000 per year (British pounds sterling, approximately \$40,000–\$55,000 US dollars; median household income was £35,000–£45,000, approximately \$55,000–\$70,000 US dollars). Most participants (94%) described themselves as being of White British ethnicity, and the majority of families had two children living in the family home.

Participants' socioeconomic position (SEP) was computed by categorizing families in one of four possible groups, depending on whether at least one parent in the family was currently employed (if so, scoring 1), whether total annual household income was above the modal value for the sample (£35,000; if so, scoring 1), and whether the mother in the family was educated to university-degree level (if so, scoring 1). Seven families (10% of 71 families) comprised the lowest possible group (neither parent employed, family income below £35,000 annually, mother educated below university level); 19 families (27%) comprised the second lowest group; 17 families (24%) comprised the second highest group; and the highest possible group contained 28 families (39%).

Parents reported on their children's characteristics, including what diagnostic label their children had received, when the diagnosis was received, and who provided the diagnosis. Twenty-nine of the families' children (41%) had a diagnosis of high-functioning autism or Asperger syndrome, 27 children (38%) had a diagnosis of autism, and 15 children (21%) had a diagnosis of autism spectrum disorder. Seventy-one percent of the children scored within the range typical of children with ID on a measure of global adaptive functioning. Fifty-nine of the children were male (83%) and 12 were female (17%). Children were on average 13 years of age ($SD = 2.29$, range 7 to 16) and had received their diagnosis on average 7 years previously ($SD = 2.68$).

Measures

Participants completed a demographics questionnaire designed specifically for the current study to gather the information described previously, along with questionnaires measuring child behavior problems, parental positive and negative well-being, and mindfulness and acceptance. A telephone interview was also conducted with the child's primary carer, to complete a measure of the child's adaptive functioning.

Child measures. The Strengths and Difficulties Questionnaire (SDQ; Goodman, 1997) was used as a measure of children's behavioral and emotional adjustment. Both mothers and fathers completed the measure independently of each other. The SDQ comprises 25 items measuring five domains: a prosocial-behavior domain and four problem-behavior domains (emotional symptoms, conduct problems, hyperactivity, and peer problems). Respondents rate statements about their child as *not true*, *somewhat true*, or *certainly true*. Example items include "Often downhearted and tearful" (emotional symptoms); "Often has temper tantrums or a hot temper" (conduct problems); "Easily distracted, concentration wanders" (hyperactivity); "Has at least one good friend" (reverse scored for peer problems); "Considerate of other people's feelings" (prosocial behavior). A total difficulties score is generated by summing the four problem domains, giving a scale with a range of scores from 0 to 40. The total difficulties score was used in the present study, with maternal ratings used in maternal analyses and paternal ratings used in paternal models. The SDQ is a well-validated instrument proven to be effective in identifying clinically significant levels of behavioral disturbance in children (Goodman, 1997), with good levels of reliability maintained in research with children with autism (Iizuka et al., 2010). Internal consistency (Cronbach's α) for the total behavior-problems score in the current study was .78 for mothers and .80 for fathers.

The Social Communication Questionnaire (SCQ; Rutter, Bailey, Lord, & Berument, 2003) was completed by the child's primary carer to measure the severity of the child's autism symptoms. The SCQ is an autism-screening instrument and outcome-measurement tool, based on international diagnostic criteria (*DSM-IV*: American Psychiatric Association, 2000; *ICD-10*: World Health Organization, 2008, designed to measure communication skills and social functioning. The

Current Form of the measure was used in the present research, to assess the extent of the child's autistic behavior during the preceding 3-month period (i.e., not as a diagnostic screening tool, but to assess current severity of symptoms). The measure consists of 40 items, and respondents answer *yes* or *no* to statements such as “Does she/he play any pretend or make-believe games?” and “Does she/he usually look at you directly in the face when doing things with you or talking with you?” Severity of autism symptoms has previously been shown to be independently associated with parental well-being (Tobing & Glenwick, 2002). The SCQ was included as a control variable, and to avoid unnecessary measurement we asked only that the child's primary caregiver complete the measure. The SCQ displayed high internal consistency (Kuder–Richardson coefficient for the present sample = .81).

The Vineland Adaptive Behavior Scales—2nd Edition (VABS II; Sparrow, Cicchetti, & Balla, 2005) was used as a measure of the child's adaptive functioning and was also included as a potential control variable. The VABS II is administered as a semistructured interview and was conducted over the telephone, with parents who identified themselves as the child's primary caregiver. The VABS II consists of items arranged in developmental sequence, measuring behaviors across four domains: socialization, communication, daily-living skills, and motor skills (motor-skills domain only administered to children below the age of 7). An overall adaptive-behavior composite score was used in the current analyses.

Parental well-being measures. The Hospital Anxiety and Depression Scale (HADS; Zigmond & Snaith, 1983) was used to measure parental distress. The 14-item instrument was originally constructed to allow quick measurement of anxiety and depression in hospital settings but has since been used widely in community research, including with parents of children with autism (Hastings, 2003; Rydebrandt, 1991). Seven items measure anxiety and seven measure depression, providing subscale scores, which were used in the current research. Respondents rate statements on a 4-point scale; for example, “I have lost interest in my appearance” is rated as *definitely, I don't take as much care as I should, sometimes, or not at all*; and “I can sit at ease and feel relaxed” is rated as *definitely, usually, not often, or not at all*. Internal consistency (Cronbach's α) in the current study was .85 for maternal anxiety, .78 for

maternal depression, .86 for paternal anxiety, and .71 for paternal depression.

The Parent and Family Problems Subscale of the Questionnaire on Resources and Stress—Short Form (QRS-F; Friedrich, Greenberg, & Crnic, 1983) was used to measure general parenting stress associated with the child with ASD. This 20-item measure includes five items relating to depression (Glidden & Floyd, 1997), which were excluded from analysis in the current study to avoid measurement overlap, as depression was measured separately with the HADS. Respondents rated the remaining 15 items as *true* or *false*. Example items include “There is a lot of anger and resentment in our family” and “In the future, our family's social life will suffer because of increased responsibilities and financial stress.” The QRS-F has previously been used in research with parents of children with ASD, with good reliability obtained (Honey, Hastings & McConachie, 2005). Internal consistency (Kuder–Richardson coefficient) for the 15-item QRS-F scale in the current sample was .89 for mothers and .92 for fathers.

The Positive Gain Scale (PGS; Pit-ten Cate, 2003) is a seven-item instrument measuring positive perceptions related to parenting a child with disability. Parents' perceived benefits to themselves personally and as a family are measured, with respondents choosing *strongly agree, agree, not sure, disagree, or strongly disagree* for statements such as “Since having this child I have a greater understanding of other people” and “Since having this child, my family has become closer to one another.” Previous research has indicated good levels of internal consistency for the PGS with mothers and fathers of children with developmental disabilities (Griffith et al., 2011; MacDonald et al., 2010). A total positive-gain score was used in the current study (lower scores indicate higher levels of positive gain), with good internal consistency (Cronbach's α) at .86 for mothers and .87 for fathers.

Mindfulness and acceptance measures. In the present research, we explored two different measures of mindfulness. We developed a mindful-parenting scale (situational measure of mindfulness) for this research. We also included a well-established general mindfulness measure for two main reasons: (a) to provide some validity data on the new mindful-parenting scale, and (b) to allow mindfulness to be tested as a mediator using an established scale as well as the new scale.

The Five Facet Mindfulness Questionnaire (FFMQ; Baer, Smith, Hopkins, Krietemeyer, &

Toney, 2006) is a well-established 39-item instrument, measuring a general tendency to be mindful in day-to-day life (i.e., a dispositional measure of mindfulness). The FFMQ measures five underlying constructs of mindfulness, identified by Baer et al. (2006): observing (noticing experiences), describing (labeling experiences with words), acting with awareness (deliberately attending to moment-to-moment behaviors and activities), nonreactivity (to inner experience), and accepting without judgment (taking a nonevaluative stance toward inner experience). Respondents rate statements as *never or very rarely true*, *rarely true*, *sometimes true*, *often true*, or *very often or always true*. Example items include “When I’m walking, I deliberately notice the sensations of my body moving” (observing); “I can easily put my beliefs, opinions, and expectations into words” (describing); “When I do things, my mind wanders off and I’m easily distracted” (acting with awareness); “In difficult situations, I can pause without immediately reacting” (nonreactivity); and “I tell myself I shouldn’t be feeling the way I’m feeling” (nonjudging). The FFMQ has shown good psychometric properties when used with a variety of populations, including meditating and nonmeditating samples (Baer et al., 2008). Five subscale scores can be derived from the scale, as can a total score, which was used in the current study. Internal consistency (Cronbach’s α) of the total score in the current sample was high for mothers (.93) and fathers (.92).

The Bangor Mindful Parenting Scale (BMPS) is a 15-item instrument first tested within the current study, to measure mindfulness explicitly in the parenting role. The BMPS is based on the FFMQ, with three items representing each of the five underlying constructs encompassing mindfulness identified by Baer et al. (2006). Each item has been modified to relate specifically to parenting. We did not intend for the measure to be scored at a subscale level at this stage. Rather, we used a total score representing a general tendency to be mindful in the parenting context. A full copy of the scale is available in the Appendix. Internal consistency (Cronbach’s α) for a total mindfulness-in-parenting score obtained in the current study was .79 for mothers and .78 for fathers. We also found encouraging results for the construct validity of the scale, with strong correlations between the BMPS and FFMQ for fathers ($r = .75$) and mothers ($r = .77$). The BMPS was also highly correlated with the acceptance measure for mothers ($r = .70$) and fathers ($r = .71$), as were the FFMQ and acceptance measure ($r = .65$ for mothers, $r = .72$ for fathers).

The Acceptance and Action Questionnaire—Intellectual Disability Parent version (AAQ-ID; MacDonald et al., 2010) was used in the current study to measure psychological acceptance in relation to parenting a child with ASD. The AAQ-ID is an eight-item tool adapted from the Acceptance and Action Questionnaire—II (Bond et al., 2011), with items reworded to refer specifically to children with disability. For the current study, items were reworded to refer to children with ASD but otherwise the measure was unchanged. Respondents rate statements on a 7-point scale, ranging from *never true* to *always true*. Example items include “It’s OK if I remember some of the difficult times I’ve had parenting my child with ASD” and “It seems like most people who have children with ASD are handling their lives better than I am.” Good levels of internal consistency for a total acceptance score were obtained in the current study for mothers (.91) and fathers (.92).

Procedure

The Research Ethics and Governance Committee at Bangor University approved the study protocol. Invitations to participate were sent to families who had previously taken part in an ASD family-research study focused on sibling well-being (Petalas et al., 2012). Potential participants were contacted once, by surface mail, and were asked to return a reply slip if they were interested in participating in the current study. When reply slips were returned, a Participant Information Sheet, Research Consent and Contact Form, and Questionnaire Pack were mailed to participants, to be returned in a prepaid envelope. Of the 215 invitations that were distributed, 71 families (including 39 mother–father couples) provided written informed consent and returned the completed questionnaires (overall response rate of 33%). Participants were then contacted by telephone to complete the VABS II. In families where both parents participated, parents who identified themselves as being the child’s primary caregiver completed the VABS II. In those 39 families where both parents participated, two VABS II interviews were conducted with a father and 37 with mothers.

Results

Data-Analysis Approach

Initial analysis involved examining Pearson correlations (and t tests for dichotomous variables such

as marital status, whether or not the mother's partner participated in the research, and child gender) between all demographic and child variables (current severity of autism symptoms, and adaptive behavior) and parental-outcome measures, for mothers and fathers separately. This step was used primarily to identify control variables for the regression models. For model parsimony, and to accommodate the sample size, it was not possible to include all background variables potentially related to the outcome measures in the analyses. The inclusion in all analyses of child behavior problems and psychological variables was guided by theory and consistent with our research questions. However, other variables were selected for inclusion using empirical criteria only. Missing data were omitted on a pairwise basis for the correlation analyses.

The main analyses employed hierarchical linear regression, allowing initial examination of the mediation hypothesis according to the causal-steps criterion (Baron & Kenny, 1986). In the first step of each regression model, the background variables identified in the univariate analysis were added to the models. Where a background variable did not have a significant association with a parental outcome variable as identified in the initial univariate analyses, it was not included in the regression models. In the second step of each regression model, parental well-being was regressed on child behavior problems (SDQ total difficulties score, as rated by the mothers in maternal regression models and by fathers in paternal models), accounting for the control variables included at Step 1. Eight models were fitted, one for each parental outcome (anxiety, stress, depression, and positive gain), separately for mothers and fathers. In the third step of the regression analyses, process variables were added as predictors (separate models for each potential mediator or process variable).

Evidence of a mediated effect was considered present if child behavior problems were a significant predictor of the outcome at Step 2 of the regression analysis and became a nonsignificant predictor (or had a lower β weight) at Step 3, with the potential mediator variable becoming a significant predictor of the well-being outcome. Where these criteria were satisfied, further analysis was needed to assess whether any mediating effects were statistically significant. The Aroian version of the Sobel test was used in the current analysis, as recommended by Baron and Kenny

(1986), to test whether the indirect (mediation) effect of the process variable on the outcome variable was significantly different from zero. A listwise deletion approach to the mediation analysis was adopted.

Regression Models and Analysis of Mediation Effects

Bivariate correlations between parental outcome measures and demographic and child variables are shown in Table 1. Statistically significant associations, or those with a correlation coefficient equal to or above .25, were selected for inclusion at Step 1 of the regression analyses. We chose to select variables based on statistical significance or the strength of the correlation because of the difference in sample size of mothers and fathers and because the size of a correlation coefficient is more meaningful than statistical significance. Child gender was explored using an independent samples *t* test and was only significantly associated with paternal depression, $t(35) = -2.153$, $p = .038$, with fathers of sons scoring significantly higher than fathers of daughters on the depression measure. No demographic or child variables were significantly associated with maternal anxiety, and so no control variables were included in the analysis of those data.

A summary of the regression models for each measure of parental well-being is displayed in Table 2 for mothers and Table 3 for fathers. Following the inclusion of control variables at Step 1, the addition of behavior problems as predictor at Step 2 improved the proportion of variance explained for each dependent variable except paternal positive gain. Child behavior problems emerged as a significant independent predictor of maternal anxiety, depression, and stress, and of paternal depression and stress. Child behavior problems were not significantly associated with paternal or maternal positive gain, nor with paternal anxiety.

The addition of the process variables improved the proportion of variance explained in each model, except in relation to general mindfulness and paternal stress. For maternal models, general mindfulness, mindful parenting, and psychological acceptance significantly predicted anxiety and depression; and mindful parenting and acceptance significantly predicted stress. For paternal outcomes, mindful parenting and acceptance significantly predicted depression; and

Table 1
Correlations Between Demographic and Child Variables and Parental Well-Being Measures

Variable	Mothers						Fathers									
	Anxiety		Depression		Stress		Positive Gain		Anxiety		Depression		Stress		Positive Gain	
	<i>r</i>	<i>n</i>	<i>r</i>	<i>n</i>	<i>r</i>	<i>n</i>	<i>r</i>	<i>n</i>	<i>r</i>	<i>n</i>	<i>r</i>	<i>n</i>	<i>r</i>	<i>n</i>	<i>r</i>	<i>n</i>
Socioeconomic profile	-.18	70	-.31**	71	-.27*	65	-.05	71	-.26	38	-.15	37	-.14	37	.04	39
Child age	-.01	70	-.02	71	-.05	65	-.02	71	-.07	38	.19	37	.05	37	.08	39
Carer age	.05	70	.17	71	.20	65	.09	71	-.01	37	.30	36	.27	36	.09	38
Total N of children in the family	.16	70	-.03	71	.03	65	-.15	71	.01	38	-.39*	37	-.14	37	.01	39
Length of time since diagnosis	-.13	68	-.12	69	-.15	64	-.39**	69	-.17	38	-.04	37	-.20	37	-.30	39
Autism symptoms (SCQ)	-.02	70	.01	71	.16	65	-.18	71	.21	34	.06	33	.07	34	-.14	35
Adaptive functioning (VABS II)	.16	60	.13	61	-.14	56	.07	61	.31	34	.23	33	.06	33	.13	35

p* < .05. *p* < .01.

acceptance significantly predicted stress. At this final stage of the regression analyses, child behavior problems became a nonsignificant predictor of depression and anxiety for mothers, for all process-variable cases. Child behavior problems remained a significant predictor of mothers' stress, even though regression coefficients and significance values had reduced. For fathers, child behavior problems became a nonsignificant predictor in each depression model but remained significant in each stress model (with reduction in regression coefficients in all three cases).

The regression models suggest that dispositional general mindfulness, situational mindfulness while parenting, and psychological acceptance in the parenting role mediate the relationship between child behavior problems and depression, anxiety, and stress (except for general mindfulness and stress) in mothers. For fathers, mindful parenting and acceptance appear to mediate the relationship between child behavior problems and depression, and acceptance alone appears to mediate the relationship with stress. To assess whether these mediating effects were statistically significant, the Aroian version of the Sobel test was administered. For mothers, dispositional general mindfulness had significant mediation effects in relation to depression ($z = 2.03, p = .04$) and anxiety ($z = 2.49, p = .01$); mindful parenting also had significant mediating effects in relation to depression ($z = 2.34, p = .02$) and anxiety ($z = 2.49, p = .01$); and acceptance had mediating effects in relation to depression ($z = 2.55, p = .01$), anxiety ($z = 2.91, p < .001$), and stress ($z = 2.69, p < .001$). For fathers, the only significant mediation effect was found in relation to acceptance and depression ($z = 2.10, p = .04$). These statistical tests of mediation effects were only conducted when there was a prima facie case for the presence of a mediated effect based on Baron and Kenny's (1986) criteria.

There was no evidence that acceptance or mindfulness mediated the relationship between child behavior problems and positive-gain scores (in either parent). Child behavior problems were unrelated to parental positive gain in the initial stages of analyses. However, there were main-effect relationships in that general mindfulness and mindful parenting were significantly independently associated with positive gain in mothers, and general mindfulness and psychological acceptance were significantly independently associated with positive gain in fathers.

Table 2
Summary of Regression Results for Maternal Outcomes

Predictor	Anxiety			Depression			Stress			Positive Gain		
	β	p	$R^2(N$ in analysis)	β	p	$R^2(N$ in analysis)	β	p	$R^2(N$ in analysis)	β	p	$R^2(N$ in analysis)
Step 1			-			.081 ($N = 71$)			.058 ($N = 65$)			.135 ($N = 69$)
Socioeconomic profile	—	—		-.307	.009		-.270	.030		—	—	
Length diagnosed	—	—		—	—		—	—		-.385	.001	
Step 2			.069 ($N = 70$)			.137 ($N = 71$)			.234 ($N = 65$)			.142 ($N = 69$)
Behavior problems	.288	.016		.269	.022		.446	< .001		.141	.226	
Step 3(a)			.313 ($N = 65$)			.348 ($N = 66$)			.253 ($N = 61$)			.257 ($N = 65$)
Behavior problems	.078	.485		.108	.321		.405	.001		.067	.568	
Mindfulness	-.546	< .001		-.498	< .001		-.187	.136		-.362	.003	
Step 3(b)			.190 ($N = 66$)			.227 ($N = 67$)			.309 ($N = 61$)			.186 ($N = 65$)
Behavior problems	.078	.553		.109	.395		.349	.009		.078	.564	
Mindful parenting	-.418	.002		-.376	.006		-.275	.041		-.245	.074	
Step 3(c)			.295 ($N = 69$)			.305 ($N = 70$)			.441 ($N = 64$)			.233 ($N = 68$)
Behavior problems	.085	.450		.095	.401		.256	.018		.006	.961	
Acceptance	-.522	< .001		-.467	< .001		-.502	< .001		-.365	.005	

Note. Control variables entered at Step 1 were retained in all stages of analyses.

Table 3
Summary of Regression Results for Paternal Outcomes

Predictor	Anxiety			Depression			Stress			Positive Gain		
	<i>b</i>	<i>p</i>	<i>R</i> ² (<i>N</i> in analysis)	<i>b</i>	<i>p</i>	<i>R</i> ² (<i>N</i> in analysis)	<i>b</i>	<i>p</i>	<i>R</i> ² (<i>N</i> in analysis)	<i>b</i>	<i>p</i>	<i>R</i> ² (<i>N</i> in analysis)
Step 1			.073 (<i>N</i> = 34)			.238 (<i>N</i> = 36)			.043 (<i>N</i> = 36)			.037 (<i>N</i> = 36)
Child gender	—	—		.357	.022		—	—		—	—	
Total children	—	—		-.311	.065		—	—		—	—	
Father's age	—	—		.169	.308		.265	.119		—	—	
Length diagnosed	—	—		—	—		—	—		-.254	.135	
Adaptive behavior	—	.068		—	—		—	—		—	—	
Socioeconomic profile	-.178	.298		—	—		—	—		—	—	
Step 2			.149 (<i>N</i> = 34)			.317 (<i>N</i> = 36)			.434 (<i>N</i> = 36)			.016 (<i>N</i> = 36)
Behavior problems	.340	.062		.311	.038		.630	< .001		.093	.596	
Step 3(a)			.172 (<i>N</i> = 31)			.362 (<i>N</i> = 34)			.377 (<i>N</i> = 32)			.191 (<i>N</i> = 33)
Behavior problems	.368	.049		.293	.058		.583	< .001		.105	.533	
Mindfulness	-.272	.124		-.274	.088		-.095	.535		-.436	.012	
Step 3(b)			.170 (<i>N</i> = 33)			.434 (<i>N</i> = 35)			.453 (<i>N</i> = 35)			.208 (<i>N</i> = 35)
Behavior problems	.340	.073		.199	.174		.565	< .001		-.020	.906	
Mindful parenting	-.097	.591		-.360	.017		-.182	.204		-.483	.008	
Step 3(c)			.210 (<i>N</i> = 33)			.428 (<i>N</i> = 32)			.467 (<i>N</i> = 34)			.112 (<i>N</i> = 34)
Behavior problems	.217	.304		.073	.648		.422	.010		-.012	.952	
Acceptance	-.271	.203		-.459	.007		-.333	.038		-.400	.064	

Note. Control variables entered at Step 1 were retained in all stages of analyses.

Discussion

As hypothesized, and consistent with previous research (MacDonald et al., 2010, J. A. Weiss et al., 2012), we found that psychological acceptance mediated the relationship between child behavior problems and parental well-being. Significant mediation effects were found in relation to maternal anxiety, depression, and stress, as well as paternal depression. To our knowledge, this is the first study to investigate the potential mediating effects of both dispositional general mindfulness and situational mindfulness when parenting in mothers and fathers of children with ASD. We found that general mindfulness and mindful parenting had significant mediation effects in relation to maternal anxiety, depression, and stress. Results were less robust in relation to paternal well-being. The sample size was small for fathers, and caution is needed when drawing inferences from these data. However, previous research has also suggested different patterns of associations for maternal and paternal well-being (e.g., Davis & Carter, 2008; Jones, Totsika, Hastings, & Petalas, 2013). More research is needed to address whether different mediation processes are characteristic for mothers and fathers.

Consistent with previous research, the level of the child's behavior problems was a significant predictor of psychological distress for both mothers and fathers, while being unrelated to mothers' and fathers' positive perceptions (Hastings & Taunt, 2002; Hastings et al., 2005; Jones et al., 2013). For both mothers and fathers, child behavior problems remained a significant predictor of parental stress after the inclusion of all potential mediator variables.

Although not performing a mediation function, mindfulness and acceptance were significantly associated with positive gains for mothers and fathers, with parents who reported increased mindfulness and acceptance also reporting greater levels of positivity in relation to their child with ASD. A potential mechanism for this association is that parents who are more mindful (i.e., less judgmental of experiences, less reactive, and more aware of internal processes) and more accepting of distressing thoughts and feelings may be more able to positively embrace their circumstances. A recent intervention study by Benn et al. (2012) found that parents (and teachers) of children with developmental disabilities who participated in

mindfulness training showed greater self-compassion and greater empathic concern and forgiveness for others, which the authors describe as "an enhancement of positive psychological functioning" and "enhanced relational competence" (p. 7).

Previous research has highlighted the importance of measuring psychological process variables specifically in relation to parenting a child with a disability (Lloyd & Hastings, 2008). A measure of psychological acceptance in this context was already available (MacDonald et al., 2010). However, to measure mindfulness specifically in the parenting role, a new measure was developed and used for the first time in the current study (BMPS; see Appendix). Initial pilot data for the new measure are promising, with good levels of reliability and some evidence of validity obtained for mothers and fathers. Further research with this scale is needed to examine additional psychometric properties, especially test-retest reliability and further aspects of validity.

In the current study, the measurement of mindfulness both dispositionally and situationally in the parenting context yielded similar results: Both constructs mediated the impact of child behavior problems on maternal negative outcomes, while neither construct mediated the impact on paternal outcomes. One explanation for this is that both mindfulness measures were highly correlated for mothers and fathers, indicating that parents who are generally mindful also seem to be mindful in the parenting context. A reasonable question is whether measurement at both the situational and general level is needed. In research relating to parenting, a situational measure alone may be sufficient, and the measure developed in the current study is quick to administer and has displayed good psychometric properties. However, further theoretical development and research is needed to more fully understand the relationship between dispositional and situational mindfulness, and whether the processes measured in the current study are part of a latent mindfulness construct. Most significantly, the present study was cross-sectional and so we had no data on the stability or otherwise of mindful parenting. Longitudinal research designs are also needed to properly establish whether mindfulness or acceptance processes act as mediators of parent psychological distress over time.

The current data have both theoretical and practical implications. That mindfulness and acceptance processes may act as mediator variables

for parental (perhaps especially maternal) psychological distress contributes to an understanding of how and why some parents adjust more effectively than others. Coupled with the results of previous research on acceptance and mindfulness processes, these results support the potential utility of mindfulness-based and acceptance-based interventions for parents, particularly mothers, of children with ASD. Evidence supporting such interventions is already emerging (e.g., Benn et al., 2012; Blackledge & Hayes, 2006; Ferraioli & Harris, 2013; Singh et al., 2006; Singh et al., 2007). However, research on mindfulness and acceptance interventions is in its infancy, and further, controlled studies are needed. In addition, researchers need to explore whether the process variables targeted by these interventions do in fact mediate intervention outcomes for parents. The measures used in the current study may be useful in this endeavor.

There are a number of limitations to the current study. The sample size was modest, particularly for fathers. Therefore, caution is needed when interpreting these results, and replication is needed with a larger sample size. The response rate was low at 33%, and it is questionable whether the sample was representative of families caring for a child with an ASD living in the United Kingdom, given that parents were originally recruited via an autism charity. Therefore, the generalizability of the results may be limited. ASD status was also not confirmed with a diagnostic screening tool. Instead, parents were asked to provide their child's diagnostic label and details regarding who made the diagnosis and when it was given. That mothers alone completed measures of the child's autism symptoms and level of adaptive functioning is a further weakness, because maternal ratings may not accurately represent fathers' experiences of their child's behaviors. Finally, the study design was cross-sectional, and causality cannot be inferred. At present, it is unclear whether higher levels of mindfulness and acceptance lead to greater adjustment or whether better adjusted parents have a greater tendency to be more mindful and accepting (or both).

References

- Abbeduto, L., Seltzer, M. M., Shattuck, P., Krauss, M. W., Orsmond, G., & Murphy, M. M. (2004). Psychological well-being and coping in mothers of youths with autism, Down syndrome, or fragile X syndrome. *American Journal on Mental Retardation*, 109(3), 237–254. doi:10.1352/0895-8017(2004)109<237:PWACIM>2.0.CO;2
- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed., text rev.). Washington, DC: Author.
- Baer, R. A., Smith, G. T., Hopkins, J., Krietemeyer, J., & Toney, L. (2006). Using self-report assessment methods to explore facets of mindfulness. *Assessment*, 13(1), 27–45. doi:10.1177/1073191105283504
- Baer, R. A., Smith, G. T., Lykins, E., Button, D., Krietemeyer, J., Sauer, S., ... Williams, J. M. G. (2008). Construct validity of the Five Facet Mindfulness Questionnaire in meditating and nonmeditating samples. *Assessment*, 15(3), 329–342. doi:10.1177/1073191107313003
- Baron, R. M., & Kenny, D. A. (1986). The moderator-mediator variable distinction in social psychological research: Conceptual, strategic, and statistical considerations. *Journal of Personality & Social Psychology*, 51, 1173–1182.
- Benn, R., Avika, T., Arel, S., & Roeser, R. W. (2012). Mindfulness training effects for parents and educators of children with special needs. *Developmental Psychology*, 48(5), 1476–1487. doi:10.1037/a0027537
- Blacher, J., & McIntyre, L. L. (2006). Syndrome specificity and behavioural disorders in young adults with intellectual disability: Cultural differences in family impact. *Journal of Intellectual Disability Research*, 50(3), 184–198. doi:10.1111/j.1365-2788.2005.00768.x
- Blackledge, J. T., & Hayes, S. C. (2006). Using acceptance and commitment training in the support of parents of children diagnosed with autism. *Child & Family Behavior Therapy*, 28(1), 1–18. doi:10.1300/J019v28n01_01
- Bond, F. W., Hayes, S. C., Baer, R. A., Carpenter, K. M., Guenole, N., Orcutt, H. K., ... Zettle, R. D. (2011). Preliminary psychometric properties of the acceptance and action Questionnaire-II: A revised measure of psychological inflexibility and experiential avoidance. *Behavior Therapy*, 42(4), 676–688. doi: 10.1016/j.beth.2011.03.007
- Chiesa, A., & Serretti, A. (2011). Mindfulness based cognitive therapy for psychiatric disorders: A systematic review and meta-analysis. *Psychiatry*

- Research*, 187(3), 441–453. doi:10.1016/j.psychres.2010.08.011
- Dabrowska, A., & Pisula, E. (2010). Parenting stress and coping styles in mothers and fathers of pre-school children with autism and Down syndrome. *Journal of Intellectual Disability Research*, 54(3), 266–280. doi:10.1111/j.1365-2788.2010.01258.x
- Davis, N. O., & Carter, A. S. (2008). Parenting stress in mothers and fathers of toddlers with autism spectrum disorders: Associations with child characteristics. *Journal of Autism and Developmental Disorders*, 38(7), 1278–1291. doi:10.1007/s10803-007-0512-z
- Eisenhower, A. S., Baker, B. L., & Blacher, J. (2005). Preschool children with intellectual disability: Syndrome specificity, behaviour problems, and maternal well-being. *Journal of Intellectual Disability Research*, 49(9), 657–671. doi:10.1111/j.1365-2788.2005.00699.x
- Ferraioli, S. J., & Harris, S. L. (2013). Comparative effects of mindfulness and skill-based parent training programs for parents of children with autism: Feasibility and preliminary outcome data. *Mindfulness*, 4(2), 89–101. doi:10.1007/s12671-012-0099-0
- Friedrich, W. N., Greenberg, M. T., & Crnic, K. (1983). A short-form of the Questionnaire on Resources and Stress. *American Journal of Mental Deficiency*, 88(1), 41–48.
- Glidden L M., & Floyd F. J. (1997). Disaggregating parental depression and family stress in assessing families of children with developmental disabilities: A multi-sample analysis. *American Journal on Mental Retardation*, 102, 250–26.
- Goodman, R. (1997). The Strengths and Difficulties Questionnaire: A research note. *Journal of Child Psychology and Psychiatry and Allied Disciplines*, 38(5), 581–586. doi:10.1111/j.1469-7610.1997.tb01545.x
- Greenberg, J. S., Seltzer, M. M., Krauss, M. W., Chou, R. J., & Hong, J. (2004). The effect of quality of the relationship between mothers and adult children with schizophrenia, autism, or Down syndrome on maternal well-being: The mediating role of optimism. *American Journal of Orthopsychiatry*, 74(1), 14–25. doi:10.1037/0002-9432.74.1.14
- Griffith, G. M., Hastings, R. P., Oliver, C., Howlin, P., Moss, J., Petty, J., & Tunnicliffe, P. (2011). Psychological well-being in parents of children with Angelman, Cornelia de Lange and cri du chat syndromes. *Journal of Intellectual Disability Research*, 55(4), 397–410. doi:10.1111/j.1365-2788.2011.01386.x
- Grossman, P., Niemann, L., Schmidt, S., & Walach, H. (2004). Mindfulness-based stress reduction and health benefits: A meta-analysis. *Journal of Psychosomatic Research*, 57(1), 35–43. doi:10.1016/S0022-3999(03)00573-7
- Hastings, R. P. (2003). Child behaviour problems and partner mental health as correlates of stress in mothers and fathers of children with autism. *Journal of Intellectual Disability Research*, 47, 231–237. doi:10.1046/j.1365-2788.2003.00485.x
- Hastings, R. P., & Brown, T. (2002). Behavior problems of children with autism, parental self-efficacy, and mental health. *American Journal on Mental Retardation*, 107(3), 222–232. doi:10.1352/0895-8017(2002)107<0222:BPOCWA>2.0.CO;2
- Hastings, R. P., Kovshoff, H., Ward, N. J., Espinosa, F. D., Brown, T., & Remington, B. (2005). Systems analysis of stress and positive perceptions in mothers and fathers of pre-school children with autism. *Journal of Autism and Developmental Disorders*, 35(5), 635–644. doi:10.1007/s10803-005-0007-8
- Hastings, R. P., & Taunt, H. M. (2002). Positive perceptions in families of children with developmental disabilities. *American Journal on Mental Retardation*, 107(2), 116–127. doi:10.1352/0895-8017(2002)107<0116:PPIFOC>2.0.CO;2
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change*. New York, NY: Guilford Press.
- Herring, S., Gray, K., Taffe, J., Tonge, B., Sweeney, D., & Einfeld, S. (2006). Behaviour and emotional problems in toddlers with pervasive developmental disorders and developmental delay: Associations with parental mental health and family functioning. *Journal of Intellectual Disability Research*, 50, 874–882. doi:10.1111/j.1365-2788.2006.00904.x
- Honey, E., Hastings, R. P., & McConachie, H. (2005). Use of the Questionnaire on Resources and Stress (QRS-F) with parents of young children with autism. *Autism*, 9(3), 246–255. doi:10.1177/1362361305053256
- Iizuka, C., Yamashita, Y., Nagamitsu, S., Yamashita, T., Araki, Y., Ohya, T., ... Matsuishi, T. (2010). Comparison of the Strengths and Difficulties Questionnaire (SDQ) scores be-

- tween children with high-functioning autism spectrum disorder (HFASD) and attention-deficit/hyperactivity disorder (AD/HD). *Brain & Development*, 32(8), 609–612. doi:10.1016/j.braindev.2009.09.009
- Jones, L., Totsika, V., Hastings, R. P., & Petalas, M. A. (2013). Gender differences when parenting children with autism spectrum disorders: A multilevel modeling approach. *Journal of Autism and Developmental Disorders*, 43(9), 2090–2098. doi: 10.1007/s10803-012-1756-9
- Lecavalier, L., Leone, S., & Wiltz, J. (2006). The impact of behaviour problems on caregiver stress in young people with autism spectrum disorders. *Journal of Intellectual Disability Research*, 50, 172–183. doi:10.1111/j.1365-2788.2005.00732.x
- Lloyd, T., & Hastings, R. P. (2008). Psychological variables as correlates of adjustment in mothers of children with intellectual disabilities: Cross-sectional and longitudinal relationships. *Journal of Intellectual Disability Research*, 52, 37–48. doi:10.1111/j.1365-2788.2007.00974.x
- Lounds, J., Seltzer, M. M., Greenberg, J. S., & Shattuck, P. T. (2007). Transition and change in adolescents and young adults with autism: Longitudinal effects on maternal well-being. *American Journal on Mental Retardation*, 112(6), 401–417.
- MacDonald, E. E., Hastings, R. P., & Fitzsimons, E. (2010). Psychological acceptance mediates the impact of the behaviour problems of children with intellectual disability on fathers' psychological adjustment. *Journal of Applied Research in Intellectual Disabilities*, 23(1), 27–37. doi:10.1111/j.1468-3148.2009.00546.x
- Noone, S. J., & Hastings, R. P. (2009). Building psychological resilience in support staff caring for people with intellectual disabilities. *Journal of Intellectual Disabilities*, 13(1), 43–53. doi: 10.1177/1744629509103519
- Noone, S. J., & Hastings, R. P. (2010). Using acceptance and mindfulness-based workshops with support staff caring for adults with intellectual disabilities. *Mindfulness*, 1, 67–73.
- Olsson, M. B., & Hwang, P. C. (2003). Influence of macrostructure of society on the life situation of families with a child with intellectual disability: Sweden as an example. *Journal of Intellectual Disability Research*, 47(4–5), 328–341. doi:10.1046/j.1365-2788.2003.00494.x
- Petalas, M. A., Hastings, R. P., Nash, S., Hall, L. M., Joannidi, H., & Dowey, A. (2012). Psychological adjustment and sibling relationships in siblings of children with autism spectrum disorders: Environmental stressors and the broad autism phenotype. *Research in Autism Spectrum Disorders*, 6(1), 546–555. doi: 10.1016/j.rasd.2011.07.015
- Pit-ten Cate, I. M. (2003). *Family adjustment to disability and chronic illness in children*. Unpublished doctoral thesis, University of Southampton.
- Rutter, M., Bailey, A., Lord, C., & Berument, S.K. (2003). *Social Communication Questionnaire*. Los Angeles, CA: Western Psychological Services.
- Rydebrandt, B. (1991). Defense strategies and anxiety in mothers of disabled children. *European Journal of Personality*, 5(5), 367–377. doi:10.1002/per.2410050504
- Schieve, L. A., Blumberg, S. J., Rice, C., Visser, S. N., & Boyle, C. (2007). The relationship between autism and parenting stress. *Pediatrics*, 119, S114–S121. doi:10.1542/peds.2006-2089Q
- Singh, N. N., Lancioni, G. E., Winton, A. S. W., Fisher, B. C., Wahler, R. G., McAleavey, K., ... Sabaawi, M. (2006). Mindful parenting decreases aggression, noncompliance, and self-injury in children with autism. *Journal of Emotional and Behavioral Disorders*, 14(3), 169–177. doi:10.1177/10634266060140030401
- Singh, N. N., Lancioni, G. E., Winton, A. S. W., Singh, J., Curtis, W. J., Wahler, R. G., & McAleavey, K. M. (2007). Mindful parenting decreases aggression and increases social behavior in children with developmental disabilities. *Behavior Modification*, 31(6), 749–771. doi:10.1177/0145445507300924
- Sparrow, S. S., Cicchetti, D. V., & Balla, D. A. (2005). *Vineland II Adaptive Behaviour Scales: A revision of the Vineland Social Maturity Scale by Edgar A. Doll. Survey Interview Form*. Circle Pines, MN: AGS Publishing.
- Tobing, L. E., & Glenwick, D. S. (2002). Relation of the Childhood Autism Rating Scale—Parent Version to diagnosis, stress, and age. *Research in Developmental Disabilities*, 23(3), 211–223. doi:10.1016/S0891-4222(02)00099-9
- Totsika, V., Hastings, R. P., Emerson, E., Berridge, D. M., & Lancaster, G. A. (2011). Behavior problems at 5 years of age and maternal mental health in autism and intellectual disability. *Journal of Abnormal Child Psychology*, 39(8), 1137–1147. doi:10.1007/s10802-011-9534-2

- Weiss, J. A., Cappadocia, M. C., MacMullin, J. A., Vecili, M., & Lunsy, Y. (2012). The impact of child problem behaviors of children with ASD on parent mental health: The mediating role of acceptance and empowerment. *Autism, 6*(1), 115–130. doi:10.1177/1362361311422708
- Weiss, M. J. (2002). Hardiness and social support as predictors of stress in mothers of typical children, children with autism, and children with mental retardation. *Autism, 6*(1), 115–130. doi:10.1177/1362361302006001009
- World Health Organization. (2008). *ICD-10: International Statistical Classification of Diseases and Related Health Problems (10th rev. ed.)*. New York, NY: Author.
- Zigmond, A. S., & Snaith, R. P. (1983). The Hospital Anxiety and Depression Scale. *Acta Psychiatrica Scandinavica, 67*(6), 361–370. doi: 10.1111/j.1600-0447.1983.tb09716.x

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APPENDIX

Bangor Mindful Parenting Scale

The following statements describe different ways parents may interact with their children. Please circle the response that describes what is generally true for you when parenting your child with an ASD. Remember, there are no right or wrong answers, and please answer according to what *really reflects your experience*, not what you think you should be experiencing.

	never true	sometimes true	often true	always true
1. I rush through activities with my child without being really attentive to him/her.	0	1	2	3
2. In difficult situations with my child I can pause without reacting straight away.	0	1	2	3
3. I tend to make judgments about whether I am being a good or a bad parent.	0	1	2	3
4. I pay attention to how my emotions affect the way I act towards my child.	0	1	2	3
5. I have trouble thinking of the right words to express how I feel about my child.	0	1	2	3
6. It seems I am “running on automatic” without really being aware of what I’m doing with my child.	0	1	2	3
7. When I have upsetting thoughts about my child, I am able to just notice them and let them go.	0	1	2	3
8. I think some of my emotions towards my child are bad and I shouldn’t be feeling them.	0	1	2	3
9. I stay aware of my feelings towards my child.	0	1	2	3
10. Even when I’m feeling terribly upset with my child, I can find a way to put it into words.	0	1	2	3
11. I don’t pay attention to what I’m doing with my child because I’m daydreaming, worrying or distracted.	0	1	2	3
12. When I get upset with my child I am able to keep calm.	0	1	2	3
13. Some of the thoughts I have about my child are negative and I say to myself that I shouldn’t be thinking that way.	0	1	2	3
14. I am aware of how my moods affect the way I treat my child.	0	1	2	3
15. I’m good at finding the words to describe my feelings about my child.	0	1	2	3

Reverse score items: 1, 3, 5, 6, 8, 11, 13.

Items in five domains as reflected in the Five Facet Mindfulness Questionnaire (not yet established as potential subscales):

Acting with awareness: items 1, 6, 11.

Nonreactivity: items 2, 7, 12.

Nonjudgment: items 3, 8, 13.

Observing: items 4, 9, 14.

Describing: items 5, 10, 15.

mesure d'exprimer de façon fiable ce qu'ils préfèrent le plus et le moins par des méthodes d'évaluation directes. Les items préférés sont généralement utilisés comme moyen de récompense et peuvent faciliter l'acquisition de nouvelles compétences et ainsi promouvoir l'engagement de la personne envers la tâche. Un certain nombre de méthodes d'évaluation des préférences sont disponibles. La sélection de la méthode la plus appropriée est toutefois cruciale pour fournir des résultats fiables et significatifs. Les auteurs ont effectué une revue systématique des méthodes d'évaluation des préférences et ont mis au point un modèle de prise de décision guidant les praticiens dans le choix des méthodes d'évaluation les plus appropriées selon des scénarios d'évaluation donnés. Le modèle de prise de décision proposé pourrait être un outil utile afin d'accroître l'utilisation et l'adoption d'une méthodologie d'évaluation des préférences dans les pratiques professionnelles.

Les problèmes de comportement des enfants et le bien-être parental dans les familles d'enfants présentant de l'autisme: le rôle médiateur de la présence attentive et de l'acceptation

Leah Jones, Richard Patrick Hastings, Vasiliki Totsika, Lisa Keane et Neisha Rhule

Peu d'études ont exploré en quoi le niveau de problèmes de comportement d'un enfant conduit à la détresse psychologique chez les parents d'enfants présentant un trouble du spectre de l'autisme (TSA). Les auteurs ont étudié si l'acceptation psychologique ainsi que la présence attentive peuvent avoir un effet médiateur sur la relation entre le comportement de l'enfant et la détresse parentale. Soixante-dix mères et trente-neuf pères d'enfants présentant un TSA ont participé à l'étude en rapportant leur propre bien-être psychologique ainsi que les problèmes de comportement de leur enfant. Les résultats ont révélé que l'acceptation psychologique agit à titre de variable médiatrice chez les mères pour l'anxiété, la dépression, et le stress, et chez les

pères pour la dépression. Ces résultats contribuent à soutenir que la présence sélective et l'acceptation seraient d'importants processus psychologiques parentaux, ce qui a des implications pour le soutien des parents.

L'adaptation et la santé psychologique de parents vieillissants d'enfants adultes ayant une déficience intellectuelle

Vivian E. Piazza, Frank J. Floyd, Marsha R. Mailick et Jan S. Greenberg

Parmi les parents vieillissants (moyenne d'âge = 65, N = 139) d'adultes ayant une déficience intellectuelle nous avons examiné l'efficacité de multiples formes d'adaptation à la charge des aidants naturels. Comme prévu, les stratégies d'adaptation au stress (engagement secondaire), fréquemment utilisées plus tard dans la vie, atténuent l'impact de la charge des aidants naturels, alors que les stratégies de désengagement et de distraction exacerbent les effets de la charge sur les symptômes dépressifs. La plupart des effets étaient similaires pour les mères et les pères, et les stratégies d'adaptation, y compris des stratégies actives pour réduire le stress (engagement primaire), ont eu des effets plus importants pour les parents ayant d'autres enfants à la maison. La vulnérabilité de l'aidant naturel était plus élevée lorsque les parents vieillissants ayant d'autres enfants vivant à la maison utilisaient le désengagement et la distraction, tandis que ceux qui utilisaient l'engagement étaient résilients.

The French translation of the abstracts has been coordinated by «AAIDD-Québec» with the collaboration of Marc-André Gagnon, Marie-Josée Leclerc, Carole Légaré, Véronique Longtin, Julie Maltais, and Diane Morin.

La traduction des résumés en français a été coordonnée par «AAIDD-Québec» avec la collaboration de Marc-André Gagnon, Marie-Josée Leclerc, Carole Légaré, Véronique Longtin, Julie Maltais, et Diane Morin.

una evaluación de preferencias directa. Los ítems preferidos tienden a funcionar como recompensa y pueden por lo tanto, ser utilizados para facilitar la adquisición de nuevas habilidades y promover la dedicación a la tarea. Varios métodos de evaluación de preferencias están disponibles, pero la selección del método apropiado es crucial para conseguir resultados confiables y significativos. Los autores realizaron una revisión sistemática sobre la literatura referida a evaluación de preferencias y desarrollaron un modelo de toma de decisiones informado en evidencias para guiar a los profesionales en la selección de métodos de evaluación de preferencias para una evaluación con un escenario determinado. El modelo de toma de decisiones propuesto para evaluar, podría ser una herramienta muy útil para incrementar el uso y aceptación de la metodología de evaluación de preferencias en contextos aplicados.

Problemas Conductuales en Niños y Bienestar de los Padres en Familias con Niños con Autismo: El Rol mediador de Mindfulness y Aceptación

Leah Jones, Richard Patrick Hastings, Vasiliki Totsika, Lisa Keane, and Neisha Rhule

Pocos estudios de investigación han explorado cómo el nivel de problemas conductuales de un niño conduce a la angustia psicológica en los padres de niños con autismo. Los autores exploraron si la aceptación psicológica y concientización mediaba esta relación entre el comportamiento del niño y la angustia en los padres. Setenta y un madres (71) y treinta (30) padres de niños con autismo participaron exponiendo su bienestar psicológico positivo y negativo y los problemas conductuales de sus hijos. La aceptación psicológica actuó como una variable mediadora para la ansiedad materna, la

depresión y el estrés, como también en la depresión de los padres. *La concientización general y la paternidad conciente, tuvieron efectos mediadores significativos para la ansiedad materna, la depresión y el estrés.* Los resultados contribuyen a evidenciar que la concientización y aceptación podrían ser importantes procesos psicológicos de los padres, con implicancias para el apoyo de los padres.

Afrontamiento y Salud Psicológica de Padres Adultos Mayores de Hijos Adultos con Trastornos del Desarrollo

Vivian E. Piazza, Frank J. Floyd, Marsha R. Mailick, and Jan S. Greenberg

Entre padres ancianos (edad promedio = 65, N = 139) de adultos con trastornos del desarrollo, se examinó la efectividad de múltiples formas de afrontar la carga que recae en ellos como cuidadores. Como es de esperar, estrategias flexibles de adaptación al estrés (dedicación secundaria), utilizadas frecuentemente en la tercera edad, amortigua el impacto de la carga que recae en los cuidadores, mientras que el cese de contacto y la distracción, exacerbaban los efectos de esta carga en síntomas de depresión. La mayoría de los efectos fueron similares para madres y padres y todas las estrategias de afrontamiento, incluyendo estrategias activas para reducir el estrés (dedicación primaria), tuvieron mayores efectos en padres con hijos co-residentes. La vulnerabilidad de los cuidadores fue mayor cuando padres ancianos con hijos co-residentes utilizaron estrategias de afrontamiento basadas en una menor dedicación y distracción, pero aquellos que utilizaron estrategias de afrontamiento de mayor dedicación, fueron resilientes.

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