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Group Intervention in ACT (Acceptance and Commitment Therapy) for Parents of Handicapped Children

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Abstract

Despite the prevalence of autism spectrum condition and the difficulties that are connected with it, there is a dearth of treatments that have been well researched and validated, and which are capable of effectively alleviating the significant suffering that is experienced by parents. Using a sample size of twenty-five parents who had children with disabilities, the purpose of this research was to determine whether or not it would be possible to implement a unique group intervention that would make use of manualized Acceptance and Commitment Therapy. In order to evaluate the preliminary findings, self-assessment questionnaires were distributed at the beginning of the intervention, after it had been completed, and all throughout the follow-up period. When determining whether or not the technique was feasible, factors such as treatment completion, credibility, and satisfaction were taken into consideration. Taking into consideration the findings, it would appear that this technique has the potential to be successfully adopted as a component of outpatient rehabilitation services in Multan and Bahawalpur. The initial findings from the outcome measures indicate that there has been a significant improvement in the health of the parents: acceptance level ($\eta p2 = 0.15$), depression ($\eta p2 = 0.21$), anxiety ($\eta p2 = .19$) and own parenting failure (ηp2 =0.12). According to the findings, it is absolutely necessary to carry out a randomized controlled trial in order to assess the level of practicability associated with the treatment.

Keywords: autistic, parent stress, therapy.

Introduction

The existence of a child's disability adds an extra layer of complexity to the process of parenting, which can result in a significant amount of stress and the possibility of mental health problems for the parents (Lindo et al., 2016). Researchers Keenan et al. (2016), Scherer et al. (2019), found that parents of children with disabilities, including Autism Spectrum Disorder (ASD), Cerebral Palsy (CP), Intellectual Disability (ID), Acquired Brain Injury (ABI), Attention Deficit Hyperactivity Disorder (ADHD), and chronic illnesses, experience elevated levels of stress, physical ailments, and emotional distress, including depression and anxiety. These findings were published in a number of studies. As stated by Deater-Deckard (1998), the occurrence of parental stress may be attributed to a disparity between the requirements of parenting and the resources that are accessible, originating from both inside the individual and from the external environment. It is possible for us to experience distress, which is conceptually tied to stress but spans a wider range of bad sensations (Fink, 2016).

Distress can occur when we are unable to adjust to challenging circumstances. Regardless of the particular handicap that the child has, caregivers typically experience comparable levels of stress and dissatisfaction in their daily lives. A number of factors, including stress related to caregiving, behavioral and emotional issues in the child, future anxiety, social stigma, and the parent's self-evaluation as an imperfect parent, are frequently cited by parents as reasons for feeling inadequate in their parenting (Barroso et al., 2018; Broberg, 2011; Weitlauf et al., 2014). These factors are commonly cited by parents as reasons for feeling inadequate in their parenting. According to Lindo et al. (2016), parents may face additional stress as a result of a lack of social support, which can be rendered even more severe by ableism and societal bias toward those who have mental or physical disabilities. According to Neely-Barnes et al. (2010), parents have the choice to either openly talk about their child's impairment with others or to choose to conceal it.

This choice is meant to be a response to the phenomenon of ableism. Experiential avoidance is a strong aversion to face negative internal experiences such as feelings, ideas, and bodily sensations. This aversion is common among those who suffer from this condition. It is characterized by the sensation of being trapped in a never-ending loop of attempting to alter, anticipate, or steer clear of circumstances that bring about these sensations. Both in the general population (Ruiz, 2010) and especially among the parents of children with disabilities (Sairanen et al., 2018), there is a correlation between experiential avoidance and stress and anxiety. Research has shown that when parents experience stress or worry, it can have an impact on their children's health, development, treatment results, and behavioral difficulties (Barroso et al., 2018; Lessenberry&Rehfeldt, 2004).

Literature Review

Parents who experience stress or worry are more likely to have children who exhibit behavioral problems. Moreover, according to Neece et al. (2012), there is a relationship between the stress and uneasiness that parents experience and the behavioral issues that children demonstrate. This connection is reciprocal. Collectively, Hirvikoski, Jonsson, et al. (2015), Hirvikoski, Waaler, et al. (2015), and Lappalainen et al. (2021) hold the belief that Swedish interest groups for neurodevelopmental disorders ought to place a high priority on the continued development of family aid as a significant matter. Some of the research that emphasize the urgent need to design and assess therapies that are targeted at improving the mental well-being of parents who have impaired children are Dykens and Lambert (2013), Lindo et al. (2016), and Whittingham (2014). These studies are among the ones that demonstrate the global acknowledgment of the urgent demand this requires.

In addition to contextual cognitive behavioral therapy, another word that is used to refer to this type of therapy is acceptance and commitment therapy (ACT). A-Tjak et al. (2015) and Ruiz (2010) are two of the many meta-analyses that have reached the conclusion that it is an effective treatment for a variety of psychological disorders, including anxiety, stress, and depression. According to Hayes et al. (2009), the primary treatment objective of increasing psychological flexibility (PF) results in a decrease in the avoidance of situations that are unpleasant. A wide variety of functional activities are included in the definition of PF that was provided by Hayes et al. (2009). Acknowledging one's own internal sensations and adjusting to external stimuli in a flexible manner are both activities that fall under this category of actions. This modification takes into account the current conditions as well as the individual's own personal convictions. A psychopathological (counter-)expression and six interaction processes are the components that make up the PF model that is utilized in ACT interventions.

According to Hayes et al. (2009), the six steps that comprise the healing process are as follows: paying attention to the present moment, cognitive defusion, experiential acceptance, perspective-taking, deictic relational frames, a sense of purpose in life that is based on one's values, and a commitment to acting in a manner that is consistent with those values. This therapy method places a primary emphasis on assisting patients in gaining a stronger sense of self-awareness and functioning, rather than only aiming for the absence of symptoms (Villatte et al., 2015). This is the primary goal of the approach. According to Leeming and Hayes (2016), the capabilities that arise in PF, such as resilience and adaptive coping, have a significant influence in determining the long-term repercussions of stress and suffering. PF allows for the development of these capacities. Enhanced levels of PF have been shown to have a favorable link with improved family functioning as well as general well-being, according to research conducted by Lappalainen et al. (2021) and Prevedini et al. (2020). Furthermore, research has shown that parents who have high parental functioning (PF) have better competency and flexibility in their parenting practices, as well as maintain more frequent and superior contacts with their children (Leeming& Hayes, 2016; Shea & Coyne, 2011). This is the case because they are able to maintain a higher level of interaction with their children.

Through participation in ACT programs, parents are able to develop the skills necessary to become more attentive and flexible in their approaches to parenting. Moreover, they acquire the ability to accept themselves and their children in their current state, as well as the recognition of the role that language plays in the modification of harmful habits. According to Prevedini et al.'s research from 2020, the fundamental basis for bringing about behavioral change is the ability to objectively analyze one's own behavior as well as the behavior of one's child, evaluate the situation, and make a conscious decision between prioritizing self-care and adopting adaptable, value-driven parenting behaviors. According to Cheron et al. (2009) and Prevedini et al. (2020), the fundamental assumption is that parents would improve their ability to participate in flexible attention activities such as perspective-taking, mindfulness, and reinforcement, while simultaneously reducing their tendency to rely on techniques that are automatic, punitive, and inflexible. According to Leeming and Hayes (2016), when parents improve their ability to parent, it might potentially set off a "positive spiral" that leads to higher happiness for the parents as well as an improvement in the overall quality of life within the family.

There have been only a few number of pilot studies and small-scale randomized controlled trials (RCTs) that have investigated the use of Acceptance and Commitment Therapy (ACT) in the setting of parenting children who have autism. This is despite the fact that the results have been good. A number of researchers, such as Byrne et al. (2020), Hahs et al. (2019), have contributed to these collections of research. A number of possible improvements in PF have been seen, including significant decreases in avoidance, tension, anxiety, and despair, according to preliminary research. Acknowledgement and Commitment Therapy (ACT) has been proven to be beneficial in lowering anxiety and depression symptoms among parents who have children with autism, according to study that was done not too long ago by Juvin et al. (2021). Nevertheless, the research papers that were incorporated into the study made use of sample sizes that ranged anywhere from three to thirty-three persons. Byrne et al., 2020 conducted a recent comprehensive review that reveals that the application of acceptance and commitment therapy (ACT) has the ability to assist parents of children with various impairments in effectively coping with feelings of stress and hopelessness. According to research conducted by Lappalainen et al. (2021) and Sairanen et al. (2019), it has been established that parents of children who have chronic illnesses or impairments may benefit from Acceptance and Commitment Therapy (ACT) that is conducted over the internet. According to research carried out by Brown et al. (2015) and Whittingham et al. (2016), parents of children who have cerebral palsy (CP) or acquired brain damage may find that an ACT-enriched parent training program is superior than traditional parenting training. This is indicated by the findings of the aforementioned studies. As an alternative to manuals that are tailored to specific conditions, transdiagnostic acceptance and commitment therapy (ACT) procedures have been suggested as a potential alternative. It is the intention of these protocols to improve future implementation and scalability, and they take into consideration the typical experience of parenting a kid who has a handicap. According to Dindo et al. (2017), acceptance and commitment therapy (ACT), which is a transdiagnostic treatment, is particularly suitable in this specific case (Prevedini et al., 2020).

In spite of the fact that there are obvious advantages, such as cost-effectiveness and logistical efficiency, there is a dearth of extensive research and standardized ACT procedures for parents of children who have impairments. In the end, there are difficulties that can make it impossible to achieve good execution, which can make it impossible to implement a therapy that has a large efficacy that is supported by several tests that have been completed effectively. According to Foster and Mash (1999), the feasibility of an intervention, which includes components such as the completion of the program and the credibility of the treatment, is a factor that may accurately predict the outcomes of therapy and the effective execution of the intervention. The participants' opinions on how successful the treatment is, as well as their evaluations of the intervention's credibility and utility in a specific circumstance, are typical indicators of treatment result in research that focuses on therapy (Devilly&Borkovec, 2000). These are the kind of signals that should be considered while doing research on therapy. It was discovered by Bowen as al. (2009) and Nock et al. (2007) that when the credibility and expectation of a therapy are great, it leads to increased attendance, adherence to the treatment, motivation, and improvements in therapeutic practices. It is essential to evaluate the practicability of the implementation from the point of view of both the participants and the suppliers in order to guarantee that the implementation will be successful. According to Bowen et al. (2009), when treatment providers have confidence in the therapy, they are more likely to stick to the treatment manual in a stringent manner, which in turn increases the likelihood of attaining favorable therapeutic outcomes. In addition, prior to conducting an expensive randomized controlled trial (RCT), it is important to undertake a trial of the concept in a clinical setting in order to confirm that it is effective.

Objectives

The purpose of this research is to determine whether or not the concept is ready to be tested in a randomized controlled trial (RCT) and to determine whether or not Acceptance and Commitment Therapy (ACT) treatment is feasible for parents of children with a variety of impairments. For the purpose of this study, both aspects will be investigated. In order to evaluate a recently established trans-diagnostic group treatment known as Navigator ACT, which was developed at Habilitation and Health, an outpatient habilitation service in Multan and Bahawalpur, the purpose of this study was to evaluate the effectiveness of the treatment. In order to improve the emotional health and physical functioning of parents who have children with disabilities, Navigator ACT was developed with the express purpose of addressing these concerns. As a first step towards performing a randomized controlled trial (RCT) and perhaps deploying it on a large scale, the purpose of this study was to undertake an in-depth evaluation of the practicability of utilizing Navigator ACT in clinical outpatient habilitation services. The percentage of treatment completion was evaluated, variables that predicted treatment completion were identified, and treatment credibility, expectation, utility, and satisfaction were evaluated. These were the factors that were used to establish whether or not the therapy was feasible. Furthermore, our purpose was to study the association between the degrees of stress and discomfort experienced by parents (including depression, anxiety, and experiential avoidance), the amount of mindfulness that they had, and the evaluation of their children's strengths and weaknesses both before and after treatment.

Hypothesis of study

H1: Navigator Acceptance and Commitment Therapy (ACT) has feasible for parents of children with varied disabilities, enabling a randomized controlled trial (RCT) to assess its efficacy.

H2: Parental stress, mindfulness, and perception of their children's strengths and flaws has significantly correlated.

Methodology

Steps to Take When Enrolling and Recruiting Participants

At the centers, we conducted a screening interview and needs assessment with 44 parents, which lasted 20-30 minutes. Treatment can only be provided if the index child has a confirmed disability or a significant developmental delay (in the case of preschoolers). Parents with children 0–17 years old who have a disability or significant developmental delay, (2) experiencing stress, sadness, or worry as a result of their child's impairment, (3) fluency in Urdu, and (4) capacity to participate in all sessions were considered for inclusion. Parents requiring specialized care due to severe mental health difficulties were screened out. If necessary, review the patient's medical records. A meeting was held to provide information to parents who fulfilled the criteria for inclusion. Inclusion was determined after obtaining signed informed consent and applying standardized self-rating questionnaires, such as the Hospital Anxiety and Depression Scale (HADS), which assesses distress. Due to the importance of the individual process, it was recommended that couples (parents of the same child) join different groups.

Sample Size and Inclusion Criteria

The inclusion criteria were met by 24 of the candidates who were interviewed, and they were all treated. In order to examine the practicality from the viewpoint of the treatment provider, we surveyed 15 group leaders (n = 8). Three social workers, one special education teacher, and three psychologists participated in the Navigator ACT group leader training. Training participants were chosen based on their professional qualifications, skills, and motivation. In order to train people to be Navigator ACT facilitators and increase treatment fidelity, three of the writers of this piece developed and oversaw a 25-hour group leader program that lasted two months and consisted of seven days. Training included both classroom instruction and clinical supervision as well as group work using the Navigator ACT program. After each treatment session, the manual's creators oversaw training to evaluate the progress made in terms of skills and to gather feedback from users for future revisions. Throughout the program, clinical supervision was the sole occurrence.

Parents Demographic Information

A modified version of the Current Life Situation Questionnaire (CLSQ) was used to gather demographic and background information (Hirvikoski et al., 2009). The following demographic information was collected from the participants: gender, level of education, occupation, marital status, number of years of experience with psychoactive medications and psychotherapy, and whether they were full-time or part-time parents. The number of children with and without disabilities, as well as the index child's primary and secondary diagnoses, were among the questions posed by the CLSQ.

Acceptance and Commitment therapy Treatment

Habilitation and Health in the Region of Multan and Bahawalpur used ACT, a trans-diagnostic, manualized treatment. Livingheim (2008) revised it from the manual ACT to Deal with Stress and Promote Health after 10 years of experience with ACT groups for parents of autistic children in Stockholm outpatient habilitation services. Other relevant papers and Lisa Coyne's ACT group protocol for parents of autistic children served as further sources of inspiration for the treatment outline. Two psychologists with extensive experience leading ACT groups for parents of autistic children and both members of the Navigator ACT project team worked together to establish the final therapy plan. The Navigator ACT handbook is an attempt to improve parental PF that is based on ACT. The overall treatment time is 20 hours, broken down as five 3.5-hour closed group sessions and one 2.5-hour booster session. Through psychoeducation, role-playing, creative exposure, comparisons, paradoxes, and experiential activities, the five sessions delve into a theme. Group projects rely heavily on homework. We recommend a group size of 8-16 parents. The group is guided by two medical professionals who use structured talks and directions from a treatment handbook.

Metrics for Treatment Providers

Prior to T1, the group leaders completed a modified CEQ (Devilly&Borkovec, 2000), and after T2, they did it again. Part I looked at the reliability and efficacy of Navigation ACT as a treatment for parents of disabled children, and Part II assessed the reliability of its group leader training as an ACT program and the efficacy of its training in enhancing participants' personal competence. Both the first and second parts had Likert scale items, although the second one included five. Group leader training was evaluated using a modified version of the session evaluation form (SEF) before each supervision session and after the theoretical component (sessions 2-6) to gauge satisfaction and perceived usefulness. This learning session, the benefits of sharing experiences with other group leaders, learning theory, and practical (Navigator) ACT skills were all part of the questions.

Statistical Analysis

We used IBM SPSS 26 for our statistical analysis. Using descriptive statistics, the data was filtered and described. Four data points were not included. To determine the magnitude of the impact in treatment completers and non-completers, chi-square were employed. There were percentage and Likert scale questions on the CEQ; to make the percentage items into a scale from 0 to 10, 40%, 50%, and 60% each scored 5 (Nock et al., 2007). Using inductive theme analysis, the first author evaluated the PEF's open-ended questions. The subject categorized the frequently used phrases. The study group unanimously agreed upon the themes, and another researcher (PL) verified their validity. Data on the efficiency of repeated-measures T1-T2 and T1-T3 were evaluated using analysis of variances. There were not many extreme values of continuous variables shown in boxplots. In accordance with the protocol, the rmANOVAs only comprised subjects who participated in a minimum of four out of five treatment sessions and who finished the post-measurement exams.

Results

Table 1 Disable Child Parents demographic Information (N=24)

Variables	**F(%)**
Male	09 (37.5)
Female	15 (62.5)
Marital status	
Single parents	5 (20.8)
Partnership	19 (79.2)
Physical Health	
Ill-health	11 (45.8)
No medical issue	13 (54.1)

Table 1 presents the demographic information of twenty-four parents who have children with disabilities. Based on the data presented in the table, the proportion of male participants was 37.5% and the proportion of female participants was 62.5%. Regarding marital status, the majority of parents, specifically 79.2%, were in a partnership, and the remaining 20.8% were single. In terms of physical health, 45.8% reported being unwell, while 54.1% reported being in good condition. These demographic parameters establish the foundation for further analysis and interpretation by offering valuable insights on the composition of the group of participants in the study.

Table 2 Repeated Measure Anova Disable Child Parents Related Intervention Effect Size (N=24)

Scales	**Pre** **M(SD)**	**Post** **M (SD)**	**T1-T2** **P-vale &ηp2**	**T1-T2-T3** **P-vale & ηp2**
Parents Acceptance Scale	34.1(7.3)	14.1(4.3)	0.001 & 0.15	0.021 & 0.25
Mindfulness	21.4 (12.4)	19.4 (8.4)	0.05 & 0.21	0.05 & 0.11
Depression	29.2 (9.32)	18.1(5.02)	0.000 & 0.19	0.011 & 0.29
Anxiety	31.1 (12.0)	21.3 (5.2)	0.023 & 0.12	0.033 & 0.32
Own parenting dissatisfaction	6.31 (3.21)	4.31 (1.1)	0.041 & 0.31	0.021 & 0.21

Table 2 presents the results of repeated measures ANOVA that examined the impact of an intervention on parents of children facing challenges. The study had a sample size of N=24. The table displays the means and standard deviations (M and SD) of several outcome measures before and after the intervention. In addition, it provides p-values and effect sizes (ηp2) for two time periods, T1-T2 and T1-T2-T3.

Consider the Parents Acceptance Scale as an illustrative case. Before the intervention (Pre), participants reported an average score of 34.1 with a standard deviation of 7.3. Following the intervention, the score experienced a significant decrease to 14.1 (SD=4.3). The transition from the Pre to Post phase cannot be solely attributed to random chance, as evidenced by the p-value for the T1-T2 interval, which indicates a statistically significant difference (p=0.001). The interval is associated with an effect size (ηp2) of 0.15, indicating that the intervention had a moderate impact on parental acceptance.

Similarly, the average score on the depression scale decreased from 29.2 (with a standard deviation of 9.32) before the intervention to 18.1 (with a standard deviation of 5.02) after the intervention. Based on the data, the intervention had a modest influence on reducing depressive symptoms, as shown by an effect size of 0.19 and a statistically significant p-value of 0.000 for the T1-T2 interval. When interpreting these data, it is important to note that decreasing p-values indicate a higher likelihood that the observed changes are due to statistical significance rather than random chance. Moreover, a larger effect size indicates that the intervention had a more significant practical significance on the outcome variable. The findings suggest that the parent-related intervention effectively alleviated participants' discontent, depression, anxiety, lack of mindfulness, and lack of parental acceptance.

Table 3Repeated Measure Anova Disable Child Related Intervention Effect Size (N=24)

Scales	**Pre M(SD)**	**Post M (SD)**	**T1-T2 P-vale &ηp2**	**T1-T2-T3 P-vale & ηp2**
1. Pro-social Behavior	14.1(3.3)	14.1(4.3)	0.071 & 0.25	0.011 & 0.15
2. Emotional Problem	11.2 (2.4)	8.4 (3.4)	0.15 & 0.11	0.15 & 0.21
3. Conduct Problems	19.5 (9.2)	18.1(5.02)	0.031 & 0.9	0.001 & 0.19
4. Peer/ Siblings Problems	11.7 (2.0)	11.3 (5.2)	0.003 & 0.02	0.03 & 0.12

Table 3 shows a repeated measures ANOVA of a disability intervention's effects on N=24 participants. This table shows the average and standard deviation scores on different scales before and after the intervention. Bonus: Provides statistical information for T1-T2 and T1-T2-T3 intervals, including p-values and effect sizes (ηp2). Consider the Pro-social Behavior test. Participants averaged 14.1 (SD=3.3) before the intervention. Post-intervention, that score remained 14.1 (SD=4.3). While not statistically significant ($p<0.05$), the T1-T2 interval p-value of 0.071 indicates a tendency towards significance. An effect size (ηp2) of 0.25 suggests a minor influence on pro-social behavior from the intervention.

The average Emotional Problem scale score dropped from 11.2 (SD=2.4) to 8.4 (SD=3.4) following the intervention. There was no significant change in T1-T2-interval scores pre- and post-test (p=0.15). The intervention reduced emotional difficulties by 0.11, suggesting a small but substantial benefit. After the intervention, the average Conduct Problems scale score reduced from 19.5 (with a standard deviation of 9.2) to 18.1 (with a standard deviation of 5.02). The p-values for T1-T2 and T1-T2-T3 are 0.031 and 0.001, respectively. A statistically significant change in scores between pre- and post-intervention (p = 0.031 for the T1-T2 interval) indicates behavior improvement. The T1-T2-T3 interval's p-value of 0.001 shows continuous development, supporting its relevance. The intervention significantly reduces behavior concerns, as seen by the 0.9 effect size (ηp2) in the T1-T2 period. The Peer/Siblings Problems scale also decreased from 11.7 (standard deviation=2.0) to 11.3 (standard deviation=5.2) following the intervention. The T1-T2 and T1-T2-T3 intervals had p-values of 0.003 and 0.03, respectively. Ratings changed significantly after the session (p = 0.003), showing that siblings and peers got along better. Another sign of this improvement is the T1-T2-T3 interval p-value of 0.03. An effect size (ηp2) of 0.02 indicates a moderate but realistic influence of the intervention on reducing difficulties between siblings and peers in the T1-T2 interval. These values demonstrate how successfully the intervention tackles conduct and peer/sibling issues in handicapped children, making them statistically and practically relevant.

Discussion

The purpose of this research was to establish whether or not outpatient rehabilitation programs that are partially funded by the government are capable of successfully implementing the innovative trans-diagnostic manualized Navigator ACT group intervention. During this evaluation, the results from treatment completion rates and levels of user satisfaction were taken into consideration. In addition to this, the study investigated the preliminary outcomes of the Navigator ACT program, which was centered on the psychological and behavioral growth of children as well as the well-being of their parents(Khalid et al., 2023).

Regarding the feasibility of the research, the objective was to achieve "good feasibility," which was accomplished by achieving a minimum attendance rate of 75% for four out of the five sessions included in the study (Raza, Khalid, et al., 2023). As a result of the high number of lastminute cancellations and treatment dropouts that occur among parents of children with disabilities, the completion rate of eighty percent was seen to be highly encouraging in the context of disability services. It was discovered that demographic factors, such as educational attainment and the availability of ongoing aid or counseling, had an effect on the percentage of patients who successfully complete treatment. There is a possibility that the sample size was insufficient to derive definitive conclusions regarding those who completed the survey and those who did not, which might have led to type-II errors.

In spite of the fact that there were few significant differences between those who finished the program and those who did not, participants exhibited symptoms that are typical of parents who are under a lot of stress while parenting children who have disabilities. Through the use of the structured screening technique, parents who were concerned about the health of their children and who had symptoms that might be improved by the intervention were identified. Making an effort to improve recruitment strategies in order to make interaction with parents who are suffering emotional distress, have lower levels of education, or have different disabilities more successful was one of the goals of the efforts that were undertaken(Raza, Khalique, et al., 2023).

The high levels of credibility and treatment expectancy that the participants exhibited were most likely the reason of the strong completion rates and treatment adherence that were documented. Consistently high levels of satisfaction with treatment sessions were observed, and recommendations for improvement centered on increasing the participants' acceptance of the experience and encouraging them to do their assigned homework.

Concerning the therapists who provided the treatment, the group leaders expressed optimism on the treatment's effectiveness for the target demographic. They also stated that the extensive training assisted them in becoming more proficient ACT therapists(Shehata et al., 2023). Previous studies have demonstrated that ACT therapies are useful not just for children but also for the parents of those youngsters. Improvements in mindfulness, parental experiencing avoidance, sadness, and anxiety are some of the favorable results that have been observed in parents. Furthermore, there was a notable decrease in the frequency of emotional and behavioral issues that were experienced by youngsters.

Limitations of the Study

Important limitations exist in this research. There was no analysis of Intention-to-Treat (ITT) performed. Priority was given to protocol analysis in the feasibility study. Because treatment completers may have had different results due to ongoing therapy when they enrolled, the lack of a definition of "other counseling" in the questionnaire is a limitation. Participants may have been more motivated to continue Navigator ACT therapy if they had received counseling. The disability services that oversaw the gatherings provided participants with further counseling. We may have been underpowered to compare completers and non-completers, even though our sample size (n=24) was greater than previous research. The positive findings should be regarded as preliminary due to the absence of a control group and randomization in the trial. In order to address these limitations, we carried out a pragmatic, multicenter RCT to evaluate the final Navigator ACT treatment.

Conclusion

The overall findings of the study indicate that the Navigator ACT therapy has the potential to improve parental well-being and child outcomes in a range of disability settings. Additionally, the treatment's promising practicality and preliminary benefits inside publically financed outpatient habilitation programs are also a part of the study's findings.

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