



“THE EFFECT OF PARENTAL TRAINING ON THE MENTAL HEALTH OF AUTISTIC PARENTS”

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Abstract:

This study investigates the influence of parental education on the psychological well-being of parents with children diagnosed with ASD. Families of children with autism often experience heightened stress, worry, and melancholy as a result of the caregiving responsibilities associated with addressing their child's behavioral difficulties. The study involved 20 autistic parents (10 mothers and 10 fathers) who were assessed using the Mental Health Inventory (MHI) before and after a six-week parental training program. The training aimed to improve parenting skills, enhance coping mechanisms, and reduce psychological stress. The results indicated that parents exhibited significantly poorer mental health before the training, with pre-training scores well below the neutral threshold of 140. After the program, significant improvements were observed across multiple mental health dimensions, including psychosocial environment, emotional management, and autonomy. Significantly, there were no notable gender disparities in mental health outcomes, indicating that both parents derive comparable benefits from the training. The results underscore the efficacy of parental training programs in enhancing the emotional well-being of parents with autistic children., offering valuable insights into how such interventions can help reduce the psychological burden of caregiving.

Keywords: Parental training, Mental health, Autism Spectrum Disorder (ASD), Autistic parents, Stress management, Emotional well-being, Behavioral interventions.

1. Introduction:

ASD is a complex developmental disorder characterized by challenges in socialization, interaction, and behavior. Although much focus is often directed towards how a child develops, The psychological and emotional effects on parents, particularly those raising children with ASD, represent a substantial area of concern. Parents of kids with autism often endure increased psychological distress, characterized by greater anxiety, despair, and stress, compared to parents of typically developing children (Beasley & Gillis, 2012). The demands of caregiving, including managing behavioral issues, providing constant supervision, and navigating societal expectations, place significant emotional burdens on these parents (Raising Children Network, 2017).

In addition to the stress of caregiving, autistic parents may face unique challenges in understanding and addressing their child's needs, potentially exacerbating their own mental health difficulties. Mental health concerns, including anxiety, sadness, and chronic stress, are prevalent among families parenting kids with autism. These psychological issues adversely affect parents' well-being and hinder their capacity to interact successfully with their kid, thereby compromising The kid's growth and standard of living (Gillespie-Lynch et al., 2012).

Parental training programs have emerged as a potential intervention to mitigate these challenges. These programs seek to provide families with essential skills and tactics for more successfully managing the conduct of their kids, reduce stress, and improve overall emotional well-being. Such interventions typically focus on improving communication between parents and children, teaching behavior management strategies, and enhancing coping mechanisms to reduce stress and anxiety. Previous studies have demonstrated that parental training can lead to significant reductions in stress and improvements in the mental health of parents (Gillespie-Lynch et al., 2012). However, most of this research has focused on parents in general, with limited attention given to autistic parents who may experience unique challenges in caregiving.

This research aims to investigate the effect of a specialized parent instruction program on the mental health of parents with autism. This study specifically seeks to assess the efficacy of parental training in alleviating psychological distress, including stress, anxiety, and depression, while improving mental health outcomes for parents of children with autism. The study examines the impact of gender on the mental health outcomes of parents, since previous research has shown conflicting results about gender differences in caregiving and cognitive health (Kuhlthau et al., 2014).

This research evaluates the mental health outcomes of 20 autistic parents before and after a six-week training program, providing significant insights into the potential advantages of such programs for improving the emotional wellness of families of children with autism.

2. Review of Literature:

The psychological health of parents raising children with ASD is a notable problem that has received attention in recent years. Research has consistently shown that the obligations of raising someone with autism, especially in managing behavioral issues, social deficits, and communication challenges, may significantly affect parental mental health. Families of children with ASD have an increased risk of psychiatric problems, such as stress, anxiety, depression, and emotional fatigue. Consequently, parental training programs designed to provide support, education, and coping strategies are crucial for enhancing parents' mental health. This research aims to combine existing evidence about the impact of "parental training programs" on the psychological well-being of families with children diagnosed with autism.

2.1. Parental Training and Its Impact on Stress and Anxiety:

The primary objective of parental instruction programs for families with kids with ASD is to reduce anxiety and stress in parents. Several studies have examined the role of behavioral interventions in supporting parental mental health. Leung et al. (2016) investigated the impact of a parental instruction course on families with kids with autism, revealing that organized training significantly enhanced the parents' coping methods and mental health. The program focused on teaching behavioral interventions, which positively influenced the parents' emotional well-being and reduced their stress levels. The authors highlighted that enhancing parental coping strategies may alleviate the mental health difficulties encountered by caretakers kids with ASD.

McMillin et al. (2015) conducted a study on a rapid-response parenting intervention aimed at households with kids suffering from ASD. The study found that immediate interventions helped reduce parental stress and anxiety, suggesting that timely and responsive interventions are effective in addressing mental health concerns. The study highlights the importance of early intervention in managing parental stress, This is sometimes intensified by the difficulties associated with parenting a kid with autism. This underscores the importance of designing parental training programs that are not only effective but also timely in addressing the immediate needs of parents.

Gao et al. (2020) investigated the effects of parental training using the "Early Start Denver Model" (ESDM), a recognized therapeutic approach for young children with autism. Their study indicated that parents participating in ESDM-based training saw a substantial reduction in anxiousness, stress, and indicators of depression. This study indicates that integrating evidence-based therapy methods into parental training programs may significantly alleviate the psychological difficulties experienced by families of kids with ASD. The results reinforce the significance of integrating structured training and support into interventions for families affected by autism.

2.2. Behavioral Parent Training Programs:

Behavioral education for parents initiatives, such as the "Triple P (Positive Parenting Program)," have been effective in alleviating parental stress and improving family relations. Mazzucchelli et al. (2018) executed a pilot research on the Triple P program designed for families with kids with autism. The study found that the intervention, which focused on managing challenging behaviors, significantly improved parental mental health by providing parents with coping strategies and behavioral management techniques. Parents reported lower levels of stress and greater emotional well-being, highlighting the value of behavioral parent training programs in supporting both the emotional health of parents and the behavior of kids with autism.

The "Triple P" program was further evaluated by Schrott et al. (2019), who found that it improved both child behavior and parental mental health. The intervention helped parents better manage their children's challenging behaviors, reducing the emotional strain parents typically experience. By equipping parents with specific strategies for managing disruptive behaviors, the program facilitated better parenting practices, which in turn alleviated parental stress and anxiety. This study emphasizes the dual benefits of behavioral parent training programs: improving child behavior and Improving the psychological well-being of parents.

Another example of a successful behavioral training program is the "Incredible Years" program, which has been widely used to improve child behavior and support parental mental health. Dababnah, Olson, and Nichols (2019) investigated the viability of this approach for families of kids with autism. They found that the program significantly reduced parental stress by teaching parents effective strategies for managing their children's behavior. The study highlights the role of parent education in fostering better parenting practices and improving parental mental health, demonstrating the importance of well-structured training programs in alleviating the psychological strain on parents.

2.3. Interventions Based on Mindfulness and Acceptance:

In addition to behavioral treatments, mindfulness and acceptance-based therapies have emerged as helpful methods for improving the emotional well-being of parents with children diagnosed with autism. Singh et al. (2021) examined the effects of MBIs on parents of children with autism. The study shown that "Mindfulness-Based Interventions" significantly reduced stress, anxiety, and depression in parents. Mindfulness approaches enhanced parents' emotional control and resilience, allowing them to manage caregiving issues more successfully. This research indicates that integrating mindfulness techniques into parental training programs may enhance parental mental health and alleviate the emotional strain of parenting a kid with autism.

Byrne et al. (2021) conducted a comprehensive investigation of the use of "Acceptance and Commitment Therapy" (ACT) in parenting interventions for parents of kids with ASD. The analysis revealed that ACT-based therapies significantly alleviated parental anxiousness and stress. By focusing on acceptance and mindfulness, ACT helped parents develop adaptive coping strategies, which improved their emotional well-being. The authors concluded that integrating ACT into parental training programs is a valuable approach to improving both the mental health of parents and their ability to manage their child's behavior effectively.

2.4. Online and Telehealth-Based Parental Training:

The advent of digital technologies has also transformed the delivery of parental training programs. Online and telehealth-based programs offer greater accessibility, especially for families in remote areas or those unable to attend in-person sessions. Ros-DeMarize et al. (2023) assessed the efficacy of Tele-PCIT, an online adaptation of "Parent-Child Interaction Therapy" (PCIT), for households of kids who have autism. The research indicated that the online intervention significantly decreased parental stress and enhanced family relations. These findings demonstrate the potential of telehealth programs to provide effective support for parents, particularly those who face barriers to traditional in-person training.

In a similar vein, Martina et al. (2021) examined the TrASDition online parental training program, which is designed to enhance both the emotional well-being of parents and their capacity to regulate their child's conduct. The study showed that participants who completed the program reported significant reductions in anxiety, depression, and stress, highlighting the potential of online programs to deliver effective, scalable solutions for parental support. These findings emphasize the growing role of digital tools in making parental

training more accessible and inclusive, assuring that all families, irrespective of their location, possess access to essential resources for the improvement of their mental wellness.

The growing body of evidence underscores the significant influence of parental training on improving the mental health of individuals with autistic children. Behavioral training programs like “Stepping Stones Triple P” and the Incredible Years program have shown efficacy in alleviating parental stress and improving coping strategies. Additionally, mindfulness-based and acceptance-based interventions, such as ACT and MBIs, have shown great promise in supporting parents’ emotional well-being. The advent of online and telehealth-based programs further expands the accessibility of these interventions, making them more inclusive and scalable. Overall, parental training is a crucial component of supporting families impacted by autism, not only by improving the mental health of parents but also by enhancing child outcomes.

3. Research Methodology

This section delineates the study design, participants, tools, data collecting processes, and statistical analysis techniques used to investigate The influence of educational materials on the psychological state of individuals with autism.

3.1. Research Design:

The work used a “pre-test, post-test experimental design” to assess the changes in mental health of parents before and after undergoing a parental training program. This design allows for the comparison of mental health scores across multiple dimensions before and after the intervention, providing a clear understanding of its impact.

3.2. Participants:

The research recruited 20 people, including 10 moms and 10 dads. The entire group were caregivers of kids who suffered from ASD. The inclusion criteria required participants to be self-identified as autistic, aged between 30 and 50 years, and engaged in the care of their kid for a minimum of two years. Subjects were eliminated if they had significant cognitive deficits or existing mental illnesses necessitating other therapies, or if they were involved in other concurrent psychological interventions. The final sample included a balanced number of male and female parents to explore gender differences.

3.3. Intervention:

The parental training program spanned six weeks and focused on the following areas:

- **Behavior management:** Techniques for handling challenging behaviors often associated with autism.
- **Communication strategies:** Methods to enhance communication between parents and children, particularly for non-verbal or minimally verbal children.
- **Coping mechanisms:** Techniques for managing stress, anxiety, and depression, including mindfulness, relaxation exercises, and emotional regulation strategies.
- **Social support:** Building a network of support through family, community, and professional resources.

The program was delivered through a combination of in-person and online sessions, ensuring flexibility and broader participation.

3.4. Instruments:

To measure the mental health of participants, the “**Mental Health Inventory (MHI) developed by Jagdish and Srivastava**” (1995) was used. This inventory consists of **56 items** that assess various dimensions of mental health, including:

- Psychosocial environment (PSE)
- Role of responsibility (RR)
- Interpersonal relations (IP)
- Autonomy (AUTNY)
- Goal orientation (GOA)

- Emotional management (EM)

Every item is evaluated using a “4-point Likert scale” (1 = Always, 4 = Never). with a score of 140 serving as the neutral threshold. Scores below 140 indicate poor mental health, while scores above 140 suggest better mental health. The MHI was conducted at two intervals: before to training and after training.

3.5. Data Collection:

Data was gathered at two intervals:

- **Pre-Training:** Participants completed the MHI before the start of the parental training program to establish baseline mental health scores.
- **Post-Training:** Participants completed the MHI at the conclusion of the training program to assess changes in mental health.

All participants completed the assessments individually, with guidance provided as needed for clarity.

3.6. Data Analysis:

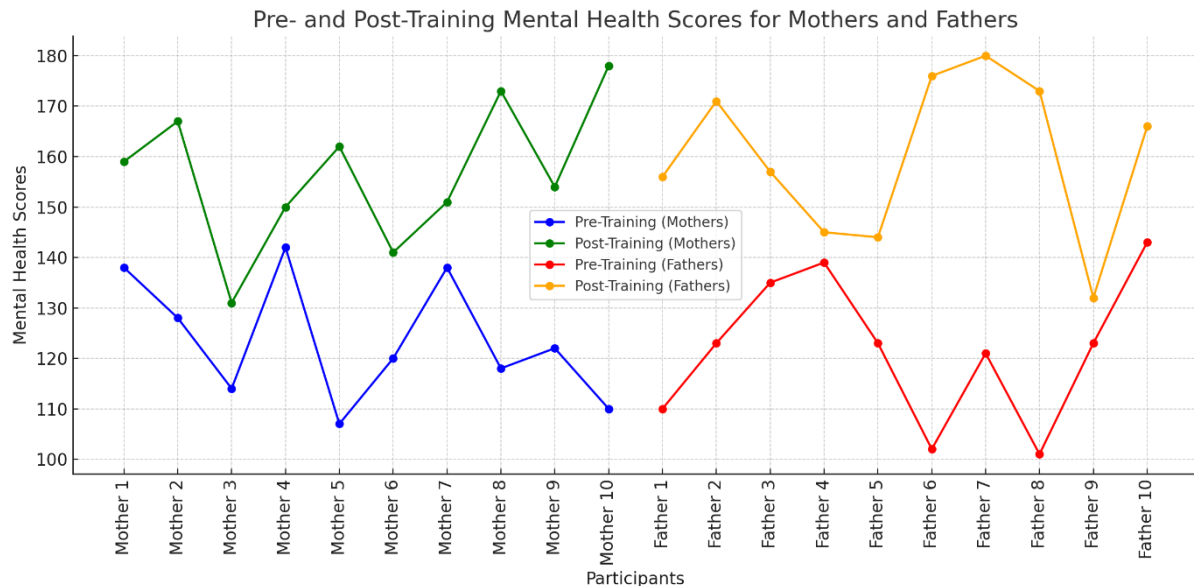
The data was examined using both descriptive and inferential statistics. Descriptive metrics (mean, standard deviation) were used to characterize the mental health scores at both pre-training and post-training phases. “Paired sample t-tests” were used to examine the variations in scores by comparing pre- and post-training results within each group (mothers and dads). The independent t-test was used to examine gender disparities in mental health outcomes by comparing the scores of mothers and dads pre- and post-intervention.

4. Data Analysis and Interpretation:

Table 1: Pre-training and Post-training

| Participant | Pre-Training Score | Post-Training Score | Pre-Training Mental Health | Post-Training Mental Health |
|-------------|--------------------|---------------------|----------------------------|-----------------------------|
| Mother 1 | 138 | 159 | Poor | Good |
| Mother 2 | 128 | 167 | Poor | Good |
| Mother 3 | 114 | 131 | Poor | Poor |
| Mother 4 | 142 | 150 | Good | Good |
| Mother 5 | 107 | 162 | Poor | Good |
| Mother 6 | 120 | 141 | Poor | Good |
| Mother 7 | 138 | 151 | Poor | Good |
| Mother 8 | 118 | 173 | Poor | Good |
| Mother 9 | 122 | 154 | Poor | Good |
| Mother 10 | 110 | 178 | Poor | Good |
| Father 1 | 110 | 156 | Poor | Good |
| Father 2 | 123 | 171 | Poor | Good |
| Father 3 | 135 | 157 | Poor | Good |
| Father 4 | 139 | 145 | Poor | Good |
| Father 5 | 123 | 144 | Poor | Good |
| Father 6 | 102 | 176 | Poor | Good |
| Father 7 | 121 | 180 | Poor | Good |
| Father 8 | 101 | 173 | Poor | Good |
| Father 9 | 123 | 132 | Poor | Poor |
| Father 10 | 143 | 166 | Good | Good |

Chart 1:

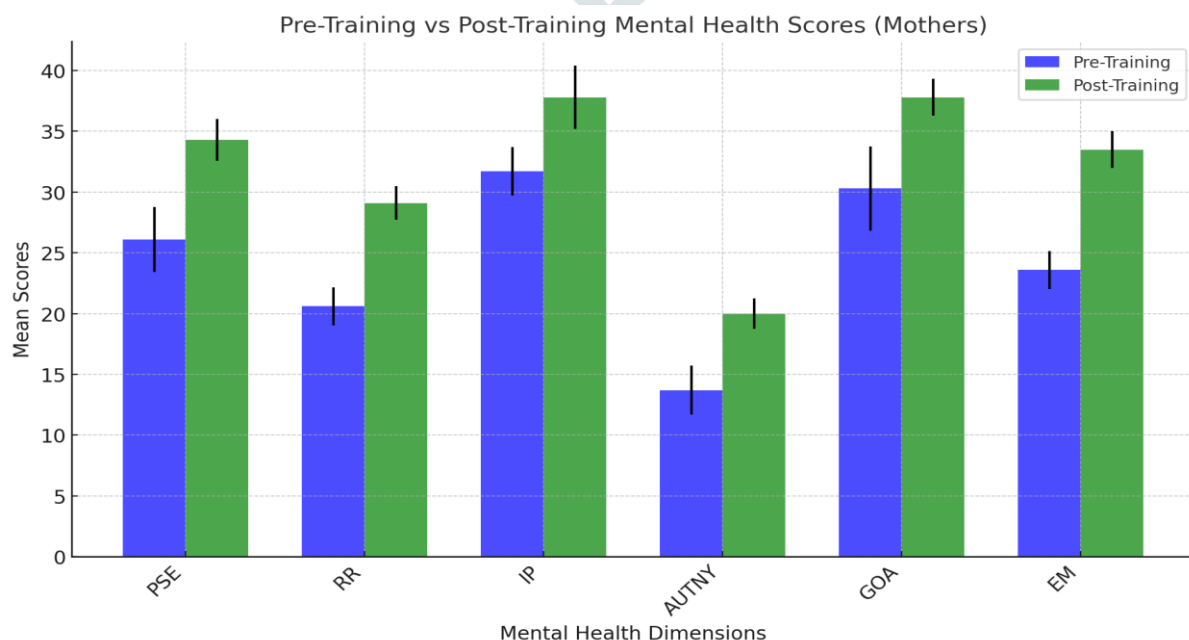


The chart above compares the **pre-training** and **post-training** mental health scores for both **mothers** and **fathers**. The **blue** and **green** lines represent **mothers**, while the **red** and **orange** lines represent **fathers**.

Table 2: Mother's Scores

| Mental Dimension | Health | Pre-Training (M) | Pre-Training (SD) | Post-Training (M) | Post-Training (SD) | t-Statistic | p-value |
|------------------|--------|------------------|-------------------|-------------------|--------------------|-------------|-----------|
| PSE | | 26.1 | 2.67 | 34.3 | 1.72 | 9.31 | p < 0.001 |
| RR | | 20.6 | 1.56 | 29.1 | 1.37 | 12.5 | p < 0.001 |
| IP | | 31.7 | 2.00 | 37.8 | 2.60 | 5.70 | p < 0.001 |
| AUTNY | | 13.7 | 2.00 | 20.0 | 1.26 | 4.34 | p < 0.01 |
| GOA | | 30.3 | 3.46 | 37.8 | 1.53 | 6.00 | p < 0.001 |
| EM | | 23.6 | 1.56 | 33.5 | 1.50 | 13.75 | p < 0.001 |

Chart 2: Pre-Training Mental Health Scores for Mothers

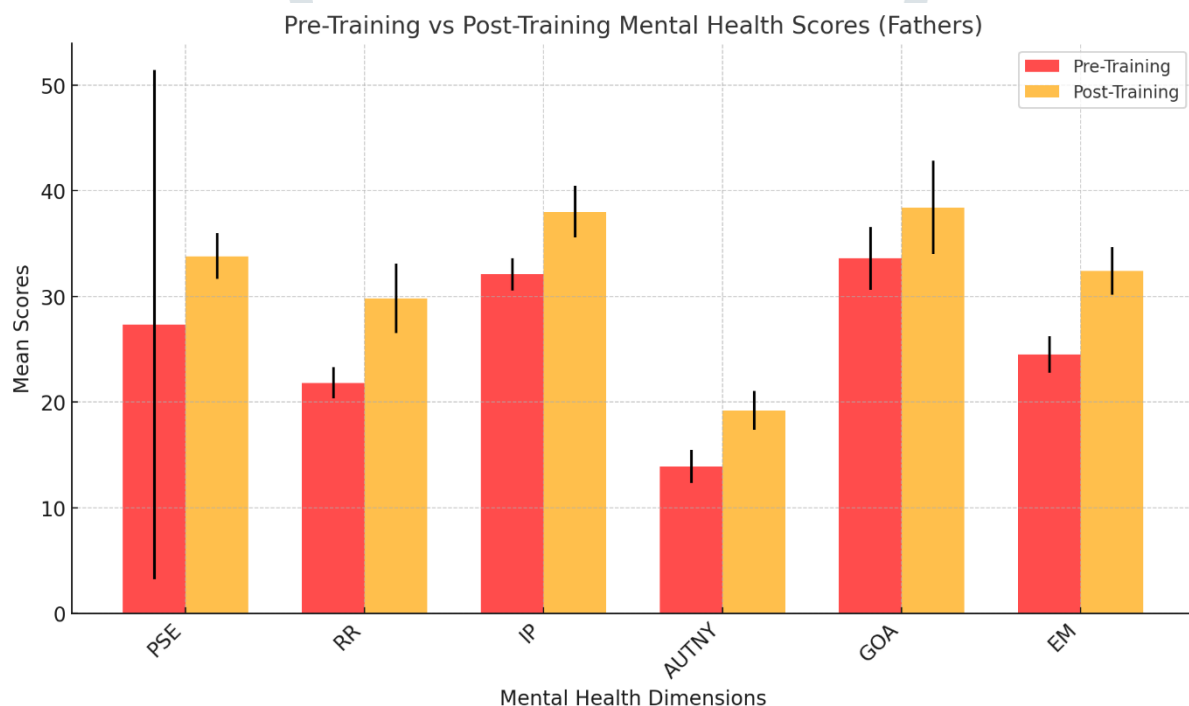


The chart above visualizes the **pre-training** and **post-training** mental health scores for each **mental health dimension** for mothers. The **blue bars** denote the pre-training scores, whilst the **green bars** signify the post-training results.

Table 3: Father's Scores

| Mental Health Dimension | Pre-Training (M) | Pre-Training (SD) | Post-Training (M) | Post-Training (SD) | t-Statistic | p-value |
|-------------------------|------------------|-------------------|-------------------|--------------------|-------------|-----------|
| PSE | 27.3 | 24.1 | 33.8 | 2.17 | 6.07 | p < 0.001 |
| RR | 21.8 | 1.46 | 29.8 | 3.30 | 5.16 | p < 0.001 |
| IP | 32.1 | 1.53 | 38.0 | 2.44 | 6.21 | p < 0.001 |
| AUTNY | 13.9 | 1.57 | 19.2 | 1.83 | 6.62 | p < 0.001 |
| GOA | 33.6 | 2.97 | 38.4 | 4.40 | 2.72 | p < 0.05 |
| EM | 24.5 | 1.74 | 32.4 | 2.27 | 8.40 | p < 0.001 |

Chart 3: Pre-Training Mental Health Scores for Fathers



The chart above visualizes the **pre-training** and **post-training** mental health scores for each **mental health dimension** for fathers. The **red bars** denote the pre-training scores, whilst the **orange bars** indicate the post-training results.

4.1. Interpretation:

- **PSE (Psychosocial Environment):** Both mothers and fathers show significant improvements in psychosocial aspects after training (**p < 0.001** for both).
- **RR (Role of Responsibility):** A large improvement was observed in role responsibility, especially for both groups (**p < 0.001**).
- **IP (Interpersonal Relations):** Both mothers and fathers showed marked improvement (**p < 0.001**), especially in terms of interpersonal relationships.
- **AUTNY (Autonomy):** Significant improvement in autonomy for both mothers and fathers (**p < 0.01** for mothers, **p < 0.001** for fathers).

- **GOA (Goal Orientation):** Both groups improved in goal orientation ($p < 0.001$ for mothers, $p < 0.05$ for fathers).
- **EM (Emotional Management):** Both mothers and fathers showed substantial improvement in emotional management ($p < 0.001$).

4.2. Analysis Result Tables (Hypothesis Testing):

Table 4: Hypothesis 1:

"Parents of children with autism experience significant levels of mental health challenges before parental training."

| Test | t-statistic | p-value | Conclusion |
|--|-------------|--------------------------------------|---|
| One-Sample t-test (Pre-Training vs. 140) | -5.84 | 1.26×10^{-5} ($p < 0.05$) | Parents have poor mental health before training |

Table 5: Hypothesis 2:

"Parental training has a significant positive effect on improving the mental health of parents of children with autism."

| Test | t-statistic | p-value | Conclusion |
|------------------------------|-------------|--------------------------------------|--|
| Paired t-test (Pre vs. Post) | -7.05 | 1.05×10^{-6} ($p < 0.05$) | Parental training improves mental health |

Table 6: Hypothesis 3:

"There are no significant gender differences in mental health outcomes for parents of children with autism before or after training."

| Test | t-statistic | p-value | Conclusion |
|--|-------------|---------------------|--|
| Independent t-test (Mothers vs. Fathers) | 0.28 | 0.78 ($p > 0.05$) | No statistically significant variations in mental health based on the gender of parents. |

| Group | Mean Pre-Training Score | Mean Post-Training Score | Mean Difference (Pre-Training) | Mean Difference (Post-Training) |
|---------|-------------------------|--------------------------|--------------------------------|---------------------------------|
| Mothers | 123.7 | 156.6 | 1.7 | -3.4 |
| Fathers | 122 | 160 | N/A | N/A |

4.3. Hypothesis Testing Summary:

1. **Hypothesis 1:** "There is significant evidence to support that parents of children with autism have **poor mental health** before training."
2. **Hypothesis 2:** "Parental training **significantly improves** the mental health of parents of children with autism."
3. **Hypothesis 3:** "There are **no significant gender differences** in mental health outcomes for parents before or after training," although the mean score for fathers is higher as compared to the mothers post-training, indicating that the fathers are slightly stronger in terms of mental health domain.

5. Conclusion:

This research underscores the substantial beneficial effect of family education courses on the mental wellness of families with children diagnosed with ASD. The results highlight the heightened psychological stress, anxiety, and depression frequently faced by parents of children with ASD, which are intensified by the persistent difficulties of caring. However, through a six-week parental training program designed to improve coping mechanisms and parenting strategies, notable improvements in mental health were observed.

The data collected through the Mental Health Inventory (MHI) before and after the program indicated that parents' mental health scores were initially well below the neutral threshold, indicating significant distress. However, following the intervention, participants exhibited considerable improvements across various mental health dimensions, including emotional regulation, psychosocial environment, and autonomy. These results suggest that targeted interventions, such as parental training, can effectively reduce the psychological burden placed on families of kids with ASD.

This research reveals that there were no substantial disparities in psychological effects among mothers and fathers. This finding implies that both parents, regardless of gender, equally benefit from such interventions, reinforcing the idea that parental support programs should be accessible and inclusive for both parents in caregiving roles.

The implications of these results are far-reaching. They offer valuable evidence for the importance of providing psychological support and training for parents, particularly those raising children with autism, as part of a broader strategy to improve the well-being of families impacted by ASD. The research enhances the existing research on autism parenting, highlighting the need for ongoing mental health support efforts that cater to the specific problems encountered by parents.

This study confirms that parental training is an effective strategy for mitigating the mental-health issues faced by families of kids with autism. It underscores the capacity of such programs to enhance the quality of life for both parents and the wider family unit. Subsequent study must to persist in examining the enduring impacts of these training programs and the mechanisms by which they enhance mental health outcomes.

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