



Journal Website

**Article history:**

Received 28 December 2025

Revised 07 May 2026

Accepted 14 May 2026

Initial Published 19 May 2026

Final Publication 01 October 2026

# Iranian Journal of Neurodevelopmental Disorders

Volume 5, Issue 4, pp 1-13



E-ISSN: 2980-9681

## Comparing the Effectiveness of Acceptance and Commitment Therapy and Compassion-Focused Therapy on Psychological Well-Being in Mothers of Children with Educable Intellectual Disability

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### Article Info

### ABSTRACT

#### Article type:

Original Research

#### How to cite this article:

Gholami Tolmarani, J., Sharifi, T., & Kiani, F. (2026). Comparing the Effectiveness of Acceptance and Commitment Therapy and Compassion-Focused Therapy on Psychological Well-Being in Mothers of Children with Educable Intellectual Disability. *Iranian Journal of Neurodevelopmental Disorders*, 5(4), 1-13.

<https://doi.org/10.61838/kman.jndd.811>



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**Purpose:** This study aimed to compare the effectiveness and durability of Acceptance and Commitment Therapy and Compassion-Focused Therapy on psychological well-being in mothers of children with educable intellectual disability.

**Methods and Materials:** The study employed a quasi-experimental pretest–posttest design with a follow-up stage and included two experimental groups and one control group. The statistical population consisted of mothers of students with educable intellectual disability in Lordegan during the 2024–2025 academic year. Using purposive sampling, 45 eligible mothers were selected and randomly assigned to three groups: Acceptance and Commitment Therapy, Compassion-Focused Therapy, and control, with 15 participants in each group. The first experimental group received nine weekly 90-minute sessions of Acceptance and Commitment Therapy, and the second experimental group received eight weekly 90-minute sessions of Compassion-Focused Therapy. The control group remained on a waiting list. Data were collected using Ryff’s Psychological Well-Being Scale at pretest, posttest, and follow-up. Data were analyzed using mixed-design repeated measures analysis of variance and Bonferroni post-hoc test in SPSS version 24.

**Findings:** The results showed a significant main effect of time on psychological well-being,  $F = 29.60$ ,  $p = .0001$ ,  $\eta^2 = .413$ . The interaction effect of time and group was also significant,  $F = 16.15$ ,  $p = .0001$ ,  $\eta^2 = .435$ , indicating that changes in psychological well-being differed significantly across groups. The between-group effect was significant as well,  $F = 3.96$ ,  $p = .027$ ,  $\eta^2 = .159$ . Bonferroni comparisons showed significant differences between Acceptance and Commitment Therapy and Compassion-Focused Therapy, between Acceptance and Commitment Therapy and control, and between Compassion-Focused Therapy and control. The posttest–follow-up difference was not significant, indicating stability of treatment effects.

**Conclusion:** Both interventions significantly improved psychological well-being in mothers of children with educable intellectual disability, but Acceptance and Commitment Therapy demonstrated greater effectiveness than Compassion-Focused Therapy, and the therapeutic gains remained stable at follow-up.

**Keywords:** Acceptance and Commitment Therapy; Compassion-Focused Therapy; Psychological Well-Being; Mothers; Educable Intellectual Disability.

## 1. Introduction

Mothers of children with educable intellectual disability often encounter a sustained pattern of psychological, emotional, relational, and practical demands that distinguishes their parenting experience from that of parents of typically developing children. Although parenting can be a source of meaning, attachment, and identity, the long-term care of a child with intellectual disability may expose mothers to chronic caregiving strain, uncertainty about the child's educational and social future, repeated contact with health and educational systems, and persistent concerns about autonomy, adaptive functioning, and social inclusion. In this context, maternal psychological well-being becomes a central clinical and developmental issue, because the mother's emotional functioning is not merely an individual outcome but also a condition that shapes caregiving quality, family climate, help-seeking behavior, and the child's opportunities for participation. Contemporary approaches to well-being increasingly define it as a multidimensional construct involving positive affect, meaning, functioning, social connection, agency, and life satisfaction rather than the simple absence of psychopathology (Layard & Neve, 2023). Therefore, interventions for mothers of children with intellectual disability should not be limited to reducing distress; they should also strengthen acceptance, psychological flexibility, self-kindness, personal growth, environmental mastery, and purposeful living.

The psychological condition of parents caring for children and adults with intellectual and developmental disabilities has become an important focus of mental health research. Systematic evidence indicates that parents of individuals with learning disabilities experience elevated vulnerability to anxiety, depression, emotional fatigue, and adjustment difficulties, particularly when caregiving needs are intensive and support systems are insufficient (Arnold & McPherson, 2023). Family carers may also experience a complex combination of burden and meaning; caregiving can be associated with sacrifice and exhaustion, but it may also involve love, responsibility, moral commitment, and existential growth when adequate psychological resources are available (Tan-Ho et al., 2020). During crises such as the COVID-19 pandemic, mothers of offspring with intellectual disabilities were shown to make demanding care decisions, including bringing children home from residential settings, which reveals the depth of maternal responsibility and the emotional weight of protective caregiving (Vereijken et al.,

2021). Similarly, parents of children with rare neurogenetic conditions have described uncertainty, isolation, and disruption of routines during periods of social restriction, emphasizing how external stressors intensify pre-existing caregiving challenges (Martin et al., 2023). These findings suggest that maternal well-being in the context of disability is shaped by a dynamic interaction between child-related needs, family resources, social support, and the mother's internal coping processes.

The relevance of maternal psychological well-being is further reinforced by research showing that parental mental health has implications for children's emotional and developmental outcomes. Reviews of parental depression indicate that when parents receive effective psychiatric or psychological treatment, children may benefit indirectly through improvements in emotional availability, family functioning, and parent-child interaction (Cross et al., 2024). From a systemic perspective, therefore, improving maternal psychological well-being can be considered both a therapeutic objective for the mother and a preventive strategy for the family. Research on psychiatric mother-baby care also shows that models of care grounded in safety, relational sensitivity, and mother-centered support can protect both maternal functioning and child-related outcomes (Branjerdpom et al., 2022). Although mothers of children with educable intellectual disability differ from perinatal clinical populations, the underlying principle is similar: maternal mental health is embedded in a relational ecology, and psychological support for mothers may strengthen the caregiving system surrounding the child.

Parents of children with neurodevelopmental conditions often need interventions that combine psychoeducation, emotional support, and practical coping skills. Recent caregiver-focused programs for autism and other developmental conditions have emphasized adjustment, parental acceptance, knowledge, and empowerment as key intervention targets (Leadbitter et al., 2024). The REACH-ASD trial protocol similarly highlights the value of post-diagnostic psychoeducation combined with Acceptance and Commitment Therapy processes for improving caregiver mental health and adjustment after a child's diagnosis (Leadbitter et al., 2022). Studies of participatory group programs for caregivers of children with complex neurodisability also demonstrate the feasibility of structured group-based models that address both emotional adaptation and practical caregiving realities (Prest, 2026). In low- and middle-income or culturally diverse settings, parent-mediated and family-oriented intervention protocols for

children with autism have also underscored the importance of scalable models that attend to caregivers' psychosocial needs alongside child development (Roy et al., 2023). These developments support the use of structured psychological interventions for mothers of children with intellectual disability, particularly when the interventions are delivered in a group format that may reduce isolation and increase perceived support.

Psychological well-being among mothers of children with disabilities is influenced by interpersonal resources, including marital support, social recognition, community appreciation, and emotional competence. Evidence from mothers of children with autism spectrum disorder indicates that husband's social support, emotional competence, and compassionate love are meaningfully related to maternal functioning, suggesting that the mother's internal and relational resources operate together (Desiningrum et al., 2021). Community support programs for mothers caring for children with anxiety disorders have similarly emphasized appreciation, validation, and relational connection as important mechanisms for reducing loneliness and strengthening maternal coping (Shaw & Bridgman, 2023). More broadly, family-based interventions addressing co-occurring adversities demonstrate that parental difficulties are rarely isolated phenomena; they are connected to family systems, social stressors, and patterns of safety and support (Kertesz et al., 2022). Therefore, interventions that target mothers' internal coping processes should also create a therapeutic atmosphere of validation, connection, and shared humanity.

Acceptance and Commitment Therapy is especially relevant for mothers facing chronic and uncontrollable caregiving conditions. ACT is a third-wave behavioral intervention that seeks to enhance psychological flexibility: the ability to remain in contact with present-moment experience and act in accordance with values even in the presence of difficult thoughts, emotions, and bodily sensations. Rather than focusing primarily on symptom elimination, ACT helps individuals reduce experiential avoidance, defuse from distressing cognitions, clarify values, and engage in committed action. In populations exposed to persistent stress, this orientation is clinically useful because many caregiving demands cannot be fully removed; what can change is the mother's relationship to painful thoughts, self-judgments, uncertainty, and emotional discomfort. Contemporary case evidence also supports ACT as a transdiagnostic approach for complex emotional presentations, showing its applicability when anxiety and

mood-related processes overlap (Howard et al., 2026). Protocols evaluating online ACT-based resilience training further suggest that ACT processes can be adapted to improve well-being among professionals working in emotionally demanding care contexts, which parallels the need to support caregivers exposed to chronic responsibility and emotional labor (Finucane et al., 2022).

The relevance of ACT and related third-wave approaches is also supported by evidence involving individuals with intellectual disabilities and their support systems. A systematic review and meta-ethnography of third-wave therapies for adults with intellectual disabilities indicates that acceptance-based and mindfulness-related approaches can be meaningfully adapted for populations associated with intellectual disability contexts (Patterson & Golightly, 2022). Research on community psychosocial group interventions for adults with intellectual disabilities and mental health conditions likewise demonstrates that group-based psychological approaches can address emotional and social needs in disability-related contexts (Bourne et al., 2021). Although the present study focuses on mothers rather than children or adults with intellectual disabilities, these findings are important because they show that third-wave therapies are increasingly viewed as suitable for disability-related psychological care. In addition, systematic evidence on third-wave cognitive behavioral therapies for children and adolescents supports the broader clinical relevance of acceptance, mindfulness, and compassion-based processes in developmental and family-related contexts (Perkins et al., 2022).

Compassion-Focused Therapy is another promising intervention for mothers of children with educable intellectual disability because maternal distress is often accompanied by guilt, self-criticism, shame, perceived inadequacy, and painful comparisons with other parents. CFT is designed to cultivate compassion toward the self and others by activating affiliative and soothing emotional systems, reducing threat-based self-attacks, and building a warm, supportive inner stance. Evidence from parents shows that a brief CFT intervention can help self-critical parents and their children, suggesting that reducing parental self-criticism may have relational as well as individual benefits (Kirby et al., 2023). A compassion-focused approach has also been proposed as a clinically relevant framework for supporting parents after preterm birth, where uncertainty, guilt, and emotional vulnerability may compromise psychological adjustment (Lloyd-Collins et al., 2025). Although preterm birth and intellectual disability are distinct

contexts, both involve parental adaptation to unexpected developmental realities and the need to transform self-blame into compassionate responsibility.

Research in maternal and perinatal populations further illustrates the importance of compassion and self-compassion for women's psychological well-being. Women's transition to motherhood has been associated with identity change, vulnerability, and the need for self-compassion as a protective psychological resource (Hunter & Dickson, 2024). Reviews of Compassion-Focused Therapy for women in the perinatal period show that compassion-based interventions may reduce shame, self-criticism, and emotional distress while strengthening acceptance and self-kindness (Millard & Wittkowski, 2023). Similarly, digital emotional well-being training for perinatal women has highlighted the value of pausing, emotional regulation, and accessible skill-based support for sustaining psychological functioning beyond the immediate intervention period (Davis et al., 2023). Commentary on promoting positive mental health during pregnancy also stresses that maternal well-being should be conceptualized positively and preventively, rather than only through the lens of risk reduction (Henrichs & Witteveen, 2022). These maternal mental health findings provide conceptual support for applying compassion-based interventions to mothers of children with intellectual disability, who may similarly require skills for self-soothing, emotional regulation, and nonjudgmental self-understanding.

Compassion-based and mindfulness-based interventions have increasingly been examined among caregivers across different populations. A scoping review of mindfulness- and compassion-based interventions for family carers of older adults found that such programs may improve psychological outcomes by enhancing awareness, emotional balance, and compassionate responding to caregiving stress (Murfield et al., 2021). Telephone-delivered CFT for adults with intellectual disabilities has also demonstrated the adaptability of compassion-focused methods in intellectual disability contexts, indicating that compassion-based principles can be translated into accessible clinical formats (Rawlings et al., 2021). A scoping review of CFT for individuals with intellectual disability further supports the growing relevance of compassion-based approaches in disability-related mental health care (Willems et al., 2022). Moreover, group-based CFT for young people in foster, adoptive, or kinship care suggests that compassion-focused models may be useful when individuals carry relational wounds, insecurity, or heightened threat sensitivity (Lau-

Zhu & Vella, 2023). These studies collectively imply that CFT may be appropriate for mothers who experience prolonged caregiving stress and need to develop a kinder, less self-critical relationship with themselves.

The emergence of digital and scalable mental health interventions also reflects the growing recognition that family carers require accessible psychological support. A systematic review of digital psychological well-being interventions for family carers of children and adults with intellectual and developmental disabilities indicates that caregiver interventions can be delivered through flexible formats, although further evidence is needed regarding effectiveness and implementation (Apanasionok et al., 2025). Online school-based positive psychology interventions also show that structured psychological skills can be delivered in institutional settings to improve mental health and well-being (Francis et al., 2021). Adapted mindfulness-based stress reduction protocols for psychosocially vulnerable pregnant women similarly indicate that mental health promotion can be integrated into routine care environments when interventions are tailored to participants' vulnerabilities (Skovbjerg et al., 2023). Collaborative models that increase clinician confidence and access to child and adolescent mental health expertise further demonstrate that integrated psychosocial care can improve well-being-related service delivery (D'Abaco et al., 2024). Such evidence supports the practical value of designing and evaluating structured, feasible, and context-sensitive interventions for mothers in educational and clinical settings.

Despite the growing literature, several gaps justify direct comparison between ACT and CFT for mothers of children with educable intellectual disability. First, much of the available evidence focuses on autism, perinatal mental health, professional caregivers, adults with intellectual disabilities, or general family carers, while mothers of educable children with intellectual disability remain less frequently examined as a distinct population. Second, ACT and CFT share some third-wave assumptions but differ in primary mechanisms: ACT emphasizes psychological flexibility, values, acceptance, and committed action, whereas CFT emphasizes compassion, soothing, self-kindness, and reduction of self-criticism. Third, contemporary sociological work on family estrangement and emotional development suggests that empowerment and healthier exits from maladaptive emotional patterns require more than general support; they require transformation in how individuals relate to painful relational experiences

(Nica, 2025). In caregiving contexts marked by stress and vulnerability, the mother may need both value-based action and compassionate self-understanding. Fourth, developmental and therapeutic literature has shown that supportive and emotionally attuned interventions, including even adjunctive approaches such as animal-assisted counseling, can contribute to emotional safety and relational regulation in child and family contexts (Jalongo & Guth, 2022). Finally, theoretical perspectives on maternal harm and caregiving risk remind researchers that maternal behavior should be understood within evolutionary, emotional, contextual, and stress-related frameworks rather than through simplistic blame (Wren et al., 2020). These considerations reinforce the need for evidence-based interventions that strengthen maternal well-being in a respectful and non-stigmatizing manner.

Given the chronicity of caregiving demands in families of children with educable intellectual disability, the durability of intervention effects is also critical. Improvements observed immediately after intervention may not be sufficient if mothers return to the same caregiving pressures without internalized psychological skills. ACT may sustain effects by helping mothers act according to values despite ongoing distress, while CFT may sustain effects by helping mothers respond to self-criticism and emotional pain with warmth and reassurance. Evidence from caregiver-oriented and parent-focused interventions increasingly recommends examining not only immediate post-intervention outcomes but also follow-up stability, feasibility, and acceptability (Leadbitter et al., 2024). Therefore, comparing ACT and CFT across pretest, posttest, and follow-up stages can clarify which intervention produces stronger and more stable gains in psychological well-being.

The aim of the present study was to compare the effectiveness and durability of Acceptance and Commitment Therapy and Compassion-Focused Therapy on psychological well-being in mothers of children with educable intellectual disability.

## 2. Methods and Materials

### 2.1. Study Design and Participants

The present study employed a quasi-experimental design with a pretest–posttest and follow-up structure including two experimental groups and one control group. The study investigated the effectiveness of Acceptance and Commitment Therapy (ACT) and Compassion-Focused Therapy (CFT) on the psychological well-being of mothers

of children with educable intellectual disability. Measurements were conducted at three stages including pretest, posttest, and a three-month follow-up assessment. The independent variables were Acceptance and Commitment Therapy for the first experimental group and Compassion-Focused Therapy for the second experimental group, while the dependent variable was psychological well-being.

The statistical population consisted of all mothers of students with educable intellectual disability in Lordegan during the 2024–2025 academic year. Participants were selected through purposive sampling according to the inclusion criteria. After reviewing educational records and conducting psychological screening interviews, 45 eligible mothers were selected and randomly assigned into three groups: two experimental groups and one control group, with 15 participants in each group. Inclusion criteria included being between 30 and 50 years old, having a child diagnosed with educable intellectual disability according to educational records, absence of severe physical illness preventing participation in intervention sessions, absence of severe psychological disorders requiring simultaneous psychiatric or psychotherapeutic treatment, and not receiving any other psychological intervention during the study period. Exclusion criteria included participation in other therapeutic programs, absence from more than two sessions, and lack of cooperation during the research process.

Prior to the intervention, all participants completed the study questionnaires during the pretest phase. Subsequently, the first experimental group received Acceptance and Commitment Therapy, while the second experimental group participated in Compassion-Focused Therapy sessions. The control group remained on a waiting list and did not receive any intervention during the study. After completion of the interventions, all three groups completed the posttest assessments, and a follow-up evaluation was conducted three months later to assess the stability of treatment effects. The interventions were conducted in one of the exceptional education centers in Lordegan by the researcher. Ethical principles including informed consent, confidentiality of information, voluntary participation, and the right to withdraw from the study at any stage were fully observed throughout the research process.

## 2.2. Measures

The Psychological Well-Being Scale developed by Carol Ryff (1989) was used to assess the psychological well-being of participants. The short form of this questionnaire consists of 18 items designed for adults and measures six dimensions including self-acceptance, positive relations with others, autonomy, environmental mastery, purpose in life, and personal growth. Participants responded to items using a five-point Likert scale ranging from “strongly disagree” to “strongly agree.” Total scores range from 18 to 90, with higher scores indicating greater psychological well-being. Several items are reverse scored prior to calculating the overall score. Previous studies have demonstrated acceptable psychometric properties for the scale, including satisfactory construct validity and internal consistency. In Iranian samples, reliability coefficients have been reported at acceptable levels, and in the present study the Cronbach’s alpha coefficient for the scale was obtained at 0.89, indicating high internal consistency.

## 2.3. Interventions

The first experimental group received Acceptance and Commitment Therapy based on the protocol developed by Steven C. Hayes and colleagues. The intervention consisted of nine weekly sessions, each lasting approximately 90 minutes. The therapeutic program focused on increasing psychological flexibility through processes such as acceptance of internal experiences, cognitive defusion, mindfulness, self-as-context, clarification of personal values, and committed action. Early sessions emphasized therapeutic alliance formation, psychoeducation regarding experiential avoidance, and recognition of ineffective control strategies. Subsequent sessions included mindfulness exercises, acceptance techniques, metaphors such as “Passengers on the Bus” and “Chessboard,” cognitive defusion practices, and exercises aimed at helping participants remain in contact with the present moment. In the final sessions, participants identified core personal values and learned to engage in committed behaviors aligned with these values despite difficult thoughts and emotions related to parenting a child with intellectual disability. Homework assignments and experiential exercises were used throughout the intervention to facilitate skill acquisition and generalization to daily life.

The second experimental group participated in Compassion-Focused Therapy based on the model proposed by Paul Gilbert. This intervention consisted of eight weekly

sessions lasting 90 minutes each. The treatment aimed to cultivate self-compassion, emotional regulation, and a compassionate self-identity among participants. Initial sessions introduced the principles of self-compassion and differentiated compassion from self-pity. Participants were then trained in mindfulness practices, body scanning, soothing breathing techniques, and understanding emotional regulation systems. Later sessions focused on developing warmth and kindness toward oneself, recognizing common humanity, reducing self-criticism, and increasing tolerance of difficult emotions. Additional techniques included compassionate imagery, compassionate letter writing, empathy training, and daily compassionate behavior exercises. Participants were encouraged to apply compassionate responses toward themselves and others in everyday situations. Homework assignments and reflective practices were incorporated into all sessions to strengthen therapeutic outcomes and promote long-term application of compassionate skills.

## 2.4. Data Analysis

Data were analyzed using both descriptive and inferential statistical methods. Descriptive statistics including means and standard deviations were calculated to summarize demographic characteristics and study variables. Inferential analyses included examination of statistical assumptions such as normal distribution of scores using the Kolmogorov–Smirnov test and homogeneity of variances using Levene’s test. To evaluate differences between groups across pretest, posttest, and follow-up stages, mixed-design repeated measures analysis of variance was employed. This analytical approach allowed examination of the interaction effects between time and group membership in assessing the effectiveness of the interventions on psychological well-being. All statistical analyses were conducted using IBM SPSS Statistics, and the significance level was considered at  $p < .05$ .

## 3. Findings and Results

A total of 45 mothers of children with educable intellectual disability participated in the study and were equally assigned to three groups, including the control group ( $n = 15, 33.3\%$ ), the Acceptance and Commitment Therapy group ( $n = 15, 33.3\%$ ), and the Compassion-Focused Therapy group ( $n = 15, 33.3\%$ ). The age distribution of participants indicated that the majority of mothers in the control group were between 41 and 45 years old (40%),

while in the Acceptance and Commitment Therapy group and the Compassion-Focused Therapy group the largest proportion of participants also fell within the 41–45-year age range, accounting for 46.7% and 53.3%, respectively. Regarding the age of children with educable intellectual disability, most children in all three groups were between 10 and 11 years old, representing 53.3% of the control group, 60% of the Acceptance and Commitment Therapy group, and 53.3% of the Compassion-Focused Therapy group. Educational status analysis demonstrated that the majority of

fathers held a bachelor’s degree, comprising 53.3% of the control group, 66.7% of the Acceptance and Commitment Therapy group, and 60% of the Compassion-Focused Therapy group. Similarly, most mothers also possessed a bachelor’s degree, accounting for 60% of the control group and 53.3% of both intervention groups. Overall, the demographic characteristics suggested relative homogeneity among the three groups in terms of participants’ age, children’s age, and parental educational level.

**Table 1**

*Descriptive Statistics for Psychological Well-Being Across Groups and Measurement Stages*

Variable	Measurement Stage	Control Group M	Control Group SD	ACT Group M	ACT Group SD	CFT Group M	CFT Group SD
Psychological well-being	Pretest	35.33	2.32	34.06	2.43	34.60	3.07
Psychological well-being	Posttest	35.20	2.21	55.40	2.38	51.40	2.32
Psychological well-being	Follow-up	35.13	2.33	56.20	2.83	50.53	2.87

As shown in Table 1, the three groups had relatively similar psychological well-being scores at the pretest stage, indicating approximate baseline comparability before the interventions. However, at posttest, the mean score of psychological well-being increased substantially in both intervention groups, particularly in the Acceptance and Commitment Therapy group. The ACT group increased from 34.06 at pretest to 55.40 at posttest and remained stable at follow-up with a mean score of 56.20. The Compassion-Focused Therapy group also improved from 34.60 at pretest to 51.40 at posttest, with a follow-up mean of 50.53. In contrast, the control group showed no meaningful improvement across the three stages, with scores remaining around 35. These descriptive findings suggest that both interventions improved psychological well-being, while ACT produced a stronger and more stable increase.

The assumptions required for mixed-design repeated measures analysis of variance were examined before

hypothesis testing. The Kolmogorov–Smirnov test showed that psychological well-being scores were normally distributed in the control group, ACT group, and CFT group at pretest because all significance values were greater than .05. The homogeneity of regression slopes assumption was also met, as the interaction between group and pretest psychological well-being was not significant,  $F = 1.87, p = .421$ . Levene’s test confirmed the equality of variances across groups,  $F(2, 42) = 0.51, p = .602$ . Box’s M test also supported the homogeneity of variance–covariance matrices, Box’s  $M = 13.49, F = 1.01, p = .440$ . Finally, Mauchly’s test indicated that the sphericity assumption was acceptable for psychological well-being,  $W = 0.88, \chi^2 = 5.09, p = .078$ . Therefore, the statistical assumptions for conducting mixed-design repeated measures ANOVA were adequately satisfied.

**Table 2**

*Mixed-Design Repeated Measures ANOVA for Psychological Well-Being*

Effect	SS	df	MS	F	p	$\eta^2$	Power
Time	204.54	1	204.54	29.60	.0001	.413	1.00
Time × Group	223.12	2	111.56	16.15	.0001	.435	.999
Group	1297.08	2	648.54	3.96	.027	.159	.679

\* $p < .05$ , \*\* $p < .01$

The results in Table 2 indicate that the main effect of time was statistically significant,  $F = 29.60$ ,  $p = .0001$ ,  $\eta^2 = .413$ , showing that psychological well-being scores changed significantly from pretest to posttest and follow-up. The interaction effect of time and group was also significant,  $F = 16.15$ ,  $p = .0001$ ,  $\eta^2 = .435$ , indicating that changes in psychological well-being over time differed significantly

across the three groups. In addition, the between-group effect was significant,  $F = 3.96$ ,  $p = .027$ ,  $\eta^2 = .159$ , demonstrating a statistically significant difference among the ACT, CFT, and control groups. These results show that both therapeutic interventions were effective in improving psychological well-being, with group membership explaining a meaningful proportion of change over time.

**Table 3**

*Bonferroni Post-Hoc Comparisons for Psychological Well-Being*

Comparison Type	Group/Stage A	Group/Stage B	Mean Difference	SE	p
Between-group	ACT	CFT	3.04	0.73	.0001
Between-group	ACT	Control	13.00	0.73	.0001
Between-group	CFT	Control	9.96	0.73	.0001
Within-time	Pretest	Posttest	-12.67	0.43	.0001
Within-time	Pretest	Follow-up	-12.96	0.46	.0001
Within-time	Posttest	Follow-up	-0.29	0.34	1.000

As shown in Table 3, the Bonferroni post-hoc comparisons revealed significant differences between the ACT group and the CFT group, between the ACT group and the control group, and between the CFT group and the control group. The mean difference between ACT and CFT was 3.04, indicating that Acceptance and Commitment Therapy produced a significantly greater improvement in psychological well-being than Compassion-Focused Therapy. Both intervention groups also showed significantly higher psychological well-being than the control group. The within-time comparisons showed that pretest scores differed significantly from both posttest and follow-up scores, while the difference between posttest and follow-up was not significant. This pattern indicates that the improvement in psychological well-being achieved after the interventions remained stable during the follow-up period. Overall, the findings support the effectiveness and durability of both interventions, with Acceptance and Commitment Therapy showing stronger effects than Compassion-Focused Therapy.

#### 4. Discussion and Conclusion

The findings of the present study showed that both Acceptance and Commitment Therapy and Compassion-Focused Therapy significantly improved psychological well-being in mothers of children with educable intellectual disability, while the control group showed no meaningful change across the pretest, posttest, and follow-up stages. The descriptive results indicated that psychological well-being remained almost unchanged in the control group, whereas

both intervention groups experienced a clear increase after treatment. The mixed-design repeated measures analysis confirmed a significant effect of time, a significant time-by-group interaction, and a significant between-group effect, showing that the observed changes were not merely due to repeated measurement but were associated with participation in the therapeutic interventions. The Bonferroni comparisons further demonstrated that both ACT and CFT were significantly more effective than the control condition, and that ACT produced a stronger effect than CFT. In addition, the nonsignificant difference between posttest and follow-up indicated that the therapeutic gains were relatively stable over time. These findings support the assumption that psychological well-being in mothers of children with intellectual disability can be enhanced through structured psychological interventions that directly address emotional distress, cognitive rigidity, self-criticism, and value-based adaptation.

The effectiveness of the two interventions is consistent with the broader literature showing that parents and family caregivers of individuals with intellectual and developmental disabilities are at elevated risk for psychological distress and therefore require targeted support. Previous systematic evidence has shown that parents of individuals with learning disabilities frequently experience depression, anxiety, emotional exhaustion, and adjustment problems, especially when caregiving is prolonged and support resources are limited (Arnold & McPherson, 2023). Similarly, studies on mothers of offspring with intellectual disabilities during stressful social conditions have emphasized that caregiving responsibilities

can become emotionally intensive and psychologically demanding (Vereijken et al., 2021). The present findings align with these studies by showing that psychological well-being is not a fixed characteristic among such mothers; rather, it can be improved when mothers are provided with structured therapeutic tools. This is also compatible with the view that well-being is a multidimensional construct involving functioning, meaning, relationships, and emotional regulation, rather than merely the absence of psychological symptoms (Layard & Neve, 2023).

The stronger effectiveness of Acceptance and Commitment Therapy can be explained through the central role of psychological flexibility in chronic caregiving contexts. Mothers of children with educable intellectual disability often face stressors that cannot be completely eliminated, such as concerns about the child's future, educational limitations, social stigma, dependency needs, and repeated caregiving responsibilities. ACT does not primarily attempt to remove painful thoughts or emotions; instead, it trains individuals to accept internal experiences, reduce cognitive fusion, remain in contact with the present moment, clarify values, and act in accordance with those values despite distress. This mechanism is especially relevant for mothers whose well-being may be reduced by persistent worry, self-blame, avoidance, and emotional entanglement. The superiority of ACT in the present study is consistent with evidence supporting ACT as a transdiagnostic intervention for complex emotional difficulties, where acceptance, defusion, and committed action help individuals respond more adaptively to overlapping anxiety and mood-related processes (Howard et al., 2026). It also aligns with research protocols applying ACT-based interventions to improve well-being and resilience in demanding care environments, where emotional burden and responsibility are persistent rather than temporary (Finucane et al., 2022).

The findings are also in line with caregiver-focused intervention studies that integrate acceptance-based principles. For example, post-diagnostic programs for caregivers of children with autism have emphasized acceptance, psychoeducation, and psychological adjustment as central components of parental support (Leadbitter et al., 2022). Similarly, the development of caregiver programs such as Empower-Autism reflects the increasing recognition that parents need not only information about the child's condition but also psychological resources for adjustment, emotional regulation, and self-directed coping (Leadbitter et al., 2024). The present results extend this logic to mothers of

children with educable intellectual disability by showing that ACT can enhance psychological well-being beyond ordinary support or waiting-list conditions. Participatory group programs for caregivers of children with complex neurodisability have also been shown to be feasible and acceptable, supporting the use of group-based psychological interventions for families facing complex developmental conditions (Prest, 2026). In this sense, the group format used in the present study may have added therapeutic value by reducing isolation and allowing mothers to recognize shared caregiving experiences.

The significant effectiveness of Compassion-Focused Therapy is also theoretically and empirically meaningful. Mothers of children with intellectual disability may experience self-criticism, guilt, shame, grief, and feelings of inadequacy, particularly when they compare their child's development with that of typically developing children or perceive themselves as responsible for the child's difficulties. CFT directly targets these threat-based emotional patterns by cultivating self-kindness, common humanity, compassionate imagery, and a soothing inner stance. The improvement observed in the CFT group is consistent with evidence indicating that compassion-focused interventions can reduce self-criticism and support parental emotional functioning. A randomized controlled trial showed that a brief CFT intervention can benefit self-critical parents and their children, highlighting the family-level relevance of compassion-based work (Kirby et al., 2023). Likewise, compassion-focused approaches have been recommended for parents facing emotionally vulnerable developmental circumstances, such as preterm birth, where guilt, fear, and uncertainty may undermine well-being (Lloyd-Collins et al., 2025). These findings support the interpretation that increasing compassion toward oneself can help mothers relate to caregiving difficulties with less harshness and greater emotional balance.

The present finding that CFT improved psychological well-being is also supported by literature on women's mental health and caregiving. Research on women's transition to motherhood has emphasized that self-compassion may protect mothers during periods of identity change, emotional vulnerability, and perceived insufficiency (Hunter & Dickson, 2024). Reviews of CFT for women in the perinatal period similarly suggest that compassion-based practices can reduce shame and self-criticism while strengthening emotional regulation and self-acceptance (Millard & Wittkowski, 2023). Digital emotional well-being training for perinatal women has also shown that practices such as

pausing, emotional awareness, and self-regulation may have longer-term benefits for maternal functioning (Davis et al., 2023). Although the present sample consisted of mothers of children with educable intellectual disability rather than perinatal women, the psychological mechanisms are comparable: both groups may experience emotional overload, self-evaluative pressure, and a need for sustained self-support. In addition, findings from mindfulness- and compassion-based interventions for family carers suggest that these approaches may strengthen awareness, emotional balance, and compassionate responses to caregiving strain (Murfield et al., 2021).

The difference between ACT and CFT may be interpreted in terms of therapeutic emphasis. CFT appears particularly useful for reducing self-criticism and strengthening warmth toward the self, whereas ACT may more directly affect value-based functioning, behavioral activation, and psychological flexibility. Since psychological well-being includes dimensions such as autonomy, environmental mastery, purpose in life, self-acceptance, positive relations, and personal growth, ACT may have produced greater improvement because it explicitly trains participants to identify values and engage in committed action despite difficult internal experiences. This explanation is supported by studies showing that psychological flexibility and self-compassion are both related to parental adjustment, but they may contribute through partly distinct processes (O'Boyle-Finnegan et al., 2022). Therefore, CFT may primarily reduce the emotional toxicity of self-criticism, while ACT may additionally help mothers reorganize daily behavior around meaningful parenting, personal goals, and adaptive engagement. The present results do not diminish the value of CFT; rather, they suggest that ACT may be especially powerful when the target outcome is broad psychological well-being rather than only distress or self-criticism.

The stability of the results at follow-up is another important finding. The absence of a significant decline from posttest to follow-up suggests that both interventions produced changes that persisted beyond the immediate treatment period. This durability may be due to the experiential and skill-based nature of both ACT and CFT. ACT participants practiced acceptance, defusion, mindfulness, values clarification, and committed action, all of which can be applied repeatedly in daily caregiving situations. CFT participants practiced compassionate breathing, compassionate imagery, compassionate letter writing, and nonjudgmental self-understanding, which may continue to support emotional regulation after treatment.

This finding is consistent with caregiver and parent-focused literature emphasizing the need for interventions that provide practical psychological tools rather than temporary emotional relief (Apanasionok et al., 2025). It also aligns with broader evidence that structured well-being interventions can promote sustained psychological benefits when they are accessible, skill-oriented, and adapted to participants' needs (Francis et al., 2021).

The findings can also be interpreted in light of the relational and systemic importance of maternal well-being. Improvements in mothers' psychological well-being may have implications for the emotional climate of the family and the quality of parent-child interactions. Research on parental depression indicates that effective treatment for parents can benefit children indirectly by improving parental emotional availability and family functioning (Cross et al., 2024). Studies of maternal support systems also show that social support, emotional competence, and compassionate love are associated with better functioning among mothers of children with autism spectrum disorder (Desiningrum et al., 2021). Similarly, programs that create appreciation and community support for mothers caring for children with anxiety difficulties suggest that validation and shared understanding are important in reducing maternal isolation (Shaw & Bridgman, 2023). Therefore, the group-based interventions in the present study may have improved well-being not only through formal therapeutic techniques but also through interpersonal normalization, emotional sharing, and recognition of common caregiving struggles.

The present study also contributes to the growing literature on third-wave therapies in disability-related contexts. Reviews of third-wave therapies for adults with intellectual disabilities have emphasized that acceptance-, mindfulness-, and compassion-based interventions can be adapted for populations connected to intellectual disability care (Patterson & Golightly, 2022). Similarly, community psychosocial group interventions for adults with intellectual disabilities and mental health conditions highlight the value of structured, group-based, psychologically informed care in disability contexts (Bourne et al., 2021). Research on CFT for individuals with intellectual disability and telephone-delivered CFT case series further demonstrates that compassion-focused methods can be adapted for disability-related mental health needs (Rawlings et al., 2021; Willems et al., 2022). The present study extends this evidence by focusing not on the child or person with disability, but on the mother as a central figure in the caregiving ecology. This shift is important because the well-being of mothers may

influence both their own quality of life and the developmental environment available to the child.

In addition, the results are consistent with contemporary perspectives emphasizing integrated, accessible, and family-sensitive psychological care. Collaborative models in child and adolescent mental health have shown that clinician confidence, service access, and well-being can improve when care systems are designed around shared expertise and practical support (D'Abaco et al., 2024). Interventions for families facing complex adversities also show that psychological difficulties should be addressed within broader relational and contextual systems rather than treated as isolated individual problems (Kertesz et al., 2022). From this perspective, ACT and CFT may be considered suitable intervention models because they do not pathologize mothers; instead, they help mothers respond more flexibly and compassionately to difficult realities. This is particularly important because caregiving can include both burden and meaning, and psychological interventions should preserve the dignity, agency, and relational commitments of caregivers (Tan-Ho et al., 2020). The current findings suggest that when mothers receive structured support, they can transform distress into more adaptive self-understanding, purposeful action, and sustained psychological functioning.

The present study had several limitations that should be considered when interpreting the findings. The sample size was relatively small and limited to mothers of children with educable intellectual disability in Lordegan, which restricts the generalizability of the results to fathers, other caregivers, families from different regions, and mothers of children with more severe or different developmental disabilities. The study relied on self-report measurement of psychological well-being, which may be influenced by response bias, social desirability, or participants' expectations regarding treatment effectiveness. The control group was a waiting-list group and did not receive an active comparison intervention, so it is not possible to determine whether some observed effects were partly related to nonspecific factors such as therapist attention, group support, or expectancy. In addition, although the follow-up assessment provided evidence of short-term stability, a longer follow-up period would be necessary to determine whether the improvements persist over six months, one year, or longer.

Future studies should replicate this research with larger and more diverse samples, including fathers, couples, single parents, and caregivers from different cultural and socioeconomic backgrounds. It is recommended that future

research use active control groups or compare ACT and CFT with other evidence-based interventions such as mindfulness-based stress reduction, cognitive behavioral therapy, parent management training, or integrative caregiver support programs. Future studies should also examine mediating variables such as psychological flexibility, experiential avoidance, self-compassion, shame, perceived stress, social support, and parenting self-efficacy to clarify how each intervention produces change. Longer follow-up assessments are also recommended to evaluate the durability of treatment effects over time. In addition, mixed-methods designs could provide richer insight into mothers' lived experiences, perceived mechanisms of change, and the practical challenges of applying therapeutic skills in daily caregiving situations.

Based on the findings, psychological service providers working with families of children with educable intellectual disability should consider integrating structured ACT and CFT programs into school counseling centers, exceptional education centers, rehabilitation clinics, and community mental health services. ACT may be particularly useful when mothers struggle with worry, avoidance, loss of purpose, and difficulty acting in accordance with personal and parenting values, while CFT may be especially helpful when mothers experience guilt, shame, harsh self-criticism, and emotional exhaustion. Practitioners can also combine selected elements of both approaches by teaching mothers acceptance, mindfulness, values clarification, committed action, compassionate breathing, and compassionate self-talk. Group delivery is recommended because it may reduce isolation and provide opportunities for shared learning and emotional normalization. Moreover, interventions should be offered in accessible language, with practical home exercises and follow-up sessions to help mothers maintain therapeutic gains in everyday caregiving contexts.

### Authors' Contributions

All authors significantly contributed to this study.

### Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

### Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

## Acknowledgments

We hereby thank all individuals for participating and cooperating us in this study.

## Declaration of Interest

The authors report no conflict of interest.

## Funding

According to the authors, this article has no financial support.

## Ethical Considerations

In this study, to observe ethical considerations, participants were informed about the goals and importance of the research before the start of the study and participated in the research with informed consent.

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