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Effectiveness Of Psychoeducation Intervention on Parents of Children with Autism Spectrum Disorder

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***Abstract*— Background: The aim of review is to provide a summary of psychoeducational interventions effect on parents of children with ASD.**

Methods: This comparative review searaches using electronic literature databases were conducted to retrieve peer-reviewed articles published from 2015 to 2025 on the topic of Effectiveness of Psychoeducational Intervention on Parents of Children with ASD.The database searched was Scopus, ScienceDirect, Elsevier, Springer, PubMed, Google Scholar. 19 papers that met inclusion criteria: Parents of children (up to 18) with ASD. Psychoeducational Intervention, Parental educational training. At least 1 parent outcome (Stress, Anxiety, Depression, Self-efficacy, Knowledge, Coping, Quality of Life). Full text in English, examined effect of psychoeducation intervention on parents of children with ASD.
Results: Parent-mediated interventions across 13 countries reduce caregiver stress while boosting ASD knowledge and self-efficacy. This empowerment, delivered via digital or home-based tools, leads to significant improvements in children's social communication and functional skills.

Conclusion: Parent-focused interventions for children with autism spectrum disorder (ASD) effectively improve both caregiver well-being and child outcomes. Programs that teach skills, provide psychoeducation, or offer reflective and attachment-based support reduce parental stress and enhance confidence, while also benefiting children's social and adaptive development. Delivering these interventions in flexible formats, including group or digital programs, makes them accessible across different settings. Supporting parents should be an integral part of ASD care, with future research exploring long-term impacts and best practices.

***Keywords*— Psychoeducation Intervention, Parents of Children with ASD, Mental Health outcome, Parent-child interaction.**

INTRODUCTION

Autism Spectrum Disorder is the neurodevelopmental disorder which is related with brain development. In ASD, following symptoms were observed: difficulties in social communication, interaction; repetitive behaviour, interest & activities. These symptoms were observed since childhood and it effects children's educational, social and daily activities.

Parents who have an ASD child face many difficulties, because of that it creates mentally, social and financial burden, when their children diagnosed with ASD, parents feel shock, unacceptance, guilty, anxious, sad, helpless. Parent's always feel worry and stressed when they think about children's future after parents are not with them. Due to Lack of awareness in society about ASD, it creates misunderstanding, blame, social isolation in parents' life. When children give responses in aggression, aggressive behaviour, self-harm, difficulties in communication show then parents stress increased.

Psychoeducation is a structured intervention that combines education about a condition with practical strategies to cope with its challenges. For parents of children with autism spectrum disorder (ASD), psychoeducation aims to provide knowledge about ASD, guidance on behaviour management, emotional support, and problem-solving skills. The ultimate goal is to empower parents, reduce stress, and improve the developmental outcomes for their children.

Types of Psychoeducation Interventions

Psychoeducation can be delivered in various formats, depending on the needs of the family and the resources available:

1. Individual Psychoeducation
   - Delivered one-on-one with a clinician or therapist.
   - Focuses on personalized guidance, addressing specific challenges of a parent and child.
   - Allows for tailored behavioural management strategies and coping techniques.
2. Group Psychoeducation

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Vol.13 Issue 1 Page No 13-20
November 2024

- Involves multiple parents in a workshop or support group setting.
- Facilitates sharing experiences, peer support, and learning from others.
- Can include role-playing, problem-solving exercises, and group discussions.

3. Online or Tele-Psychoeducation
   - Uses digital platforms for delivery (e.g., webinars, online modules, video conferencing).
   - Increases accessibility for families in remote areas or with limited time.
   - Can be synchronous (live sessions) or asynchronous (pre-recorded materials).

4. Family-Based Psychoeducation
   - Includes other family members (siblings, grandparents) in addition to parents.
   - Aims to improve family communication, cohesion, and support networks.
   - Encourages collaborative problem-solving and reduces family stress.

Effects of Psychoeducation on Parents -

- Improved Knowledge and Skills: Parents gain a better understanding of ASD, developmental milestones, and behavioural management strategies.
- Reduced Stress and Anxiety: Structured learning and coping strategies help reduce parental burden and emotional distress.
- Enhanced Coping and Problem-Solving: Parents develop practical tools to manage challenging behaviours, improve routines, and navigate healthcare and education systems.
- Increased Self-Efficacy: Confidence in caregiving improves, leading to better parent-child interactions.
- Social Support and Empowerment: Group-based programs create peer networks that reduce isolation and provide emotional support.

Effects on Children-

Indirectly, psychoeducation for parents also benefits children with ASD:

- Improved Behavioural Outcomes: Children may show reductions in challenging behaviours due to consistent and informed parenting strategies.
- Enhanced Social and Communication Skills: Parents can implement techniques learned through psychoeducation to promote social engagement and communication.
- Better Developmental Progress: Structured parent interventions support early intervention efforts, which are crucial for developmental gains.
- Stronger Parent-Child Relationship: Reduced parental stress and increased confidence improve the emotional quality of interactions.

This systematic review aims to study the effects of psychoeducational interventions on parents of children with ASD because parents are the main caregivers and have a big influence on their child's growth and development. Caring for a child with autism can be very stressful and emotionally demanding, which can affect both the parent and the child. Understanding how psychoeducation can help parents cope, manage their child's behaviour, and feel more confident can guide the development of better support programs. This can improve parents' well-being and skills, while also helping children with ASD achieve better outcomes and a higher quality of life.

II. Literature Review

Author Name (publication Year)	Intervention Details	Result
Kathy Leadbitter et al., (2025).	A group based, online programme via videoconferencing. Content: combines autism psychoeducation with psychotherapeutic components based on health, adjustment & understanding autism. Sessions were designed to intergrade autism specific information, skills for emotional adjustment,	Improved mental health compared to usual care. Well, being of caregivers increased. Increased autism knowledge and improved adjustment to them child' s diagnosis. No significant changes were observed in parenting stress and efficacy.

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Suresh Gyan Vihar University International Journal of Economics and Management
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Vol.13 Issue 1 Page No 13-20
November 2024

	stress/coping strategies and psychotherapeutic support co-designed with lived experience stakeholder. Online group session. Follow up outcome assessed up to 52 weeks post randomization.	
Rivees Shabnum et al (2025).	Weekly sessions conducted by clinical psychologist, special educators. Comports included in education on autism, stress management techniques, problem categories and home-based parent training for managing child behaviour.	Father's and mother's anxiety & stress levels decreased significantly. Father had lower preintervention anxiety and stress levels than mothers. Postintervention the severity of autism decreased significantly.
Bijon Baroi et al (21 oct 2025).	Competency based psychoeducation program develop for improve parents understanding of autism and reduce distress. 3 offline group session by qualifies psychologist. Session Topis: Definition, symptoms, cause and impact of ASD. Complication, diagnosis & management. Guidance on non-medication manual were provided.	Researcher found association between the increased knowledge about ASD and decreased psychological disturbance. Parent showed significant reduction in anxiety, stress, overall psychological disturbance from pre to post intervention.
Loanna G. Tsiouri et al., (28 march 2025).	Focused on educating parents about ASD, Developing coping skills for self & social stigma. Taring in communication & problem-solving skills. Enhancing family interactions, routines and stress management. Conducted in a group format with other families to encourage peer support& shared learning.	Parents reported healthier family interactions & strong routine post intervention. Reduced family Burden. Parents gained a better understanding of ASD, managed stigma, felt more empowered as caregiver.
Nihed Abid et al., (2014).	120 minutes session, conduct over 20 weeks via face to face and online group sessions. Content: Psychoeducation about ASD, behaviour management. Strategies, communication support, emotional coping, role play, video examples, group discussion, homework & practice with child. Optional booster sessions& daily practice with children were encouraged.	Significantly reduction in parental anxiety and depression at follow up compared to baseline in intervention group. Improvement in psychological quality of life, though social & environmental domains showed smaller changes.
Parshar Saatvika et al., (2024).	The intervention module for the brief reflective parenting workshop. 4 sessions of 1.5 hours each 4 week. 8010 parents in	Parents become less likely to interpreted event negatively. They better understand their own & child's emotions. Enhanced

III. METHODOLOGY

This systematic review searaches using electronic literature databases were conducted to retrieve peer-reviewed articles published from 2015 to 2025, detailed papers were

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downloaded in Zotero 8 for windows app. The databases searched were Scopus, ScienceDirect, Elsevier, Springer, PubMed, Google Scholar. The database was chosen because academic papers on families of children with ASD are commonly published in these databases. The key terms used were Autism Spectrum Disorder, Psychoeducational Intervention, Parent training, Parents of Children with ASD and entire subject headings.

Research Questions:

- How do psychoeducational interventions affect parental stress in parents of children with Autism Spectrum Disorder?
- What is the impact of psychoeducational programs on improving coping skills in parents of children with ASD?
- Do psychoeducational interventions enhance the mental health and well-being of parents raising children with Autism Spectrum Disorder?
- What effects do psychoeducational interventions have on the knowledge and parenting behaviors of parents of children with ASD?

19 papers were selected for review because they met following criteria (inclusion criteria):

- Parents of children (up to 18) with ASD.
- Psychoeducational Intervention, Parental educational training.
- At least 1 parent outcome (Stress, Anxiety, Depression, Self-efficacy, Knowledge, Coping, Quality of Life).
- Full text in English, examined effect of psychoeducation intervention on parents of children with ASD.

Exclusion Criteria:

- Child only interventions without parent outcome.
- No parent outcome reported.
- Case reports, abstract without full text.
- Non-English Publication.

Search Strategies:
Following keyword use to search research paper:

- Psychoeducation Intervention and parents of children with ASD.
- Effect on psychological intervention on parents of children with ASD.
- Educational intervention, parent training and parents of children with anxiety (stress, anxiety, depression, coping, quality of life).

Use multiple databases to capture a broad range of studies:

Common databases for systematic reviews include: Scopus, ScienceDirect, Elsevier, Springer, PubMed, Google Scholar.

Study Selection:

- Screening: After the initial search, perform two phases of screening:
- Title and Abstract Screening: Remove studies that are obviously irrelevant based on titles and abstracts.
- Full-Text Screening: Review the full-text articles of studies that passed the initial screening to confirm they meet the inclusion criteria.

Data Extraction:

The data extraction was done using Microsoft word document. All paper downloads full text in Zotero 8. Data extraction from full text was organized into following sections:

Published date, Author Name, Country Name, Study Design, Sample Size, Child Age, Measurement Tools. 2)Author name, Publication Date, Intervention Details, Findings.

The searched were analysed of studies through a careful and strategic process. Each study was read multiple time to prevent bias.

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PRSIMA Flow Diagram:

IDENTIFICATION

Records identified through databases (n = 200)

↓

Duplicate records removed (n = 20)

↓

Records after duplicates removed (n = 180)

SCREENING

Titles and abstracts screened (n = 180)

↓

Records excluded (not relevant) (n = 140)

↓

Full-text articles sought for assessment (n = 40)

ELIGIBILITY

Full-text articles assessed for eligibility (n = 40)

Full-text articles excluded (n = 21), with reasons:

- Not meeting inclusion criteria
- Wrong study design
- Different population/outcome

INCLUDED

Studies included in qualitative and quantative synthesis

(Systematic Review) (n = 19)

IV. RESULT:

This systematic review 19 studies to analysis a rigorous global overview of autism intervention strategies for parents of children with ASD. The countries studied in this review was India, Egypt, Indonesia, Japan, Greece, China, Iran, Taiwan, United Kingdom, Unite Staes of America, Saudi Arabia, Tunisia, Turkey. The study included in this review from 2015 to 2025. The following image categories the included research by specific design.



Participant Demographics & clinical Populations:

Variability in sample size range from small scale studies of 12 parents to large scale involving 379 primary caregivers. countries: China, United States of America, Tunisia, United Kingdom included parent -child pairs as the sample size. A critical focus was observed early interventions for toddlers as young as 13-30 months and 1-3 years. Simultaneously the inclusion of adolescent age 14-17 years addresses a major gap in Autism research regarding the transition to adulthood.

Systematic Classification of Measurement Tools:

Measurement instruments identified in the literature are categorized into four functional domains:

1. Caregiver Mental Health and Stress Tools: General Health Questionnaire (GHQ-30), Depression Anxiety Stress Scale-21 (DASS-21), Perceived Stress Scale, Hospital Anxiety and Depression Scale (HADS), Hamilton Anxiety Rating Scale, and Parenting Stress Index (PSI/PSI-4-SF).

2. Parenting Efficacy, Knowledge, and Stigma: Knowledge of Autism Questionnaire, Parental Sense of Efficacy Measure, Family Empowerment Scale, Autism Family Experience Questionnaire, and Internalized Stigma of Parents in Mental Illness Scale.

3. Psychological Quality of Life (QoL): World Health Organization Quality of Life (WHOQOL-BREF/WHOQOL-26) and Warwick-Edinburgh Mental Well-Being Scale.

4. Child Symptomatology and Behaviour Tools: Indian Scale for Assessment of Autism (ISAA), Childhood Autism Rating Scale (CARS/CARS-2), Social Responsiveness Scale (SRS), Canadian Occupational Performance Measure (COPM), Social Communication Questionnaire (SCQ), and Vineland Adaptive Behaviour Scale.

A discernible distinction exists between "standardized validated" scales and "researcher-developed" tools.

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November 2024

Impact on Parent's Mental Health and Psychological Well-being -

Parent's mental health is a primary outcome in ASD interventions, as parental psychological stability serves as a strategic precursor to family resilience and child developmental progress.

Synthesis of the data indicates a consistent trend toward improved psychological outcomes, though results vary by intervention focus:

Significant Reductions in Psychological Distress:

- Nihed Abid et al.: Significant reduction in parental anxiety and depression at follow-up, alongside improved psychological QoL.
- Mengxion Zhao et al.: Significant reductions in stress, anxiety, depression, and parenting stress following a web-based activity curriculum.
- Rivees Shabnum et al.: Significant decreases in anxiety and stress for both mothers and fathers.
- Bijon Baroi et al.: Notable reductions in overall psychological disturbance from pre- to post-intervention.
- Nobuyo Kubo et al.: Participation in attachment-based support led to superior psychological well-being compared to control groups.

Variations in statistical significance were observed in several studies. Leadbitter et al. reported improvements in general mental health but no significant shifts in specific parenting stress or efficacy scores, despite a 52-week longitudinal follow-up. Hemdi A. Daley et al. noted reductions in stress and depression via a WhatsApp-based model but found no significant impact on maternal anxiety. Similarly, Leann Smith DaWalt et al. reported high social validity and acceptability for their program, though general stress and core autism symptoms did not significantly change over the short term. These findings suggest that high-intensity or entrenched parenting stress may require more specialized, synchronous clinical support to achieve significant remediation

Transformation of Parental Knowledge, Self-Efficacy, and Stigma

By improving understanding of the diagnosis, these programs equip caregivers to navigate clinical and social complexities with increased agency.

The effectiveness of competency-based and reflective models is evident across several studies:

I. Knowledge Acquisition and Stigma Reduction: Baroi et al. and Havva Kacan et al. demonstrated that knowledge gains regarding ASD symptoms and management are directly correlated with reduced psychological disturbance and significant decreases in internalized stigma. Loanna G. Tsiouri et al. reported that parents felt more empowered and better equipped to manage social stigma following group-based education.

II. Parental Self-Efficacy and Reflective Functioning: Internal shifts in the caregiving role were particularly pronounced in interventions focusing on emotional processing. Nobuyo Kubo et al. found significant increases in self-efficacy maintained at six months post-intervention. Parshar Saatvika et al. utilized reflective parenting workshops to improve "reflective functioning," making parents less likely to interpret child behaviors negatively. Zahra Pashazadeh Azari et al. observed that parent coaching sessions significantly increased confidence in managing ASD-related behaviors.

These internal cognitive shifts—moving from perceived incompetence to a state of efficacy—create the necessary foundation for improved parent-child interactions, which subsequently influence child-level behavioural metrics.

Secondary Outcomes: Child Symptomatology and Functional Behaviour

Child-level improvements are often viewed as the definitive metric of success for parent-mediated models.

Significant functional gains were reported in several high-impact studies:

- Autism Severity and Social Communication: Rivees Shabnum et al. and Roykey Tony Kalao et al. both recorded significant decreases in autism severity scores. Connie Kasari et al., using the JASPER model, demonstrated significant improvements in joint engagement and play skills among toddlers.
- Functional and Adaptive Skills: Radwa M. Borg et al. observed enhanced developmental outcomes across functional areas, while Azari et al. reported improved goal attainment and participation via contextually reflective occupational therapy.

A critical distinction arises between "Direct Training" and "Indirect Benefit" models. Connie Kasari's synchronous

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coaching, where parents practice skills with children in-session, yielded high child engagement and skill generalization. In contrast, Meng-Hsin Ho et al. observed that while their psychoeducational intervention enhanced parent competence and confidence, the resulting child benefit was categorized as an indirect outcome. Furthermore, as noted by DaWalt et al., core autism symptoms may not show significant change in the short term, underscoring the necessity of differentiating between immediate behavioural improvements and long-term symptom modification.

Intervention Modalities and Delivery Frameworks:

The evolution of intervention delivery reflects a strategic shift toward digital and home-based accessibility, aimed at reducing logistical barriers for families.

Interventions were categorized into three primary delivery formats:

I. Digital and Asynchronous Support: Hemdi A. Daley (WhatsApp groups), Mengxion Zhao (web-based curriculum with WeChat support), and Kathy Leadbitter (online videoconferencing).

II. Home-Based Individualized Coaching: Radwa M. Borg (bi-weekly 2-hour sessions), Annette Estes (intensive 15–25 hours/week), and Zahra Pashazadeh Azari (individualized coaching sessions).

III. Group-Based Offline Psychoeducation: Suravi Patra, Bijon Baroi, and Loanna G. Tsiouri (structured group sessions focusing on peer support and symptom management).

The clinical implications of these formats are significant. Annette Estes' research on intensity revealed an "Intensity Paradox": parents with high baseline stress achieved better efficacy with lower-intensity interventions (15 hours/week), whereas those with lower stress thrived under higher intensity (25 hours/week).

In summary, across the 19 included studies, a consistent clinical trend emerges: interventions that successfully enhance parental psychological well-being, knowledge, and self-efficacy serve as the essential foundation for improved family stability and child-level outcomes. Whether delivered through digital platforms or intensive home coaching, the empowerment of the caregiver remains the cornerstone of effective, sustainable ASD management.

V. Discussion

The literature on parent-focused interventions for children with autism spectrum disorder (ASD) consistently demonstrates the effectiveness of structured programs in enhancing parental well-being and improving child outcomes. Randomized controlled trials indicate that psychoeducation, parent-training, and skills-based interventions significantly reduce parental stress, anxiety, and internalized stigma, while simultaneously increasing knowledge, coping strategies, and confidence in managing ASD-related challenges. Programs delivered through different modalities—including in-person, multi-family groups, online platforms, and mobile applications—have shown positive outcomes, highlighting the flexibility and adaptability of these interventions across diverse cultural contexts, such as Tunisia, Saudi Arabia, Iran, and the UK.

Several studies emphasize that interventions addressing reflective parenting, attachment, and caregiver stigma not only improve parental mental health but also strengthen parent-child interactions, which can indirectly enhance child social-communication and adaptive skills. While improvements in child developmental outcomes are frequently reported, the degree of change varies depending on intervention type, intensity, duration, and delivery method. Pilot and feasibility studies suggest that brief, culturally adapted, and attachment-focused programs can be successfully implemented in routine care settings, providing accessible support to caregivers who may face logistical or cultural barriers.

Overall, the findings underscore the critical role of parent-cantered interventions in the holistic management of ASD. They highlight the need for integrating these programs into standard clinical and community services, with attention to cultural adaptation, caregiver engagement, and long-term sustainability. Future research should focus on comparing intervention modalities, examining sustained outcomes over time, and exploring mechanisms by which

parental improvements translate into enhanced child development. The evidence suggests that investing in parent-focused interventions is essential for both caregiver well-being and optimizing developmental outcomes for children with ASD.

Conclusion

Parent-focused interventions for children with autism spectrum disorder (ASD) effectively improve both caregiver well-being and child outcomes. Programs that teach skills, provide psychoeducation, or offer reflective and attachment-based support reduce parental stress and enhance confidence, while also benefiting children's social and adaptive development. Delivering these interventions in flexible formats, including group or digital programs, makes them accessible across different settings. Supporting parents should be an integral part

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November 2024

of ASD care, with future research exploring long-term impacts and best practices.

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