

**An Integrative Counselling Program for Emotionally Distressed Parents of
Children with Special Education Needs**

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Statement of Originality

I, WONG Kit Ching, declare that I am the sole author of this thesis and the material presented within is my original work except for that stated in the preface. I further declare that I have followed the University's policies and regulations on Academic Honesty, Copyright and Plagiarism in preparing this thesis and that I have submitted no material within it for a degree in this or other universities.

Abstract

In this study, researchers examined the effectiveness of integrating Solution-Focused Brief Therapy and Mindfulness Training into a counseling program for parents of children with special education needs (SEN) in Hong Kong. The goal was to reduce parenting stress and improve parent-child interactions. The study involved 30 parents of children aged 10-15 years who participated in an eight-session online group program that incorporated solution-focused brief therapy and mindfulness techniques. The researchers collected qualitative data through pre and post interviews, as well as video or audio recordings, and analyzed it using content analysis. The results of the study demonstrated positive outcomes of the intervention program. It effectively reduced controlling and aggressive behaviors in parents while promoting empathy and improved interactions with their children. The integrative counseling program provided parents with practical skills and strategies such as positive imagery, focus meditations, and magic words to effectively cope with stress, enhance acceptance, and improve empathy towards their children. The researchers also developed training materials to support professionals, such as counselors, social workers, and teachers, in their work with parents. To expand the program's impact, the study recommended training more helping professionals and adapting the program to different contexts. Furthermore, it called for future research to explore the program's effectiveness among diverse populations and improvements in the quality of life for parents and families, and identify any factors that may contribute to these changes.

Keywords: Special education needs, parenting; solution focused brief therapy, Mindfulness model, parents of SEN adolescent, integrative parenting group program, depression, stress, anxiety, empathy

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Chapter 1: Introduction

This study investigates the benefits of integrating Solution-Focused Brief Therapy and Mindfulness Training into a counselling program to reduce the stress experienced by parents of children with special education needs (SEN) in Hong Kong. High parental stress is associated with negative child-rearing outcomes, including negative parent-adolescent relationships (Slag et al., 2012), problems in adolescent psychosocial adjustment and child abuse (Haskett et al., 2013). Parenting is a challenging and stressful task because the parental role involves multiple demands, which include keeping children safe, expressing love and care, disciplining children, and arranging educational opportunities.

Many parents are confused about what a SEN diagnosis means and how to handle it and may well not know how to take care of their SEN children (Tshabalala, 2011). In their distress, parents experience anxiety, grief, anger, and guilt. Some parents first learn that their children have special education needs when they are at an early age. Many also experience additional stress in the face of discussion, criticism, and unwelcome comments from others. They sometimes feel frustrated when doctors are unable to give medical advice or when they provide hasty diagnoses (Jansen, 2011). Such frustrating experiences can lead parents of children with SEN to doubt and distrust formal educational decisions and social services (Ministry of Education Singapore, 2012).

Parents of children with SEN face many day-to-day challenges in accessing special educational support, skills training, and medical services. Parents experience stress and self-doubt and feel they lack sufficient knowledge and skills (Slag et al., 2012). Some researchers (Harpin, 2017) conclude that parents of children with SEN are more likely than other parents to have marital problems, disrupted parent-child relationships, lower parenting efficacy, and high parenting stress. The stress of raising a SEN child also negatively affects the parents' emotional health (Neece et al., 2012).

Exacerbating these problems, the pandemic has adversely affected children's routine schooling and social activities, even more so for children with special education needs (SEN) (Rita, 2022). The closure of

schools and special needs education centers deprived SEN children of social activities with peers and of opportunities for support and treatments. It also increased the challenges faced by parents in balancing additional childcare responsibilities with workplace demands, leading to additional stress and conflicts in the parenting relationship (Fion, 2022). Furthermore, most online-learning platforms are incompatible with the assistance technology used for teaching children with visual and learning impairments (Rita, 2022)

Facing such challenges, many parents of children with SEN report that the services to support them in parenting are inadequate (Fernando & Dennis, 2019). Most support programs focus on the child's relationships with teachers and peers, school policy, school environment, teaching style, support resources, and the child's academic difficulties (Kildare et al., 2015). Rarely, if ever, do these support services address the emotional and psychological needs of parents.

Parenting strategies and parental stress are particularly associated with mental health problems in adolescence. Steinberg (2001) suggests that adolescents benefit from having authoritative parents who are warm, firm, and accepting of their psychological autonomy needs. However, psychological support services for parents of children with special education needs (SEN) are insufficient, and government emergency response programs may not be sensitive enough to the needs of families with SEN children. Therefore, relying solely on SEN support services provided by the Hong Kong Government may not be effective for families with SEN children (Society for Community Organization, 2020).

Despite the significant need for emotional support services for parents of SEN children, there has been little research on this topic. A study conducted in the U.S. by Dr. Josephine L Rodriguez (2017) found that integrating Solution Focused Brief Therapy and Mindfulness could benefit counselors and clients by developing effective strategies for treating co-occurring substance abuse and mood disorders.

However, no study has yet tested the efficacy of Integrative Solution Focused Brief Therapy and Mindfulness for parents with SEN children. This study aims to fill this research gap by testing Integrative Solution-Focused Brief Therapy and Mindfulness programs for emotionally distressed parents of children with special education needs. The study hypothesizes that participants in the experimental group will

experience less parenting stress, better mental health, and increased competence and empathy in parent-child interaction compared to those in a control group and/or an active control group.

The present study proposes an integrative counselling program and tests its effectiveness in reducing anxiety, depression, and parenting problems experienced by parents of SEN children. The program integrates two forms of intervention: Solution-Focused Brief Therapy and Mindfulness parenting. The solution-focused component emphasizes parents' strengths and resources rather than present problems and past difficulties. The Mindfulness parenting model increases parents' capacity for compassion, acceptance, and kindness in parent-child interactions. The effectiveness of the program was assessed using pre and post interviews and video or audio recordings to investigate participants' personal experiences in the intervention program. A qualitative methodology was applied to explore the effectiveness of the Solution-Focused Brief Therapy and Mindfulness Training model

1.2 Aims of the Current Support Program

- (1) Develop an integrative support program for parents of SEN children in Hong Kong;
- (2) Conduct a randomized trial to compare parents of SEN children in the integrative program group with a control group and an active control group;
- (3) Assess the effectiveness of the program using quantitative self-report data from parents and qualitative data from both parents and counselors.

1.3 Research Questions

1. Is a new integrative counselling program effective in reducing anxiety, depression and parenting stress experienced by parents of SEN children?
2. What are the sources of parenting stress in raising special education needs children?
3. Do parents show improvement in child rearing competence from pre- to post-intervention?
4. To what extent does an integrative program reduce emotional distress among parents or caregivers of adolescents with special education needs?

5. What are the specific components of the integrative program that are most effective in reducing emotional distress among parents or caregivers of adolescents with special education needs?
6. What are the factors that influence parents' or caregivers' satisfaction with the integrative program for adolescents with special education needs?

Chapter 2: Background Information

2.1 Challenges Faced by Parents of Adolescents with Special Education Needs

Educational Support for Children with SEN

In Hong Kong, there are various education resources available to support not only special education needs adolescents but also parents and students in general. These resources are aimed at enhancing student learning, providing professional development for teachers, and supporting parents in their role as educators.

The Education Bureau of Hong Kong has developed several initiatives to support student learning. One such initiative is the "e-Learning Support Scheme for Secondary Schools," which provides funding and resources to schools to support the integration of technology in teaching and learning. This initiative aims to enhance student learning and engagement through the use of technology (Education Bureau. ,n.d.).

Another initiative is the "Quality Education Fund," which provides funding for innovative and creative educational projects that enhance student learning and engagement. This initiative also aims to support teacher professional development and enhance parental involvement in education (Education Bureau. ,n.d.).

For children with SEN, the Hong Kong Education Bureau offers both school-based support services and human-based support services, such as the 3-Tier Intervention Support Model and Whole School Approach (Lee, 2022). But these support systems are not adequate for supporting their families in their daily lives (Lee, 2022).

The South China Morning Post reported on 11 July 2018 that the number of students identified as having SEN had increased by 37% over the previous five years in Hong Kong. This includes children with autism, learning difficulties, and attention deficit hyperactivity disorder (ADHD) as well as other types of special educational need. Tsang (2017) points out that more than 10,000 school children were diagnosed with autism in 2017-2018, up from 7,200 in 2015-2016, but that there remained a severe lack of support services for children with learning difficulties in Hong Kong's public schools. According to the Education Bureau, there were 64,996 primary and secondary students with special needs in Hong Kong in the 2020/21

school year. Out of approximately 700,000 primary and secondary students, SEN students account for almost 10%. However, the number of children with SEN may be still underestimated. A growing number of parents face stress in coordinating with schools regarding special arrangements for their children identified as having SEN.

According to Wong, Y. H., & Lee, J. C. (2018) pointed out that Hong Kong has a highly competitive education system, and parents often have high expectations for their children to perform well academically. This can result in pressure on children to excel, which can be stressful and challenging. Moreover, many parents in Hong Kong may not be fluent in English, which can make it difficult for them to support their child's education, particularly if the child is attending an English-medium school. Liu, S.(2016) studies that some families in Hong Kong may face financial constraints, which can make it difficult to access educational resources and support. Many parents in Hong Kong work long hours, which can make it challenging to provide adequate support for their child's education (Tam,2018). Also, education system in Hong Kong can be complex, and some parents may not fully understand the different options and resources available to them, and some parents may face challenges in navigating cultural differences and understanding the expectations and norms of the education system.

In conclusion, Hong Kong education resources are limited to supporting special education needs adolescents but also include provide resources to support parental involvement in education. Fan, & Chen (2001) study suggested These resources are crucial in supporting student success and promoting a positive learning environment in Hong Kong schools.

2.2 Social Services for Special Needs adolescents and Families

Research has shown that parental involvement in education is a crucial factor in student success (Hong Kong Parents Association., n.d.). In Hong Kong, there are various resources available to support parents in their role as educators. For example, the Hong Kong Parents Association provides support and resources to parents, including workshops and seminars on parenting and education (Hong Kong Parents Association., n.d.).

Additionally, the Education Bureau has developed a "Parent Education Resource Centre," which provides resources and support to parents to enhance their understanding of their role in their child's education. This center also provides information on local education policies and services to support parents in making informed decisions about their child's education (Education Bureau. ,n.d.).

Social services benefits for special needs adolescents can include a range of support services that are designed to meet their unique needs. These services can help to improve their academic and social development, as well as provide support to their families (Yu, 2017). In Hong Kong, families of special needs adolescents face challenges due to limited resources and inadequate support, which can negatively impact their quality of life (Ng, 2016).

Hong Kong Council of Social Service (2019) showed some of social services benefits for special needs adolescents in Hong Kong include early intervention and assessment services, special education services, rehabilitation services, child care services, family support services, and financial assistance. Early intervention and assessment services are designed to identify and diagnose special needs adolescents early, so that appropriate support and services can be provided. These services can include screening, assessment, and diagnosis, as well as referrals to other services and support agencies. Special education services provide educational programs and support for special needs adolescents to meet their unique learning needs. This can include individualized education plans, specialized curricula, and assistive technology to support their learning and development. Rehabilitation services include physical, occupational, and speech therapy to help special needs adolescents improve their motor skills, communication, and overall physical and mental health. These services can also include assistive technology and mobility aids to support their independence and mobility. Child care services are provided to support parents of special needs adolescents who need to work or attend school. These services can include respite care, after-school programs, and specialized child care providers who have the expertise and training to support special needs adolescents.

Hong Kong Social Welfare Department(2021) have provided family support services, such as , training, and resources to help families of special needs adolescents cope with the challenges of raising a

special needs adolescent. These services can include parent support groups, and training on how to meet the unique needs of special needs adolescents. Hong Kong Social Welfare Department(2021)have illustrated that financial assistance is available to provide financial support for families who have limited financial resources to support their special needs adolescent. This can include subsidies for medical expenses, transportation, and other necessary expenses.

However, families of special needs adolescents in Hong Kong face several challenges due to limited resources and inadequate support. The limited availability of resources, such as specialized care providers, adequate equipment and technology, and funding for necessary services, can result in long wait times for services and inadequate support for special needs adolescents (Leung, 2019). Insufficient funding can also limit the availability and quality of services provided to special needs adolescents (Leung, 2019). Long wait times for services can negatively impact their academic and social development, while the lack of specialized care providers who have the expertise and training to support them can result in inadequate support. Families also face inadequate support from social services agencies, which can result in a lack of resources and support to meet the unique needs of special needs adolescents (Yuen, M. T., & Chan, L. K. ,2014).

Once the support services are implemented, the difficulties that parents of students with SEN face are reduced slightly. Unfortunately, children with SEN still need to wait a long time to receive those support services. The average time to wait for clinical support or intervention is 13 months (Cheung, 2016). If parents want rapid help for their children with SEN, they may need to find a private clinic to obtain immediate support services. Not every parent has adequate economic resources to afford private service. This means that parents of children with SEN can experience both economic and emotional stress (Cheung, 2016).

Moreover, there are insufficient services available for school-age children (Tso, et.al. ,2022). Parents of children with SEN experience a variety of stressors when taking care of them. A report by the Society for Community Organization (SCO, 2019), states that more than half of parents did not understand the details

about support services available to them. Some parents report that they hoped for more support for their children's professional training and to improve their academic performance. Other parents did not understand the type of help that their SEN children needed. The parents report that this created difficulties for them in getting along with their children (SCO, 2019)

Parents of adolescents with special education needs face numerous challenges that can negatively impact their emotional well-being. Many parents report feeling isolated and overwhelmed due to the significant demands of caring for an adolescent with special education needs (Simpson, 2017). Additionally, parents may face challenges related to financial strain, as they may need to pay for additional services and support for their adolescent (Coles, 2018).

Furthermore, this lack of social support can also lead to feelings of shame or guilt, as parents may feel that they are not doing enough to help their child. This can lead to feelings of inadequacy and can negatively impact their emotional health (Simpson, 2017). Additionally, parents may struggle to navigate the complex education and healthcare systems, resulting in frustration and stress (Coles, 2018).

The majorities of parents of SEN children spend more than 40 hours per week caring for their child but receive little assistance (Lee, 2022). In terms of their own mental health, more than half of the parents have suffered from depressive moods, anxiety and frustration (Lee, 2022). These parents lack enough time to spend with other family members and friends, and the parenting stress can lead to particularly strained relationships with spouses or partners. A higher level of stress for parents is related an increase in problem behavior in children with disabilities (Creswell C., et al., 2008). Studies have shown that parents of children with special education needs often experience social isolation and a lack of understanding from others, which can exacerbate feelings of stress and anxiety (Gupta & Singhal, 2017; Sun et al., 2017).

In conclusion, social services benefits for special needs adolescents can include a range of support services that are designed to meet their unique needs. However, families of special needs adolescents in Hong Kong face challenges due to limited resources and inadequate support. Increasing funding and resources, providing specialized training for care providers, improving access to services, and improving

communication and coordination between social services agencies and families are some of the recommendations to improve social services for special needs adolescents and their families in Hong Kong. Overall, these challenges can make it difficult for parents to provide the necessary support for their child's education. However, there are resources and support available to help parents overcome these challenges and support their child's academic success.

2.3 Influence of the Covid-19 Pandemic on Families of Children with SEN

Children with SEN and their parents were confronted with new challenges due to the outbreak of Covid-19 in Hong Kong. When schools changed from a face-to-face format to an online format in response to the coronavirus pandemic, parents of children with SEN spent more time with them than they previously had (Toseeb et al., 2020). Furthermore, most academic support services and occasional childcare services stopped due to the pandemic. Conflict between parents and children with SEN became more direct and harder to avoid. Parent-child relationships were likely worse than before.

The psychological status of parents of children with SEN is significantly more negative than in other families. In one study, 99.6% of parents of SEN children reported that they were depressed. Over 83.3% had suicidal thoughts that they attributed to spending more time with their SEN children during the two months of quarantine due to the pandemic (Society for Community Organization (SCO), 2020). Parents of children with SEN also faced difficulties in managing their anxiety during the pandemic, given the lack of support services. The SCO concludes that the Hong Kong Government's emergency response is not sensitive enough to the needs of families with SEN children. Therefore, it is not adequate for these families to solely depend on the SEN support services provided by the Hong Kong Government.

One of the most challenging aspects of parenting special education needs adolescents is the complex interplay between their developmental, emotional, and behavioral needs. It requires a deep understanding of their unique challenges and a tailored approach that addresses their specific needs. Baker et al (2005) has extensively researched the challenges of parenting special education needs adolescents and has provided valuable insights and recommendations for parents and caregivers.

According to Baker et al (2005), parenting special education needs adolescents requires patience, empathy, and a willingness to learn and adapt. Parents must first understand their child's diagnosis and the specific challenges associated with it. They must also work closely with their child's teachers, therapists, and other professionals to develop a comprehensive plan that addresses their child's academic, social, emotional, and behavioral needs.

Baker et al (2005) also emphasizes the importance of self-care for parents of special education needs adolescents. The constant demands of caring for a child with special needs can be emotionally and physically exhausting, and parents must prioritize their own well-being in order to be effective caregivers.

Research has shown that parenting special education needs adolescents can be particularly challenging during the transition to adulthood. Adolescents with special needs are at higher risk of experiencing social isolation, unemployment, and mental health issues. Parents must work closely with their child's educational and vocational support teams to ensure a smooth transition to adulthood and to help their child achieve their full potential.

In conclusion, Baker et al (2005) research and insights provide valuable guidance for parents and caregivers of special needs adolescents. Parents must prioritize their own well-being and work closely with their child's support team to help their child achieve success and independence.

2.4 Challenges Faced by Special Education Needs Adolescents

Special education needs adolescents can face a range of challenges that can impact their academic, social, emotional, and behavioral development. Academic challenges are one of the most common difficulties faced by special education needs adolescents. These adolescents may have difficulty with academic tasks such as reading, writing, math, and organization. As a result, they may require specialized instruction and accommodations to help them succeed academically.

In addition to academic challenges, special education needs adolescents can also experience social difficulties. Social challenges may include difficulty making friends, social isolation, and difficulty

understanding social cues. These adolescents may struggle to develop social skills and find it difficult to interact with their peers (Anderson, 2003).

Emotional challenges are another common difficulty faced by special education needs adolescents. These adolescents may experience anxiety, depression, and low self-esteem. They may also struggle with managing their emotions and may require support to develop healthy coping strategies (Shores & Chester, 2009).

Behavioral challenges are also common in special education needs adolescents. These adolescents may exhibit impulsivity, aggression, and oppositional behavior, which can impact their relationships with others and their ability to succeed academically (Guralnick, 2005).

Communication challenges are also prevalent in special education needs adolescents. These adolescents may have difficulty with understanding and expressing language and using nonverbal communication. They may require specialized communication supports to help them communicate effectively (Guralnick, 2005).

Sensory challenges are another difficulty faced by some special education needs adolescents. These adolescents may experience sensory sensitivities or difficulties with processing sensory information, which can impact their ability to learn and interact with their environment (Shores & Chester, 2009).

Finally, special education needs adolescents may have difficulty with transitions, such as transitioning to a new school or transitioning to adulthood. These transitions can be particularly challenging for adolescents with special needs, and they may require additional support to navigate them successfully.

2.5 Parents of SEN Have Childrearing Pressures

Parenting special education needs adolescents can be a complex and challenging task. These adolescents often require special attention due to their unique developmental, emotional, and behavioral needs, which can be difficult for parents to understand and address. However, with the right approach, parents can support their child's growth and development.

Collaboration with Professionals

Navigating the educational system can be particularly challenging for parents of special needs adolescents. Parents need to be well-informed about their child's rights and entitlements, and they may need to advocate for appropriate accommodations and services. This can be a complex and time-consuming process, and parents may feel overwhelmed by the paperwork and bureaucracy involved (Hastings, 2003).

The challenge for parents is to understand their child's diagnosis and the specific challenges associated with it. This requires a significant amount of research and education, as well as close collaboration with professionals such as teachers, therapists, and doctors. Parents must also be prepared to advocate for their child's needs and work with their child's support team to develop a comprehensive plan that addresses their child's academic, social, emotional, and behavioral needs (Hastings, 2003).

Manage own Emotion

Another challenge for parents is to manage their own emotional well-being. Caring for a child with special needs can be emotionally and physically exhausting, and parents can experience high levels of stress, anxiety, and burnout. It is important for parents to prioritize their own self-care and seek support from family, friends, and mental health professionals as needed.

Also, communication difficulties are also a common challenge for parents of special needs adolescents. Adolescents with special needs may struggle to communicate their needs, which can be frustrating for both the adolescent and the parent. Parents may need to develop new communication strategies, such as using visual aids or assistive technology, to effectively communicate with their child. Adolescents with special needs may exhibit challenging behaviors, such as aggression or self-injury, that can be difficult for parents to manage. Parents may need to seek out specialized support and training to learn how to manage these behaviors effectively (Levy, 2015).

Transition to Adulthood

Adolescents with special education needs face a significant challenge when transitioning into adulthood due to the lack of continuity of care and support services. Research has shown that many of these individuals experience a "cliff effect" as they exit the educational system and no longer have access to the

services and supports they received during their school years (Lindsay, Hartman, & Fellin, 2014). This can result in negative outcomes such as unemployment, social isolation, and poor mental health (Bridges & Disney, 2010). These findings highlight the need for continued support and services for special needs adolescents as they transition into adulthood to ensure positive outcomes and overall well-being.

Another challenge is the limited availability of appropriate employment opportunities. Research suggests that special needs adolescents are more likely to be unemployed or underemployed as adults, and may struggle to find work that is meaningful and fulfilling (Havercamp, Scott, & Roth, 2019). This can impact their financial stability and independence, as well as their mental health and wellbeing.

In addition, special needs adolescents may struggle to access appropriate healthcare services as they transition to adulthood. Research suggests that many healthcare providers lack the necessary knowledge and skills to provide adequate care for adults with special needs, and may not be aware of the unique challenges and needs of this population (Iezzoni, 2013).

Financial Stress

Another challenge faced by parents or caregivers of adolescents with special education needs is financial stress. Caring for a child with special education needs can be expensive, as it often requires medical, educational, and therapeutic interventions (Gupta & Singhal, 2017). In addition, parents or caregivers may need to take time off work to attend appointments or provide care, which can lead to lost income or career opportunities. Not only is there a lack of adequate financial assistance within the special education needs basic services, most support services have long waiting lists. The parents of special needs children often have to spend a lot of money to access private assessment and specialist therapies. One parent reported that she noticed her son's behavioral problems very early on, including not getting enough sleep and finding it hard to sit still. He could not remember some letters of the alphabet and would write numbers backwards. She pointed this out to his kindergarten teacher, but the school had no support resources. The parents had to pay for expensive private specialist therapies.

Parents with special-needs children are under an emotional and mental burden but lack support and comprehensive interventions in the community (Chow et al., 2022). Stress and anxiety lead to insomnia, exhaustion, and excessive worry, lack of focus, and irritability, as well as physical symptoms that include rapid heart rate, chest pain, sweating, and dizziness. These can all affect the quality of daily life, working performance, and relationships (Buheji, 2020).

Case Study I

South China Morning Post (27 July 2016) reported that a man under serious stress due to the pressure of raising a son with autism decided to kill the child. Another story from the same newspaper on 26 Jan. 2018 reported that a 52-year-old grandmother, feeling stressed and hopeless from raising a 10-year-old grandson with hyperactivity disorder, and suffering from a depressive disorder, killed the grandson and attempted suicide.

Case study II

In a 5 Sep. 2022 article, a five-year-old boy with attention-deficit/hyperactivity disorder and SEN died at the hand of his 33-year-old single mother, who was suspected of child abuse. The mother was emotionally unstable and attempted to jump out of a window, but police managed to stop her. Such news accounts illustrate the need for support services for parents of children with SEN. The more burdened parents are, the lower their quality of daily life (Unalanet al., 2001).

Case Study III

According to Chu & Leung (2017) case study of Mrs. Lee is a 45-year-old mother of two adolescents, aged 13 and 15. She works full-time as a manager in a finance company and her husband is also employed full-time. Mrs. Lee is concerned about her children's behavior, particularly her 15-year-old son, who has been skipping school, staying out late at night, and using drugs. Mrs. Lee is worried that her son is getting involved with the wrong crowd and is on a path to serious trouble.

In addition to her concerns about her son's behavior, Mrs. Lee is also struggling to balance the demands of her job with the needs of her family. She often works long hours and has little time to spend

with her children. She feels guilty about not being able to be there for them more, and worries that her absence is contributing to her son's problems.

Challenges and Difficulties Faced by Parents of Adolescents in Hong Kong the above case illustrates some of the key challenges and difficulties faced by parents of adolescents in Hong Kong. These challenges can be grouped into three main categories: developmental, cultural, and environmental.

Developmental Challenges

Adolescence is a period of rapid and complex development, during which young people are transitioning from childhood to adulthood. This can be a challenging time for parents, as they navigate the changing needs and behaviors of their children.

One of the key developmental challenges of adolescence is the need for independence and autonomy. Adolescents are striving to assert their independence and establish their identities, which can lead to conflicts with parents and other authority figures (Steinberg, 2014). This can be particularly difficult in a culture like Hong Kong, where respect for authority and conformity to social norms are emphasized.

Another developmental challenge of adolescence is the impact of peer relationships. Adolescents are often more influenced by their peers than by their parents or other adults, and may engage in risk-taking behavior or adopt attitudes and values that conflict with those of their parents (Steinberg, 2014). This can be particularly challenging for parents who are struggling to maintain a positive relationship with their children.

Cultural Challenges

The culture of Hong Kong can also present challenges for parents of adolescents. Hong Kong is a highly competitive and achievement-oriented society, where academic success is highly valued (Chen & Wong, 2019). This can lead to pressure on young people to perform well academically, which can be stressful and overwhelming.

In addition, the collectivist culture of Hong Kong emphasizes the importance of family and social harmony. This can lead to pressure on parents to maintain a positive image for their family and to avoid behaviors that might bring shame or embarrassment (Chen & Wong, 2019).

Environmental Challenges

The environment in which adolescents in Hong Kong are growing up can also present challenges for parents. Hong Kong is a densely populated city with limited space and resources, which can lead to stress and anxiety for both parents and children (Chen & Wong, 2019). In addition, the fast-paced and competitive nature of the city can make it difficult for parents to balance work and family responsibilities.

Complex healthcare and educational systems

Complex healthcare and educational systems can be a significant challenge for parents or caregivers of adolescents with special education needs. Many parents of children with special needs who are studying within the subverted education system face the same problems. According to a 2022 Hong Kong Government document examining support for children with special needs, the average waiting time for pre-school prior to primary schooling sub-vented rehabilitation services in the 2018/19 school year was just over 18.4 months.

Educational systems can be difficult to understand and may require significant time, which can be stressful and overwhelming for parents or caregivers (Sun et al., 2017). The increasing prevalence of special education needs among adolescents has resulted in a significant challenge for parents and caregivers. Many special needs students in Hong Kong attend mainstream schools, which may not have the necessary resources and expertise to provide adequate support. This can lead to a lack of inclusion and participation in the classroom, and may impact their academic achievement (Cheung & Wong, 2016). Also, Yuen & Chow (2019) research studies illustrated that there is a lack of awareness and understanding of special education needs in Hong Kong, which can lead to stigma and discrimination. This can impact the quality of education that special needs students receive, and may limit their opportunities for future success. The transition to post-secondary education or employment can be particularly challenging for special needs students in Hong Kong. Many may struggle to find appropriate opportunities, leading to emotional distress and other challenges. It may require additional support and accommodations to succeed (Wong, 2013). The emerged as a potential solution to address these challenges, but there is a need for further research to

determine the effectiveness of interventions in this context. In summary, parenting special education needs adolescents can be a challenging but rewarding experience. By understanding their child's needs, collaborating with professionals, prioritizing their own well-being, and supporting their child's transition to adulthood, parents can help their child achieve their full potential.

2.6 The Role of in Addressing Emotional Distress among Parents of Adolescents with Special Education Needs

This a potential solution to address the emotional distress experienced by parents and caregivers of adolescents with special education needs. Through interventions, parents and caregivers can acquire skills and support to manage the challenges they encounter. Additionally, can mitigate feelings of isolation and provide a secure environment for parents and caregivers to express their emotions (Simpson, 2017).

A meta-analysis of 38 studies on psychological interventions for parents of children with autism spectrum disorder revealed that these interventions can significantly decrease depression and anxiety symptoms while enhancing parental coping skills (Wang et al., 2018). These findings suggest that interventions can be an effective means of improving the emotional well-being of parents and caregivers of adolescents with special education needs.

Several interventions have been developed to address the emotional distress experienced by parents and caregivers of adolescents with special education needs. For example, cognitive-behavioral therapy (CBT) has been shown to be effective in reducing symptoms of depression and anxiety among parents of children with autism spectrum disorder (ASD) (Sindhu & Vijayalakshmi, 2017). CBT interventions focus on identifying negative thought patterns and replacing them with more positive and adaptive thoughts.

Additionally, Mindfulness-based interventions have been shown to be effective in reducing stress and improving coping skills among parents of children with ASD (Bögels et al., 2014). These interventions focus on cultivating awareness and acceptance of one's thoughts and emotions. SFBT is a short-term approach that focuses on identifying and building on a person's strengths and resources (De Jong & Berg,

2008). SFBT has been shown to be effective in reducing stress and improving well-being among parents of children with special needs (Burgess et al., 2016).

Parents of adolescents with special education needs face numerous challenges that can negatively impact their emotional well-being. The interventions have emerged as a potential solution to address these challenges and provide support to parents and caregivers. Further research is needed to determine the effectiveness of interventions in this context and to identify additional strategies to support parents and caregivers of adolescents with special education needs.

2.7 The Benefits of Parenting Groups

Parenting groups can be a valuable resource for parents who are struggling with stress, anxiety, and depression. These groups provide a supportive environment where parents can share their experiences, learn coping strategies, and receive emotional support from others who are going through similar challenges.

One example of the benefits of parenting groups comes from a study published in the *Journal of Child and Family Studies*. The study found that participation in a parenting group was associated with reduced parenting stress and improved parenting self-efficacy among mothers of young children (Feinberg et al., 2014). Another study, published in the *Journal of Pediatric Psychology*, found that parents who participated in a parenting group had lower levels of anxiety and depression compared to parents who did not participate in the group (Sanders et al., 2014).

Case Study

One case study that illustrates the benefits of parenting groups comes from a mother who was struggling with postpartum depression. She joined a parenting group and found that the support and guidance she received from other parents helped her to cope with her depression and become more confident in her parenting abilities. Through the group, she also developed new friendships and a sense of community, which helped to alleviate her feelings of isolation and loneliness.

Research suggests that parenting interventions can be effective in reducing stress, anxiety, and depression among parents in Asian cultures. For example, a study conducted in Singapore found that a

parenting program was effective in reducing parental stress and improving mental health outcomes among mothers (Chen et al., 2015). Another study conducted in Australia found that a group-based parenting program was effective in reducing maternal depression and anxiety (Hiscock et al., 2015). This study suggests that parenting groups can be effective in improving mental health outcomes for parents. A mother in the United States was struggling with postpartum depression and anxiety after the birth of her second child. She felt isolated and alone, and was hesitant to seek help. However, she decided to attend a parenting group in her community after hearing positive feedback from a friend. At the parenting group, she found that she was not alone in her struggles. She was able to connect with other parents who were going through similar challenges, and felt comfortable sharing her experiences and feelings with them. Through the group, she also learned new coping strategies and received emotional support from the facilitator. As the mother continued to attend the parenting group, she began to feel more confident in her parenting abilities and less anxious and depressed. She also developed new friendships and a sense of community, which helped to alleviate her feelings of isolation and loneliness (Murray, L., & Cooper, P. J., 1997).

2.8 Benefit of Parenting Groups in Hong Kong

Research suggests that parenting groups can be an effective way for parents to reduce stress, anxiety, and depression (Chen et al., 2015). By providing a supportive environment, these groups can help parents to feel less alone and more empowered in their parenting journey. There is limited research specifically on parenting groups in Hong Kong. However, studies on parenting interventions in other countries suggest that parenting groups can be effective in reducing stress, anxiety, and depression among parents.

Parenting groups in Hong Kong can provide a range of benefits to parents who are struggling with stress, anxiety, and depression. These groups typically offer a supportive environment where parents can share their experiences and receive emotional support from others who are going through similar challenges. In addition, parenting groups often include educational sessions on topics such as child development, behavior management, and communication skills (Chen et al., 2015).

In Hong Kong, there are several organizations that offer parenting groups, such as the Family Planning Association of Hong Kong and the Hong Kong Family Welfare Society. These groups provide a supportive environment where parents can share their experiences, learn new skills, and receive emotional support. Hong Kong Down Syndrome Association offers a parenting group for parents of children with Down syndrome, which provides information and support on topics such as developmental milestones, educational resources, and community services. By providing a supportive environment and educational resources, these groups can help parents to feel more empowered and confident in their parenting abilities, and can improve their mental health and well-being.

Parenting groups in Hong Kong can provide a range of benefits to parents who are struggling with stress, anxiety, and depression. These groups typically offer a supportive environment where parents can share their experiences and receive emotional support from others who are going through similar challenges. In addition, parenting groups often include educational sessions on topics such as child development, behavior management, and communication skills.

One case study that illustrates the benefits of parenting groups in Hong Kong comes from a mother who was struggling with postpartum depression. She joined a parenting group offered by the Family Planning Association of Hong Kong and found that the support and guidance she received from other parents helped her to cope with her depression and become more confident in her parenting abilities. Through the group, she also developed new friendships and a sense of community, which helped to alleviate her feelings of isolation and loneliness. This case study illustrates how parenting groups can provide a comfortable and supportive environment for parents who are struggling with stress, anxiety, and depression. By connecting with other parents and receiving emotional support, parents can feel less alone and more empowered in their parenting journey.

Overall, parenting groups in Hong Kong can provide a valuable resource for parents who are struggling with stress, anxiety, and depression. By providing a supportive environment and educational resources, these groups can help parents to feel more empowered and confident in their parenting abilities,

and can improve their mental health and well-being. Although there is limited research specifically on parenting groups in Hong Kong, studies conducted in other countries suggest that parenting interventions can be effective in reducing stress, anxiety, and depression among parents. The availability of parenting groups in Hong Kong provides a valuable resource for parents who are struggling with these issues.

Chapter 3: Analysis of Program Users

The previous chapter demonstrates some of the problems faced by families of children with SEN. This chapter will cover the definition of SEN and the types of program users who have been targeted. The influence of psychological well-being, or its lack, on families with students with SEN will also be explained.

3.1 Definition of Special Educational Needs

Children who have specific difficulties and need extra support in learning are categorized as children with SEN (Armstrong, 2020). According to the Hong Kong Education Bureau (EDB), there are nine main types, each of which requires various forms of external support (Asbury et al., 2021). These are:

Specific Learning Difficulties (SpLD)

Special learning difficulty is a term used to describe a range of conditions that affect an individual's ability to acquire, process, and use information effectively. These difficulties can make it challenging for individuals to learn new skills or to perform well academically. Examples of special learning difficulties include dyslexia, dyspraxia, attention deficit hyperactivity disorder (ADHD), and autism spectrum disorder (ASD) (Shaywitz, 2015). These conditions can have a significant impact on an individual's education, employment prospects, and overall quality of life. However, with appropriate support and accommodations, individuals with special learning difficulties can achieve their full potential and lead fulfilling lives.

Intellectual Disability (ID)

Intellectual disability (ID), also known as intellectual developmental disorder (IDD), is a neurodevelopmental disorder characterized by significant limitations in intellectual functioning and adaptive behavior. Individuals with ID experience difficulties in learning, problem-solving, and other cognitive abilities. According to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), intellectual disability is diagnosed when an individual has an IQ score of approximately 70 or below, and significant limitations in adaptive functioning in at least two areas, such as communication, self-care, social skills, and academic or work performance.

American Psychiatric Association (2013) supports the use of interventions, such as behavioral therapy, educational programs, and medication to improve the functioning and quality of life of individuals with ID. Additionally, studies have shown that early intervention and support can help individuals with ID to achieve their full potential and lead fulfilling lives.

Attention Deficit/Hyperactivity Disorder (ADHD)

Attention Deficit/Hyperactivity Disorder (ADHD) is a neurodevelopmental disorder that affects attention, hyperactivity, and impulsivity. It is characterized by persistent and impairing symptoms that impact daily life functioning. ADHD is diagnosed based on a combination of behavioral and developmental assessments, as well as medical and genetic evaluations.

Faraone & Larsson (2019) research evidence supports the fact that ADHD has a strong genetic component, with multiple genes involved in its development. Environmental factors such as prenatal exposure to toxins and maternal smoking may also play a role. According to the CDC, approximately 6.1 million children in the United States have been diagnosed with ADHD.

Autism Spectrum Disorder (ASD)

Autism Spectrum Disorder (ASD) is a neurodevelopmental disorder that affects social communication, behavior, and cognitive functioning. It is a complex disorder that affects individuals differently, with symptoms ranging from mild to severe. ASD is diagnosed based on a combination of behavioral and developmental assessments, as well as medical and genetic evaluations.

Geschwind & State (2015) research evidence supports the fact that ASD has a strong genetic component, with multiple genes involved in its development. Environmental factors such as prenatal exposure to toxins and infections may also play a role. According to the Centers for Disease Control and Prevention (CDC), approximately 1 in 54 children in the United States have been identified with ASD.

Physical Disabilities (PH)

Physical Disabilities (PH) is an umbrella term that refers to any condition that affects an individual's physical functioning, mobility, or dexterity. It can be caused by a range of factors, including genetic

conditions, illness, injury, or environmental factors. Physical disabilities can impact an individual's independence, daily living activities, and social participation.

World Health Organization. (2011). World report on disability supports the fact that physical disabilities can be managed and treated through a range of interventions, including assistive technology, physical therapy, and medical management. However, individuals with physical disabilities often face barriers to accessing education, employment, and community participation.

Visual Impairment (VI)

Visual Impairment (VI) is a condition that affects an individual's vision, ranging from mild visual impairments to complete blindness. It can be caused by a range of factors, including genetic conditions, injury, illness, or environmental factors. Visual impairment can impact an individual's independence, daily living activities, and social participation.

American Academy of Ophthalmology (2020) evidence supports the fact that visual impairment can be managed and treated through a range of interventions, including assistive technology, vision therapy, and medical management. However, individuals with visual impairment often face barriers to accessing education, employment, and community participation.

Hearing Impairment (HI)

Hearing Impairment (HI) is a condition that affects an individual's ability to hear, ranging from mild hearing impairments to complete deafness. It can be caused by a range of factors, including genetic conditions, injury, illness, or environmental factors. Hearing impairment can impact an individual's communication, social participation, and educational attainment.

World Health Organization (2021) supports the fact that hearing impairment can be managed and treated through a range of interventions, including hearing aids, cochlear implants, and speech therapy. However, individuals with hearing impairment often face barriers to accessing education, employment, and community participation.

Speech and Language Impairments (SLI)

Speech and Language Impairments (SLI) is a condition that affects an individual's ability to communicate effectively, including speech production, language comprehension, and social communication skills. It can be caused by a range of factors, including genetic conditions, injury, illness, or environmental factors. Speech and language impairments can impact an individual's social participation, educational attainment, and employment opportunities.

American Speech-Language-Hearing Association (2021) supports the fact that speech and language impairments can be managed and treated through a range of interventions, including speech therapy, behavioral therapy, and assistive technology. However, individuals with speech and language impairments often face barriers to accessing education, employment, and community participation.

Mental illness refers to a range of conditions that affect an individual's mental health and wellbeing, including mood disorders, anxiety disorders, personality disorders, and psychotic disorders. It can be caused by a range of factors, including genetic conditions, trauma, stress, and environmental factors. Mental illness can impact an individual's functioning in a range of domains, including social, occupational, and educational.

National Institute of Mental Health (2021) show the fact that mental illness can be managed and treated through a range of interventions, including psychotherapy, medication, and lifestyle changes. However, individuals with mental illness often face stigma and discrimination, which can impact their access to treatment and support.

3.2 Correlations between Psychological Well-Being and the Quality of Parent-Child Relationships in Families with SEN Children

As mentioned, families of children with SEN face both economic issues and emotional issues. Many caregivers of children with SEN report poor psychological well-being (Hickey et al., 2020). The challenges faced by parents of children with special educational needs can be exacerbated by factors such as poverty, discrimination, and lack of access to services (Parker & Nelson, 2012). They may have high levels of depressive symptoms and anxiety. Among the stressors that lead to their poor psychological well-being are

parenting issues and the academic performance of children with SEN. Research has shown that the parent-child relationship is affected by the psychological well-being of parents. Parents with poor psychological well-being provide more negative parenting (Morelli et al., 2020). Parenting stress can affect not only the psychological well-being of parents but also their physical health. For example, parents of children with autism spectrum disorder have been found to have higher levels of cortisol, a stress hormone, than parents of typically developing children (Pruitt et al., 2018). Parental stress may also directly affect the psychological well-being of children. Therefore, the psychological well-being of parents and the quality of the parent-child relationship may both influence each other, creating a vicious cycle.

The Covid-19 pandemic increased the anxiety and depression of parents of children with SEN (Wang et al., 2021). It increased their sense of isolation and loneliness when dealing with their children, reducing their psychological well-being. Parents also had to deal with sudden changes in quarantine rules and schooling, creating even more demands on caregiving. Difficulties in coping with the emotional and behavioral functioning of children with SEN can easily lead to a decline of self-efficacy in parenting, followed by more stress. The Covid-19 pandemic had negative effects on both parents and children with SEN. Social support can play an important role in mitigating the negative effects of parenting stress on psychological well-being (Sawyer et al., 2010). This support can come from family members, friends, or professionals.

3.3 Target Group of Present Program

The program investigates parenting difficulties and the needs of children aged 10-15. Parents face particular challenges in taking care of children in this age group. These difficulties are even greater for parents of children with special educational needs. The challenges faced by parents of children with special educational needs can vary depending on the age of the child. For example, parents of younger children may face challenges related to behavioral and developmental issues, while parents of older children may encounter difficulties related to social and academic pressures.

Puberty and Emotional Distress

The first challenge is that youth in this age group are likely going through puberty. Puberty is an important transition in human lives, typically starting from 10 to 11 for girls and 11 to 12 for boys. This transition period usually lasts four or five years (Holder & Blaustein, 2014). In this period, physical changes begin to appear, such as the growth of pubic hair, the emergence of acne, and a deepening voice. Simultaneously, puberty affects the hypothalamus to produce more sex hormones. These changes may have emotional and psychological effects. These challenges affect the parent-child relationship in most families, but when children with SEN enter puberty, both parents and children experience more emotional distress (Schwartzman & Corbett, 2020). Puberty is a difficult time for both children with SEN and their parents.

Developing Identity and Parent-Child Conflict

The second difficulty is that children in this age group are facing new challenges in developing an identity. Kroger (2017), referring to Erikson's theory of psychosocial development, states that children aged 10 to 12 are facing the stage of conflict between development (industry; facing identity) and lack of development (inferiority; role confusion). Children at this stage mostly struggle in terms of their sense of competency. Children from 12 to 15 years old are facing identity vs. role confusion. Children at this stage begin to establish their self-image. Parent-child conflict occurs more easily with these older children than with younger ones because there may be a mismatch between parents' expectations for their child and children's expectations for themselves. This mismatch creates more dilemmas for parents in childrearing.

Social Challenges and Bullying

Third, youth in the 10-to-15-year-old age group also face new social challenges. Parent-child conflict may be more prominent in this age group than in younger age groups. These conflicts can be more serious in families of children with SEN, as these children may already face challenges to their emotional and behavioral functioning. As children aged 12 to 15 begin to explore their self-identity, their interpersonal relationships become more complex. Children with SEN are more likely to be bullied than other children (DeNigris et al., 2018) and have different social needs that they cannot satisfy by themselves. It is important for their caregiver to assist them as they go through this transition period.

Parenting Styles and Psychological Well-being

Fourth, parents of children with SEN may have difficulties maintaining an authoritative parenting style. Most parents of children with SEN adopt either permissive parenting or authoritarian parenting. As mentioned in the previous paragraphs, there are significant associations between the parent-child relationship and the psychological well-being of parents of SEN children. There is also a correlation between parenting stress and the psychological well-being of children with SEN. Parenting stress leads to permissive parenting or authoritarian parenting styles (Hutchison et al., 2016).

Children with special educational needs may have unique social and emotional needs that require specialized interventions. For example, children with autism spectrum disorder may benefit from social skills training to improve their interactions with peers (Kasari et al., 2015).

Specialized Interventions and Cultural Condensation

The needs of parents of children with special educational needs may be influenced by their cultural background or socioeconomic status. Interventions should take these factors into account to ensure that they are culturally appropriate and accessible to all families.

3.4 An effective program can reduce parents' emotional distress

The integrative therapy approach that we have designed and tested is based on these foundations. It appears that an effective intervention with parents of children with SEN is beneficial for both parents and their children. The approach should improve the psychological well-being and parenting self-efficacy of parents of SEN children. Interventions that target the psychological well-being of parents of children with special educational needs can have positive effects on the mental health of both parents and children (Foster et al., 2018).

The Covid-19 pandemic had a substantial influence on education. The pandemic led to a shutdown of work training for children with SEN. Many SEN students lost previously acquired skills and showed behavioral regression (Spielfogel et al., 2011). While parents were required to assist their children with online learning, many did not have sufficient time and/or lacked the teaching skills to help their children

learn. This was made more difficult by the temporary lack of support from schoolteachers (Lau & Li, 2021). Moreover, during the pandemic, children spent most of their time with their parents rather than counsellors or psychologists. If parents of students with SEN could better understand how to provide simple training, it could have a positive impact on their children.

Emotion-oriented coping and parental competence have a positive influence on the psychological well-being of parents of students with SEN (Ho & Liang, 2021). Their awareness of their own emotions can help them process their experience and feelings and increase their ability to cope with interpersonal difficulties. Therefore, an intervention that can promote better self-perception by parents of students with SEN can indirectly promote parenting self-efficacy.

The effectiveness of interventions may be influenced by various factors such as the intensity, duration, and type of intervention, as well as individual parent and child characteristics (Kazdin & Whitley, 2006). Parenting interventions that prioritize the development of positive parent-child relationships can have enduring effects on the well-being of both parents and children (Sanders et al., 2014).

It is essential to comprehend the challenges faced by families of children with special educational needs to develop effective interventions that can improve the well-being of both parents and children. The present program is designed to target parents of children aged 10-15 with special educational needs and aims to enhance their psychological well-being and parenting self-efficacy. Further research is required to evaluate the long-term impact of such interventions and to identify the most effective strategies for supporting families of children with special educational needs.

Chapter 4: Therapeutic Approaches

Even though Chinese parents of children with special education needs face greater stress, they tend to receive little emotional support from family and friends (Ma et al., 2017). Within traditional Chinese culture, people have prejudicial attitudes toward children with mental health disorders (Leung, 2014). Moreover, Chinese parents have traditional beliefs such as “To feed without teaching, is the father’s fault; to teach without severity, is the teacher’s laziness,” and “It is my responsibility to take care of my child, particularly the disabled one, from cradle to grave”. (Ma & Lai, 2014).

According to a study by Yeung (1999), solution focused brief therapy (SFBT) is well suited to Hong Kong's culture as a task-oriented, highly stressed and highly functioning society (Yeung, 1999). Another research review has also shown SFBT to be a quick, flexible and goal-oriented approach for Chinese individuals (Liu et al., 2015). Bringing Mindfulness into parenting practices was suggested by Kabat-Zinn and Kabat-Zinn (1997). Interaction with the Mindfulness model emphasizes nonjudgmental acceptance in parenting, and compassion for children and parents. Mindfulness teaches participants to pay attention to feeling, thoughts, and bodily sensation with an accepting attitude (Zylowska et al. 2008). The practice of Mindfulness reduces participants’ automatic responses and increases self-awareness (Sanger and Dorjee 2015). Evidence shows that parents who score higher in mindful parenting adopt more positive parenting practices, which include better parent–child communication (Lippold et al., 2015).

This study implements an intervention to provide support for parents of children with SEN. There are two goals: first, to help parents get along better with their children with SEN; second, to improve the parents' psychological well-being. The intervention integrates two therapeutic approaches: Mindfulness Training and Solution-Focused Brief Therapy. The core assumptions and the application of these two therapeutic approaches are delineated in the following paragraphs.

4.1 Solution-Focused Brief Therapy

4.1.1 Introduction

SFBT was developed in the 1980s by Steve de Shazer and Insoo Kim Berg, and it has become increasingly popular over the past few decades. It is based on the notion that clients have the resources and abilities to create positive change in their own lives, and that the therapist's role is to facilitate this change by helping clients identify and amplify their strengths and resources. SFBT is a brief and goal-oriented approach that typically involves 6-12 sessions, and it is focused on the present and future rather than the past. It is used to treat a range of mental health issues, including anxiety, depression, addiction, and relationship problems. Solution-focused brief therapy (SFBT) has been found to be effective for a variety of mental health concerns, including depression, anxiety, substance abuse, and relationship problems (Gingerich & Peterson, 2013). A meta-analysis of SFBT studies found that the therapy was significantly more effective than control groups across a range of outcomes, including symptom reduction, increased well-being, and improved functioning (Kim et al., 2018). SFBT has been found to be an effective approach for a variety of mental health concerns, including depression, anxiety, substance use disorders, and relationship problems (Franklin et al., 2012; Kim & Franklin, 2019). This approach has also been found to be effective in a variety of settings, including individual therapy, couples therapy, family therapy, and group therapy (Franklin et al., 2012). SFBT has been found to be particularly effective for clients who are motivated to make changes and who are willing to take an active role in the therapy process (Kim & Franklin, 2019).

SFBT is a cognitive-based approach to reducing distress. The core assumption of SFBT is that “the behavior of clients is not the problem; the main point is how people understand these behavior patterns.” De Shazer, S. (1988) Practitioners of this approach assume that people use language to understand themselves and the outside world, and to express different meanings of their experiences.

Important of Language and Safety Environment.: Language is an important element in conversation (Franklin et al., 2017). People use language to transmit a socially constructed meaning. Those meanings depend on language and the context that clients construct, categorize, and describe. Therefore, the SFBT prioritizes capacity of clients to describe their experience through language. When clients are describing their experience, it functions as a narrative that allows them to re-experience it.

It is important that counselors acquire the ability to establish a safe environment in which clients can express themselves easily. Counselors should also pay attention to the “language” that clients prefer (Lawley et al., 2018). At the same time, counselors need to ensure the client is focused on the present moment.

Concepts of the SFBT. : The key concept of SFBT is “change” through the therapeutic process. Through the active description of experience and through therapeutic dialogue, clients and counselors structure the process through different questions and responses. Therapists practicing SFBT believe the “conversation of change” is one of the core reasons that individuals initiate change in the therapeutic context (Lee et al., 2003). The concept of “Conversation of Change” suggests that:

1. Individuals are able to change
2. Change is meaningful when an individual intends it to be.
3. Individuals sense a need to explore possibilities for their future
4. The process of exploring possibilities is a process of play and creativity
5. Change itself allows individuals to translate personal stories into meaning
6. Change itself is not filled with self-defeat, self-blame or negative thoughts

4.1.2 Social Constructionism

According to Pichot and Dolan (2013), SFBT was founded under the postmodernist and social constructionist movements. Postmodernism suggests that there is no absolute truth. Social constructionism posits that each person has their own perception of truth, developed through interactions between stakeholders in the society. These interactions create internal models that affect individual perceptions of reality through social communication.

SFBT emphasizes understanding how we regulate ourselves, our social status, and thinking style (Kustyarini, 2021). Through SFBT, clients are empowered to evaluate what they are facing, or their presenting problem. Counselors help the clients set goals to resolve their problem. Clients are encouraged to develop self reflection and self-understanding while they try to change their lifestyle and behavior.

SFBT analyzes clients' presenting problems through understanding their perceived reality. As a result, clients' presenting problems are not seen as false beliefs or problems related to internal energy. Rather, they are seen as perceptions of reality that cause behavior that conflict with resolving the presenting problem.

Solution-focused brief therapy (SFBT) is a therapeutic approach that emphasizes identifying and building on a client's existing strengths and resources to help them achieve their desired outcome (de Shazer, 1985; Franklin, Trepper, Gingerich, & McCollum, 2012). The central philosophy of SFBT is based on three principles: 1) If it ain't broke, don't fix it; 2) If it works, do more of it; and 3) If it doesn't work, do something different (de Shazer, 1985; Franklin et al., 2012).

Three Rules of the SFBT. : The first rule emphasizes the importance of recognizing and acknowledging what is already working in a client's life, rather than focusing solely on what is not working. This principle helps to build a client's confidence and self-efficacy by highlighting their existing strengths and resources. The second rule emphasizes the importance of continuing to do what is working, rather than trying to fix what is not working. This principle encourages clients to build on their successes and reinforces positive behavior. The third rule emphasizes the importance of being flexible and willing to try new approaches if what has been tried in the past has not been successful (de Shazer, 1985; Franklin et al., 2012).

Solution-focused brief therapy (SFBT) has been found to be helpful for various mental health issues like depression, anxiety, substance use disorders, and relationship problems (Franklin et al., 2012; Kim & Franklin, 2019). SFBT has been found to be effective in individual therapy, couples therapy, family therapy, and group therapy (Franklin et al., 2012). It has been found to be particularly helpful for people who are motivated to make changes and play an active role in the therapy process (Kim & Franklin, 2019).

Overall, the philosophy of SFBT emphasizes the importance of building on a client's existing strengths and resources to help them achieve their desired outcome. By focusing on what is already working and being flexible in trying new approaches, SFBT can help clients achieve their goals and improve their mental health and well-being.

Characters of Clients: In solution-focused brief therapy (SFBT), the therapist conceptualizes the client according to their predispositions as a customer, complainant, or visitor (de Shazer, 1985). This conceptualization is useful in helping the therapist to match their behavior appropriately with the client.

A customer is a client who is actively seeking solutions to their problems and is motivated to make changes. They are invested in the therapy process and are willing to take an active role in identifying and achieving their goals. The therapist's role with a customer is to provide support, guidance, and feedback to help them achieve their desired outcome.

A complainant is a client who is dissatisfied with their current situation but is not actively seeking solutions. They may feel stuck or hopeless and may be resistant to change. The therapist's role with a complainant is to help them explore their concerns and identify potential solutions, while also acknowledging and validating their feelings of frustration or dissatisfaction.

A visitor is a client who is not invested in the therapy process and may be attending sessions at the request of others (such as a family member or employer). They may not see their problems as significant or may be skeptical of the therapy process. The therapist's role with a visitor is to build rapport and establish trust, while also acknowledging their perspective and exploring potential solutions in a non-threatening way.

By conceptualizing the client as a customer, complainant, or visitor, the therapist can adapt their approach to best meet the client's needs and goals (de Shazer, 1985). This can help to build a stronger therapeutic alliance and increase the client's motivation and engagement in the therapy process.

Overall, the conceptualization of the client according to their predispositions as a customer, complainant, or visitor is a useful tool in solution-focused brief therapy. It helps the therapist to match their behavior appropriately with the client and adapt their approach to best meet the client's needs and goals.

4.1.3 Application of SFBT

SFBT has been widely used in different areas of mental health treatment, including psychiatry, clinical psychology and group therapy. It has been used in the treatment of a range of client populations. Counselors apply SFBT in multiple settings including:

1. Private practices
2. School settings
3. Mental health clinics
4. Pediatric hospital settings
5. Physician offices
6. Community agencies
7. Counselling centers

Counselors have applied SFBT in work with multiple populations, including involuntary clients, families, adolescents and children (Woods et al., 2011).

4.1.4 Key Principles of the SFBT

SFBT is based on a number of key principles, including the following:

1. The therapist's role is to facilitate change, not to diagnose or treat clients.
2. The therapist should focus on the client's strengths and resources rather than their problems or weaknesses.
3. The therapist should use language that is positive, solution-focused, and future-oriented.
4. The therapist should work collaboratively with the client to identify and achieve their goals.

The key in SFBT is to facilitate the client's understanding of aims and goals and the change process (Kim, 2007). The process of SFBT should not necessarily be dominated by questioning skills. Using exercises and homework, SFBT helps the client examine the problem more closely and look at what is causing their stress and conflict. Solution-focused therapy is a type of brief therapy that focuses on finding solutions to problems rather than dwelling on the problems themselves. It is based on the idea that people are capable of change and have the resources to solve their own problems, and that the therapist's role is to facilitate this process (Berg & De Jong, 1998).

4.1.5 Process in SFBT

SFBT is a goal-oriented therapy that emphasizes solution-seeking. The future-oriented view helps counselors and clients develop a cooperative relationship. SFBT is a brief way to conduct therapy (Steenbarger, 2004).

Counselors practicing SFBT see therapeutic relationships as a process of cooperation with clients to set goals and achieve therapeutic objectives. They assert that there is no absolute truth regarding what is normal (MacDonald, 2007). Therefore, counselors do not make clinical judgements related to clients' beliefs etc. They cooperate with clients to understand their wishes for and vision of the future. According to De Shazer, S. (1985) illustrated the general outline of the process involved in SFBT:

Identify the Client's Goals. The therapist works collaboratively with the client to identify their goals for therapy. These goals should be specific, achievable, and focused on the client's desired outcome.

Explore the Client's Strengths and Resources. The therapist helps the client to identify their strengths, resources, and coping strategies, and to recognize the successes they have already achieved.

Develop a Plan of Action. The therapist and client work together to develop a specific achievable plan of action to reach the client's goals. The plan should include small, manageable steps that the client can take towards their desired outcome.

Focus on Solutions. The therapist helps the client to focus on finding solutions to their problems, rather than getting stuck in negative thinking or dwelling on the problem itself. This might involve using techniques like the miracle question or scaling questions to help the client imagine a future in which their problem has been solved.

Monitor Progress. The therapist and client monitor progress towards the client's goals, using feedback and evaluation to adjust the plan of action as needed.

Celebrate Successes. The therapist helps the client to recognize and celebrate their successes, no matter how small they may be. This helps to build momentum towards the client's desired outcome and to boost their self-confidence.

Overall, the process in solution-focused brief therapy is collaborative, goal-oriented, and focused on finding solutions. By identifying the client's strengths and resources, focusing on solutions, and monitoring progress towards specific goals, SFBT can help clients to overcome their problems and achieve their desired outcomes in a brief and effective manner.

4.1.6 Technique in SFBT

Solution-focused therapy can be a powerful tool for helping clients create positive change in their lives, build on their strengths and resources, and achieve their goals.

Scaling Questions: These questions ask clients to rate their progress on a scale from 0 to 10, with 0 representing the worst possible situation and 10 representing the ideal outcome. Scaling questions help clients to identify areas of progress and to focus on the positive aspects of their situation (de Shazer, 1985).

Exceptions: Another important skill in solution-focused therapy is the use of exceptions. Exceptions are instances when the problem did not occur or was less severe, and they provide clues about the client's strengths and resources (de Shazer, 1985). For example, a therapist might ask a client who is struggling with depression to describe a time when they felt happy or content, and to explore what was different about that situation.

Miracle Question: The miracle question is a technique used in solution-focused therapy to help clients imagine a future in which their problem has been solved. It is a hypothetical question that asks clients to imagine waking up one day and their problem has disappeared, and to describe what their life would be like in that moment. Such as "Imagine that you go to bed tonight and while you are sleeping, a miracle happens. When you wake up tomorrow morning, what would be the first thing you would notice that would tell you that life is now better?" "Suppose you woke up tomorrow and your problem had vanished. What would be different about your life?" The question encourages clients to focus on their desired outcome and the steps they can take to achieve it, rather than on the problem itself (de Shazer, 1985).

Coping Questions: Coping questions are another technique used in solution-focused therapy. They are designed to help clients identify their coping strategies and resources that have helped them deal with

similar problems in the past. The therapist might ask questions like "What have you done in the past to cope with a similar situation?" or "Who can you turn to for support when you're struggling?" These questions help clients to recognize their own strengths and resources, and to build on their previous successes (de Shazer, 1985) .

Differences Questions: Differences questions are used to explore exceptions to the problem that clients are experiencing. The therapist might ask questions like "When was a time when the problem wasn't as severe?" or "What was different about that situation?" These questions help clients to identify the factors that contribute to their problem, and to recognize the resources and coping strategies that they have used successfully in the past (de Shazer, 1985).

Compliments and Positive Feedback: Solution-focused therapists often provide positive feedback and compliments to clients to help build their confidence and self-esteem. This can help clients to recognize their own strengths and resources (de Shazer, 1985).

Solution-focused Language: Solution-focused therapists use positive, future-oriented language to help clients focus on their desired outcomes. This might include phrases like "What would you like to achieve?" or "How can we make progress towards your goals?" (de Shazer, 1985)

Homework Assignments: in solution-focused therapy are designed to help clients apply the skills and strategies they've learned in therapy to their daily lives. Some common homework assignments liked the gratitude journal to help clients focus on the positive aspects of their lives and build a sense of gratitude, such as keep a journal in which they write down three things they are grateful for each day. The goal setting's homework to help client to focus on their desired outcomes and build a sense of accomplishment. Clients may be asked to set specific, achievable goals for the coming week and to track their progress towards those goals. The coping strategies' homework for helping client develops new skills for managing stress and anxiety. Clients may be asked to practice specific coping strategies (such as deep breathing, mindfulness, or visualization) between sessions (de Shazer, 1985).

Case Illustration: Initial Counselling Stage. For example: Let's say a client is struggling with social anxiety and has a hard time meeting new people. The therapist might suggest a behavioral experiment in which the client tries out a new behavior or strategy to see how it affects their anxiety levels. The therapist might suggest that the client attend a social event and focus on asking open-ended questions to others and learning more about them, rather than worrying about what to say about themselves (de Shazer, 1985) .

Middle Counselling Stage: The therapist might ask the client to record their thoughts and feelings before, during, and after the event, paying particular attention to any changes in their anxiety level. The therapist and client can then review the results of the experiment together, and the client can decide whether to continue with this strategy or try something else. By trying out new behaviors and strategies in a structured way, clients can gain confidence and learn what works best for them. This can help them to build a sense of self-efficacy and to overcome their social anxiety over time (de Shazer, 1985). Another skill is positive self-talk for helping clients may be asked to practice positive self-talk and to challenge negative self-talk when it arises. This might include phrases like "What would you like to achieve?" or "How can we make progress towards your goals?" This can help them to build self-esteem and self-confidence (de Shazer, 1985).

Final Counselling Stage: Finally, behavioral experiments help clients to try out new behaviors or ways of thinking in their daily lives and to observe the results. This can help them to test out new strategies and build a sense of self-efficacy (de Shazer, 1985). For example, a client is struggling with social anxiety and has a hard time meeting new people. The therapist might suggest a behavioral experiment in which the client tries out a new behavior or strategy to see how it affects their anxiety levels. For example, the therapist might suggest that the client attend a social event and focus on asking open-ended questions to others and learning more about them, rather than worrying about what to say about themselves (de Shazer, 1985).

Research has shown that solution-focused therapy can be effective for a variety of mental health concerns, including depression, anxiety, and substance abuse (Kim, Franklin, & Franklin, 2019). A meta-analysis of 59 studies found that solution-focused therapy had a medium-to-large effect size for improving mental health outcomes (Franklin, Streeter, & Kim, 2018).

4.1.7 SFBT and Special Needs Adolescents

Solution Focused Brief Therapy (SFBT) has proven to be effective in addressing the emotional needs of adolescents. Some research on SFBT has evidence that it can be an effective approach for adolescents as well. This literature review will examine the effectiveness of SFT with special needs adolescents, including those with developmental disabilities, behavioral disorders, and emotional disturbances (Fisher et al., 2013).

Special Needs Adolescents face a variety of challenges that can impact their mental health. Developmental disabilities, such as autism and intellectual disability, can affect a person's ability to communicate and socialize, which can lead to feelings of isolation and anxiety. Behavioral disorders, such as attention-deficit/hyperactivity disorder (ADHD) and oppositional defiant disorder (ODD), can lead to problems with impulsivity, aggression, and defiance, which can cause conflict with peers and authority figures. Emotional disturbances, such as depression and anxiety, can be caused by a variety of factors, including stress, trauma, and social isolation (Winnie et al., 2022).

4.1.8 An Effective Approach to Treating Special Needs Adolescents

SFBT has been found to be an effective approach to treating a variety of mental health issues in special needs adolescents. One study found that SFBT was effective in reducing symptoms of depression and anxiety in adolescents with developmental disabilities (McGhee et al., 2014). Another study found that SFBT was effective in reducing behavior problems in adolescents with emotional disturbances (Fisher et al., 2013).

One of the advantages of SFBT with special needs adolescents is its focus on strengths and resources. SFBT emphasizes the idea that individuals have the resources and strengths they need to solve their own problems, and the therapist's role is to help them identify and utilize these resources (Cumming, R. 2011). This approach can be particularly helpful for special needs adolescents, who may feel powerless or helpless in their

lives. By helping them recognize their own strengths and abilities, SFBT can empower them to create meaningful change in their lives (Stalker ET AL., 1999).

Another advantage of SFBT with special needs adolescents is its collaborative nature. Through collaborative effort, the therapist and client cooperate in identifying objectives and formulating solutions, fostering a heightened sense of empowerment and self-efficacy within the client. The therapist and client work together to identify goals and develop solutions, which can lead to a greater sense of empowerment and self-efficacy for the client. This can be particularly helpful for special needs adolescents, who may have limited control over their lives due to their disabilities or other challenges (Pichot ET AL., 2013).

4.1.9 Case Studies of the Effectiveness of SFT with Special Needs Adolescents

Two case studies illustrate the effectiveness of SFT with special needs adolescents. The first case study involves a 14-year-old boy with autism who was experiencing anxiety and social isolation. The therapist used solution-focused questions to help the client identify times when he had successfully interacted with others and to develop a plan for increasing his social interactions. The therapist also helped the client recognize his own strengths and abilities, which led to increased self-confidence and improved social skills (McGhee et al., 2014).

The second case study involves a 15-year-old girl with emotional disturbances who was experiencing behavior problems at school and conflicts with her parents. The therapist used solution-focused questions to help the client identify times when she had successfully managed her behavior and to develop a plan for improving her relationships with her parents. The therapist also helped the client recognize her own strengths and abilities, which led to increased self-esteem and improved relationships with others (Fisher et al., 2013).

SFBT is a brief, goal-oriented approach to psychotherapy that has been found to be effective in treating a variety of mental health issues in special needs adolescents. Its focus on strengths and resources, as well as its collaborative nature, can be particularly helpful for special needs adolescents, who may feel powerless or helpless in their lives (McGhee et al., 2014). Case studies have demonstrated the effectiveness of SFBT with special needs adolescents, and further research is needed to confirm these findings. In summary, Solution

Focused Brief Therapy (SFBT) exhibits promise as a therapeutic approach for special needs adolescents, meriting additional investigation and refinement.

4.2 The Stress of Parenting Special Needs Adolescent

Parental stress is a common issue that can arise from a variety of factors, including financial strain, relationship problems, and child-rearing challenges. Parental stress can have negative effects on both the parent and the child, including increased risk for depression and anxiety, decreased parental warmth and responsiveness, and increased risk for child behavior problems (Alaie et al., 2020). Solution-focused brief therapy (SFBT) is a brief, goal-oriented approach to psychotherapy that has been found to be effective in reducing parental stress. This literature review will examine the effectiveness of SFBT with parental stress, including its key principles and techniques, as well as the evidence supporting its use.

Effectiveness of SFBT with Parental Stress Research has shown that SFBT is an effective approach to reducing parental stress. One study found that SFBT was effective in reducing parental stress and improving parenting confidence in mothers of children with autism (Kim & Franklin, 2018). Another study found that SFBT was effective in reducing parental stress and improving parenting skills in mothers of children with behavior problems (Briesch, Ray-Sannerud, & Woods, 2013).

One of the advantages of SFT with parental stress is its brief and focused nature. Because SFBT focuses on solutions rather than problems, clients can often achieve their goals in a relatively short amount of time. This can be particularly helpful for parents who are struggling with time constraints and other stressors.

Another advantage of SFBT with parental stress is its collaborative nature. Through collaborative effort, the therapist and client partner in identifying goals and crafting solutions, fostering an enhanced sense of empowerment and self-efficacy for the parent. This can be particularly helpful for parents who may feel overwhelmed or powerless in their parenting role.

4.2.1 Case Studies of the Effectiveness of SFBT with Parental Stress

Two case studies illustrate the effectiveness of SFBT with parental stress. The first case study involves a mother of a child with autism who was experiencing high levels of stress and anxiety related to her parenting role. The therapist used solution-focused questions to help the client identify times when she had successfully managed her stress and to develop a plan for increasing her coping skills. The therapist also helped the client recognize her own strengths and abilities, which led to increased self-confidence and improved coping skills (Kim & Franklin, 2018).

The second case study involves a mother of a child with behavior problems who was experiencing high levels of stress and conflict in her parenting role. The therapist used solution-focused questions to help the client identify times when she had successfully managed her stress and to develop a plan for improving her parenting skills. The therapist also helped the client recognize her own strengths and abilities, which led to increased self-esteem and improved relationships with her child (Briesch et al., 2013).

SFBT is a brief, goal-oriented approach to psychotherapy that has been found to be effective in reducing parental stress. Its focus on solutions rather than problems, as well as its collaborative nature, can be particularly helpful for parents who may feel overwhelmed or powerless in their parenting role. Case studies have demonstrated the effectiveness of SFT with parental stress, and further research is needed to confirm these findings. Overall, SFT is a promising approach to therapy for parents experiencing stress that warrants further exploration and development.

4.2.2 Effectiveness

According to the Society for Community Organization (2020), parents of students with SEN may face severe stress and helplessness due to the lack of public support regarding government regulations. Trying to understand and follow the regulations can create stress for parents, particularly when they are simultaneously trying to maintain positive parent-child communication and positive expectations for their child. During the Covid-19 pandemic, the more time the parents spent with the students with SEN, the more stress and conflict they faced. As a result, not only do parents of students with SEN suffer emotional problems, but suicidal ideation also increases during pandemics (Toseeb et al., 2020).

According to Murphy (2015), SFBT improves people's ability to deal with harsh realities by setting different measurable and achievable goals. Through consultation, the parents can describe the presenting problem and examples of how they parent their children. They may also describe their presenting problem to enhance self-understanding. SFBT has proved itself to be one of the most effective ways to reduce stress and improve parenting efficacy (Brockman et al., 2016). During SFBT, parents can share a vision of how implementing change could help their situation. This approach encourages focus on how the implementation helps rather than how the implementation does not help (Lloyd & Dallos, 2008). The parents actively discover different tools and methods to deal with their stress and cope with challenges under the pandemic. Because counselors believe that clients have the techniques and skills to change, clients are able to realize their own strength and positive assets. SFBT asserts that the parents already recognize what they and their children need in their lives; Counselors just help them to put their goal and action into practice through clarification.

4.2.3 Solution-Focused Brief Therapy in Hong Kong

Solution-focused brief therapy (SFBT) has gained popularity in recent years as a goal-oriented and time-efficient approach to psychotherapy. While SFBT has been found to be effective in reducing stress and improving mental health outcomes in various populations around the world, there is limited research on its effectiveness in Hong Kong. This literature review will examine the effectiveness of SFBT in Hong Kong, including its key principles and techniques, as well as the evidence supporting its use.

Solution-focused brief therapy (SFBT) has been found to be helpful in different settings, such as schools and mental health agencies. Yeung (1999) suggests that SFBT is effective in Hong Kong because it can use the clients' own words and help them think about solutions. Chen, Xu, and Zhong (2019) studied Hong Kong Chinese women with postpartum depression and found that SFBT is effective in reducing depressive symptoms, anxiety, and stress. This shows that SFBT can be helpful in a Chinese context.

Other studies have also found that SFBT is effective in helping Chinese adolescents with depression. Cheung et al. (2016) found that SFBT reduced symptoms of depression and improved self-esteem in this group. SFBT was also effective in reducing stress and improving coping skills in a group of Hong Kong

Chinese people with chronic pain (Cheung & Leung, 2017). These studies show that SFBT is a flexible approach that can benefit people from different backgrounds.

Despite the limited research on the effectiveness of SFBT in Hong Kong, there are several reasons why it may be a useful approach to therapy in the region. For example, SFBT's emphasis on finding solutions and building on clients' strengths may be particularly well-suited to the collectivist values of Hong Kong culture (Cheung et al., 2016). Additionally, SFBT's focus on brief and goal-oriented therapy may be a good fit for Hong Kong's limited mental health resources (Chan et al., 2019)

The above studies provide evidence for the effectiveness of SFBT in Hong Kong, particularly in reducing symptoms of depression and improving mental health outcomes in various populations. However, further research is needed to confirm these findings and to better understand the effectiveness of SFBT in different cultural contexts.

4.2.4 Implementing SFBT in Hong Kong

However, there are also several challenges to implementing SFBT in Hong Kong. For example, language barriers may be a challenge for some clients and therapists, particularly for those who speak Cantonese rather than English (Cheung et al., 2017). Additionally, working pressure, housing problem and financial burden remains a significant issue in Hong Kong, which can make it difficult for individuals to seek help and access mental health services (Chan et al., 2019). A study mention that the SFBT was developed in Western cultures and may not always is easily applicable to Asian cultures, including Hong Kong (Cheung et al., 2017). SFBT's emphasis on individualism and self-determination may not align with the collectivist values of Hong Kong culture (Cheung et al., 2016).

Also, Hong Kong's mental health services are often overburdened and under-resourced, which can make it difficult for individuals to access the care they need. This can be a barrier to implementing SFBT in the community (Cheung et al., 2016).

SFBT is a promising approach to therapy in Hong Kong, with evidence for its effectiveness in reducing symptoms of depression and improving mental health outcomes in various populations. However,

there are some challenges that can arise when implementing SFBT in a clinical setting, including cultural differences, language barriers, mental health issues and limited access to mental health services. By addressing these challenges and continuing to study the effectiveness of SFBT in Hong Kong, clinicians and researchers can help to improve the mental health outcomes of individuals in the region.

4.2.5 The limitations of Solution-Focused Brief Therapy

While SFBT has been found to be effective in treating a range of mental health issues, including anxiety and depression, it is not without its limitations. There are some challenges that can arise when implementing it in a clinical setting. Although SFBT is a talking therapy that focuses on a quick, future oriented approach, and it motivates client to move forward and develop inner resources to solve problems, some studies criticize the treatment, and argue that its goal-oriented nature may not allow therapists to empathize with clients' experience during the treatment. Additionally, SFBT's focus on the present and future may not be appropriate for clients who are struggling with unresolved issues from their past. For example, a client who has experienced childhood trauma may need to work through these issues in order to move forward with their life. While SFBT may be able to help the client manage their current symptoms, it may not be able to address the underlying trauma and emotional pain that is causing the anxiety or depression (Stalker, 1999).

Clients may be resistant to the idea of focusing on solutions rather than problems, particularly if they have become accustomed to more traditional approaches to therapy. Clients may have limited verbal abilities, which can make it challenging to communicate with them effectively and to use solution-focused questions. (Kim, 2006; McKergow, 2009). SFBT requires flexibility and responsiveness on the part of the therapist; clients may feel misunderstood or unaccepted if the therapist fails to understand their emotional status. The SFBT approach does not encourage client focus on emotion and feeling. Clients may suppress their negative emotions. (Lee, 2003).

4.2.5 Limitations of SFBT in the Treatment of Anxiety

Anxiety is a common mental health issue that can be debilitating for those who suffer from it. SFBT has been found to be effective in treating anxiety, but it is not always the best approach for every client. SFBT may not be effective for severe or chronic anxiety. SFBT is a brief and goal-oriented approach that is typically used for mild to moderate anxiety. For clients with severe or chronic anxiety, a more intensive and long-term approach may be necessary (Berg & Miller, 1992). SFBT may not address the underlying causes of anxiety. While SFBT can be effective in helping clients manage their anxiety symptoms, it may not address the underlying causes of anxiety, such as past trauma, genetic predisposition, or environmental factors (de Shazer, 1985). SFBT may not be appropriate for clients who are not motivated to change. SFBT is a collaborative approach that requires clients to be motivated to identify and achieve their goals. For clients who are not motivated to change, SFBT may not be an effective approach (Lindforss & Magnusson, 1997). SFBT may not be appropriate for clients who have difficulty identifying their strengths and resources. SFBT is based on the notion that clients have the resources and abilities to create positive change in their own lives. For clients who have difficulty identifying their strengths and resources, SFBT may not be an effective approach (Berg, 1994).

4.2.6 Limitations of SFBT in the Treatment of Depression

Depression is another common mental health issue that can be debilitating for those who suffer from it. SFBT has been found to be effective in treating depression, but it is not always the best approach for every client. SFBT may not be effective for severe or chronic depression. SFBT is a brief and goal-oriented approach that is typically used for mild to moderate depression. For clients with severe or chronic depression, a more intensive and long-term approach may be necessary (Berg & Miller, 1992). SFBT may not address the underlying causes of depression. While SFBT can be effective in helping clients manage their depression symptoms, it may not address the underlying causes of depression, such as past trauma, genetic predisposition, or environmental factors (de Shazer, 1985). SFBT may not be appropriate for clients who are not motivated to change. SFBT is a collaborative approach that requires clients to be motivated to

identify and achieve their goals. For clients who are not motivated to change, SFBT may not be an effective approach (Lindforss & Magnusson, 1997). SFBT may not be appropriate for clients who have difficulty identifying their strengths and resources. SFBT operates on the belief that clients possess the inner resources and capabilities necessary to instigate positive transformations in their lives (Berg, 1994). This approach becomes particularly valuable for clients who encounter challenges in recognizing their own strengths.

Finally, SFBT's brief and goal-oriented nature may not be appropriate for all clients or all mental health issues. Some clients may require more intensive and long-term therapy in order to address their symptoms, particularly if they are struggling with chronic or severe mental health issues (Berg, 1994).

4.2.7 Possible Solutions

Despite these limitations, SFBT can still be a valuable tool in the treatment of anxiety and depression. However, it may need to be modified or supplemented in order to address the limitations discussed above.

One possible solution is to combine SFBT with other therapeutic approaches that are more focused on the past and on the underlying causes of the client's symptoms. For example, cognitive-behavioral therapy (CBT) is a more structured and intensive approach that can be used alongside SFBT to help clients identify and modify negative thought patterns and behaviors that are contributing to their anxiety or depression. Similarly, eye movement desensitization and reprocessing (EMDR) can be used to help clients process and heal from past trauma (Gingerich & Peterson, 2013).

Another possible solution is to modify SFBT to make it more appropriate for clients who have difficulty identifying their strengths and resources. This may involve using more concrete examples and visual aids to help the client identify their strengths, as well as providing more guidance and support throughout the therapy process (Berg, 1994).

Finally, it may be necessary to supplement SFBT with mindfulness or other forms of treatment in order to address severe or chronic mental health issues. For example, clients with severe depression may require antidepressant medication in addition to therapy in order to manage their symptoms (Kazdin, 2007).

4.2.8 Conclusion

Solutions-focused brief therapy is a valuable tool in the treatment of anxiety and depression, but it is not without its limitations. By understanding these limitations and finding ways to address them, therapists can help clients achieve positive change and improve their mental health (Lipchik, E., 2002). Whether through combining SFBT with other therapeutic approaches, modifying SFBT to make it more appropriate for certain clients or supplementing SFBT with medication or other forms of treatment, therapists can help their clients overcome the limitations of SFBT and achieve lasting success in their therapy.

4.3 Mindfulness Training Therapy

4.3.1 Introduction

Parenting can be a challenging and stressful experience, and stress and depression are common problems among parents. According to the American Psychological Association (APA), around 33% of parents report high levels of stress, and around 10% of parents suffer from clinical depression (APA, 2019). Stress and depression can have detrimental effects on parents' mental and physical health, as well as their ability to parent effectively (APA, 2019). Therefore, effective interventions for reducing parents' stress and depression are crucial for improving their well-being and parenting skills. Mindfulness-based interventions have been found to be effective for a range of mental health concerns, including anxiety, depression, and stress (Hofmann et al., 2010). A meta-analysis of mindfulness-based interventions found that they were significantly more effective than control groups for reducing symptoms of anxiety and depression (Hofmann et al., 2010).

Mindfulness has been suggested as a promising intervention for reducing stress and depression (Kabat-Zinn, 2003). Mindfulness is a non-judgmental awareness of the present moment, which involves paying attention to one's thoughts, feelings, and bodily sensations without trying to change or control them (Kabat-Zinn, 2003). Mindfulness has been shown to be effective in reducing stress and depression in various populations, including adults (Chiesa & Serretti, 2010), college students (Hwang, Kearney, & Klieger, 2015),

and parents of children with autism (Neece, Mindfulness-Based Stress Reduction for Parents of Children with Developmental Delays, 2014).

Mindfulness Training is an evidence-based therapy intervention that can improve one's well-being, interpersonal relationships, and health. In recent years, the practice of Mindfulness has become more common as a therapeutic technique (Huppert, 2017). Mindfulness Training helps people become aware of and accepting of their own emotion and stress by focusing on their physical sensations, thoughts, and feelings in the present moment. It also encourages them to pay attention to their physical, behavioral, cognitional, and emotional experiences, remaining present in the experience rather than repressing their reactions.

The concept of Mindfulness originated from ancient Eastern thinking. According to Baer (2003), the practice of Mindfulness refers to a state in which one has:

Attention and Focus: Focus on the present moment: Mindfulness emphasizes the importance of focusing on the present moment, rather than dwelling on the past or worrying about the future. This can help individuals to reduce stress and anxiety.

Here-and-now Focus: Mindfulness emphasizes the importance of focusing on the present moment, rather than dwelling on the past or worrying about the future. This can help individuals to reduce stress and anxiety. Kabat-Zinn describes Mindfulness as an awareness of experience that develops through conscious attention and a here-and-now attitude of acceptance (2003).

Non-judgmental Awareness: Mindfulness involves observing one's thoughts, feelings, and sensations without judgment or evaluation. This allows individuals to see things as they are, rather than as they would like them to be non-judgmental attitude. The American Psychological Association (APA.org, 2012) has described Mindfulness as a moment-to-moment awareness of one's experience that is without judgement (2012).

Acceptance: Mindfulness involves accepting one's thoughts and feelings, rather than trying to suppress or control them. This can help individuals to develop a greater sense of self-compassion and self-awareness.

Self-compassion: Mindfulness emphasizes the importance of self-compassion and self-care.

Individuals are encouraged to treat themselves with kindness and compassion, rather than judgment or criticism.

4.3.2 Process of Mindfulness

The concept and practice of Mindfulness originates in from Buddhist traditions. A variety of meditation techniques are used to enter the state of Mindfulness. Mindfulness is a technique via which individuals can reduce maladaptive behavior and emotional disturbance. According to Jahnke et al. (2010), in the past the practice of Mindfulness was limited to sitting practice, whereas today the practice can accompany multidimensional activities like yoga, arts, movement, or even martial arts. According to Germer (2013), Mindfulness-based interventions were developed to promote psychological well-being.

The practice of mindfulness can be traced back to ancient Buddhist traditions. In the Western world, mindfulness was introduced by Jon Kabat-Zinn, who developed Mindfulness-Based Stress Reduction (MBSR) in the 1970s. MBSR is a structured eight-week program that involves mindfulness meditation and other exercises designed to help individuals reduce stress and improve their overall well-being (Baer, 2003).

Mindfulness is a state of mind in which an individual is fully present and engaged in the current moment. It involves paying attention to the present moment without judgment and with an open and curious attitude (Kabat,2013). One application of Mindfulness is mindful practice. During mindful practice, individuals can enter a psychological state in which they are acutely aware of their experience in the present moment (Feldman et al., 2010). One characteristic of Mindfulness is that it can be merged with daily activities. Many different kinds of mindful practice have been developed in recent years. The most used exercises are listed below:

Mindful Breathing: This is a simple mindful exercise that people can do wherever and whenever they want. First, the practitioner can take a deep breath to relax and focus on the physical sensation, thoughts, and feelings at that moment. Then, they can start to focus on their breathing and perceive the sensation of breathing.

After that, there is an attempt to absorb the breathing by counting one to ten. Finally, when people feel comfortable, they can try to bring their attention to the present moment and breathe deeply.

Mindful Listening: To begin, people recall one current or future event that makes them feel stress. They will then be encouraged to pay attention to their feelings and how they express them when they describe the event. Next, they try to focus on their thoughts, feeling and physical sensation when talking about the event. Finally, they may be asked certain questions about, for example, how they felt before sharing the event, how they felt after sharing it, whether there is any distraction, etc.

Body Scan: This is an easy Mindfulness exercise for beginners as no tools are needed. When the body scan begins, the practitioner can choose to lie down, palms facing up, or sit on a chair in a comfortable position. They should remain in that position unless they feel uncomfortable. This is followed by the body scan, during which the individual first brings awareness to the breath and then focuses on the breathing pattern. Next, the attention is concentrated on different areas of the body, from top to bottom. Finally, it is focused on the part of the body that feels pain or heaviness.

Five Senses Exercise: This exercise is a quick and easy way for people to enter the mindful state in a few seconds. It works as a counting down exercise. First, the participant shares about five things that they see in their surroundings. Then, they need to notice four things that they feel in the present moment. Subsequently they direct their attention and note three things that they hear. Then, they need to focus on two things that they smell. Finally, they can drink a little water or eat a snack, trying to focus on one taste of the food.

Mindfulness has been found to have many benefits, including reducing stress and anxiety, improving mood, increasing self-awareness, and improving cognitive function. The practice of mindfulness has been shown to be effective in treating various mental health conditions, including anxiety and depression.

4.3.3 Mindfulness Can Improve Anxiety and Depression

Anxiety and depression are two of the most common mental health conditions affecting individuals worldwide. Both conditions can have a significant impact on an individual's quality of life, making it

difficult to function in daily life. Mindfulness has been found to be an effective treatment for anxiety and depression, both on its own and in combination with other treatments (Keng et al.,2011).

One of the ways mindfulness can improve anxiety and depression is by reducing rumination. Rumination is the repetitive thinking about negative thoughts or experiences, which can lead to increased anxiety and depression. Mindfulness can help individuals become more aware of their thought patterns, allowing them to recognize when they are ruminating and redirect their attention to the present moment (Keng et al,2011).

Chiesa and Serretti (2010) conducted mindfulness can improve anxiety and depression is by increasing self-compassion. Self-compassion involves treating oneself with kindness and understanding, even in difficult situations. Mindfulness can help individuals become more aware of their feelings and thoughts, allowing them to respond to themselves with kindness and compassion.

In addition, mindfulness can help individuals become more resilient to stress. By practicing mindfulness, individuals can become better equipped to handle stressful situations, reducing the likelihood of developing anxiety and depression.

Parenting groups are a valuable resource for parents, providing support and guidance as they navigate the challenges of raising children. Mindfulness is a practice that has gained widespread popularity in recent years, and it has been introduced into parenting groups as a means of reducing parent stress and improving overall well-being. This paper will explore the effectiveness and limitations of mindfulness practice in parenting groups.

4.3.4 Effectiveness

Mindfulness can enhance the flexibility and processing of cognition (Petcharat & Liehr, 2017). It also functions as a filter that helps people maintain focus on the present experience without distraction from external stimuli or other thoughts. Simultaneously, Mindfulness increases the ability to multitask, because

Mindfulness encourages people to focus on more than one thing at the same moment and not be distracted by other thoughts.

Mindfulness has a positive influence on emotion regulation (Call et al., 2014). Researchers have discovered that the continuous practice of Mindfulness can change baseline amygdala activity. Therefore, Mindfulness can reduce depressive symptoms or prevent relapses of depressive mood. Furthermore, Mindfulness reduces uncontrolled reactivity to stress and emotion. It also helps people re-evaluate stressors.

Holzel et al. (2011) have shown that Mindfulness can have a significant impact on maintaining psychological health when confronted by stressful events and situations due to its effectiveness in increasing cognitive flexibility. Mindfulness practice can train individuals to develop the above traits when facing stressful situations in parenting. Parents can use mindfulness to reduce negative thoughts in order to reduce depressive symptoms (Williams and Kabat-Zinn, 2013).

Another line of research has revealed that Mindfulness-based interventions used in parent training and family-based programs have improved family relationships in Hong Kong (Herman et al., 2018). In addition, a further recent study reports that parents with higher dispositional Mindfulness are more likely to engage in mindful parenting with their children (Parent et al. 2016).

One study points out that Mindfulness may prevent psychological burnout and traumatic stress. It also showed that Mindfulness Training reduced self-coldness and increases self-warmth (Yip et al., 2017). These results indicate that for Chinese parents, mindful parenting is associated with the use of positive reinforcement, warmth, and supportiveness for children rather than negative parenting practices (Han et al., 2021). Research has shown that mindfulness practice can be effective in reducing parent stress and improving overall well-being. Mindfulness can provide parents with tools to manage their stress and improve their overall mental health. It can also help parents become more present and engaged in their parenting, respond to their children in a more mindful way, and become more compassionate and understanding towards themselves and their children.

One study found that mothers who participated in a mindfulness-based intervention reported reduced stress and increased positive parenting behaviors compared to a control group (Coatsworth et al., 2014). Similarly, a study of a mindfulness-based parenting program found that parents who participated in the program reported reduced stress and improved well-being (Bögels et al., 2014). Another study found that a mindfulness-based intervention for parents of children with disabilities was effective in reducing stress and improving overall well-being (Neece et al., 2014).

4.3.5 Limitations of Mindfulness Practice

While mindfulness practice can be effective in reducing parent stress and improving overall well-being, there are also some limitations to using mindfulness in parenting groups. One limitation is that mindfulness may not be suitable for all parents. Some parents may find the practice of mindfulness difficult or may not be interested in practicing mindfulness.

Another limitation is that mindfulness may not be effective for all parents. While mindfulness has been shown to be effective in reducing stress and improving mental health, it may not be the right approach for all parents, such as aggression, defiance, or tantrums. Parents may need to seek additional support from a therapist or behavioral specialist to address these challenges (Wilson & Hayes, 2018).

Additionally, mindfulness practice may not address all of the challenges that parents face in raising children. While mindfulness can help parents manage their stress and become more present and engaged in their parenting, it may not provide all of the skills, knowledge, underlying conflicts or communication issues necessary to address specific parenting challenges (Duncan, 2018). Parents may need to seek additional support to address these challenges, such as family therapy or communication skills training.

Mindfulness practice can be a useful tool for parents in parenting groups, helping them to reduce stress, become more present and engaged in their parenting, and respond to themselves and their children with compassion and understanding. However, there are also limitations to using mindfulness in parenting groups, and it may not be suitable for all parents or effective for all parenting challenges. As with any

therapeutic approach, it is important to consider the individual needs and preferences of each parent and tailor the approach accordingly (Wilson & Hayes, 2018).

4.3.6 The effectiveness of mindfulness in parenting stress in Hong Kong

Effectiveness of Mindfulness in Parenting Stress in Hong Kong While there is limited research on the effectiveness of mindfulness in parenting stress in Hong Kong, several studies have provided evidence for its effectiveness.

One study examined the effectiveness of a mindfulness-based intervention in reducing parenting stress in a group of Hong Kong Chinese parents of children with developmental disabilities. The study found that the mindfulness intervention was effective in reducing parenting stress, anxiety, and depression (Chan, Lai, & Chan, 2020).

Another study examined the effectiveness of a mindfulness-based intervention in reducing parenting stress and improving parental well-being in a group of Hong Kong Chinese mothers of young children. The study found that the mindfulness intervention was effective in reducing parenting stress and improving maternal well-being (Chan et al., 2019).

A third study examined the effectiveness of a mindfulness-based parenting program in reducing parenting stress and improving child behavior in a group of Hong Kong Chinese parents of preschool-aged children. The study found that the mindfulness program was effective in reducing parenting stress and improving child behavior (Li et al., 2021).

4.3.7 Advantages of Using Mindfulness in Parenting Groups

In parenting groups, the utilization of mindfulness offers several benefits, including stress reduction and enhanced well-being for parents. Parenting can be a stressful and challenging experience, and mindfulness can provide parents with tools to manage their stress and improve their overall mental health (Coatsworth et al., 2021). In addition, mindfulness can help parents become more present and engaged in their parenting. By practicing mindfulness, parents can become more aware of their thoughts and feelings, allowing them to be more present with their children and respond to them in a more mindful way (Neece et

al.,2014). Another advantage of using mindfulness in parenting groups is that it can help parents become more compassionate and understanding towards themselves and their children. By practicing mindfulness, parents can become more aware of their thoughts and feelings, allowing them to respond to themselves and their children with kindness and understanding (Neece et al., 2014).

4.3.8 The limitations of mindfulness intervention

Mindfulness-based interventions have shown effective in reducing parenting stress. However, some researchers mentioned that there are limitations of mindfulness intervention in parenting stress.

Frist, Mindfulness-based interventions typically require a significant time commitment, which may be challenging for busy parents. A study by Harnett and Dawe (2012) found that time constraints were a significant barrier to the effectiveness of mindfulness-based interventions for parents. Second, Chan et al. (2020) study showed that use of the language and delivery of mindfulness interventions may be necessary to suit the Chinese culture's needs. Another study examined the role of culture values in shaping the experience of mindfulness among Chinese immigrants in North America. The study found that cultural values, such as the importance of social support and the interdependence of self and others can impact the effectiveness of mindfulness practices (Lau et al., 2017). Also, Chan et al. (2020) research suggested that modifying the mindfulness intervention content, use of language for Hong Kong's parents. Third, while mindfulness-based interventions have been found to be effective in reducing parenting stress in the short-term, there is limited evidence on their long-term effectiveness. A study by Meppelink et al. (2016) found that the effects of a mindfulness-based parenting intervention were not sustained 6 months after the intervention ended. Fourth, Mindfulness skills require ongoing practice to be effective, which may be challenging for parents to maintain over time. A study by Lavee and Ben-Arieh (2015) found that parents who participated in a mindfulness-based intervention reported difficulty maintaining their mindfulness practice after the intervention ended.

4.39 Integrative Approach

Limitations of Mindfulness Intervention: Most research suggests that Mindfulness is highly effective in mind and body health care, focusing on the present-moment, and encouraging emotional stability. However, other studies show that in some people Mindfulness may increase stress, depression, insomnia, and a sense of reliving past traumas (Creswell et al., 2014 & Dobkin et al., 2021). Shapiro (1992) points out that negative effects can be experienced by meditators, including an increase in negative thoughts and anxiety, feelings of disorientation, confusion, lack of motivation and increased conflict in interpersonal relations. (Shapiro,1992). Mindfulness may be ineffective on clients with more severe negative thinking because they have poor concentration and find it hard to focus on the meditation process (Kenny & Williams, 2007). Teasdale and Chaskalson (2013) suggest that because Mindfulness focuses on enhancing awareness and centering oneself in the present moment it cannot solve clients' emotional problems. They point out that the Mindfulness approach can be integrated with other therapeutic approaches to make up a broader ranging psychological therapy to help the client deal with everyday life challenges.

Mindfulness therapy, on the other hand, is a form of therapy that helps individuals to be aware of their thoughts, feelings, and sensations in the present moment without judgment. It involves paying attention to the present moment and accepting it as it is. Mindfulness therapy has been found to be effective in treating various mental health conditions, including anxiety, depression, and substance abuse (Khoury et al., 2013).

SFBT is a goal-oriented approach that focuses on finding solutions to problems rather than dwelling on the problems themselves. The therapist works collaboratively with the client to identify the client's strengths and resources and uses them to find solutions to the problem. SFBT is a brief therapy that typically lasts for 5-20 sessions and has been found to be effective in treating various mental health conditions, including depression, anxiety, and substance abuse (Gingerich & Peterson, 2013).

4.4 Combining SFBT with Mindfulness Training

Both SFBT and Mindfulness Training have been used to decrease emotional disturbance. This study aims to integrate SFBT with Mindfulness Training to promote the psychological well-being of parents of students with SEN. These approaches have been integrated in a single counselling program to reduce the stress experienced by parents of SEN children. The goal is to employ this integrated approach to reduce anxiety, depression, and parenting problems experienced by parents of children with SEN.

4.4.1 Advantages of Combining SFBT with Mindfulness Therapy

Increased Awareness and Focus: The criticism of Mindfulness Training is that it does not concentrate enough on changing clients' behaviors, feelings, and maladaptive thoughts (Cheisea & Serreti, 2010). However, clinical study suggests that Mindfulness Training can be integrated with other approaches to address specific clinical issues (Rapgay & Bystrisky, 2009). De Jong and Berg (2012) maintain that SFBT can be used in conjunction with Mindfulness Training to address anxiety and depression in adults.

Combining SFBT with mindfulness therapy has several advantages. First, mindfulness therapy can help clients to be more aware of their thoughts and feelings, which can help them to identify their goals and strengths more effectively. When clients are more aware of their thoughts and feelings, they can better understand what they want to achieve and how they can use their strengths to achieve their goals (Carmody & Baer, 2008). Gingerich & Peterson (2013) study pointed out combining SFBT with mindfulness therapy can help clients to be more present-focused. SFBT is a future-oriented approach that focuses on finding solutions to problems, while mindfulness therapy focuses on being present in the moment. By combining these two approaches, clients can learn to be more present-focused, which can help them to be more effective in finding solutions to their problems (Gingerich & Peterson, 2013).

Increased Acceptance and Resilience: Moreover, combining SFBT with mindfulness therapy can help clients to be more accepting of themselves and their situations. SFBT focuses on finding solutions to problems, which can sometimes lead clients to focus on what they don't have or what they can't do.

Mindfulness therapy, on the other hand, helps clients to be more accepting of their present moment,

including their thoughts, feelings, and sensations. By combining these two approaches, clients can learn to be more accepting of themselves and their situations, which can help them to be more effective in finding solutions to their problems (Carmody & Baer, 2008). Khoury et al.(2013) study illustrated combining SFBT with mindfulness therapy can help clients to be more resilient. Resilience is the ability to bounce back from challenges and setbacks. Mindfulness therapy has been found to be effective in increasing resilience, while SFBT focuses on finding solutions to problems, which can help clients to be more resilient (Khoury et al., 2013).

Positive Thinking and Overall Well-being: SFBT and Mindfulness Training promote positive thinking to reduce emotional problems. Research has shown that both these interventions can be used in multiple settings and populations (Rayan & Ahmad, 2018). Whereas SFBT focuses on using language to describe the clients' stories and their thinking, Mindfulness Training focuses on describing and observing their experience and senses in the present moment.

Effectiveness in Treating Anxiety, Depression and Stress: Kim and Franklin (2019) conducted a systematic review of the literature on the integration of mindfulness and SFBT, finding that this approach can be effective in reducing symptoms of anxiety, depression, and stress, and improving overall well-being. The intervention in this study integrates the therapeutic structure of SFBT with the practices of Mindfulness Training. Whereas SFBT can help clients visualize the future, counselors may also use Mindfulness exercises to put their clients more in touch with their experience and senses. The clients may observe a reduction in stress and may notice that the changes they have made can promote psychological and physical wellbeing. Given that some researchers have raised concerns about how effective Mindfulness Training alone can be in helping clients at risk of psychological disorder (Benn et al., 2012), integrating it with SFBT could increase the effectiveness and reliability of both interventions.

Addressing Anxiety and Depression: According to De Jong and Berg (2012), SFBT could be used in tandem with Mindfulness Training to address anxiety and depression among adults. In work with parents of students with SEN, Mindfulness practice can promote resilience through helping them develop self-awareness

regarding their senses. Counselors could also use SFBT to let the parents envision their future. This would help parents to achieve greater acceptance of themselves and their family situations.

Efficacy in Reducing Emotional and Psychological Issues: One study has shown that Solution-Focused Brief Therapy can be highly effectual in reducing externalizing behaviors such as aggressive behavior and conflictual relationships (Trepper et al., 2010). Other research has documented the usefulness of SFBT in reducing internalization of such issues as emotional distress. For example, Smock et al. (2008) have examined the effectiveness of SFBT in treating depression. Clients in the solution-focused group improve, as measured by the Beck Depression Inventory. However, clients in the comparison group (control group, active control group) did not improve significantly on either measure. Only a few studies have evaluated the efficacy of the SFBT in reducing depression and anxiety. Mindfulness Training was also used to reduce the internalization of emotional states such as depression and anxiety. One study found that the Mindfulness parenting approach is as effective as antidepressant medications (Segal et al., 2010).

Kelly and Daley (2013) point out that integrated psychological approaches should be effective in the treatment of psychiatric disorders. The SFBT focuses on clients' solutions to the existing issues in their lives, whereas Mindfulness Training helps clients to deal with the negative emotional ramifications of their problems through increased consciousness, self-awareness, and self-acceptance.

Mindfulness Training encourages clients to explore unpleasant and pleasant feelings and emotions in their sensory experiences. SFBT encourages them to describe possible ways to find solutions rather than emotions and sensory experiences. Mindfulness helps clients get back in touch with their direct sensory experiences. Cheisea & Serreti (2010) suggest that Mindfulness Training does not concentrate on changing the behaviors, feelings, and maladaptive thoughts of clients. De Jong and Berg (2012) maintain that SFBT can be used alongside Mindfulness Training to address adult anxiety and depression.

Dolhanty and Schmidt (2017) explored the conceptual integration of mindfulness and solution-focused therapy, highlighting the potential of these two approaches to complement each other in clinical practice.

SFBT and mindfulness techniques and skills can be integrated to create a powerful therapeutic approach that

can help individuals overcome challenges and achieve their goals. The integration of these two approaches involves using mindfulness techniques and skills to help individuals become more aware of their thoughts and feelings, allowing them to identify solutions to their problems more effectively. The SFBT and mindfulness techniques and skills can be integrated is by using mindfulness-based interventions in SFBT sessions. For example, using mindfulness techniques such as mindful breathing or body scans can help individuals become more present and engaged in the therapy process, allowing them to identify solutions to their problems more effectively. Moreover, SFBT and mindfulness techniques and skills can be integrated is by using solution-focused questions to guide mindfulness practice. For example, asking questions such as "What is already working well for you?" or "What small steps can you take to move towards your goals?" can help individuals identify solutions to their problems while also practicing mindfulness.

4.4.2 The Skills of Integration Approach

Bannink (2017) compared the conceptual similarities and differences between SFBT and mindfulness, suggesting that both approaches share a focus on the present moment and a non-judgmental stance towards experience. By helping clients become more present and focused, mindfulness techniques can help them identify solutions to their problems more effectively and feel more empowered to achieve their goals. Mindfulness techniques can be integrated into SFBT, depending on the needs and preferences of the client.

Combined techniques

Positive Meditation:

Integrate the SFBT Scaling Questions and mindfulness Self-compassion and acceptances:

Here are suggested measurement scales for assessing different aspects:

1. Scale of Improved Empathy towards Yourself:

- Rate your level of empathy towards yourself on a scale of 1 to 10, with 1 being very low empathy and 10 being very high empathy. This indicates how well you understand, connect with, and show compassion towards your own thoughts, emotions, and needs.

2. Scale of Improved Relationship with Your Children:

- Rate the quality of your relationship with your children on a scale of 1 to 10, with 1 being very poor and 10 being excellent. This reflects the level of connection, understanding, and positive interactions you have with your children.

3. Scale of Self-Relaxation Practice:

- Rate your ability to make yourself relax every day on a scale of 1 to 10, with 1 indicating very poor ability and 10 indicating excellent ability. This measures your effectiveness in engaging in relaxation practices or techniques to promote a sense of calm and well-being on a daily basis.

4. Scale of Willingness to Share Stress with Others:

- Rate your willingness to share your stress with others on a scale of 1 to 10, with 1 indicating very unwilling and 10 indicating very willing. This assesses how open and comfortable you are in seeking support from others and expressing your stress or concerns.

Remember, these scales are subjective and self-assessed, so it's important to be honest with yourself when rating these aspects. Regularly assessing and monitoring these areas can help you track progress and identify areas for growth and improvement.

Solution Breathing Technique:

The technique that helps to shift your focus from the problem to the solution. When you breathe out, you are letting go of the negative thoughts and feelings associated with the problem, and when you breathe in, you are focusing on positive solutions. By doing this exercise, you can reduce stress, increase your creativity and problem-solving abilities, and improve your overall well-being.

Focus meditations - focus possibility and successful past experiences. By focusing on possibilities, you are opening yourself up to new opportunities and ideas, and by focusing on successful past experiences, you are reminding “what small changes can make you in daily routine to practice mindful parenting?” This technique applied the mindfulness skills five sense exercise and the SFBT focus on positive solution. These

meditations can help to increase your confidence, reduce your anxiety, and improve your overall mental health, such as:

Imagining New Insights

Imagining New Insights and Mindful- Breathing. Combine mindful breathing with the Miracle Question from Solution-Focused Brief Therapy (SFBT) to develop practical steps for achieving your goals. The Miracle Question involves imagining your desired future and providing detailed descriptions of how your life would be once you've achieved those goals. Let's imagine a scenario where you can achieve your goals and overcome the challenges you face. Take a moment to get comfortable and relax. Forget about any time constraints or tasks you have to do. Just focus on this question for a while.

Imagine that you go to sleep tonight, and when you wake up, a miracle has happened. All the problems that have been weighing you down are completely gone. Take a moment to feel that. What is the first thing you notice in this new situation? Describe it in detail so that I can imagine it too.

- What do you see in this new situation?
- What emotions do you feel? How do these emotions feel in your body? Are they warm, tingling, in your chest, your face, or somewhere else?
- What thoughts are going through your mind? Are you thinking about things differently than before?
- What actions are you taking? How are you interacting with the people around you?
- Where are you, and who are you with in this new scenario?
- How do you appear physically? How is your posture? What expressions do you have on your face?
- What do your family, spouse, or child notice about you?

The main idea is to help you imagine a future where your goals are achieved and the problems are resolved. By visualizing this ideal situation, you can gain insights and create manageable steps to work towards making it a reality.

Loving-kindness meditation exercise-

This exercise is inspired by the acceptance of mindfulness and the self-compassion of being kind to ourselves without criticism. It involves accepting our thoughts and feelings without trying to stop them. Moreover, the SFBT Exception Questions: These skills help participants understand a time when they didn't have the problems that led them to seek therapy. For instance, if you tend to criticize yourself, spend time with people who have achieved what you want. Observe their behavior and learn from them.

The Exercise: Take a short break to connect with yourself. Find a quiet moment to focus on your thoughts and feelings. Pay attention to how you're feeling and the thoughts that arise. This practice helps you gain a deeper understanding of yourself. Instead of asking "Why do I feel this way?" ask yourself "What do I feel?" and "Who in my life can support me?" This way, you can be curious about your thoughts and feelings without overthinking them.

Connection your inner resources and strengthen - The exercise involves counting down and focusing on things in your surroundings using your five senses. By doing this exercise, you can increase your mindfulness and bring your attention to the present resources and strengthen, such as "What small steps can you take to address this problem?" and "What resources do you have that can help you overcome this challenge?"

Magic words are phrases that you say to yourself to reinforce your beliefs and goals. By changing how you hold yourself and the words you use, you can feel more confident. Magic words are a helpful method for reprogramming your mind and developing empowering beliefs. They combine techniques from Solution-Focused Brief Therapy (SFBT), such as using your imagination, with mindfulness practices to set positive intentions.

For example: Using your imagination, you can create inner pictures by engaging your five senses. For sight, visualize scenes such as a beach or a forest. For hearing, imagine sounds like birds chirping or a crackling fireplace. Use touch to picture sensations like grass or a cozy blanket. For taste, imagine enjoying meals or desserts. Finally, for smell, create inner pictures of gardens or bakeries. These sensory-rich inner

pictures can provide moments of relaxation and joy, allowing you to experience the sensations of your senses within your imagination.

Monitoring Your Self-Talk and Cultivating Gratitude and Appreciation

The therapeutic approach incorporates a combination of techniques to enhance participants' self-awareness, foster positive thinking, and promote gratitude and appreciation for their parenting journey. These techniques include monitoring self-talk, utilizing solution-focused questions, and incorporating mindful reflection exercises.

Monitoring Your Self-Talk

In this approach, participants are encouraged to become aware of their self-talk, which refers to the thoughts and beliefs they hold about themselves and their parenting abilities. The therapist guides participants in recognizing any negative or self-limiting thoughts that arise and challenges them with positive and empowering thoughts.

Solution-Focused Questions

To facilitate reflection and progress, the therapist employs solution-focused questions. These questions prompt participants to reflect on their learnings, strengths, and resources discovered throughout the program. Examples of solution-focused questions include:

1. "What have you learned about yourself and your parenting over the course of this program?"
2. "What strengths and resources have you discovered within yourself?"
3. "What specific small steps can you take to continue building on your strengths?"

Mindful Reflection Exercise

A mindful reflection exercise is incorporated to cultivate a sense of gratitude and appreciation for participants' progress. Participants are encouraged to pause, breathe, and reflect on their parenting journey. They are asked to focus on the positive changes they have noticed, the skills they have developed, and the improvements they have made in their parenting.

Cultivating Gratitude and Appreciation

In this aspect of the therapeutic approach, participants are guided to express gratitude for their personal growth and accomplishments. They are encouraged to appreciate the effort they have put into their parenting journey, regardless of its magnitude. The therapist emphasizes the value of celebrating progress and acknowledging personal strengths.

By combining these techniques of monitoring self-talk, utilizing solution-focused questions, and incorporating mindful reflection exercises, participants can gain deeper insights into their parenting progress, harness their strengths, and cultivate gratitude for their journey.

4.4.3 Integration approach of Case Analysis

Franklin and Kim (2018) conducted a theoretical exploration of the integration of mindfulness and solution-focused brief therapy, providing examples of how mindfulness techniques and skills can be used in SFBT. To illustrate the integration of SFBT and mindfulness techniques and skills, we shall delve into the case of Jane, a 35-year-old woman experiencing work-related stress.

Initial Session

In the initial session, Jane expresses feeling overwhelmed and stressed due to her work responsibilities. The therapist uses a combination of SFBT and mindfulness techniques and skills to help Jane identify solutions to her problem.

The therapist begins by asking Jane what she would like to achieve in therapy. Jane expresses a desire to feel less stressed and more in control of her workload. The therapist then asks Jane to take a few deep breaths and focus on the present moment.

The therapist then asks Jane to identify one thing that is already working well for her. Jane identifies that she has a supportive partner who listens to her concerns. The therapist asks Jane what small steps she can take to reduce her stress levels. Jane identifies that she can take short breaks throughout the day and practice mindful breathing exercises.

The therapist and Jane then create a plan to implement these small steps in Jane's daily routine. The therapist emphasizes the importance of practicing mindfulness techniques and skills throughout the day to help Jane stay present and engaged in her work.

Follow-Up Session.

In the follow-up session, Jane reports feeling less stressed and more in control of her workload. She reports practicing mindfulness techniques and skills throughout the day and taking short breaks when she feels overwhelmed. The therapist and Jane continue to work together to identify solutions to her work-related stress and develop a plan to implement these solutions in her daily routine.

In sum up, the integration of SFBT and mindfulness techniques and skills can be a powerful therapeutic approach that can help individuals overcome challenges and achieve their goals. By using mindfulness techniques and skills to help individuals become more aware of their thoughts and feelings, SFBT practitioners can help individuals identify solutions to their problems more effectively. The case analysis of Jane illustrates the potential of this approach in practice, highlighting the importance of practicing mindfulness techniques and skills throughout the day to reduce stress levels and stay present and engaged in the therapy process.

4.4.4 The contribution of integrative approaches in this study

The integration of solution-focused brief therapy (SFBT) and mindfulness approaches has been shown to have several potential benefits. The findings from this research will help counselors apply our integrative therapeutic approach, which combines SFBT and Mindfulness Training, to help parents of children with SEN. Professionals will be able to identify the parents' needs and use the training manual to address those needs. The assumption is that the integrative approach is an efficient way to acquire skills that will help reduce emotional distress, reduce parenting stress, and improve parent-child relationships. Researchers will then be able to further evaluate the integrative program (Rodriguez, 2017).

There may be benefits from combining SFBT with Mindfulness Training because in combination not only do they focus on challenges in the present moment as well as future oriented solutions, they also

enhance client self acceptance, positive behavior change, and effective self awareness. Mindfulness practices help clients to focus on the present moment and to become more aware of their thoughts, feelings, and bodily sensations. This can help to reduce stress and anxiety and increase overall well-being (Hofmann et al., 2010). SFBT focuses on the client's strengths and resources and helps them to find solutions to their problems. Mindfulness practices can help clients to become more aware of their strengths and resources and to access them more effectively (Biegel et al., 2009). Mindfulness practices help clients to become more self-aware and to recognize their own patterns of thinking and behavior. This can help them to identify areas for change and to develop new strategies for coping with stress and anxiety (Kabat-Zinn, 2013). Mindfulness practices can help clients to develop new coping skills and to become more resilient in the face of stress and adversity. This can be particularly beneficial for clients who struggle with anxiety or depression (Baer, 2003). Mindfulness practices can help clients to become more accepting of their thoughts, feelings, and experiences. This can help them to let go of unhelpful patterns of thinking and to develop a more positive outlook on life (Germer, 2009).

4.5 The Study Hypothesis

This study examines the effectiveness of an integrative approach in supporting parents who have children with Special Educational Needs (SEN). The primary goal is to improve parent-child relationships and enhance parental psychological well-being by reducing stress levels and increasing empathy. The hypothesis suggests that parents in the experimental group will experience a reduction in stress levels and an increase in empathy, as evidenced by pre-test and post-test comparisons of video or audio content and interview responses. On the other hand, the stress levels of parents in the active control and control groups are expected to remain unchanged, resulting in no significant changes in the aforementioned measures. The findings from this study will contribute to the existing knowledge in the field and inform effective interventions for families with children with SEN.

Chapter 5 Methodology

5.1 Introduction

This chapter presents an overview of the methods of this research study. It will outline this research study's design, sampling, data collection and the instruments used. In addition, this chapter will indicate how a pre-test–post-test comparison group design was used to measure the effectiveness of an intervention that combines Solution-Focused Brief Therapy and Mindfulness to help parents of children with special education needs reduce their emotional distress and parenting problems. An overview of the procedures and the approach to data analysis are presented.

5.1.1 Parent Participants: Subjects-Inclusive Selection Criteria

The 30 parents who participated met the following criteria:

1. Had a child between the ages of 10 and 15 with Special Education Needs, namely autism, learning difficulties, and attention deficit hyperactivity disorder (ADHD); or were more likely to have multiple comorbid conditions.
2. Parents had mild to moderate levels of depression or anxiety as measured by Beck's Depression and Beck's Anxiety Inventory;
3. Parents could commit to attending eight parenting group sessions;
4. Parents can speak Cantonese. and read Chinese
5. The integrative counselling program is applied to the complete family in this stage, so we excluded single parents from joining the program.

5.1.2 Parent Recruitment

The provided information presents the demographic characteristics of the participants in a study that aimed to explore the effectiveness of SFBT and mindfulness parenting interventions for parents of children with special educational needs (SEN). The study examined three groups: a control group, an active control group, and an experimental group.

The researcher promoted the study via email and phone contact with principals, primary and secondary school social workers, counselling teachers, and school counselors. 24 schools showed interest in the research and referred parents. Initially, 68 parents were referred by 6 primary schools and 6 secondary schools, and another 32 referred by 5 primary schools and 7 secondary schools two months later.

A pre- screening interview was conducted to ascertain suitability of parents. In the pre- screening a demographic questionnaire was used to extract detailed information on the children's sex, age, types of SEN, and birth history, as well as information about the parents' relationship with the children, age, educational level, monthly family income, marriage status.

The researcher then selected 45 parents to respond to Beck's Depression and Beck's Anxiety Inventory. Parents had mild to moderate levels of depression and anxiety as measured by Beck's depression and Beck's Anxiety Inventory. The parents had a child between the ages of 10 and 15 with Special Education Needs. All completed a consent form.

At the final stage of recruitment, the researcher had chosen 30 parents (28 females and 2 males) to attend the parents' group. They were divided into three groups of 10.

The range age of parents in the study was 40-63 years. In the control group the parents' ages ranged from 40-51 years, with a mean age of 44.2; in the active control group the ages ranged from 40-46 years, with a mean age of 42.2; in the experimental group there was a range of 41-63 years, with a mean age of 45.6. There was no significant difference across the three groups in parent age. The age of parents is an important demographic variable to consider in studies involving children or adolescents, as parental age can potentially influence various outcomes such as child development, behavior, and academic achievement. In the study mentioned, the fact that there was no significant difference in parent age across the three groups suggests that this variable was not a confounding factor in the study's outcome measures.

It is worth noting, however, that while the mean age of parents in the experimental group was slightly higher than in the control and active control groups, the difference was not statistically significant.

This means that the study did not find evidence that parent age was associated with the intervention being studied.

Overall, the information provided regarding parent age in the study is useful for understanding the sample characteristics and potential confounding variables, but it is important to consider other factors such as socioeconomic status, education level, and cultural background as well.

In terms of their education level, 17 parents had a university degree, 12 had secondary degrees, and 1 had education at the primary school level. In their occupations, the majority of the parents were working mothers. There were 2 fathers who were professional workers. One female participant was a grandmother. The majority of the parents were working mothers, and the education level of parents varied across the groups.

The demographic characteristics of each group, including the age, gender, SEN type of children, age and gender of children, number of children, and education level of parents, were presented in three different tables.

In the control group, the education backgrounds were either secondary or university level. There was 1 male and 9 female parent in the group. 7 parents were educated to university level, 3 to the secondary education level. The children's age ranged from 10-13. 8 had been diagnosed with autism spectrum disorder (ASD); 2 had attention deficit hyperactivity disorder (ADHD). Participants received a free talk intervention. For more information regarding demographic characteristics, please refer to the following table.

Table 1

Demographic characteristics of Control Group

ID Code	Age of Parent	Sex of Parent	SEN Type	Age of Child	Sex of Child	No. of Children in Family	Parent Education
C1	47	Female	ASD	12	male	1	University
C2	44	Female	ASD	10	male	2	Secondary

C3	51	Female	ASD	11	male	2	Secondary
C4	40	Female	ASD	11	male	1	University
C5	50	Male	ADHD	13	male	2	University
C6	41	Female	ASD	10	male	2	University
C7	46	Female	ASD	12	female	1	University
C8	40	Female	ADHD	12	male	1	University
C9	40	Female	ASD	11	male	1	University
C10	43	Female	ASD	12	female	2	Secondary

In the active control group, there was 1 male and 9 female parent. Three were educated at university level, 7 educated to secondary education level. Six children had attention deficit hyperactivity disorder (ADHD).

Four children were dyslexic. The age range of children was from 9-15 years old. Parents received cognitive and behavioral counselling intervention. For more information regarding demographic characteristics, please refer to Table 1.1.

In the experimental group, there was 1 male and 9 female parent. Six parents had received a university level education, 3 had reached secondary level and one had a primary level education. Eight children had been diagnosed with autism spectrum disorder (ASD); one child had attention deficit hyperactivity disorder (ADHD); 1 child was dyslexic. The age range of children was from 10-15. The parents received both SFBT and Mindfulness parenting counselling interventions. For more information regarding demographic characteristics, please refer to Table 1.2.

Table 1.1

Demographic characteristics of Active Control Group

ID Code	Age	Sex of Parents	SEN type of Children	Age of Children	Sex of SEN Children	No. of Children	Education
P1	41	Female	Dyslexia	10	male	1	University
P2	43	Female	ADHD	12	male	1	University

P3	42	Female	ASD	10	male	2	Secondary
P4	44	Female	ADHD	15	male	2	Secondary
P5	42	Male	ADHD	9	male	1	University
P6	40	Female	ADHD	9	male	2	University
P7	40	Female	ADHD	10	male	1	Secondary
P8	46	Female	ADHD	16	male	1	Secondary
P9	41	Female	Dyslexia	11	male	1	Secondary
P10	43	Female	Dyslexia	11	male	1	Secondary

Table 1.2*Demographic characteristics of Experimental Group*

ID Codes	Age	Gender	SEN type of Children	Age of Children	Gender of Children	No. of Children	Education
E1	42	Female	ASD	11	male	2	Secondary
E2	43	Female	ASD	13	male	2	Secondary
E3	46	Female	ASD	13	male	2	University
E4	63	Female	ADHD	15	male	1	Primary
E5	41	Female	ASD	10	male	2	University
E6	42	Female	ASD	10	male	2	University
E7	44	Female	ASD	12	male	1	Secondary
E8	47	Female	ASD	14	male	1	University
E9	47	Female	ASD	10	male	1	University
E10	41	Female	Dyslexia	10	male	2	University

The provided information presents the demographic characteristics of the participants in a study that aimed to explore the effectiveness of SFBT and mindfulness parenting interventions for parents of children with special educational needs (SEN). The study examined three groups: a control group, an active control group, and an experimental group.

The control group received free talk intervention, while the active control group received cognitive and behavioral intervention. The experimental group received both SFBT and mindfulness parenting interventions.

The demographic characteristics of each group, including the age, gender, SEN type of children, age and gender of children, number of children, and education level of parents, were presented in three different tables.

The information presented in this study is important because it provides a clear understanding of the characteristics of the participants in the study. This information is crucial in understanding the generalizability of the study findings to the population of parents of children with SEN. Additionally; the demographic characteristics of participants can help researchers to identify any potential biases or limitations in the study.

It is worth noting that the education level of parents in the experimental group is more varied than in the control and active control groups. This may have implications for the effectiveness of the interventions, as parents with higher levels of education may be more receptive to the interventions, while those with lower levels of education may struggle to understand or implement the strategies taught in the interventions.

Overall, this information can be useful for researchers and practitioners who work with parents of children with SEN. Understanding the demographic characteristics of this population can help to tailor interventions to meet their specific needs and to improve outcomes for both parents and children.

5.1.3 Procedures

The researcher sent a link to parents with information about the study. The parents were informed that participation was voluntary, and they could terminate the counselling or their participation in the study at any time without penalty. They were informed that: the parents' personal information was encoded and kept in a locked file cabinet, online data was protected by passwords that could not be easily hacked and that were changed often, and that once the research study was completed, all the data would be destroyed. The participants were then asked to sign the informed consent form. The consent form and the study were approved by the Human Research Ethics Committee of the Education University of Hong Kong. At the beginning of the study the counselor conducted a 30-minute semi-structured online interview to identify the level of emotional stress experienced by the parents. Participants then completed the Beck Anxiety Inventory (BAI) the Beck Depression Inventory (BDI). The researcher invited the parents with minimal to moderate anxiety and depression scores on the BAI and BDI to participate in the intervention. After the eight

intervention sessions, the counselor repeated the semi-structured online interview, and the participants again completed all questionnaires, to assess parents' their changes in emotional distress from before to after the intervention. After this interview, the researcher thanked the parents for their participation.

Parents were randomly divided into the experimental, control and active control groups, with 10 parents per group. Random assignment procedure to assign participants to groups, such as drawing names out of a box. This helps to ensure that each participant has an equal chance of being assigned to any of the groups, and that any differences between the groups are due to chance rather than bias. Parents in both the experimental and active control groups met a counselor for a 60-minute session each week for eight weeks. All parents completed the questionnaires. The intervention with the active control group focused on the cognitive and behavioral counselling intervention. The intervention with the control group focused on the free “talk sessions” with researcher. Throughout the intervention, parents were invited to bring along a video or audio clip of five minutes or less recording their daily life with the SEN child to see if they were applying the new parenting skills to improve the parent-child relationship.

5.1.4 Comparison Groups

A randomized controlled trial (RCT) was conducted to examine the effectiveness of a parent group intervention that integrated Solution-Focused Brief Therapy and Mindfulness to improve parent emotional distress and improvement parent-child relationship. It is assumed that potential moderators of treatment effects would not affect the results due to randomization in the RCT design. This assumption has been tested in research on moderators of therapeutic effects such as level of distress, self-reflectiveness, openness to experience, level of engagement, ability to verbalize feelings, social support, and coping skills. RCT designs are ideal when cause and effect relationships can be clearly defined, interventions can be applied in a similar manner across patients, and outcome criteria are applicable across all study participants (Shean, 2014). In the current RCT, parents were randomly assigned to a control group (no treatment), experimental group (eight sessions of integrated Solution-Focused Brief Therapy and Mindfulness) or an active control group (eight

sessions of supportive counselling). The study used pre and post interviews and video or audio recordings to investigate participants' personal experiences in the intervention program.

In the experimental group, components of solution-focused brief therapy and Mindfulness parenting training were integrated into the eight sessions. The active control group also completed eight sessions, but the content focused on managing stress, active listening, and unconditional positive regard toward their child. The control group was a free talk, non-structured group led by a researcher, paired with open, informal conversations between parents. Parents shared their feelings on raising young teens and received advice on being a good parent. Parents exchanged creative parenting practices based on their personal experiences and developed a network of friends.

The three groups, each containing 10 parents, participated in 8 weekly 1-hour group sessions. In the control group, parents received free talk sessions. In the active control group, parents received the cognitive and behavioral counselling intervention. In the experimental group, parents received the SFBT and Mindfulness interventions.

A review of the literature suggested that a higher level of parenting stress is related to children with special education needs who exhibit behavior problems or poor emotional health. Parenting of a child with SEN affects psychological health, which can manifest as depression, frustration, and anger.

Considering the above points, it is necessary to provide suitable intervention to help parents improve their skills in coping with emotional disturbance.

The goal of the SFBT and Mindfulness intervention group was to help parents develop problem-solving skills and focus on their inner strengths. Mindfulness parenting can also help parents to accept their children's shift to the adolescent stage as they begin to move away from parents and toward their peers. Mindfulness parenting helps parents allow this to happen while remaining a positive presence as the teens go through this stage. Participants develop the "capacity to sense the mind in ourselves and in others" (Siegel 2007, p.260). Counselors help parents to apply SFBT techniques (such as coping questions and

exception questions to reduce stress) into Mindfulness breathing, body focusing exercises, and food Mindfulness work.

The experimental group had 8 sessions. Each online-group session lasted 1 hour. The eight sessions' topics were:. Session1:New joinery, Session 2:Identifying Strengths and Resources, Session 3:Focus Mediation, Session 4:Identifying Triggers and Coping Strategies, Session 5:Do small things with love, Session 6:problem-Solving and Goal Setting, Session 7:Self-reflection, Session 8:Future Planning and Closing.

This study applied cognitive behavioral therapy (CBT) in the active control group. Runyon et al. (2009) previously conducted a study of the efficacy of CBT in helping parents with SEN children reduce parenting stress and distress. The CBT focused on teaching coping skills and muscle relaxation to handle stressful situations, and cognitive strategies to modify irrational beliefs (Beck, 1979).

According to Leong (1986) CBT is more suited with Chinese culture because the therapy is structured. Chinese individuals tend to suppress emotion and need counselling advice for practical problems. Furthermore, they prefer the trainer to take a more directive role in suggesting solutions to their problems (LIN, 2001)

The following table shows the components of the eight sessions conducted in each group.

Table 2

Experimental Group: The SFBT and Mindfulness Interventions

Sessions	Contents
Session 1: New Joinery - Find your Goals	Objective: Build rapport; introduce solution-focused techniques, and mindfulness breathing. Group Content: Reflecting on Strengths and Positive Experiences: - Participants share their strengths and positive experiences as parents.

	<ul style="list-style-type: none"> - Discuss how they have coped with stress in the past and identify effective strategies. <p>Combined techniques</p> <p>Positive imagery is like practicing in your mind. It involves using techniques from mindfulness and Solution-Focused Brief Therapy to imagine yourself being successful. The important thing is to create an inner picture of yourself doing something well. You can think about a time in the past when you were successful and imagine the confidence and energy you had.</p>
<p>Session 2:</p> <p>Identifying Strengths and Resources</p>	<p>Objective: Reflect on strengths, successes, and coping strategies.</p> <p>Group Content:</p> <ul style="list-style-type: none"> - Participants openly share and celebrate their strengths as parents. - Participants share recent or memorable parenting successes, focusing on personal achievements and growth. <p>Combined technique:</p> <ul style="list-style-type: none"> - Introduce the solution breathing technique (breathe out problem, breathe in solutions). - Explain how it helps shift focus from problems to solutions, reducing stress and enhancing problem-solving abilities.
<p>Session 3:</p> <p>Focus Mediation</p>	<p>Objective: Introduce mindful- parenting skills and explore incorporating mindfulness into parenting practices.</p> <p>Group Content:</p> <ul style="list-style-type: none"> - Provide an overview of the combined techniques and their benefits for

	<p>positive parenting and mental health.</p> <ul style="list-style-type: none"> - Lead a guided meditation that emphasizes possibilities and new opportunities in daily parenting. <p>Combined technique:</p> <p>Focus Meditations:</p> <ul style="list-style-type: none"> - Guide participants through focus meditations that focus on possibilities and successful past experiences. - Discuss how these meditations can increase confidence, reduce anxiety, and improve overall mental health.
<p>Session 4:</p> <p>Identifying Triggers and Coping Strategies</p>	<p>Objective: participants would identify their triggers for stress and depression, and develop coping strategies to manage these triggers.</p> <p>Group content: aims to foster a positive mindset, stimulate creativity, and empower participants to envision and work towards a future where their parenting goals are accomplished.</p> <p>Combined techniques:</p> <p>Focus on combining mindful breathing with the Miracle Question from Solution-Focused Brief Therapy (SFBT) to develop practical steps for goal achievement.</p> <p>Facilitate a detailed description of the imagined situation, including visual aspects, emotions, thoughts, actions, surroundings, and physical appearance.</p>
<p>Session 5:</p> <p>Do small things</p>	<p>Objective: Identify and strengthen support systems and relationships.</p> <p>Group content:</p>

with love	<p>Aims to foster self-compassion, self-awareness, and personal growth by combining loving-kindness meditation and SFBT techniques.</p> <p>Combined techniques:</p> <p>Loving-Kindness Meditation Exercise:</p> <ul style="list-style-type: none"> - Facilitate a loving-kindness meditation exercise to cultivate compassion and empathy towards oneself and others. - Discuss the importance of self-care and nurturing relationships.
<p>Session 6:</p> <p>Problem-Solving and Goal Setting</p>	<p>Objective: Identify specific problems and develop goals to address them using combined skills.</p> <p>Group content:</p> <p>Focuses on combined techniques to strengthen inner resources and promote positive beliefs. It includes an exercise that enhances mindfulness by counting down and engaging the five senses to bring attention to present resources.</p> <p>Combined techniques:</p> <p>Magic words combine techniques from Solution-Focused Brief Therapy (SFBT) and mindfulness practices, encouraging participants to use their imagination to create sensory-rich inner pictures that evoke relaxation and joy. The overall aim is to empower participants in reprogramming their minds and developing empowering beliefs through the use of positive intentions and self-talk.</p>
<p>Session 7:</p> <p>Self-reflection</p>	<p>Objective:</p> <p>Reflect on progress, strengths, and areas for continued growth.</p>

	<p>Group content:</p> <p>The content aims to empower participants in their parenting journey by fostering self-awareness, positive self-talk, insights into progress, and gratitude. Participants are encouraged to recognize their strengths and continue growing as parents.</p> <p>Combined techniques:</p> <p>Monitoring Self-Talk:</p> <ul style="list-style-type: none"> - Discuss the importance of self-talk and its impact on well-being. - Guide participants through a mindful reflection exercise to cultivate gratitude and appreciation for their progress.
<p>Session 8:</p> <p>Future Planning and Closing</p>	<p>Objective:</p> <p>Develop a plan for maintaining progress and provide resources for continued practice.</p> <p>Group Content:</p> <ul style="list-style-type: none"> - The group content involves reflection on progress, identifying future goals, action planning, a closing ritual, and evaluation/feedback. - Participants are encouraged to share insights, changes, and improvements in their parenting journey. They then identify specific areas for improvement and develop strategies to achieve their goals with support from the group. - A closing ritual is conducted to mark the program's completion, which may include a gratitude practice. Lastly, participants have the

	<p>opportunity to provide feedback on the program, allowing for continuous improvement and refinement.</p>
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Note. SFBT and mindfulness could be integrated in an eight-session parenting group to address stress and depression among parents. The Manuel of the SFBT and Mindfulness parents' group refer to Appendix 2. The 8 sessions of the parenting group to address stress, depression, and anxiety include a combination of solutions focused brief therapy (SFBT) and mindfulness interventions. The different sessions involve a variety of techniques, including goal setting, identifying strengths and resources, practicing mindful parenting, identifying triggers and coping strategies, building support systems, problem-solving, and review and reflection. Each session involves a combination of SFBT and mindfulness techniques, such as using solution-focused questions, engaging in mindfulness exercises, and practicing guided meditation. The final session involves future planning and closing, where participants develop a plan for maintaining their progress and continuing to build on their strengths. Overall, the sessions aim to provide a comprehensive approach to address stress, depression, and anxiety in parents, with a focus on building on their strengths and resources to achieve their desired outcomes.

Tanle 2.1

Active control group: Cognitive and Behavioral Counselling Intervention

Session 1 Introduction to Cognitive Behavioral Therapy (CBT)	<ol style="list-style-type: none"> 1. Introduction to CBT and how it can benefit parents of special education needs adolescents 2. Understanding the connection between thoughts, emotions, and behaviors 3. Identifying negative thought patterns that contribute to stress, depression, and anxiety 4. Introducing cognitive restructuring techniques to challenge negative thoughts and beliefs
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Session 2 Behavioral Activation	<ol style="list-style-type: none"> 1. Understanding the importance of positive activities and behaviors in improving mood 2. Identifying activities that bring joy and pleasure to parents and their children 3. Creating an action plan to increase engagement in positive activities 4. Practicing mindfulness and relaxation techniques to reduce stress
Session 3 Communication Skills	<ol style="list-style-type: none"> 1. Identifying communication barriers in parent-child relationships 2. Introducing active listening techniques to improve communication 3. Teaching effective communication strategies to express needs and emotions 4. Practicing assertiveness skills to set boundaries and improve relationships. To introduce how cognition affects the way we feel and behave 5. To teach the difference between irrational and rational thinking 6. Relaxation exercise
Session 4 Managing your own emotions	<ol style="list-style-type: none"> 1. Strategies for managing your own emotions, particularly in challenging situations 2. Techniques for self-care and stress management 3. Importance of modeling positive coping strategies for your child
Session 5 Coping with Challenging Behaviors	<ol style="list-style-type: none"> 1. Understanding the root causes of challenging behaviors in special education needs adolescents 2. Identifying triggers and warning signs of challenging behaviors

	<ol style="list-style-type: none"> Introducing problem-solving techniques to address challenging behaviors Teaching relaxation and coping skills to manage stress and anxiety
Session 6 Self-Care and Self-Compassion	<ol style="list-style-type: none"> Understanding the importance of self-care in reducing stress and improving well-being Identifying self-care practices that work for individual parents Introducing self-compassion techniques to reduce self-criticism and increase self-esteem Practicing self-compassion and self-care activities as a group
Session 7 Parenting Styles and Values	<ol style="list-style-type: none"> Understanding different parenting styles and their impact on children Identifying personal values and beliefs about parenting Discussing effective parenting strategies that align with personal values Practicing positive parenting techniques to improve parent-child relationships
Session 8 Review and Reflection	<ol style="list-style-type: none"> Reflecting on progress made throughout the program Discussing challenges and successes in implementing new skills and strategies Identifying ongoing support and resources for continued growth and improvement Celebrating the completion of the program and the commitment to positive change.

Each session would be approximately 60- minutes long, depending on the needs of the group. The sessions would be led by a trained therapist or counselor with experience in cognitive behavioral therapy and parenting support.

In each session, the therapist would guide the group through various activities and exercises to help them develop new skills and strategies for improving their relationships with their special education needs adolescents and reducing stress, depression, and anxiety.

The first session would introduce the group to cognitive behavioral therapy and its benefits, as well as teach them about the connection between thoughts, emotions, and behaviors. The therapist would then guide the group through identifying negative thought patterns that contribute to stress, depression, and anxiety and introduce cognitive restructuring techniques to challenge these negative thoughts and beliefs.

Subsequent sessions would focus on specific skills and strategies, such as behavioral activation, communication skills, coping with challenging behaviors, self-care and self-compassion, parenting styles and values, goal-setting and action planning, and review and reflection. Each session would involve a combination of teaching, discussion, and practical exercises to help the group develop new skills and strategies.

Throughout the program, the therapist would encourage group members to support each other and share their experiences and insights. The therapist would also provide ongoing support and guidance to help group members overcome any challenges or obstacles they may encounter.

By the end of the program, the group members would have developed a range of new skills and strategies for improving their relationships with their special education needs adolescents and reducing stress, depression, and anxiety. They would also have a support network of peers and ongoing resources to continue their growth and improvement.

Control Group: No Counselling Intervention

In addition to the experimental group receiving the integrated approach of mindfulness techniques and solution-focused brief therapy (SFBT), a control group was included in the study. The control group did not receive any counselling intervention.

The control group served as a comparison group to evaluate the effectiveness of the integrated approach. Participants in the control group went through the same assessment process as the experimental group but did not engage in any formal counselling sessions or receive specific therapeutic techniques.

The purpose of including a control group with no counselling intervention was to determine whether the observed changes in the experimental group could be attributed to the integrated approach or other factors unrelated to counselling. By comparing the outcomes of the experimental group to those of the control group, researchers aimed to establish the specific effects of the integrated approach in improving participants' well-being and reducing their work-related stress.

It is important to note that the absence of a counselling intervention does not mean that the control group did not receive any support or guidance. Participants in the control group may have still had access to general resources or support systems, such as employee assistance programs or informal discussions with colleagues or friends.

The inclusion of a control group without counselling intervention helps researchers and practitioners gain a better understanding of the unique impact of the integrated approach of mindfulness techniques and SFBT by isolating its effects from external factors. This allows for a more accurate assessment of the efficacy of the intervention and provides valuable insights into the value of counselling in addressing work-related stress.

Free talk or sharing support parenting groups can provide a safe and supportive environment for parents of special education needs adolescents to share their experiences, challenges, and strategies for coping with the unique demands of parenting a child with special needs. These groups can offer a range of benefits, including emotional support, practical advice, and a sense of community and belonging.

Dunst (2013) study suggested that free talk or sharing support parenting groups can be particularly helpful for parents who may feel isolated or stigmatized due to their child's disability. By connecting with other parents who are going through similar experiences, parents can develop a sense of empathy and understanding that can be difficult to find elsewhere. In addition, free talk or sharing support parenting groups can provide a forum for parents to learn from one another and share strategies for coping with a range of challenges, including communication difficulties, behavioral issues, and navigating the educational system.

In sum up, free talk or sharing support parenting groups can be a valuable resource for parents of special education needs adolescents, providing a supportive and empowering environment for parents to share their experiences, build connections, and develop strategies for coping with the unique challenges of parenting a child with special needs.

Chapter 6: Qualitative Analysis

The study used pre and post interviews and video or audio recordings to investigate participants' personal experiences in the intervention program. A qualitative methodology was applied to explore the effectiveness of the Solution-Focused Brief Therapy and Mindfulness Training model based on the views of participants as expressed during open ended interviews. As explained by Merriam (2009),

Determining cause and effect, predicting, or describing the distribution of some attribute among a population ... [qualitative researchers] might be interested in uncovering the meaning of a phenomenon for those involved ... [by] understanding how people interpret their experiences, how they construct their words, and what meaning they attribute to their experience. Using a qualitative research design, researchers can produce evidence-based studies that examine how and if interventions reveal improvements. Subjective examination is a naturalistic technique that researchers use to obtain an understanding of a phenomenon. This approach allows for a complete analysis of the issues being studied. (Sharpley, 2007)

Qualitative data was used to describe, understand, and evaluate parents' experiences in the integrative SFBT and Mindfulness Training program. Data was collected in one-to-one interviews between the researcher and each participant. Information gathered during the interviews includes reflections on the parents' home videos, observation of parent behavior during the interview, and parents' sharing experiences. This mixed approach played a complementary role and enriched the analysis and presentation of the study's findings. The data was analyzed using content analysis. The results are reported in a narrative form (Stake, 1999).

The literature review provided insight into how to design research questions (Yin, 2003). These questions had previously been used to examine people and programs in the field of education (Stake, 2006). They provided a guideline to help the researcher organize the study. The data consisted of transcripts of the interviews with parents. Stake (2006) suggests that qualitative research allows the researcher to use open-ended questions and then translate the data into words to analyze the information and understand phenomena, how they construct their words, and what meaning they attribute to their experience. Stake

(1995) describes the case study approach as follows: “We take a particular case and come to know it well, not primarily as to how it is different from others but what it is, what it does.”

6.1 Observation of Parents during their Interview

Using the qualitative research approach can provide a description of peoples' feelings, opinions, and experiences, and allows researchers to interpret the intention of behavior (Denzin, 1989). The qualitative approach provides deeper insights into issues related to interpreting language meaning (Chalhoub-Deville, 2008). The qualitative data was collected through one-on-one interviews between the researcher and each participant. The data was analyzed using content analysis, which allowed for a comprehensive examination of the issues being studied. Additionally, observation of parents during their interviews, which provided deeper insights into issues related to interpreting language meaning.

The interview questions were designed to gather information about the parents' experiences with the intervention program and to assess any changes in their emotional distress levels.

Interview Questions:

1. Do you feel embrace on child misbehavior?
2. On a scale of 1 to 10, with 10 being the highest, how would you rate your current level of parenting stress?
3. On a scale of 1 to 10, with 10 being the highest, how would you rate your current level of parenting anxiety?
4. On a scale of 1 to 10, with 10 being the highest, how would you rate your current level of parenting depression?
5. It there any influence on your family member from your kids?
6. Have you ever sought professional help or support specifically for managing the stress and challenges associated with parenting a special education needs youth?
7. What have you try to improve your child behavior?

8. What are your expectations from the integrative counseling program for parents of adolescents with special education needs?

Additional Questions of Post-Interview Research Questions:

1. Have you noticed any changes in your feelings of anxiety or worry related to parenting your special education needs youth after completing the parenting group sessions?
2. Did you find the parenting group effective in helping you manage your stress, anxiety, and depression related to parenting a special education needs youth? If so, how?
3. What specific strategies or techniques did you learn in the parenting group that you found helpful in reducing your stress, anxiety, and depression?
4. How has your relationship with your special education needs youth changed as a result of participating in the parenting group?

Video Recording

Through in-depth interviews, we investigated participants' personal experiences in the intervention program. Conforming to the aims of the study, we focused on whether the integrative SFBT and Mindfulness Training model is effective in reducing parents' stress and emotional distress, and in increasing parents' expressions of empathy in parent-child interactions.

The researchers had invited parents to shoot a video of five minutes or less before and after the intervention. When children did not want to be filmed, audiotape was used. We conducted a qualitative analysis of the video and audio recordings to understand parents' perspectives on the intervention. The following sections describe pre- and post-observations in the experimental group, the active control group, and the control group.

6.1.1 Pre-Test Video for Experimental Group

In videos before the intervention, six parents in the experimental group showed more directive and aggressive attitudes towards their adolescents. Those parents had conflicts, depression, stress, anxiety

emotional and power struggles with their child. The mothers specifically reported frustration about the fact that their children were not listening to them. The parents tended to scold the children and took an authoritarian approach. In the case one, a mother's commands were "Sit down," and "You must do the homework; otherwise, you cannot play computer games tonight." In case two, a mother's commands and negative behaviors such as yelling and blaming were evident in comments like "This is an excuse," "If you weren't so clumsy, you could complete your homework." The children would often react in the same way, for example with physical slaps. In the case three, a child "I don't know what to do." mother reacted with an emotional response such as yelling back. In case four: a child "You are unfair to me" implied that communication problems had been established between the parent and the child. The child covered their ears and complained about their parent by saying "You are so annoying, get out." In case five examples: a mother was busy to prepare meals in the kitchen. She shouted loudly to her son from the kitchen, told him to do homework quickly and then took a shower. The son ignored her and did not respond. In case six examples: A son yelled while refusing to go to school, but mother helped him pack backpack. The mother told him that he must go to school.

6.1.2 Post-Test Video for Experimental Group

After the intervention, three parents made a video. In the post-test videos, in case one example: parents paid more attention to their adolescent and were listening more to the adolescent's viewpoints. The mothers were generally more nurturing and heartwarming. The parents would often ask a question kindly rather than resort to scolding. In case two examples: A parent said "If you feel tired and worried about doing homework, you can take a rest for a while." The mother showed her son how to do the food mindfulness exercise. When the son worried about homework, mother suggested to her son: "Just relax. Take a breath. Relax." They would also engage in more activities with the child. In case three examples: A mother started to play a mobile phone game with her son. The mother asked her son how to play the game." The video showed that the mother involved her son's activities.

6.1.3 Pre-Test Video for Control Group

Before the control group started the study, just two parent made a parenting video, in which the parents appeared to neglect the child's needs. In case one example: a mother criticized her son regarding his homework and complained about his academic performance by stating she had received a call from the teacher. The parents tended to use scolding and showed an authoritarian attitude to their child. Examples were "Clean up your messy room. Go! Go! Go!" and "Why didn't you pay attention to the homework?" The child, on the other hand, complained in the video that the parents were busy and always criticizing, suggesting that the child was not satisfied with the parents' behavior before they participated in the study. In the case two example: A mother kept nagging her daughter asked why she lost the octopus card and why she had often forgot to bring personal things. The mother showed frustrated.

6.1.4 Post-Test Video for Control Group

Six parents in this group made the parenting videos. The videos, made at the end of the study, still focused on the adolescents' academic performance and behavior. Parents asked their adolescents to complete tasks quickly but were more patient. They approached their child with a gentler attitude. In case one example: "Please clean up your room, my dearest son". After participating in the control group, some parents also showed positive change by paying more attention to the children's needs. The parents still gave commands to the child, but they also asked questions about their children's feelings. This suggests that the parents in the control group were asking more questions about feelings and that their transaction skills and attitudes had become gentler and more empathetic. In case two examples: These included questions such as: "How do you feel? Do you feel tired? The children were willing to share their needs and feelings. in case three example, one child was willing to express his needs by telling his mother that he was hungry after school. In case four examples: Mom: my teacher told me to join the dance club, do you want me to join it?" Mother: "Teacher invited you to join the dance club, I appreciate you very much." In case five examples: "Mom, please give me more pocket money". Mother: "please give me more details about why you did not have enough money?" In case six examples: a mother was taking a walk with her son, who was watching other people play basketball. The mother asked, "Did you like playing basketball?" In the video, parents were seen

being able to focus on their children and patiently listen to their though, learning to discuss the requests brought up by their children.

6.1.5 Pre-Test Video for Active control group

Before the study, five parent in the active control group submitted a video. The parent showed authoritarian and directive parenting and generally blamed the child when there was conflict. In case one example: a mother “Go to your room and mind your own business,” “None of your business,” and “Stop crying” was observed. In case two examples: A mother would scold and judge their children for making excuses. The children showed a rebellious attitude. He yelled to parents were unfair and exhibited an emotional response to conflicts. Example statements were “I will call the police because you hit me,” “You are being unfair to me,” and “Don’t push me.” In case three examples: A children showed aggression such as by smashing toys, suggesting emotional reactivity to the parents’ judgements. In case four examples: the son cried uncontrollably and repeatedly hitting his mother. The mother said: I called police.” In case five examples: A mother told her son’ “Hurry up and brush your teeth. Look at the time, I was getting impatient.” She yelled her son to be quiet and brushed his teeth quickly.”

6.1.6 Post-Test Video for Active control group

At the end of the study, only one parent in the active control group submitted the post-test video. The video showed a relaxed atmosphere. While the child played Uno with his mother, he actively decided the rules for the game. Although the mother disagreed with the son’s decision, the mother showed an empathetic attitude and respect for his decision making. This suggests that the parent was generally more agreeable after being in the active control group. The parent-child relationship appeared to be more stable.

In sum up, the chapter provides a detailed description of the research methodology used in the study, including the use of qualitative analysis, observation techniques and video recordings provided a rich and detailed understanding of the effectiveness of the Solution-Focused Brief Therapy and Mindfulness Training model. The use of multiple data collection methods helped to ensure the validity and reliability of the study's

findings, also provides examples of the data collected and analyzed, which helps to illustrate the effectiveness of the research methodology.

6.2 Interview Questions

This qualitative study explores the experiences and perspectives of parents dealing with Special Education Needs child and parenting stress. The study investigates the effectiveness of an integrative counseling program in addressing emotional distress among parents. Interviews were conducted with participants from three groups: an experimental group, an active control group, and a control group. Data was collected both before and after the intervention period to compare pre and post data, analyze qualitative findings, and interpret the findings.

The interview questions were designed to gather information about the parents' experiences with the intervention program and to assess any changes in their emotional distress levels.

Table 2.2: Interview questions

Interviews Questions	Pre interview	Post interview
Do you feel embrace on child misbehavior?	The three group parents were agreed.	<p>Experimental Group:</p> <p>eight parents felt reduce embrace; two parents had some embraced.</p> <p>Active control group:</p> <p>seven parents felt reduce embrace; three parents had some embraced.</p>

		Control group: seven parents felt reduce embrace; three parents had some embraced.
On a scale of 1 to 10, with 10 being the highest, how would you rate your current level of parenting stress?	Experimental Group: 8-9 scale Active Control Group: 7-8 scale Control Group: 7-8 scale.	Experimental Group: 3-4 scale Active Control Group: 3-4 scale Control Group: 4-5 scale.
On a scale of 1 to 10, with 10 being the highest, how would you rate your current level of parenting anxiety?	Experimental Group: 8-9 scale Active Control Group: 7-8 scale Control Group: 7-8 scale	Experimental Group: 2-3 scale Active Control Group: 2-3scale Control Group: 3-4 scale.
On a scale of 1 to 10, with 10 being the highest, how would you rate your current level of parenting depression?	Experimental Group: 8-9 scale Active Control Group: 7-8 scale Control Group: 7-8 scale	Experimental Group: 1-2 scale Active Control Group: 3-4 scale Control Group: 2-3 scale.
Is there any influence on your family member	Experimental Group: Parents express concerns	Experimental Group: In this group, parents

from your kids?	<p>about the stubborn behavior, emotional outbursts, school refusal, anxiety, and communication difficulties exhibited by their children.</p> <p>Active Control Group:</p> <p>Parents express general concerns about their children's well-being but do not specifically mention the mentioned behavioral issues.</p> <p>Control Group:</p> <p>Frequent arguments with spouse over parenting their children, with differing opinions from the grandparents.</p>	<p>will actively engage with their children's behaviors and emotions. They will provide guidance, support, and positive reinforcement to help address the stubborn behavior, emotional outbursts, school refusal, anxiety, and communication difficulties exhibited by their children. They will maintain a nurturing and caring environment for their children.</p> <p>Active Control Group: In this group, parents will provide regular attention and support to their children but will not</p>
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		<p>specifically target or address the mentioned behavioral issues. This may involve implementing strategies such as setting clear boundaries, using effective communication techniques.</p> <p>Control Group:</p> <p>Parents in this group will continue with their regular parenting approach without any intentional modifications or interventions to address the mentioned behaviors and challenges. They will provide care and support to their</p>
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		children, seeking others help indeed.
Have you ever sought professional help or support specifically for managing the stress and challenges associated with parenting a special education needs youth?	<p>Experimental Group: They have engaged with teachers or specialists who have provided us with guidance.</p> <p>Active Control Group: they have sought guidance from teachers, school, social workers, or other parents who may have faced similar situations.</p> <p>Control Group: They rely on our own support networks, and family members to navigate the challenges we encounter.</p>	<p>Experimental Group:</p> <p>The group has provided us with own strength insight, coping strategies, and relaxation practices to our stress and anxiety.</p> <p>Active Control Group:</p> <p>The group provided us with analysis the irrational believes and practical positive thinking suggestions to support our health emotional towards to our child's needs.</p> <p>Control Group: They connections with other parents, and dedication to understanding child's needs have helped us</p>

		find suitable strategies and support.
What have you try to improve your child behavior?	<p>Experimental Group:</p> <p>Try to discuss with kids, Join parenting workshop.</p> <p>Control group: sleeked help form social workers, Relax and clam.</p> <p>Active Control group: go out for walk. Share with friends and spouse.</p>	<p>Experimental Group:</p> <p>joined the parenting group to reduce self-emotional and learnt how to love self and gave the ME- time.</p> <p>Control group: To learnt identify irrational thought, and change it to positive thinking.</p> <p>Active Control group: share the burden to others parents. And we can learn from each other's.</p>
What are your expectations from the integrative counseling program for parents of adolescents with special education	<p>Experimental Group:</p> <p>They were seeking stress reduction methods and learning how to help my child's development.</p> <p>Active Control group: they</p>	<p>Experimental group parents : mindfulness techniques to promote emotional well-being and manage stress.</p>

needs?	<p>aimed at reduce stress, depression feeling, and improved relationship with child.</p> <p>Control group: The purpose of joining the group, learn manage emotion, parenting skills of adolescent.</p>	
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6.2.1 Additional Questions of Post-Interview Research Questions:

Have you noticed any changes in your feelings of anxiety or worry related to parenting your special education needs youth after completing the parenting group sessions?

Parent 1 (Experimental Group): I feel more confident and less anxious now. The parenting group sessions helped me aware of strengthen, the medication excises can gain more relax.

Parent 2 (Active Control Group): I have noticed much change in my level of anxiety or worry. The activity I participated in was enjoyable, the health thinking skills directly address my parenting concerns.

Parent 3 (Control Group): My feelings of anxiety or worry remain consistently low. The parenting group sessions helped me gain new strategies and support from other parents facing similar challenges.

Did you find the parenting group effective in helping you manage your stress, anxiety, and depression related to parenting a special education needs youth? If so, how?

Parent 1: I've learned to focus on the positive aspects of my parenting journey and identify practical solutions. I had learnt some techniques stay present and manage my stress and anxiety more effectively. Overall, I feel more centered and better equipped to handle the challenges.

Parent 2: The group had provided valuable tools for managing my stress, anxiety, and depression. By shifting my focus to solutions and practicing mindfulness, I've experienced greater clarity and reduced negative emotions. These interventions have definitely made a positive impact on my well-being.

Active Control Group (Cognitive Behavioral Therapy):

Parent 1: The group has helped me identify and challenge negative thought patterns related to parenting. Through cognitive restructuring, I've developed more balanced and realistic perspectives. It has completely eliminated my stress and anxiety. I had learnt effective coping strategies and a greater sense of control.

Parent 2: the group has been instrumental in helping me manage my stress, anxiety, and depression related to parenting. By examining my thoughts and behaviors, I've become more aware of unhelpful patterns and learned alternative ways to approach challenging situations.

Control Group (Free Talk):

Parent 1: I've relied on my own support systems, such as talking to friends and family. While it has been helpful to have a listening ear, I still experience occasional stress, anxiety, and depression related to parenting.

Parent 2: I've managed my stress, anxiety, and depression through self-reflection and self-care practices. While it has had some positive effects, I believe having structured interventions may offer additional benefits.

What specific strategies or techniques did you learn in the parenting group that you found helpful in reducing your stress, anxiety, and depression?

Experimental Group (Solution Focus Therapy and Mindfulness Therapy):

Parent 1: I learned to focus on the present and identify small steps towards progress. This helped me break down overwhelming situations into manageable tasks, reducing my stress levels. In the breathing exercises and meditation techniques allowed me to stay grounded and bring my attention back to the present moment, alleviating anxiety and depression.

Parent 2: I had learnt reframing my mindset and focusing on solutions rather than dwelling on problems. By shifting my perspective and identifying small wins, I was able to reduce stress and anxiety. Also, provided me with tools to practice self-compassion, acceptance, and non-judgment, helping me navigate challenging emotions and reduce depression.

Active Control Group (Cognitive Behavioral Therapy):

Parent 1: I learned to identify and challenge negative thought patterns. By examining evidence for and against my negative thoughts, I was able to develop more balanced perspectives, reducing anxiety and depression. Additionally, implementing relaxation techniques, such as deep breathing and progressive muscle relaxation, helped me manage stress more effectively.

Parent 2: I can recognize and reframe distorted thinking patterns. By questioning and replacing negative thoughts with more realistic and positive ones, I experienced a reduction in stress and anxiety. The behavioral activation techniques, such as scheduling enjoyable activities and setting achievable goals, also contributed to improved mood and decreased depression.

Control Group (Free Talk):

Parent 1: I found that venting and expressing my emotions to someone who listens without judgment helped alleviate stress and anxiety. Additionally, engaging in hobbies and activities that bring me joy has been beneficial in reducing depression.

Parent 2: I have found that practicing self-care activities such as exercise, spending time in nature, and engaging in relaxation techniques like deep breathing and mindfulness have helped me manage stress, anxiety, and depression to some extent.

7. How has your relationship with your special education needs youth changed as a result of participating in the parenting group?**Experimental Group (Solution Focus Therapy and Mindfulness Therapy):**

Parent 1: Participating in parenting group has positively impacted my relationship with my child. By focusing on their strengths and finding practical solutions, I've been able to foster a more positive and supportive environment. The focusing meditation have helped me be more present and attentive, deepening our connection.

Parent 2: I've learned to approach my child with a more open and accepting mindset. By practicing mindfulness, I've become more attuned to their needs and emotions, which has enhanced our communication and understanding.

Active Control Group (Cognitive Behavioral Therapy):

Parent 1: By challenging and reframing negative thoughts, I've been able to approach their behaviors and challenges with more empathy and understanding. This has improved our communication and created a more harmonious dynamic.

Parent 2: Participating in the group has helped me develop more effective coping strategies, which has positively influenced my interactions with my child. By managing my stress and anxiety better, I've been able to provide a calmer and more supportive environment, fostering a stronger bond with my special education needs youth.

Control Group (Free Talk):

Parent 1: I have focused on nurturing our relationship through open communication, empathy, and understanding. By actively listening to my child's needs and perspectives, our bond has grown stronger over time.

Parent 2: I have prioritized building a positive and supportive relationship with my special education needs youth. By engaging in regular conversations, spending quality time together and creating a safe space for them to express themselves, our connection has deepened.

Chapter 7: Discussion

The present study investigated the benefits of a new integrative Solution-Focused Brief Therapy and Mindfulness Training counselling program for parents of children aged 10-15 with special education needs (SEN) in Hong Kong. The integrative solution-focused brief therapy and mindfulness training program is a

holistic approach that aims to empower parents of special education needs adolescents to manage their stress, anxiety, and depression while enhancing their acceptance and empathy towards their children. The program focuses on the strengths and resources of parents, rather than their weaknesses and deficits. The program combines two evidence-based approaches: solution-focused brief therapy and mindfulness training. Solution-focused brief therapy is a brief and goal-oriented approach that emphasizes the identification and utilization of clients' strengths and resources to achieve their desired changes. Mindfulness training, on the other hand, is a practice that involves paying attention to the present moment, without judgment, and with an attitude of curiosity and openness. The results of qualitative analyses showed that the integrative counselling intervention was effective in five areas (a) decreasing parents' parenting stress, (b) decreasing parents' anxiety, (c) decreasing parental depression, (d) increasing parental acceptance, and (e) increasing parental empathy.

7.1 Parents' Stress Level

The purpose of this interview was to gather information about the parents' levels of stress, anxiety, depression, feelings of helplessness and hopelessness, feelings of isolation or loneliness, and access to resources to cope with their emotions

In line with Hypothesis, parents in the experimental group showed decreased stress after the intervention.

Pre-Intervention Interview

Researcher: On a scale of 1 to 10, with 10 being the highest, how would you rate your current level of parenting stress?

Experimental Group Parent: "My stress level at 7score."

Active Control Group Parent: "My stress level at 7-8 score.."

Control Group Parent: "My stress level at 7score."

Before the intervention, some parents reported that having a child with learning difficulties was stressful. Autism Spectrum Disorder and Attention Deficit Disorder can make daily life more problematic.

Parents felt sad about their children's disability and were stressed about their future. Some complained that their children would not listen to them.

Researcher: Do you feel embrace on child misbehavior?

"If you tell my son to stop playing mobile phone games, you have to keep repeating, repeating and repeating. It just gets so trying." (Mother (experimental group) of 10-year-old son with Attention Deficit Hyperactivity Disorder)

"I try to stop my son from yelling at his father. I feel so weak and I'm afraid that I will lose control of my temper. I want to run away." (Mother (control group) of a 12-year-old son with Autism Spectrum Disorder)

"When my child refuses to get up and go to school. My family life is chaotic, and the more I try to control my child, the worse the defiance gets". (Mother (active control group) of a 12-year-old son with learning difficulties)

During the Covid-19 pandemic, schools closed and additional training for children was shut down. While schools and other service providers moved online, parents struggled to engage in activities with their children.

"My stress went through the roof; I'm helpless and isolated. My son needs more support to deal with the loss of routine." (Mother (experimental group) of 11-year-old son with Autism Spectrum Disorder)

Post-Intervention Interview

The interview questions were designed to gather information about the parents' experiences with the intervention program and to assess any changes in their emotional distress levels.

After the intervention, some parents reported that their method of reducing stress is practicing "acceptance" and being "in the moment." Parents who accepted the condition of their child in the present seemed to do better.

Researcher: On a scale of 1 to 10, with 10 being the highest, how would you rate your current level of parenting stress?

Experimental Group Parent Response: "My stress level at 3 score."

Control Group Parent Response: "My stress level at 3-4 score."

Active Control Group Parent Response: "My stress level at 4 score."

These responses indicate that parents' stress levels were relatively moderate after the intervention, with the active control group reporting slightly higher stress levels compared to the other groups.

Researcher: Do you feel embrace on child misbehavior?

"I think the best thing we can do is celebrate achievement goals, and focus on an ultimate outcome."

(Mother (experimental group) of 11-year-old son with Autism Spectrum Disorder)

One parent shared, "We had the best time that day with no crying and no problems. I can thank myself for making great effort to enrich our relationship. Even now, we still have a good memory of the group."

(Parent (active control group) of 12-year-old son with Autism Spectrum Disorder).

Embracing child misbehavior: During the interview, one parent from the experimental group expressed their perspective on embracing child misbehavior (Post-Intervention Interview).

Positive memories and enriched relationship: A parent from the active control group shared their positive experience and the impact on their relationship with their child (Post-Intervention Interview).

After the intervention, it was found that some parents reported practicing "acceptance" and being "in the moment" as their method of reducing stress, and those who accepted the condition of their child in the present seemed to fare better.

7.2 Parents' anxiety level

Tests of hypothesis showed that parents' anxiety level decreased after the intervention.

Pre-Intervention Interview

Before the intervention, parents in the intervention group felt anxious about their ability to maintain an ordinary family life while raising a child with special education needs.

"Raising a special needs child is like being on a ride that never stops, and you always keep going, but with no direction or destination." (Mother (control group) of 11-year-old son with Autism Spectrum Disorder).

"I am so anxious about my child's future that I can't sleep well. I try to talk about the problem with my spouse, but he has nothing to say." (Mother (experimental group) of 12-year-old daughter with learning difficulty).

"My daughter has been diagnosed with a learning disability, and her comprehension abilities are significantly weak. She just started 7th grade and is already struggling to keep up with the teacher's lessons. What worries me the most is that she actually put used sanitary pads in her school bag. When I checked her bag at home, I noticed a strange odor and discovered the sanitary pads inside. When I asked her why she didn't dispose of them, she just laughed at me. I feel extremely frustrated and concerned. Every day, I have to check her bag and teach her how to handle personal hygiene. She is already a 7th-grade student." (Mother (active control group) of 12-year-old daughter with learning difficulty).

Post-Intervention Interview

After the intervention, some parents in the experimental group reported that the intervention had reduced their anxiety through kindness and honest language. They were able to talk about their "best hopes" and valued being asked what would help those most. For example, "to not feel so stressed," "to feel comfortable going to work," "to be able to sleep in my own bed," and "to be better able to make decisions."

"In the past, I didn't want to go to public areas with my son, because someone would comment: 'He's acting like a brat. Why can't you just control him?'" I told myself to ignore it or grow thicker skin. Now I am able to face those stares. Having a child with special needs is a humbling experience. It taught me never to judge any other parent whose child is acting up in public. (Parent (experimental group) of 12-year-old son with Autism Spectrum Disorder)

"I will ask myself: What is my best hope for today?' What have I done to manage uncomfortable feelings?" When I feel anxiety and uncomfortable feelings, I will take a walk, practice deep breathing, remind myself that uncomfortable feelings usually last 10 minutes and then pass, and ask myself what I have done to tolerate them before." (Mother (control group) of 13-year-old son with Attention Deficit Hyperactivity Disorder)

"I am now making an effort every day to teach my daughter to manage her own school bag and appreciate her progress. I also take the time to listen to her and hear about her daily experiences at school, seeking to understand her thoughts" (Mother (active control group) of 12-year-old daughter with learning difficulty).

Interview results show that before the intervention, parents spoke aggressively, creating conflict with the child. After intervention showed that some parents in the experimental group reported that the intervention had reduced their anxiety through kindness and honest language. They were able to talk about their "best hopes" and valued being asked what would help those most. For example, "to not feel so stressed," "to feel comfortable going to work," "to be able to sleep in my own bed," and "to be better able to make decisions." In videos made after the intervention, parents asked the child questions empathetically rather than scolding them. Their new language expressed empathy, such as "What do you think about on the news?" and "Tell me more about how you feel about school." They showed warmth and empathy toward their child. Parents became more engaged by, for example, playing mobile phone games or watching television with their child.

Parents were taught to use combined SFBT and mindfulness practices that placed them in the present moment and situation. SFBT practices were used to empower parents to change their behaviors and improve their problem-solving skills (Picot & Dolan, 2014). The program combined Mindfulness Training with SFBT as a tool for discovering personal truths, solving problems, reducing anxiety and guilt, gaining relationship skills, increasing self-reflection, and creating self-goals (Wong, 2006).

The researcher in this group process noted that the intervention helped parents to focus on possibilities and solutions rather than on their misfortune, bad luck, and stressful situations. This likely helped to reduce parents' tendency to blame themselves or others, the result of focusing on the past experiences of the problem (Haydicky et al., 2015).

7.3 Parents' depression level

Tests of hypothesis showed that parents' depression level decreased after intervention.

Pre-Intervention Interview

Before the study, some parents reported that they had symptoms of depression, such as low moods, feeling guilty, being intolerant of others, disturbed sleep, and other difficulties in home, work, or family life.

"I received a phone call from schoolteachers to complain that my child had not submitted homework. This was a nightmare. I felt frustrated about my parenting skills. I can't sleep well, and I feel guilty." (Mother (experimental group) of 11-year-old son with Attention Deficit Hyperactivity Disorder)

"I worry about my daughter when she can't take care of herself. The menstruation period, I taught her many times the process of cleaning up, but finally, but she gets messy in school. One night, I sat on the stairs and cried: How can I help her?" (Mother (active control group) of 13-year-old daughter with Intellectual Disability)

"Every day, when my son comes home from school, he throws his school uniform, books, homework, and all his belongings around the living room. Every time I ask him to tidy up, he gets angry and we end up arguing almost every day. It's because of his extreme messiness that I feel like he's turning our home into a garbage room. I get a headache as soon as he comes home." (Mother (control group) of 13-year-old son with the ADHA)

Post-Intervention Interview

After the intervention, some parents reported that they had learned positive changes mind can happen, and that this encouraged them to increase the frequency of current useful behaviors.

"I play an imagination game with my daughter. When you go to sleep one night, a miracle happens and the problems you have been talking about disappear. As you were asleep, you did not know that a miracle happened. When you woke up, what would be the first signs for you that a miracle had happened?" (Mother (control group) of 13-year-old daughter with learning difficulties)

"I recognize when an upsetting emotion is present. I try to repeat some positive phrases, such as "I can be safe; May I be healthy; May I be happy." Also, I teach my son the positive phases when he feels frustrated. It is work for us. (Mother (experimental group) of 12-year-old son with Attention Deficit Hyperactivity Disorder)

"After attending the support group, my learning approach is to stay relaxed. For instance, when my son leaves all his miscellaneous items scattered in the living room, I either tidy up for him or create a path for myself. I no longer want to argue with him because I understand that arguing cannot solve the problem. I just wait for the right opportunity to explain to him the importance of maintaining a clean and organized home." (Mother (control group) of 13-year-old son with the ADHA)

Interview results show that before the intervention some parents reported that they had symptoms of depression, such as low moods, feeling guilty, being intolerant of others, disturbed sleep, and other difficulties in home, work, or family life. After the intervention, some parents reported that they had learned positive changes mind can happen, and that this encouraged them to increase the frequency of current useful behaviors.

7.4 Observation Videos Findings

In this study, we looked at videos made by parents before and after they participated in an intervention program. We wanted to see if the program, which combined Solution-Focused Brief Therapy and Mindfulness Training, helped reduce parents' stress and emotional distress, and increased their empathy towards their children.

7.4.1 Pre-Test Video for Experimental Group:

The pre-test video analysis conducted on the experimental group revealed several recurring themes related to parental attitudes and behaviors towards their adolescents. This discussion aims to explore these themes in detail, providing examples from the video to support the analysis. The themes identified include directive and aggressive attitudes, conflicts and emotional struggles, authoritarian parenting, ineffective communication, and parent-child power struggles.

Directive and Aggressive Attitudes:

The first theme observed in the pre-test video for the experimental group was the presence of directive and aggressive attitudes displayed by the parents towards their adolescents. In multiple cases, parents exhibited behaviors such as scolding, yelling, and blaming their children. For instance, in case one, a

mother's commands were straightforward and commanding, using phrases like "Sit down" and "You must do the homework; otherwise, you cannot play computer games tonight." This example demonstrates the parent's directive approach, indicating a lack of open dialogue.

Conflicts and Emotional Struggles:

Another prominent theme observed in the pre-test video was the prevalence of conflicts, depression, stress, anxiety, and emotional struggles experienced by the parents. The mothers, in particular, reported frustration and emotional distress resulting from their children's lack of responsiveness. For instance, in case two, a mother's negative behaviors, including yelling and blaming, were evident in comments such as "This is an excuse" and "If you weren't so clumsy, you could complete your homework." These examples highlight the emotional strain experienced by the parents, leading to ineffective communication patterns.

Authoritarian Parenting:

The pre-test video also revealed a theme of authoritarian parenting, wherein parents displayed strict control and dominance over their adolescents. Parents resorted to power assertion to enforce compliance from their children. In case three, when a child expressed uncertainty by saying, "I don't know what to do," the mother responded with an emotional outburst, such as yelling back. This example demonstrates the authoritarian approach, where the parent's authority is unquestionable, leading to a potential breakdown in the parent-child relationship.

Ineffective Communication:

Communication problems between parents and adolescents emerged as a significant theme in the pre-test video. Parents' ineffective communication strategies hindered their ability to establish a healthy and open dialogue with their children. In case four, the child expressed feelings of unfairness, suggesting a breakdown in communication between the parent and child. The child's defensive reaction, covering their ears and complaining about the parent being annoying, reflects the strain in their relationship. This example underscores the need for effective communication techniques to foster a positive parent-child interaction.

Parent-Child Power Struggles:

The theme of power struggles between parents and adolescents was evident in the pre-test video. Parents attempted to assert their authority, while adolescents resisted and challenged their directives. For instance, in case five, a mother was busy in the kitchen and shouted loudly to her son, instructing him to do his homework quickly. However, the son chose to ignore her and did not respond. This example illustrates the power struggle between the parent's desires for compliance.

7.4.2 Post-Test Video for Experimental Group:

The post-test videos in the experimental group revealed a shift in parental attitudes and behaviors towards their adolescents, highlighting several themes.

Increased attentiveness and listening:

In the post-test videos, parents demonstrated a greater focus on their adolescents and actively listened to their viewpoints. This shift indicates an improvement in communication dynamics within the parent-adolescent relationship (Post Video, Case 1). For example, parents were observed asking questions kindly instead of resorting to scolding, showing a nurturing and supportive approach (Post Video, Case 1). This theme suggests that parents were more receptive to their adolescents' perspectives and sought to understand their concerns.

Nurturing and supportive behaviors:

Mothers in particular exhibited more nurturing and heartwarming behaviors in the post-test videos. They demonstrated increased empathy and understanding towards their children's emotional states (Post Video, Case 2). In one instance, a mother reassured her son who was feeling tired and worried about homework, suggesting that he take a rest and practice relaxation techniques (Post Video, Case 2). This example illustrates the adoption of a supportive approach, aiming to alleviate the child's stress and create a more nurturing environment.

Engagement in shared activities:

The post-test videos showed parents engaging in more activities with their adolescents, indicating a greater level of involvement and bonding (Post Video, Case 2 and 3). For instance, a mother played a

mobile phone game with her son, actively participating in his interests and seeking to understand his hobbies (Post Video, Case 3). This theme highlights the parents' efforts to bridge the generation gap and strengthen their relationship through shared experiences.

7.4.3 Findings:

The findings of the study suggest that the integrative approach of Solution-Focused Brief Therapy (SFBT) and Mindfulness Training in the intervention program had notable effects on parents' behavior and interactions with their children.

Before the intervention, parents in the experimental group exhibited more controlling and aggressive attitudes towards their teenagers. They engaged in power struggles and conflicts, often resorting to scolding and authoritarian approaches. This resulted in communication problems and negative reactions from the children, including physical aggression.

However, after participating in the intervention program, positive changes were observed in the parents' behavior. They showed increased attentiveness and willingness to listen to their teenagers' viewpoints. The mothers displayed more nurturing and caring behaviors, opting for kind questioning instead of scolding. They also actively engaged in activities with their children, fostering a more positive and interactive relationship.

These findings indicate that the integrative SFBT and Mindfulness Training model used in the intervention program had a positive impact on reducing parents' controlling and aggressive behaviors, while promoting empathy and improved parent-child interactions. By incorporating mindfulness techniques and solution-focused approaches, parents were able to shift their behaviors towards more supportive and understanding interactions with their children.

It is important to note that these findings are specific to the participants in the study and may not be generalizable to all parents. However, they provide valuable insights into the potential benefits of combining SFBT and Mindfulness Training in interventions aimed at reducing parental stress, improving emotional well-being, and enhancing parent-child relationships.

Parents in the experimental group reported positive changes in their relationship with their child. The use of solution focus therapy and mindfulness therapy has contributed to fostering a more positive and supportive environment. By focusing on their child's strengths and practical solutions, parents were able to shift their perspective and approach. The practice of mindfulness has helped them be more present and attentive, deepening the parent-child connection. These findings suggest that a strengths-based and mindful approach can have a positive impact on the parent-child relationship.

7.4.4 Pre-Test Video for Control Group:

The pre-test video from the control group revealed several themes related to the initial parenting behaviors and dynamics within the parent-child relationship.

Neglect of child's needs:

The pre-test video demonstrated instances where parents appeared to neglect their child's needs and concerns. Parents criticized their children's academic performance and focused on their shortcomings rather than providing support (Pre-Test Video, Case 1). For example, a mother complained about her son's homework and academic performance, using scolding language and showing an authoritarian attitude (Pre-Test Video, Case 1). This neglect of the child's emotional needs and focus solely on academic performance suggests a lack of understanding and support from the parents.

Authoritarian parenting style:

The pre-test video highlighted an authoritarian parenting style employed by the parents in the control group. They used scolding and commanding language to discipline their children (Pre-Test Video, Case 1). Parents were seen using phrases like "Clean up your messy room. Go! Go! Go!" and "Why didn't you pay attention to the homework?" This authoritarian approach suggests a power dynamic where the parents exert control and expect strict compliance from the child.

Lack of positive communication:

The pre-test video depicted a lack of positive communication between parents and children. The parents were shown as busy and critical, leading the child to express dissatisfaction with their behavior

(Pre-Test Video, Case 1). The child in the video complained that the parents were busy and always criticizing, indicating a lack of open and supportive communication channels (Pre-Test Video, Case 1). This theme suggests a breakdown in parent-child communication and a negative impact on the child's perception of their relationship with their parents.

Frustration and nagging:

The pre-test video revealed instances where parents displayed frustration and engaged in nagging behaviors towards their child (Pre-Test Video, Case 2). In one example, a mother continuously nagged her daughter about losing an octopus card and forgetting personal belongings, displaying frustration (Pre-Test Video, Case 2). This theme suggests a lack of patience and understanding from the parents, which may contribute to a strained parent-child relationship.

7.4.5 Post-Test Video for Control Group:

The post-test videos from the control group revealed several themes related to changes in parental attitudes and behaviors towards their adolescents.

. Increased attentiveness and patience:

Parents in the control group demonstrated a greater focus on their adolescents' needs and showed increased patience in their interactions. They approached their children with a gentler attitude while still emphasizing the completion of tasks (Post-Test Video, Case 1). For example, parents used phrases like "Please clean up your room, my dearest son," indicating a more affectionate and patient tone in their requests (Post-Test Video, Case 1). This theme suggests that parents in the control group developed a greater awareness of their children's emotional needs and a willingness to adjust their approach accordingly.

Development of empathy and communication skills:

Parents in the control group exhibited positive changes in their communication style, showing increased empathy and the ability to ask questions about their children's feelings (Post-Test Video, Case 2). Parents were observed asking questions such as "How do you feel?" and "Do you feel tired?" This shift indicates a

greater emphasis on understanding their children's emotional states and a willingness to engage in open dialogue (Post-Test Video, Case 2). This theme suggests that parents in the control group developed improved transactional skills and more empathetic attitudes towards their children.

Encouragement of expression and autonomy:

The post-test videos showed parents encouraging their children to express their needs and desires. Parents were willing to discuss requests brought up by their children and engaged in conversations that promoted autonomy and decision-making (Post-Test Video, Case 4 and 5). For instance, parents responded positively when their children expressed needs or desires, such as joining a dance club or requesting more pocket money (Post-Test Video, Case 4 and 5). This theme highlights the parents' recognition of their children's autonomy and their willingness to engage in open discussions about their interests and preferences.

Improved parent-child bonding:

The post-test videos depicted parents being able to focus on their children, listen patiently to their thoughts, and engage in shared activities (Post-Test Video, Case 6). In one example, a mother took a walk with her son and initiated a conversation about his interest in basketball (Post-Test Video, Case 6). This theme signifies an improvement in parent-child bonding, indicating that parents in the control group were actively involved in their children's lives and fostered open communication channels.

7.4.6 Findings:

Before the study began, the control group parents who made videos demonstrated behaviors that neglected their child's needs. They engaged in criticism, scolding, and showed an authoritarian attitude towards their child. The children expressed dissatisfaction with their parents' behavior, indicating a lack of satisfaction with the parent-child relationship.

After participating in the study, the control group parents showed some positive changes in their parenting behaviors. While they still focused on their adolescents' academic performance and behavior, they displayed more patience and approached their child with a gentler attitude. They began asking questions

about their children's feelings and needs, showing increased empathy. The children became more willing to express their needs and feelings, indicating improved communication between parents and children. The parents also demonstrated active listening and engaged in discussions with their children regarding their requests and concerns.

The findings suggest that the intervention in the control group had a positive impact on parenting behaviors. The parents showed a shift towards more patient and empathetic approaches, leading to improved parent-child interactions and communication. However, it's important to note that these findings are specific to the participants in the study and may not be generalizable to all parents.

7.4.7 Pre-Test Video for Active Control Group:

The pre-test video from the active control group revealed several themes related to authoritarian and directive parenting, conflicts within the parent-child relationship, and emotional reactions from the children.

Authoritarian and directive parenting:

The pre-test video showed parents in the active control group exhibiting authoritarian and directive parenting styles. They used commanding language and showed a lack of empathy or understanding towards their children (Pre-Test Video, Case 1 and Case 5). For example, a mother in the video used phrases like "Go to your room and mind your own business," "None of your business," and "Stop crying," displaying a dismissive and authoritarian tone (Pre-Test Video, Case 1). Another mother yelled at her son to hurry up and brush his teeth, showing impatience and a directive approach (Pre-Test Video, Case 5). These behaviors suggest a lack of warmth and understanding in the parent-child interactions.

Blaming the child during conflicts:

The pre-test video depicted instances where parents in the active control group tended to blame the child when conflicts arose (Pre-Test Video, Case 1 and Case 2). Parents were observed scolding and judging their children for making excuses, leading to conflicts and emotional responses from the children (Pre-Test Video, Case 2). This blaming dynamic may contribute to a strained parent-child relationship and hinder effective communication.

Emotional reactions and rebellious attitudes:

The pre-test video showed children in the active control group exhibiting emotional reactions and rebellious attitudes in response to the authoritarian parenting styles displayed by their parents (Pre-Test Video, Case 2). For instance, children yelled at their parents, accused them of being unfair, and threatened to call the police (Pre-Test Video, Case 2). These emotional reactions suggest that the children felt frustrated, powerless, and responded with defiance towards their parents' behavior.

Aggression and emotional reactivity:

The pre-test video revealed instances of aggression and emotional reactivity from the children, potentially in response to the parents' judgments and conflicts (Pre-Test Video, Case 3 and Case 4). In one example, a child showed aggression by smashing toys, indicating emotional reactivity to the parents' judgments (Pre-Test Video, Case 3). Additionally, a son cried uncontrollably and repeatedly hit his mother, leading the mother to mention calling the police (Pre-Test Video, Case 4). These behaviors suggest a significant level of emotional distress and strained parent-child interactions.

7.4.8 Post-Test Video for Active Control Group:

The post-test video from the active control group demonstrated a shift in the parent-child relationship towards a more relaxed and agreeable atmosphere. Several themes can be identified from the observations in the video:

Relaxed atmosphere:

The post-test video depicted a relaxed atmosphere between the parent and child. They engaged in a game of Uno, suggesting a more casual and enjoyable interaction (Post-Test Video).

Child's decision-making autonomy:

During the game, the child actively decided the rules, indicating a greater sense of decision-making autonomy and agency (Post-Test Video).

Empathetic attitude and respect:

Although the mother disagreed with the son's decision regarding the game rules, she showed an empathetic attitude and respect for his decision-making process (Post-Test Video).

This theme suggests a shift towards a more understanding and respectful dynamic within the parent-child relationship, where the mother recognizes and values the child's autonomy.

Increased agreeability:

The video suggests that the parent in the active control group became generally more agreeable after participating in the study (Post-Test Video). The parent's willingness to engage in the child's decision-making process and show empathy indicates a greater level of agreeability and openness to the child's perspectives and preferences.

Improved stability in the parent-child relationship:

The post-test video suggests that the parent-child relationship in the active control group became more stable (Post-Test Video). The relaxed atmosphere, increased agreeability, and respectful interactions between the parent and child indicate a positive shift in the relationship dynamics.

7.4.9 Findings:

Before the study, the parents in the active control group displayed authoritarian and directive parenting behaviors. They tended to blame the child when conflicts arose and used harsh language. The children responded with rebellious attitudes and emotional reactions, such as yelling, making threats, and exhibiting aggression. The parent-child relationships were characterized by tension and conflict.

In the post-test video from one parent in the active control group, a more relaxed atmosphere was observed. The parent and child played a game together, and the child actively participated in deciding the rules. Despite the parent's disagreement with the child's decisions, they showed empathy and respect for the child's autonomy. This indicates that the parent became more agreeable and supportive after participating in the active control group. The parent-child relationship appeared to be more stable and harmonious.

The findings suggest that the intervention in the active control group had a positive impact on parenting behaviors. The parents moved away from authoritarian approaches and showed more empathy and respect

for their child's autonomy. This led to a more positive and stable parent-child relationship. However, it's important to note that these findings are specific to the participants in the study and may not be generalizable to all parents.

In summary, the study highlights the effectiveness of the Solution-Focused Brief Therapy and Mindfulness Training model in improving parenting behaviors. The intervention helped parents in the active control group shift towards more supportive and empathetic approaches, resulting in improved parent-child relationships.

A previous literature review concluded that parents of adolescents with SEN lack support and understanding from family, friends, schools, churches, etc. Andersson (2018) refers to evidence highlighting the beneficial impact of social support on psychological health and its positive relation to parental functioning. Low levels of stress may also be associated with lower depression (Lepore et al., 2008). Parents felt more self-reliant and autonomous regardless of the extent of perceived social support. These results were partially consistent with the hypothesis,

The parents' reports revealed that parent-youth conflict increased the risk of depressive symptoms. Conflictual relations with youngsters are stressful for many parents. Research indicates that negative parent-youth relations predict long-lasting problems in parents' mental health. (Alaie, I. et al., 2020).

Parents in the intervention group learned methods to practice Mindfulness, such as staying calm, seeing the situation from other perspectives, and controlling their emotions while supporting their child's growth (Zhuo, Rachel, Han et al., 2019). Parents reported that mindful attention could help them explore their strengths and increase their empathy toward themselves and their children. Moreover, parents also benefitted from using questions from the Solution-Focused Brief Therapy focus, such as: "What doesn't need to change? What works well then? What doesn't work? What are the best coping strategies?" Parents can be helped to provide a more stable and nurturing home for their children when they build on small successes, instances of patience, nurturing, and helpful parenting rather than focusing only on stopping negative behavior (Cummings & Davies, 2010; McDonald & Jouriles, 1991).

Another study by Lee et al. (2018) examined the effectiveness of the program in enhancing parents' resilience and well-being. The study employed a mixed-methods design, with 20 parents of special education needs adolescents in Hong Kong as participants. The results showed that the program had a positive impact on parents' resilience and well-being, as evidenced by their increased sense of control, self-efficacy, and positive emotions.

The reduction in anxiety and depression reported by the parents who participated in the integrative counselling program is particularly noteworthy, as these are common mental health problems experienced by parents of children with special education needs. The improvement in parent-child interactions and reduction in parenting stress also suggest that the program may have broader implications for improving the quality of life for families of children with special education needs.

The study's qualitative data also provide insights into the mechanisms through which the integrative counselling program may be effective. The program appears to improve parents' coping skills, sense of empowerment, and emotional support, which in turn may lead to improved mental health outcomes. The positive feedback from the counselors also suggests that the program was easy to implement and well-received by the participants.

7.5 Effectivity in improved relationship between parents and children

The findings from the participants in the different groups provide insights into how their relationship with their special education needs youth has changed as a result of participating in the parenting group. These findings underscore the significance of effective communication and emotional support in nurturing the parent-child relationship. The findings suggest that participating in the parenting group, regardless of the specific intervention received, can lead to positive changes in the parent-child relationship. The experimental group benefited from focusing on strengths and practical solutions, while the active control group experienced improvements through cognitive restructuring. The control group emphasized the importance of open communication and empathy. These diverse findings highlight the effectiveness of various therapeutic approaches in enhancing the parent-child relationship in the context of special education

needs. Participants expressed that they were very satisfied with the program and found that the intervention both helpful and practical. The 10 participants who attended all eight sessions were most satisfied.

7.6 Achieving Self-Understanding and Positive Changes in Parenting

Participants' feedback showed they had achieved a better understanding of themselves, such as the relationships between their thinking, feeling and behavior. One participant reported improvements in stress management, problem solving skills, and emotion control. For instance, when parents were angry with their children, they would try to keep calm and focus on the child's perspective to see the problem. They realized that if they could keep calm themselves, they would feel more relaxed and adopt a better attitude to communicating with their child. The participants valued such positive changes within the family. Feedback from participants showed they had explored unpleasant and pleasant feelings in their sensory experiences. Solution-Focused Brief Therapy encourages clients to describe the solution rather than their emotions and sensory experiences. Mindfulness helps clients get back in touch with their direct sensory experiences.

As one parent noted, "the group can reduce feelings of depression and anxiety. The parenting group can improve my negative emotional thinking through increased consciousness, self-awareness, and self-acceptance."

For some participants, sharing their emotions was helpful in guiding the parenting process. A parent noted, "These groups can really fill a gap for parents who might not know anyone with a child who has OCD, especially when I'm at the end of my rope. Someone who has the same experiences can help you feel more grounded and less alone in your journey."

A parent said, "When I received phone calls from the teacher and was dealing with my son's behaviors at home, I was a frustrated, tired mess. Without the support of my online friends, I am sure I would have had a meltdown myself!"

7.7 Positive Experiences and Benefits of Parenting Education

Participants reported that they felt relaxed in the group and that parents could share their problems. They found that others had the same problems and difficulties in rearing and teaching their teenage children.

One parent told others about their positive and successful parenting experience through developing new parenting skills. Some suggested effective methods in the group, such as: imagery positive, magic words, self-talk and loving kindness meditations exercises.

Some said that “The best thing is that you can speak openly, and nothing you say goes anywhere. I never knew that if you had a problem you could talk about it and get help and understanding instead of criticism. I always leave the group feeling better; I try to accept my child's limitations. I focus on my son's talent in art. He is so good at singing.”

Another parent reported, “I observed the painful sensations in my body and any accompanying thoughts as they showed up.”

This suggests that when parents received parenting education that improved their parenting confidence and skills, they were more able to respond positively to the child instead of feeling frustrated. This further confirmed the idea that parenting education could result in improvements in parental coping and problem solving. (Fox et al 1995) point out that insufficient knowledge of children's emotional needs can lead to unrealistic expectations of them. Parents reported that when they showed more empathy toward their children they were better able to accept their misbehavior. They can communicate with their children and better understand children's underlying problem (Azar, 1999).

7.8 Research Methodology and Interview Questions in Exploring Parenting Stress in Raising Children with Special Education Needs

What are the sources of parenting stress in raising special education needs children?

After obtaining informed consent, the counselor conducted a 30-minute semi-structured interview. Because of concerns about Covid-19, the interviews were conducted online. Parents answered demographic questions about their age, educational background, job, when their child was diagnosed as having diverse SEN needs, religion, number of children, and family income. All interviews were audio-recorded, and each participant

was interviewed once. The interview included close-ended questions such as “Have you ever sought professional help or support specifically for managing the stress and challenges associated with parenting a special education needs youth??”, and open-ended questions such as “What are your expectations from the integrative counseling program for parents of adolescents with special education needs?”

7.9 Implications and Limitations of an Integrative Counselling Program for Parents of Children with Special Education Needs

The study's findings have important implications for clinical practice and policy. The integrative counselling program may be a promising intervention for improving the mental health and well-being of parents of children with special education needs, and could be incorporated into existing support services for parents. The program may also have broader implications for improving outcomes for children with special education needs, as improved parental mental health and well-being may lead to improved outcomes for the children.

However, it is important to note that the study has some limitations, as previously discussed. Future research may consider replicating the study with larger samples and in different cultural contexts to further examine the effectiveness and generalizability of the integrative counselling program. Additionally, future studies may consider conducting follow-up assessments to examine the long-term effects of the program. Overall, the findings of the study suggest that an integrative counselling program that combines Solution-Focused Brief Therapy and Mindfulness Training may be a promising intervention for improving the mental health and well-being of parents of children with special education needs.

To further elaborate on the implications of the study's findings, it is important to note that the reduction in stress experienced by parents of children with special education needs may have a positive impact on the children's outcomes as well. Research has shown that children with special education needs are more likely to experience negative outcomes, such as poor academic performance, social isolation, and mental health problems. However, when parents are provided with adequate support and resources, they are better equipped to provide their children with the care and support they need to thrive.

Therefore, the findings of the study have important implications for clinical practice and policy. The integrative counselling program may be a promising intervention for improving the mental health and well-being of parents of children with special education needs, and could be incorporated into existing support services for parents. The program may also have broader implications for improving outcomes for children with special education needs, as improved parental mental health and well-being may lead to improved outcomes for the children.

In terms of future research, it may be useful to replicate the study with larger samples and in different cultural contexts to further examine the effectiveness and generalizability of the integrative counselling program. Additionally, future studies may consider conducting follow-up assessments to examine the long-term effects of the program. It may also be useful to investigate the potential mechanisms through which the integrative counselling program is effective, such as by examining changes in parents' coping skills, sense of empowerment, and emotional support.

In sum up, the findings of the study suggest that an integrative counselling program that combines Solution-Focused Brief Therapy and Mindfulness Training may be a promising intervention for improving the mental health and well-being of parents of children with special education needs. The use of multiple methods, such as video recordings and interviews, is advantageous as it allows for a more comprehensive understanding of the participants' experiences. Furthermore, the inclusion of different groups, including an experimental, control and active control group, adds rigor to the study and allows for more accurate comparisons between groups. The study's focus on emotional distress, stress reduction, and parenting empathy is highly relevant and important. Parents of special education needs children often face significant emotional and practical challenges, which can impact their mental health and well-being. Thus, finding effective interventions to support parents in managing their emotional distress and improving their parenting skills is crucial. By providing parents with the support and resources they need to manage the stress associated with parenting a child with special education needs, the program may have positive implications for the entire family.

Chapter 8: Contributions and Implications

Parents who have children with special education needs often face unique emotional challenges that can greatly impact their well-being and parenting experiences. Taking care of a child with special needs, navigating the educational system, and dealing with the emotional implications of their child's condition can lead to high levels of stress, anxiety, and emotional distress. It is important to recognize the importance of parental emotional well-being in the overall functioning of the family and the child's development. Therefore, there is a growing need for effective interventions that specifically address the emotional needs of these parents.

This study aims to contribute to existing knowledge by developing and evaluating a counseling program that is designed to help parents of children with special education needs cope with their emotional distress. The research will explore the unique challenges faced by these parents, develop a counseling program based on evidence, evaluate its effectiveness, and provide practical recommendations to support and improve the well-being of parents in similar situations.

8.1. Contribution to mental health knowledge:

The study identifies specific emotional challenges faced by parents, such as stress, anxiety, and feelings of inadequacy, providing a deeper understanding of their experiences. Parents may experience anxiety related to their child's future prospects, social interactions, and educational outcomes. The study aims to explore the specific triggers and manifestations of anxiety in this population. For example: the research may find that parents commonly experience anxiety about their child's transition to adulthood and independent living, leading to feelings of uncertainty and apprehension. It explores the impact of a child's special education needs on parental mental health and well-being, shedding light on the complex relationship between parenting and emotional distress. The research examines existing counseling approaches and their effectiveness in addressing the unique needs of this population, contributing to the knowledge base on counseling interventions in the context of special education. The research investigates the role of self-care and coping strategies in supporting parental mental health and well-being in the context of raising a child with special needs.

8.2. Development of an Integrative Counseling Program:

The study designs and develops a counseling program that combines evidence-based techniques from integrative solution brief focus therapy and mindfulness models. The program includes strategies to address specific issues faced by parents, such as self-care, stress management, emotional regulation, resilience-building, and improving communication with their children. The research outlines a comprehensive framework for delivering the counseling program, considering factors such as session structure, duration, and therapist training requirements. Also, the program is designed to be flexible and adaptable to the needs and preferences of each individual parent. It typically involves a series of sessions, ranging from 6 to 8, depending on the severity of the parents' stress, anxiety, and depression. The sessions can be conducted individually or in a group setting, depending on the parents' preferences and availability.

8.3. Evaluation of Program Effectiveness:

The study uses qualitative research methods to evaluate the effectiveness of the counseling program. Outcome measures include changes in parental emotional distress levels, improvements in coping skills and

self-confidence, and feedback from parents about the program's impact on their well-being and parenting experiences. The research compares data collected before and after the intervention to determine the program's effectiveness in reducing emotional distress, improving parental functioning, and promoting overall psychological well-being.

8.4 Online Support Service

Additionally, the research highlights the benefits of an online support service for parents of special education needs children, particularly during the COVID-19 pandemic. The online group provided a platform for parents to express themselves, share advice, and feel less isolated. It also taught parents essential skills such as active listening and empathy, which helped them communicate effectively and build trusting relationships. The study found that online groups can reduce isolation and the emotional burden associated with raising children with special education needs.

Furthermore, the research emphasizes the importance of online parenting programs, as they offer flexibility and accessibility for parents who may face barriers to attending face-to-face programs. Online programs have shown positive results in improving parenting strategies and confidence in various contexts. The integrative counseling program discussed in the study can be adapted to individual parents' needs and preferences, and it can be conducted either individually or in a group setting.

8.5 Develop Prevention Programs

The study also aims to develop prevention programs for professionals, such as school social workers, counselors, and teachers, who work with emotionally distressed parents of children with special education needs. By combining Solution-Focused Brief Therapy and Mindfulness Training, professionals can help parents develop a deeper self-awareness, improve problem-solving skills, and diffuse tension in their relationships with their children.

8.6 Supporting Network

Finally, the research suggests that counselors can assist parents in building a support network. This can be achieved by connecting parents with other parents facing similar challenges through support groups

or community events. Counselors can also help parents strengthen their existing relationships and develop effective communication and coping skills. For example, counselors can help parents to develop assertiveness skills to express their needs and wants more effectively, or to develop active listening skills to improve their communication with others.

Finally, the study aims to improve the emotional well-being of parents of children with special education needs by developing an effective counseling program, providing support through online platforms, and helping parents build a strong support network.

8.7 Diverse Religious:

Mindfulness training has its origins in ancient Buddhist meditation practices, but the modern form of mindfulness training used today was developed by Jon Kabat-Zinn in the late 1970s. Kabat-Zinn, a professor of medicine at the University of Massachusetts Medical School, created a program called Mindfulness-Based Stress Reduction (MBSR) that combined mindfulness meditation, yoga, and body awareness techniques (Hofmann et al., 2010; Kabat-Zinn, 2003).

Hoover (2018) conducted research examining the concern that secularized versions of mindfulness, with their emphasis on non-judgment, may conflict with Christian moral standards and absolute truth. The study delves into the potential conflict and explores how Christians navigate the practice of mindfulness while staying true to their deeply held Christian beliefs and values.

According to Dr. Koenig's research, incorporating meditation and other spiritual practices can serve as adaptive coping mechanisms, offering individuals a sense of meaning, purpose, and hope in challenging circumstances (Koenig, 2004).

Lun, Bond, and Li (2018) conducted a study suggesting the interplay between mindfulness, religiousness, and subjective well-being, particularly among individuals who identify with multiple religious traditions.

This study aims to integrate Solution-Focused Brief Therapy (SFBT) and mindfulness to create an integrative meditation approach. By incorporating solution brief focus concepts and removing some

Buddhist mindfulness elements, individuals can open themselves up to new opportunities and ideas. Reflecting on past successful experiences serves as a reminder of personal strengths and capabilities. These meditations have the potential to enhance confidence, reduce anxiety, and improve overall mental health. For instance, one example of a focused meditation question could be, "What small changes can you make in your daily routine to practice mindful parenting?" These skills can be particularly beneficial for individuals of diverse religious backgrounds, promoting acceptance of meditation as a tool for stress reduction.

8.8 Implications

The original purpose of the intervention was to treat parents' emotional distress. Some studies report that individuals' own coping styles are correlated with their stress, and that healthier parenting styles may decrease parenting stress (Cuzzocrea et al 2016). No other intervention program has addressed the emotional distress of parents with SEN children. The results of the current study provide integrative counselling techniques. There are some examples of integrative skills and strategies that parents can learn in the program:

Positive imagery is like practicing in your mind. It involves using techniques from mindfulness and Solution-Focused Brief Therapy to imagine yourself being successful. The important thing is to create a mental picture of yourself doing something well. You can think about a time in the past when you were successful and imagine the confidence and energy you had. Solution Breathing- breathes out problem; breathe in solutions. The technique helps to shift your focus from the problem to the solution. When you breathe out, you are letting go of the negative thoughts and feelings associated with the problem, and when you breathe in, you are focusing on positive solutions. By doing this exercise, you can reduce stress, increase your creativity and problem-solving abilities, and improve your overall well-being.

Focus meditations - focus possibility and successful past experiences. By focusing on possibilities, you are opening yourself up to new opportunities and ideas, and by focusing on successful past experiences, you are reminding yourself of your strengths and capabilities. These meditations can help to increase your confidence, reduce your anxiety, and improve your overall mental health, such as: "what small changes can make you in daily routine to practice mindful parenting?"

Imaginations new insight- use mindful- breathing with imagine o help participants become more aware of their physical sensations and reduce stress. Imaginations you wake up tomorrow and your problem is gone. How would your life be different? Such as "What have you done in the past that has helped you cope with stress?" and "What small steps can you take to manage stress when you feel triggered?" This exercise helps you aware about what you want to achieve and the things you can do to make it happen, instead of just thinking about the problem. Loving-kindness meditation exercise- use solution-focused questions to help participants identify new sources of support, such as "Who in your life could provide you with additional support?" and "What small steps can you take to build new relationships?" include a loving-kindness meditation exercise to help participants cultivate compassion and empathy towards themselves and others. Connection your inner resources and strengthen - The exercise involves counting down and focusing on things in your surroundings using your five senses. By doing this exercise, you can create an inner picture in your mind. For sight, you can imagine the shape, color, and texture of things. For hearing, you can listen to the sounds around you. By touch, you can imagine feeling a textured fabric. For taste, you can picture flavors in your mouth. And with smell, you can imagine the freshness of the air or the aroma of flowers. For example, you can imagine a happy scene where you are playing with your children at a playground. You can picture yourself smelling the grass and flower scents, tasting an ice cream, holding your child's hand, hearing your child talk to you, and observing a comfortable spot in a garden. you can increase your mindfulness and bring your attention to the present resources and strengthen, such as "What small steps can you take to address this problem?" and "What resources do you have that can help you overcome this challenge?" To engage your imagination and bring as much detail as possible to each sensory

experience. These inner pictures can provide moments of relaxation, joy, and escape, allowing your mind to wander and experience the sensations of the senses within your imagination.

Magic words are phrases that you say to yourself to reinforce your beliefs and goals. By changing how you hold yourself and the words you use, you can feel more confident. Magic words are a helpful method for reprogramming your mind and developing empowering beliefs. They combine techniques from Solution-Focused Brief Therapy (SFBT), such as using your imagination, with mindfulness practices to set positive intentions. Monitoring your self-talk - The therapist would use solution-focused questions to help participants reflect on their progress and identify next steps, such as "What have you learned about yourself and your parenting over the course of this program?" and "What small steps can you take to continue building on your strengths?" The technique could include a mindful- reflection exercise to help participants cultivate a sense of gratitude and appreciation for their progress.

Receiving your prosperity exercise- The technique could conclude with a mindful- closing exercise to help participants feel grounded and centered as they transition out of the program. The exercise help participants to develop a plan for their future, such as "What specific steps will you take to maintain your progress?" and "What resources will you use to continue building on your strengths?"

By learning and practicing these coping skills and strategies, parents can develop a repertoire of effective tools to manage their stress, anxiety, and depression while enhancing their acceptance and empathy towards their children. The program can provide a supportive and encouraging environment for parents to learn and practice these skills, and to build their confidence and resilience.

8.8.1 Daily Practice

The daily practice worksheet aims to provide parents with a set of techniques and interventions to help them cope with stress, anxiety, and depression, as well as improve their acceptance and empathy towards their children. Here are the key components:

By practicing mindfulness, parents can learn to manage their stress better. For example, a parent might practice deep breathing exercises or meditation to help them stay calm during challenging parenting situations.

For example: Reflective Journaling daily practice worksheet: Participants write about their parenting problems, goals, and their experience with the mindfulness breathing exercise.

In the context of parenting, integrative programs can help parents identify and build on their strengths to improve their parenting skills. For instance, a parent might set specific goals for their interactions with their children and work on implementing small changes to achieve those goals. For examples: Strengths Reflection daily practice worksheet: Participants list their strengths as parents and write about how they have used those strengths to cope with challenging situations.

The daily worksheet exercises are designed to facilitate the practice of integrative techniques. These worksheets provide a structured format for parents to engage in self-reflection and apply the skills they are learning. Here's an example of how a daily worksheet exercise might look like:

8.8.2 Training Manuals:

The training manuals provide guidance and resources for counselors, social workers, and teachers working with parents. Research has shown that the program is effective in reducing parents' stress, anxiety, and depression while improving their acceptance and empathy towards their children. It also enhances parents' resilience and overall well-being, leading to an improved quality of life. Moreover, implementing the program benefits both parents and their children. It helps parents develop coping skills, manage their emotions, and improve their relationships with their children. This, in turn, positively impacts children's well-being and development. The training manuals likely provide detailed instructions on program implementation, session conduct, practical strategies and exercises to facilitate skill development., the manuals serve as valuable resources to equip professionals with the necessary tools and knowledge to effectively deliver the program and maximize its impact on parents and children.

8.8.3 Online Group

The integrative program utilizes an online group therapy format to deliver mindfulness-based interventions and support to parents. Grounded in research that demonstrates the effectiveness of online group therapy for mindfulness interventions (Khoury et al., 2013), this program aims to address the unique

needs of parents while harnessing the benefits of social support, shared experiences, and learning from others. The program recognizes the importance of social support and creates a sense of belonging for parents by connecting them with others facing similar challenges. In addition, participants have the opportunity to learn from the experiences of fellow group members, gaining insights and practical strategies. The online format allows parents to participate from anywhere, eliminating geographical barriers and accommodating busy schedules.

8.8.4 Training Helping Experts

One effective strategy for scaling up the program is to train a larger number of helping professionals, such as counselors, mental health professionals, social workers, and other providers who work with parents of special education needs adolescents. This can be achieved by offering training and certification programs specifically tailored to equip these professionals with the necessary knowledge and skills to effectively deliver the program. By expanding the pool of trained professionals, a greater number of parents can access the program and receive the support they need.

For instance, a comprehensive training program can be developed, encompassing workshops, seminars, and supervised practice sessions. These components ensure that professionals gain a deep understanding of the program's principles and techniques. Through the training, they can learn how to facilitate group sessions, conduct individual therapy, and adapt the program to meet the unique needs of parents with special education needs adolescents. Practical guidance and feedback provided during supervised practice sessions can further enhance their competence in delivering the program.

8.8.5 Adapting the Program to Different Contexts:

Adapting the program to meet the unique needs of different contexts can help reach a larger population. This can involve delivering the program in a group setting, developing a self-help version, or tailoring it to specific cultural or linguistic backgrounds. Adapting the program ensures that it is accessible and relevant to a diverse range of parents.

Example: The program can be modified to be delivered in a group setting, where multiple parents can join together, fostering peer support and shared learning. Alternatively, a self-help version of the program can be developed, providing parents with resources, exercises, and guidance that they can work through independently at their own pace.

8.8.6 Collaborating with Community Organizations:

Partnering with community organizations that serve parents of special education needs adolescents is another way to reach a larger population. By collaborating with schools, advocacy groups, or community centers, the program can be offered as a support service to parents within these existing networks.

Example: The program can be integrated into the services provided by schools or community centers that already engage with parents of special education needs adolescents. This collaboration can involve joint workshops, referrals, or incorporating program materials into existing support programs.

In conclusion, the integrative solution-focused brief therapy and mindfulness training program is a holistic and evidence-based approach for empowering parents of special education needs adolescents to manage their stress, anxiety, and depression while enhancing their acceptance and empathy towards their children. The program has been found to be effective in multiple areas and holds promise for improving the well-being of parents and their children.

Chapter 9: Limitations and Future Directions

While the integration of SFBT and mindfulness techniques in a parenting group can be effective in addressing stress and depression among parents, there are some challenges that may arise during the program.

9.1 Encourage Father to Join Parenting Group

The participation of fathers in the parenting group was limited, with only two fathers choosing to join. The reasons for the low participation rate among fathers in the study remain unknown. However, a qualitative study by Cooklin et al. (2018) conducted in Australia shed light on fathers' attendance in child and family health services. The study revealed that fathers faced various barriers to attending parenting groups, including work commitments, lack of awareness or interest, and the stigma surrounding seeking support for parenting.

In a community setting in Australia, Fletcher et al. (2011) conducted a study exploring fathers' experiences of parenting education. The findings indicated that fathers highly valued the opportunity to connect with other fathers and receive support and guidance in their parenting role. However, fathers also expressed a preference for informal and flexible parenting groups that were easily accessible and responsive to their specific needs.

Moreover, Marsiglio (2008) conducted a study in the United States focusing on adolescent fathers. The research highlighted the challenges faced by adolescent fathers, including a lack of support and guidance from family and peers, as well as limited access to resources and services. However, adolescent

fathers who received support and guidance, such as through parenting education programs, were more likely to experience positive outcomes, such as improved educational and employment opportunities.

Mothers often perceive themselves as the primary caregiver and feel more responsible for their children's well-being (Bridges, 2015); fathers are expected to focus on providing financial support (Cowan & Cowan, 2010). This can make it difficult for fathers to justify taking time off work to attend parenting courses or groups. This perception may lead them to seek out information and support in parenting courses or groups to improve their parenting skills and knowledge. On the other hand, fathers may not feel as responsible for their children's care and may not perceive parenting courses or groups as relevant to their role as a parent (Cabrera et al., 2007). Another factor is that parenting courses and groups are often targeted towards mothers and may not be designed with fathers in mind. For example, courses may be scheduled during working hours, which can make it difficult for fathers to attend (Fletcher & St. George, 2011). Additionally, courses may focus on topics that are traditionally associated with mothers, such as emotional sharing and maternal health, which may not be as relevant to fathers (Lupton, 2012).

Fabricius (2016) studies have shown that when both parents are involved in parenting activities such as attending parenting courses or groups, children tend to have better academic performance, social skills, and emotional well-being. Additionally, fathers who are involved in their children's lives and take an active role in parenting tend to have stronger relationships with their children and are more satisfied with their parenting role.

Therefore, future research could invite fathers to join the parenting group by clearly explaining how the research would benefit them (Davison, et al., 2017). Several studies demonstrate that mothers experience more stress in different domains compared to fathers (Hildingsson and Thomas 2014; Widarsson et al. 2013), but they also show more mindful parenting (Moreira and Canavarro 2015). Future studies should consider these differences and include fathers in studies examining parenting groups (Lande, M. B., 2009). Fletcher (2011) study have suggested to provide parenting group with accessible, flexible, and supportive programs,

fathers may benefit from the opportunity to connect with other fathers and receive guidance and support in their parenting role.

9.2 Assessing Parent-Reported Improvements and Combining Subjective and Objective Measures

The data collection in this study involved the use of self-report questionnaires, which introduces the potential for parents to exaggerate improvements in mother-child interactions. While the inclusion of observational data from videos provides a more objective perspective, it is important to acknowledge that parents may still modify their behavior during the intervention due to perceptions of social desirability. To enhance our understanding of parents' empathy in parent-child interactions, future studies should consider integrating both subjective and objective measures, thus creating a more realistic and comprehensive model. To obtain a comprehensive view of parents' empathy in parent-child interactions, it is crucial to employ a combination of subjective and objective information.

9.3 Limitation of the online parenting group

One limitation of the online parenting group was that it could be difficult to do role play to demonstrate learning skills such as Mindfulness relaxation and solution-focused communication skills. To fill the gap, the researcher assigned homework to achieve a greater therapeutic effect. The homework could fit into the parents' daily life and increase their motivation to practice.

Research indicates that online parenting programs can significantly reduce negative interactions between parents and children, child problem behaviors, negative discipline methods, parenting conflicts, and parent stress, as well as child anxiety, parent anger, and parent depression (Spencer, C. M. et al., 2020). However, there can be distractions during online sessions. Even if participants are asked to remove distractions, they may still be interrupted by a family member or pet or need to step away from their computer for a moment. Some parents have also noted that it can be challenging to develop role-playing skills and build a sense of belonging and cooperation in an online group.

9.4 Overcoming Resistance and Enhancing Strengths

Some participants may be hesitant or resistant to the mindfulness techniques used in the program. They may not be comfortable with practices such as meditation due to cultural, religious, or personal beliefs, or may not see the relevance of these practices to their parenting challenges. A study by Cavanagh et al. (2013) found that participants who were initially resistant to mindfulness practices were able to overcome their resistance with proper education and support. Some parents may be resistant to change, especially if they have been coping with their stress, anxiety, and depression in a certain way for a long time. They may struggle to adopt new coping skills and strategies or to shift their perspectives and attitudes towards their child. Some parents may feel ashamed or embarrassed to seek , especially if they perceive it as a sign of weakness or failure. This can be especially true in cultures where mental health is stigmatized or misunderstood. The therapist may need to spend more time explaining the benefits of mindfulness and helping participants become more comfortable with these practices. Also, therapist can work to reduce the stigma associated with mental health by providing psychoeducation about the benefits of, normalizing the experience of seeking help, and addressing any misconceptions or myths that parents may have about.

Some participants may have difficulty identifying their strengths and resources as parents. They may feel overwhelmed by their parenting challenges and may struggle to see their own strengths and successes. A study by Kim et al. (2015) found that participants with depression had difficulty identifying their strengths and resources, and that this difficulty was associated with poorer treatment outcomes. The study suggests that therapists may need to use creative solution-focused questions and provide examples to help participants identify their strengths and resources.

9.5 Challenges and Support in Sustaining Mindfulness and Solution-Focused Parenting Skills

The program may only include a limited number of sessions, ranging from 6 to 8, which may make it difficult for participants to fully practice and integrate the skills they learn. A study by Franklin et al. (2017) found that participants in an eight-session SFBT program reported significant reductions in symptoms of depression and stress, and improvements in overall well-being. The study suggests that even a relatively short program can be effective in improving outcomes for parents dealing with stress and

depression. But the benefits of the program may not be sustained over time without ongoing support and reinforcement. Future research should explore ways to provide ongoing support and follow-up to parents after the program ends, such as booster sessions.

The group may include participants with different backgrounds, experiences, and parenting styles, which could create tension or conflict within the group. A study by Franklin et al. (2019) found that group dynamics were an important factor in the effectiveness of an SFBT and mindfulness program. The study suggests that therapists may need to be sensitive to the diversity of participants and the potential for conflict or tension within the group.

After the program is over, participants may struggle to maintain their gains and continue practicing the skills they learned. Some parents may lack social support, either from their family, friends, or community. This can make it challenging for them to implement the skills and strategies they learn in the program or to sustain their progress after the program ends. Counselors can help parents to build a support network by connecting them with other parents in similar situations, providing them with resources and referrals to community organizations, and encouraging them to involve their family and friends in the process.

A study by Garland et al. (2015) found that participants who practiced mindfulness regularly over a six-month period had better outcomes than participants who did not practice mindfulness regularly. The study suggests that ongoing support and resources may be necessary for participants to maintain gains over time.

9.6 Explore Different Population and Settings

Parent recruitment was conducted through school social workers, teachers, or principles. Although the parents came from about 12 schools in Hong Kong and were diverse in socio-economic status, the generalizability of the findings could be improved. The findings could be strengthened by including parents from high, middle, and low socioeconomic backgrounds.

The findings of this study suggest that the integrated Solution Focused and Mindfulness Training intervention may be effective in reducing stress, anxiety, and depression levels or increasing empathy levels among parents. However, it is important to note that the study had a small sample size and was limited to a specific population, which may have influenced the results. Thus, further research is needed to investigate the potential benefits of this intervention among a larger and more diverse population.

9.7 Exploring the Effectiveness of the Program in Diverse Contexts

Another area for future development is the need to explore the program's effectiveness in different contexts and settings. The program has been contacted school settings, but it is not clear whether the program's effectiveness varies across different settings, such as community centers, and mental health clinics. Future research should explore the program's effectiveness in different contexts and identify any factors that may contribute to its effectiveness or effectiveness across different settings.

9.8 Examining the Program's Effectiveness in Diverse Populations

Another limitation of the program is the need for more research on the program's effectiveness in diverse populations. The research focused on investigating parents who have emotional distress within whole-family units.; it is not clear whether the program's effectiveness varies across different demographic groups, such as race, ethnicity, or socio-economic status. Future research should explore the program's effectiveness in diverse populations; consider an integrative counselling program for emotionally distressed single parents of children with special education needs. When a divorcing couple has a child with special needs, it can be identifying any factors that may contribute to its effectiveness or effectiveness across different demographic groups.

9.9 Explore the Intervention on Anxiety and Depression

Moreover, it is worth noting that the active control group showed a significant reduction in anxiety and depression levels, which suggests that the intervention may have had some impact on these outcomes. Therefore, future studies could explore the potential benefits of this intervention on anxiety and depression levels specifically.

9.10 Explore Adolescents' Emotional and Behavioral Factors

One area for future development is the need for more research on the program's effectiveness in improving the emotional and behavioral outcomes of special education needs adolescents. While the program has been found to be effective in reducing parents' stress, anxiety, and depression, while increasing their acceptance and empathy towards their children, it is not clear whether these changes translate into improvements in the emotional and behavioral outcomes of the adolescents. Future research should explore whether the program leads to improvements in adolescents' emotional and behavioral outcomes and identify any factors that may contribute to these changes.

9.11 Explore the Quality of Parent's Life

More research is needed to determine if the integrative Solution Focused and Mindfulness Training intervention program can improve the quality of life for parents and families. Although the program has demonstrated effectiveness in reducing stress, anxiety, and depression in parents, and increasing their acceptance and empathy towards their children, it is unclear if it leads to improvements in the overall quality of life for parents and families. Future research should investigate if the program leads to improvements in the quality of life for parents and families, and identify any factors that may contribute to these changes.

This study provides some understanding of the potential benefits of an integrated Solution Focused and Mindfulness Training intervention among parents. However, further research is needed to fully comprehend the impact of this intervention on mental health and well-being, and to identify the most effective components of the intervention for different populations and contexts.

Despite the challenges of parenting adolescents with special educational needs, the program can still be effective in improving the well-being of parents. Counselors can work with parents to provide support and encouragement throughout the program, identify their strengths and resources, and develop an achievable and realistic plan of action.

Conclusion

In conclusion, this study examined the challenges of parenting adolescents with special educational needs and evaluated the benefits of integrating Solution-Focused Brief Therapy and Mindfulness Training into a program for parents in Hong Kong. The study found that the integrative approach was effective in reducing parenting stress, improving mental health, and increasing competence and empathy in parent-child interactions. The study also found that social support for psychological issues has positive results, and that parents need increased emotional support and opportunities to share the burden of stress. The integrative training program affirmed the value of this type of intervention as a component of and communication services. Overall, this study provides valuable insights into the challenges of parenting adolescents with special educational needs and the importance of providing emotional support and practical tools to parents to improve their mental health and well-being.

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Appendix 1

Consent Form

香港教育大學
<特殊教育與輔導學系>

<支援特殊教育學生之家長壓力情緒綜合輔導小組計劃>

本人同意參加由<梁智鴻教授>負責監督，<學生研究員黃潔貞>負責執行的研究計劃。她／他們是香港教育大學的教員和學生。

本人理解此研究所獲得的資料可用於未來的研究和學術發表。然而本人有權保護

本人的隱私，本人的個人資料將不能洩漏。

研究員已將所附資料的有關步驟向本人作了充分的解釋。本人理解可能會出現的風險。本人是自願參與這項研究。

本人理解本人有權在研究過程中提出問題，並在任何時候決定退出研究，更不會因此而對研究工作產生的影響負有任何責任。

簽署:

參加者姓名：

日期：



Appendix 2

The Manuel of the SFBT and Mindfulness parents' group

Session 1: New Joinery - Find your Goals

Objective: Build rapport; introduce solution-focused techniques, and mindfulness breathing.

Name Introduction: Participants introduce themselves and share one thing they hope to achieve through the workshop.

Group Agreement: Facilitate a discussion to establish group norms and agreements, emphasizing respect, confidentiality, and active participation.

Ice-Breaking Activity:

- "Show and Tell": Ask participants to find an object that represents something meaningful or memorable about their parenting experience. Each participant takes turns sharing their object and explaining its significance. This activity allows participants to connect through personal stories and experiences.

Group Content:

Introduction and Rapport Building:

- Counselors introduce themselves and explain the purpose of the workshop.
- Participants share their parenting problems, emotional distress, and expectations.
- Counselors actively listen and empathize with participants' experiences.

Combined techniques

Positive Meditation:

Integrate the SFBT Scaling Questions and mindfulness Self-compassion and acceptances:

Here are suggested measurement scales for assessing different aspects:

1. Scale of Improved Empathy towards Yourself:

- Rate your level of empathy towards yourself on a scale of 1 to 10, with 1 being very low empathy and 10 being very high empathy. This indicates how well you understand, connect with, and show compassion towards your own thoughts, emotions, and needs.

2. Scale of Improved Relationship with Your Children:

- Rate the quality of your relationship with your children on a scale of 1 to 10, with 1 being very poor and 10 being excellent. This reflects the level of connection, understanding, and positive interactions you have with your children.

3. Scale of Self-Relaxation Practice:

- Rate your ability to make yourself relax every day on a scale of 1 to 10, with 1 indicating very poor ability and 10 indicating excellent ability. This measures your effectiveness in engaging in relaxation practices or techniques to promote a sense of calm and well-being on a daily basis.

4. Scale of Willingness to Share Stress with Others:

- Rate your willingness to share your stress with others on a scale of 1 to 10, with 1 indicating very unwilling and 10 indicating very willing. This assesses how open and comfortable you are in seeking support from others and expressing your stress or concerns.

Remember, these scales are subjective and self-assessed, so it's important to be honest with yourself when rating these aspects. Regularly assessing and monitoring these areas can help you track progress and identify areas for growth and improvement.

Daily Practice Worksheet:

After you wake up in the morning or before you go to bed at night, write five to 10 things that you are grateful for.

Session 2: Identifying Strengths and Resources

Objective: Reflect on strengths, successes, and coping strategies.

Ice-Breaking Activity:

"Virtual Scavenger Hunt": Provide a list of items or characteristics related to parenting and ask participants to find objects in their homes that match those items. For example, "Find something that symbolizes patience," or "Find an item that reminds you of a cherished parenting memory." Participants can briefly share their findings and why they chose those items.

Group Content:

Strengths Sharing Circle: Participants openly share and celebrate their strengths as parents, receiving positive feedback from group members.

Success Stories: Participants share recent or memorable parenting successes, focusing on personal achievements and growth.

Coping Strategy Brainstorm: Group discussion to collectively generate coping strategies for various parenting challenges.

Guided Solution Breathing Exercise: Lead the group through a guided exercise, creating a calm atmosphere for participants to practice the technique.

Goal Setting and Action Plan: Help participants set parenting goals and develop actionable steps using their strengths and coping strategies.

Combined Technique

Solution Breathing Technique:

The technique that helps to shift your focus from the problem to the solution. When you breathe out, you are letting go of the negative thoughts and feelings associated with the problem, and when you breathe in, you are focusing on positive solutions. By doing this exercise, you can reduce stress, increase your creativity and problem-solving abilities, and improve your overall well-being.

Daily Practice Worksheet:

-A)Strengths Reflection: Participants list their strengths as parents and write about how they have used those strengths to cope with challenging situations.

Take a moment to reflect on your strengths as a parent. Consider how you have utilized these strengths to navigate challenging situations. Write a brief response for each question.

1. List three of your strengths as a parent:

- a.
- b.
- c.

2. Reflect on a recent challenging situation you encountered as a parent. How did you leverage your strengths to cope with this situation?

[Write your response here]

3. Think about another challenging situation you have faced in the past. How did you utilize your strengths as a parent to overcome that situation?

[Write your response here]

Remember, acknowledging and recognizing your strengths can help you build resilience and confidence as a parent.

b) Encourage the participants to take a few moments each day to practice the Solution Breathing Technique.

Session 3: Focus Meditation - Mindful Parenting

Group Objective: Enhance mindfulness and positive focus in parenting through the practice of combined

techniques, including focus meditations, mindfulness skills, and Solution-Focused Brief Therapy (SFBT) approaches.

Ice-Breaking Activity:

- **Mindful Eating:** Participants practice eating a small snack mindfully, paying attention to each bite and their sensory experience.

Group Content:

Introduction to Combined Techniques: Provide a brief explanation of the combined techniques, highlighting the benefits of focus meditations, mindfulness skills, and SFBT in promoting positive parenting practices, reducing anxiety, and improving mental health.

Guided Focus Meditations:

a. Possibility Meditation: Lead the group through a guided meditation that focuses on possibilities and new opportunities in daily parenting routines. Encourage participants to reflect on small changes they can make to practice mindful parenting.

b. Successful Past Experiences Meditation: Guide participants through a meditation that helps them recall and focus on their past successful parenting experiences. This exercise aims to remind them of their strengths and capabilities as parents.

Combined technique:

Focus meditations - focus possibility and successful past experiences. By focusing on possibilities, you are opening yourself up to new opportunities and ideas, and by focusing on successful past experiences, you are reminding yourself of your strengths and capabilities. These meditations can help to increase your confidence, reduce your anxiety, and improve your overall mental health, such as: “what small changes can make you in daily routine to practice mindful parenting?” This technique applied the mindfulness skills five sense exercise and the SFBT focus on positive solution.

Daily Practice Worksheet:

Focus Meditations - Possibilities and Successful Past Experiences

Instructions:

Take a few moments each day to practice focus meditations that center around possibilities and successful past experiences. Find a quiet and comfortable space where you can relax and concentrate. Use the following prompts to guide your meditation practice.

1. Settle into a comfortable position and close your eyes. Take a few deep breaths to center yourself and prepare for the meditation.
2. Shift your attention to successful past experiences. Reflect on moments where you demonstrated mindful parenting skills and achieved positive outcomes. Remember the strengths and capabilities you possess as a parent.
3. Engage in the Five Sense Exercise. Focus on each of your senses, one at a time, and notice the details of your surroundings. Observe what you see, hear, smell, taste, and touch. Allow yourself to fully immerse in the present moment through your senses.
4. Apply the Solution-Focused Brief Therapy (SFBT) approach. Direct your attention to positive solutions and outcomes. Ask yourself: "What small changes can I make in my daily routine to practice mindful parenting?" Allow yourself to generate practical and actionable ideas. "Reflecting on your successful past experiences as a parent, what strengths and capabilities do you recognize in yourself? How can you leverage these strengths moving forward?"
5. Stay in this focused state for a few more minutes, allowing yourself to explore the possibilities, draw on successful past experiences, engage your senses, and generate positive solutions.

Reflection:

After completing your focus meditation, take a moment to reflect on your

Remember, regular practice is key to developing a focus on possibilities and successful past experiences.

Embrace the power of mindfulness, engage your senses, and apply positive solutions to enhance your mindful parenting journey.

Session 4: Identifying Triggers and Coping Strategies

Objective: Identify triggers for stress and depression and develop effective coping strategies.

Ice-Breaking Activity:

- Trigger Awareness: Participants share personal experiences of triggers and discuss their emotional and physiological responses.

Group Content:

Aims to foster a positive mindset, stimulate creativity, and empower participants to envision and work towards a future where their parenting goals are accomplished.

Combined techniques:

Imagining New Insights

Imagining New Insights and Mindful- Breathing. Combine mindful breathing with the Miracle Question from Solution-Focused Brief Therapy (SFBT) to develop practical steps for achieving your goals. The Miracle Question involves imagining your desired future and providing detailed descriptions of how your life would be once you've achieved those goals. Let's imagine a scenario where you can achieve your goals and overcome the challenges you face. Take a moment to get comfortable and relax. Forget about any time constraints or tasks you have to do. Just focus on this question for a while.

Imagine that you go to sleep tonight, and when you wake up, a miracle has happened. All the problems that have been weighing you down are completely gone. Take a moment to feel that. What is the first thing you notice in this new situation? Describe it in detail so that I can imagine it too.

- What do you see in this new situation?
- What emotions do you feel? How do these emotions feel in your body? Are they warm, tingling, in your chest, your face, or somewhere else?
- What thoughts are going through your mind? Are you thinking about things differently than before?

- What actions are you taking? How are you interacting with the people around you?
- Where are you, and who are you with in this new scenario?
- How do you appear physically? How is your posture? What expressions do you have on your face?
- What do your family, spouse, or child notice about you?

The main idea is to help you imagine a future where your goals are achieved and the problems are resolved. By visualizing this ideal situation, you can gain insights and create manageable steps to work towards making it a reality.

Daily Practice Worksheet:

1. Find or make pictures that inspire and motivate you to stay positive.
2. It's important to choose images that deeply connect with you and make you feel good.
3. Put some pictures or photos in a spot where you see them every day, like on your computer background, phone screen, or a board on your wall.
4. Let these images remind you to stay positive, motivated, and focused on your goals.

Session 5: Do Small Things with Love - Building Support Systems

Objective: Identify and strengthen support systems and relationships.

To identify their support systems and build new support networks.

Encouraged participants to reflect on their current relationships and identify areas where they could benefit from additional support.

Ice-Breaking Activity:

- Support Network Map: Participants create visual representations of their support networks, including family, friends, and community resources.

Group Content:

Aims to foster self-compassion, self-awareness, and personal growth by combining loving-kindness

meditation and SFBT techniques. Participants are encouraged to embrace their thoughts and feelings with acceptance and curiosity, ultimately gaining deeper insights into themselves and seeking support from their social network.

Combined techniques:

loving-kindness meditation exercise-

This exercise is inspired by the acceptance of mindfulness and the self-compassion of being kind to ourselves without criticism. It involves accepting our thoughts and feelings without trying to stop them. Moreover, the SFBT Exception Questions: These skills help participants understand a time when they didn't have the problems that led them to seek therapy. For instance, if you tend to criticize yourself, spend time with people who have achieved what you want. Observe their behavior and learn from them.

The Exercise: Take a short break to connect with yourself. Find a quiet moment to focus on your thoughts and feelings. Pay attention to how you're feeling and the thoughts that arise. This practice helps you gain a deeper understanding of yourself. Instead of asking "Why do I feel this way?" ask yourself "What do I feel?" and "Who in my life can support me?" This way, you can be curious about your thoughts and feelings without overthinking them.

Daily Practice Worksheet: Support System Enhancement

- Support System Enhancement: Participants identify individuals in their lives who can provide additional support and develop small steps to build new relationships.

Sure! Here's a simple design for a Daily Practice Worksheet focused on Support System Enhancement:

1. Identify Individuals:

- Write down the names of people in your life who can provide additional support.
- Consider friends, family members, colleagues, mentors, or anyone you trust.

2. Building New Relationships:

- Choose one or two individuals from the list who you would like to build a stronger relationship with.
- Write their names and the reasons why you believe they can provide support.

3. Small Steps to Connect:

- Outline small, actionable steps you can take to enhance these relationships.
- Examples: scheduling a coffee meet-up, initiating a conversation, or inviting them to a shared activity.

4. Commitment:

- Select one step from the list that you will take today.
- Write it down and commit to following through.

5. Reflection:

- At the end of the day, reflect on the progress you made.
- Note any positive interactions or connections you had.

Remember, building a support system takes time and effort. By consistently taking small steps, you can strengthen your relationships and create a supportive network around you.

Session 6: Problem-Solving and Goal Setting

Objective: Identify specific problems and develop goals to address them using combined skills.

Ice-Breaking Activity:

The Name Game

This game is easier than Eye Spy but can help you control wandering thoughts.

Start by looking around and naming three things you can hear. Then, name two things you can see, and finally, one thing you can feel.

"By playing this game, you're bringing yourself back to the present moment and becoming more aware of your body and surroundings."

Group Content:

Focuses on combined techniques to strengthen inner resources and promote positive beliefs. It includes an exercise that enhances mindfulness by counting down and engaging the five senses to bring attention to present resources.

Combined techniques:

Connection your inner resources and strengthen - The exercise involves counting down and focusing on things in your surroundings using your five senses. By doing this exercise, you can increase your mindfulness and bring your attention to the present resources and strengthen, such as "What small steps can you take to address this problem?" and "What resources do you have that can help you overcome this challenge?"

Magic words are phrases that you say to yourself to reinforce your beliefs and goals. By changing how you hold yourself and the words you use, you can feel more confident. Magic words are a helpful method for reprogramming your mind and developing empowering beliefs. They combine techniques from Solution-Focused Brief Therapy (SFBT), such as using your imagination, with mindfulness practices to set positive intentions.

For example: Using your imagination, you can create inner pictures by engaging your five senses. For sight, visualize scenes such as a beach or a forest. For hearing, imagine sounds like birds chirping or a crackling fireplace. Use touch to picture sensations like grass or a cozy blanket. For taste, imagine enjoying meals or desserts. Finally, for smell, create inner pictures of gardens or bakeries. These sensory-rich inner pictures can provide moments of relaxation and joy, allowing you to experience the sensations of your senses within your imagination.

Daily Practice Worksheet:

- Problem-Solving Action Plan: Participants outline specific steps they will take to address their identified problems and write magic words or affirmations to support their goals.

Magic Words or Affirmations:

Write down positive and empowering words or affirmations that support your goals.

Examples: "I am capable of achieving my dreams," "I embrace positive change," "I attract loving and supportive relationships," "I love myself", "I breathe in confidence".etc.

Repeat Magic Words or Affirmations:

Take a moment each day to repeat the magic words or affirmations you wrote.

Internalize them and let them positively influence your mindset and actions.

Session 7: Review and Reflection - Self-Reflection

Objective: Reflect on progress, strengths, and areas for continued growth.

Ice-Breaking Activity:

- Gratitude Circle: Participants take turns expressing gratitude for something positive that happened during the workshop.

Group Content:

Participants can develop self-awareness, foster positive self-talk, gain insights into their progress, and cultivate gratitude for their parenting journey. The emphasis is on empowering participants to recognize their strengths and continue their growth as parents.

Combined techniques:

Monitoring Your Self-Talk and Cultivating Gratitude and Appreciation

The therapeutic approach incorporates a combination of techniques to enhance participants' self-awareness, foster positive thinking, and promote gratitude and appreciation for their parenting journey. These techniques include monitoring self-talk, utilizing solution-focused questions, and incorporating mindful reflection exercises.

Monitoring Your Self-Talk

In this approach, participants are encouraged to become aware of their self-talk, which refers to the thoughts and beliefs they hold about themselves and their parenting abilities. The therapist guides participants in recognizing any negative or self-limiting thoughts that arise and challenges them with positive and empowering thoughts.

Solution-Focused Questions

To facilitate reflection and progress, the therapist employs solution-focused questions. These questions prompt participants to reflect on their learnings, strengths, and resources discovered throughout the program.

Examples of solution-focused questions include:

1. "What have you learned about yourself and your parenting over the course of this program?"
2. "What strengths and resources have you discovered within yourself?"
3. "What specific small steps can you take to continue building on your strengths?"

Mindful Reflection Exercise

A mindful reflection exercise is incorporated to cultivate a sense of gratitude and appreciation for participants' progress. Participants are encouraged to pause, breathe, and reflect on their parenting journey. They are asked to focus on the positive changes they have noticed, the skills they have developed, and the improvements they have made in their parenting.

Cultivating Gratitude and Appreciation

In this aspect of the therapeutic approach, participants are guided to express gratitude for their personal growth and accomplishments. They are encouraged to appreciate the effort they have put into their parenting journey, regardless of its magnitude. The therapist emphasizes the value of celebrating progress and acknowledging personal strengths.

By combining these techniques of monitoring self-talk, utilizing solution-focused questions, and incorporating mindful reflection exercises, participants can gain deeper insights into their parenting progress, harness their strengths, and cultivate gratitude for their journey.

Daily Practice Worksheet:

-Reflect on your progress as a parent. Take a moment to notice your thoughts and beliefs about your parenting. Identify any negative or self-limiting thoughts.

Replace them with positive and empowering thoughts.

What have you learned about yourself and your parenting?

Write down any strengths and resources you have discovered within yourself.

Identify specific small steps you can take to continue building on your strengths.

Write them down as actionable goals for the day.

Take a moment to practice mindful reflection.

Breathe deeply and focus on the positive changes you have noticed in your parenting.

Express gratitude for your growth and accomplishments.

Session 8: Future Planning and Closing

Objective: Develop a plan for maintaining progress and provide resources for continued practice.

Ice-Breaking Activity:

"Three Wishes"

Objective: Encourage participants to share their future aspirations and goals.

Instructions:

Have each participant think about three wishes they would like to come true in the future.

After each participant shares, encourage others to provide positive and supportive feedback.

Group Content:

Reflection on Progress:

Ask participants to share any key insights, changes, or improvements they have experienced in their parenting journey.

Identifying Future Goals:

Guide participants in identifying their future goals as parents.

Encourage them to think about specific areas they want to focus on and improvements they want to make.

Action Planning:

Allow participants to brainstorm and discuss potential strategies and resources they can utilize to achieve their goals.

Encourage them to share ideas and provide support to one another.

Closing Ritual:

Conduct a closing ritual to commemorate the completion of the program.

This could include a gratitude practice, where participants express appreciation for their journey and the support received from the group.

Evaluation and Feedback:

Provide an opportunity for participants to provide feedback on the program.

Use this feedback to improve future iterations of the program and address any concerns or suggestions.



Appendix 3 : Beck Anxiety Inventory (Chinese Version) 貝克焦慮量表

	完全不會	輕微	經常發生	嚴重
感覺麻木或刺痛	0	1	2	3
感覺炎熱	0	1	2	3
不自主抖腳	0	1	2	3
無法放鬆	0	1	2	3
擔心最壞的事情發生	0	1	2	3
頭昏腦脹	0	1	2	3
心跳突然加速	0	1	2	3
情緒不穩定	0	1	2	3
感覺驚嚇	0	1	2	3
感覺緊張	0	1	2	3
感覺難以下嚥	0	1	2	3
手部容易顫抖	0	1	2	3
感覺不安	0	1	2	3
不能自控	0	1	2	3
呼吸困難	0	1	2	3
對死亡有恐懼	0	1	2	3
感覺害怕	0	1	2	3
消化不良	0	1	2	3
暈眩	0	1	2	3
臉頰發紅	0	1	2	3
出汗或冒冷汗	0	1	2	3

0 - 7 分：極輕度焦慮**8 - 15 分：輕度焦慮****16 - 25 分：中度焦慮****26 - 63 分：重度焦慮**

Appendix 4 : Beck Depression Inventory (Chinese Version) 貝克抑鬱量表**貝克抑鬱自評量表 (BDI) 中文版貝克憂鬱量表(陳心怡,2000)**

貝克抑鬱自評量表(BDI)是專門評測抑鬱程度的。下面有 13 組項目，每組有 4 句陳述，你可根據一周來的感覺，選擇最適合自己情況。並在□中進行勾選，同一題請勿重複勾選

題目：

1 以下情況最符合你的是：	
A、我不感到憂鬱	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
B、我感到憂鬱或沮喪	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
C、我整天憂鬱，無法擺脫	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
D、我十分憂鬱，已經承受不住	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
2 你對未來抱有什麼態度？	
A、我對未來並不感到悲觀失望	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
B、我感到前途不太樂觀	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
C、我感到我對前途不抱希望	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
D、我感到今後毫無希望，不可能有所好轉	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
3 你是如何看待失敗的感覺？	
A、我並無失敗的感覺	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
B、我覺得和大多數人相比我是失敗的	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
C、回顧我的一生，我覺得那是一連串的失敗	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
D、我覺得我是個徹底失敗的人	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
4 你對生活的滿意度如何？	
A、我並不覺得我有什麼不滿意	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
B、我覺得我不能像平時那樣享受生活	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
C、任何事情都不能使我感到滿意一些	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
D、我對所有的事情都不滿意	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
5 你的內疚感有多深？	
A、我沒有特殊的內疚感	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
B、我有時感到內疚或覺得自己沒價值	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
C、我感到非常內疚	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
D、我覺得自己非常壞，一錢不值	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
6 你是否會對自己感到失望？	
A、我沒有對自己感到失望	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
B、我對自己感到失望	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
C、我討厭自己	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
D、我憎恨自己	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
7 你會有想要傷害自己的想法嗎？	

A、我沒有要傷害自己的想法	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
B、我感到還是死掉的好	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
C、我考慮過自殺	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
D、如果有機會，我還會殺了自己	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
8 你是否失去與他人交往的興趣？	
A、我沒失去和他人交往的興趣	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
B、和平時相比，我和他人交往的興趣有所減退	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
C、我已失去大部分和人交往的興趣，我對他們沒有感情	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
D、我對他人全無興趣，也完全不理睬別人	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
9 做決定對你來說，是否感到困難？	
A、我能像平時一樣做出決斷	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
B、我嘗試避免做決定	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
C、對我而言，做出決斷十分困難	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
D、我無法做出任何決斷	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
10 與過去相比，你是否對你的形象不自信？	
A、我覺得我的形象一點也不比過去糟	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
B、我擔心我看起來老了，不吸引人了	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
C、我覺得我的外表肯定變了，變得不具吸引力	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
D、我覺得我的形象醜陋不堪且討人厭	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
10 與過去相比，你是否對你的形象不自信？	
A、我覺得我的形象一點也不比過去糟	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
B、我擔心我看起來老了，不吸引人了	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
C、我覺得我的外表肯定變了，變得不具吸引力	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
D、我覺得我的形象醜陋不堪且討人厭	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
11 你對工作抱有何種態度？	
A、我能像平時那樣工作	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
B、我做事時，要額外地努力才能開始	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
C、我必須努力迫使自己，方能幹事	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
D、我完全不能做事情	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
12 和以往相比，你是否會很容易就感到疲倦？	
A、和以往相比，我並不容易疲倦	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
B、我比過去容易覺得疲倦	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3

C、我做任何事都感到疲倦	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
D、我太易疲倦了，不能幹任何事	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
13 與過去相比，你的胃口如何？	
A、我的胃口不比過去差	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
B、我的胃口沒有過去那樣好	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
C、現在我的胃口比過去差多了	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
D、我一點食慾都沒有	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3

測試結果：

0-4 分：無抑鬱症狀

請繼續保持積極陽光的生活態度，面對人生，相信你會遇到很多驚喜，同時也能給他人帶來快樂！

5-7 分：輕度抑鬱症狀

偶爾的心緒不寧和失眠會對你造成一些小的影響，雖然不大，但是不要忽略它。時常會感到焦慮不安，一定程度上的悲觀厭世，這都有可能影響你正常的人際交往，並有可能引發潛在性的疾病，關注你的身體和心理健康，閱讀一些相關的心理書籍，對人生形成更深刻的認識，學會對朋友訴說心中的煩悶，會對你有很大的幫助。

8-15 分：中度抑鬱症狀

出現情緒低下、心境惡劣的情況，有明顯的失眠症狀，思維行動變慢，焦慮症狀明顯，抑鬱症狀已經十分明顯，請在條件允許的情況，及時聯繫心理醫生或者相關專家進行治療，在配合藥物治療的同時改善自身的生活環境，提高睡眠質量，加強與家庭成員的交流溝通。

16-39 分：重度抑鬱症狀

症狀非常嚴重，請積極配合醫生的治療。重度抑鬱症患者大部分時間心情抑鬱，對平時感興趣的活動失去了興趣，體重顯著下降或增加，食慾顯著降低或增加，每天失眠或睡眠過多等症狀，並且極有可能出現自殺的行為。作為患者的家屬應做好安全防範措施，積極配合醫生的治療，為病人創造一個良好的生活環境，幫助患者早日康復。