

Chapter 1

Introduction

The demands of raising a child with autism spectrum disorder (ASD) entail a steep learning curve for parents as they devote much of their time, attention and energy to learning about their child's characteristics and how to secure the best support and services (Stoner et al., 2005). While parenting a child with ASD can be “rewarding” and a “privilege”, bringing out the best in parents, the day-to-day challenges they experience can also be “exhausting” and “stressful” (Glazzard & Overall, 2012, p. 40). Parents need to develop a wide variety of skills to manage the issues that arise from their child's ASD, especially given the extreme individuality of the disorder (Bearss et al., 2013; Oono Honey, & McConachie, 2013). These difficulties tend to worsen when their child has challenging behaviours, and appropriate social support services are not in place (McGill Papachristoforou, & Cooper, 2006).

Recent intervention studies have reported the successful application of mindfulness meditation practice for individuals with developmental disability (DD), including ASD, as evidenced by reductions in their behavioural (e.g. Singh et al., 2013), psychological (e.g. Spek et al., 2013) and physical (e.g. Singh et al., 2014a) problems. Mindfulness interventions for individuals with DD can be traced back to 2003, when Singh and his colleagues conducted a 12-month mindfulness intervention that resulted in reductions in the aggressive behaviours of an adult with intellectual disability (ID) and mental illness who was in danger of losing his community living arrangement because of his uncontrolled aggressive behaviour.

The initial work of Singh Wahler, Adkins and Myers (2003) was extended by follow-up studies that demonstrated the positive effects of mindfulness training for both people with DD (e.g. Singh et al., 2011, 2014a), and their family and professional care providers (e.g. Bazzano et al., 2015; Bethay et al., 2013). In addition, indirect effects of mindfulness training for family or professional care providers were reported for their care recipients with DD (e.g. Neece, 2014; Singh et al., 2009). Recent mindfulness intervention studies (e.g. Idusohan-Moizer Sawicka, Dendle, & Albany, 2015; Sakdalan Shaw, & Collier, 2010) have extended their objectives and diversified their content by applying existing mindfulness-based intervention programmes (MBIs), such as mindfulness-based cognitive therapy (MBCT) and

dialectical behaviour therapy (DBT), to enhance the behavioural and psychological well-being of individuals with DD.

Mindfulness interventions have become both more numerous and more diverse in their application to the physical, behavioural and/or psychological health of people affected by a range of conditions, including disabilities. The growing prominence of this field of study has prompted a reappraisal of the fundamentals of mindfulness practice as a component of the social and health sciences, to ensure that the theoretical and practical foundations have been properly laid to support any future expansion of the field of mindfulness studies (e.g. Gethin, 2011; Williams & Kabat-Zinn, 2011).

When mindfulness was first applied to people suffering chronic health problems (Kabat-Zinn, 1990), the priority was to create an effective practice package that could ameliorate the suffering of practitioners, and the main theoretical concern was to present mindfulness as a secular practice that could fit within a scientific context. As the field has developed, however, the theoretical understanding that frames the concepts of mindfulness and its practice has not been as strongly developed (Grossman, 2011). In a recent study, for example, Singh and his colleagues (Singh et al., 2014b) have called attention to the need for a second generation of mindfulness interventions, based in part on a deeper understanding of the traditional roots of mindfulness practice.

The current intervention could be located within this emerging second generation of mindfulness studies. We begin in Chap. 2 with a genealogy of mindfulness that traces the development of the concept from its origins in the early teachings of the Buddha to its application to contemporary health and social sciences. We continue in Chap. 3 with a systematic literature review of mindfulness intervention studies conducted for individuals living with DD, examination of the trends of current mindfulness intervention and research practices and identification of areas of strengths and improvements.

Based on the understanding of mindfulness outlined in Chap. 2, and addressing the issues that arose from Chap. 3, then in Chap. 4 we will report on the development and delivery of the first stage of the current mindfulness programme. This intervention is structured around six mother–child dyads, where the children are characterized by ASD and challenging behaviours. The first stage of the study aimed to train the six mothers to a level of fluency in mindfulness practice so that they could both apply mindfulness to their own lives and become mindfulness teachers for their own child.

In Chap. 5, we will report on the second stage of this study, in which these mothers transition to become mindfulness teachers to their own children, at first with the support of the researchers and then independently. Here, we apply contemporary educational theories (e.g. differentiations and self-determination) and practices (e.g. parent-implemented intervention and video modelling) to create an initial mindfulness training programme appropriate for the specific needs and characteristics of these six children. Chapters 4 and 5 will include a report on the results of the intervention as it affected mothers and children both directly, through their own mindful-

ness practice, and indirectly, through their reciprocal relationships with their family members who practised mindfulness.

Results are discussed in Chap. 6 and compared to those of previous mindfulness intervention studies. We conclude our work by exploring the implications of the results and areas that future mindfulness studies need to address to advance our ways of supporting the lives of people living with DD.

References

- Bazzano, A., Wolfe, C., Zylowska, L., Wang, S., Shchuster, E., Barrett, C., & Lehrer, D. (2015). Mindfulness based stress reduction (MBSR) for parents and caregivers of individuals with developmental disabilities: A community-based approach. *Journal of Child and Family Studies*, 24, 298–308. doi:10.1007/s10826-013-9836-9.
- Bearss, K., Lecavalier, L., Minshawl, N., Johnson, C., Smith, T., Handen, B., & Scahill, L. (2013). Toward an exportable parent training program for disruptive behaviours in autism spectrum disorder. *Neuropsychiatry*, 3(2), 169–180.
- Bethay, J. S., Wilson, K. G., Schnetzer, L. W., Nassar, S. I., & Bordieri, M. J. (2013). A controlled pilot evaluation of acceptance and commitment training for intellectual disability staff. *Mindfulness*, 4, 113–121.
- Gethin, R. M. L. (2011). On some definitions of mindfulness. *Contemporary Buddhism*, 12(1), 263–279.
- Glazzard, J., & Overall, K. (2012). Living with autistic spectrum disorder: Parental experiences of raising a child with autistic spectrum disorder (ASD). *British Journal of Learning Support*, 27(1), 37–45.
- Grossman, P. (2011). Defining mindfulness by how poorly I think I pay attention during everyday awareness and other intractable problems for psychology's (re)invention of mindfulness: Comment on Brown et al. (2011). *Psychological Assessment*, 23(4), 1034–1040.
- Idusohan-Moizer, H., Sawicka, A., Dendle, J., & Albany, M. (2015). Mindfulness-based cognitive therapy for adults with intellectual disabilities: An evaluation of the effectiveness of mindfulness in reducing symptoms of depression and anxiety. *Journal of Intellectual Disability Research*, 59, 93–104. doi:10.1111/jir.12082.
- Kabat-Zinn, J. (1990). *Full catastrophe living. Using the wisdom of your body and mind to face stress, pain, and illness*. New York: Dell Publishing.
- McGill, P., Papachristoforou, E., & Cooper, V. (2006). Support for family carers of children and young people with developmental disabilities and challenging behaviour. *Child: Care, Health & Development*, 32(2), 159–165.
- Neece, C. (2014). Mindfulness-based stress reduction for parents of young children with developmental delays: Implications for parental mental health and child behaviour problems. *Journal of Applied Research in Intellectual Disabilities*, 27, 174–186.
- Oono, I. P., Honey, E. J., & McConachie, H. (2013). Parent-mediated early intervention for young children with autism spectrum disorders (ASD). *Evidence-Based Child Health*, 8(6), 2380–2479.
- Sakdalan, J. A., Shaw, J., & Collier, V. (2010). Staying in the here-and-now: A pilot study on the use of dialectical behaviour therapy group skills training for forensic clients with intellectual disability. *Journal of Intellectual Disability Research*, 54, 568–572.
- Singh, N. N., Wahler, R. G., Adkins, A. D., & Myers, R. E. (2003). Soles of the feet: A mindfulness-based self-control intervention for aggression by an individual with mild mental retardation. *Research in Developmental Disabilities*, 24, 158–169.

- Singh, N. N., Lancioni, G. E., Winton, A. S. W., Singh, A. N. A., Adkins, A. D. A., & Singh, J. (2009). Mindful staff can reduce the use of physical restraints when providing care to individuals with intellectual disabilities. *Journal of Applied Research in Intellectual Disabilities*, 22, 194–202.
- Singh, N. N., Lancioni, G. E., Singh, A. D. A., Winton, A. S. W., Singh, A. N. A., & Singh, J. (2011). Adolescents with Asperger Syndrome can use a mindfulness-based strategy to control their aggressive behaviour. *Research in Autism Spectrum Disorders*, 5, 1103–1109.
- Singh, N., Lancioni, G., Karazsia, B., Winton, A., Myers, R., Singh, A.N.A., & Singh, J. (2013). Mindfulness-based treatment of aggression in individuals with mild intellectual disabilities: A waiting list control study. *Mindfulness*, 4, 158–167.
- Singh, N., Lancioni, G., Myers, R., Karazsia, B., Winton, A., & Singh, J. (2014a). A randomised controlled trial of a mindfulness-based smoking cessation program for individuals with mild intellectual disability. *International Journal of Mental Health Addiction*, 12, 153–168.
- Singh, N. N., Lancioni, G. E., Winton, A. S. W., Karazsia, B. T., Myers, R. E., Latham, L. I., & Singh, J. (2014b). Mindfulness-based positive behavior support (MBPBS) for mothers of adolescents with autism spectrum disorder: Effects on adolescents' behavior and parental stress. *Mindfulness*. doi:10.1007/s12671-014-0321-3.
- Spek, A., van Ham, N., & Nyklicek, I. (2013). Mindfulness-based therapy in adults with an autism spectrum disorder: A randomized controlled trial. *Research in Developmental Disabilities*, 34(1), 246–253.
- Stoner, J. B., Bock, S. J., Thompson, J. R., Angell, M. E., Heyl, B. S., & Crowley, E. P. (2005). Welcome to our world: Parent perceptions of interactions between parents of young children with ASD and educational professionals. *Focus on Autism and Other Developmental Disabilities*, 20, 39–51.
- Williams, J. M. G., & Kabat-Zinn, J. (2011). Mindfulness: diverse perspectives on its meaning, origins, and multiple applications at the intersection of science and dharma. *Contemporary Buddhism*, 12(1), 1–18.

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