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Mindfulness-based Intervention: A Culturally Adaptable Intervention in Clinical Psychology

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Mindfulness-based intervention

Mindfulness is defined as nonjudgmental acceptance and paying attention in specific way to current thoughts and emotions. The concept of mindfulness is directly inspired by the Buddhist tradition, but it is not considered a religious practice. It is also not constrained to the Buddhist tradition. Mindfulness-based interventions were derived from the concept of mindfulness and were reported to be effective in relieving pain and alleviating anxiety and depression in different population. Recently, most studies about mindfulness were reported from Western literature, and little evidence was available regarding using mindfulness in Arab population. As I was a psychiatric nurse, my publications focused on the advanced roles of nurses [1]. I also was very interested in mental illness and stigma toward mental illness in the Arab population [2]. In March 2015, I adapted mindfulness-based interventions to support Arab parents of children with autism. Arab parents of children with autism were targeted because they report high stress level [3].

To adapt a mindfulness-based intervention, I first consulted Prof. Muayyad Ahmad from the University of Jordan who was an expert in stressors experienced by parents of children with autism in Jordan [3]. Then I completed different mindfulness-based intervention courses worldwide. As the practice of mindfulness was useful for me, I completed my mindfulness training under the supervision of different mindfulness instructors and directors of mindfulness continuing education courses (i.e., Mr Potter, Dr Zur, Dr Yashina, Mrs Tao, and many others). After that, I contacted Dr Ferraioli who sent me the full manual which includes step by step implementation of her mindfulness program which was implemented in USA for parents of children with autism. Dr Ferraioli provided me a constructive feedback on my adapted program and responded to all of my inquiries. She also sent me valuable related materials and references. I also obtained some feedback from Dr. Lengua and Dr. Kerns, the two experts in evidence-based mindful parenting from the University of Washington who suggested adding some interventions about bringing mindfulness into everyday interactions with child into my

adapted program. I also coordinated with Mrs Hend Saab, the bicultural consultant psychologist in Australia who helped me in preparing my mindfulness CD, and reviewing the Arabic version of the adapted CD and program. Dr Imad, and Mrs Muna Rawhi -the clinical psychologists- helped me in reviewing the Arabic version of the program. With a great help of the administrators and staff in the ten centers and/or clinics and/or schools from which the participants were recruited, I conducted my 5-week mindfulness-based interventions for a 52 parents. These administrators and staff took the responsibility to invite and encourage parents to participate in the study, arranged for time of sessions, and provided calm halls for the intervention. They also participated in data collection, pilot studies, and pretest and posttest measures of the main study. Using an in-person session, parents were asked to evaluate their satisfaction with the intervention program, and completed the measure of quality of life before and after the intervention.

Parents were generally satisfied with the intervention program and reported improvements in their quality of life post-intervention. Most parents reported being satisfied with the program schedule, but some participants with severe levels of psychological distress expressed a desire to attend more sessions. Additionally, some parents with children with severe autism indicated a desire to receive some training regarding how to effectively deal with challenging child behaviors.

Although the MBI in the current study was short, the outcomes indicated that participants gained valuable benefits from the intervention. The benefits of implementing the current program were evident as early as the first session. In the first session, participants reported that merely the meeting with other parents of children with ASD and having someone providing support for them were very rewarding experiences. Other parents reported that practicing mindfulness through activities such as breathing and body scan for the first time made them feel psychologically relieved. The results of the data analysis after the completing the program were also promising. The brief MBI implemented in the current study significantly improved quality of life for parents. These results

were expected, but the degree to which parents would benefit from this program was under investigation. The study revealed that individuals with severe dissatisfaction with quality of life were more motivated to strictly apply MBI-based skills, and show more dramatic improvement than those with mild levels because the increase in the level of mindfulness results in substantial improvement in participants with severe symptoms as compared to those with mild symptoms. This may help explain some of the variability in the degree of benefits experiences by different participants.

The current study supported the belief that MBIs, as shown in many studies conducted in Western countries, can be successfully implemented and adapted to different cultures [4]. My gratitude is extended to all of parents of children with ASD who participated in the study. I appreciate them for giving me their time and for sharing their private experiences openly. Without their commitment, cooperation, and motivation to improve their condition, this study would not have been possible. It was a very interesting experience to spend a time

with the parents and hearing their amazing stories about their children.

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