

# Intellectual Discourse

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# *Intellectual Discourse*

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Volume 34

Number 2

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A Scoping Review

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## Transliteration Table: Consonants

Arabic	Roman		Arabic	Roman
ب	b		ط	ṭ
ت	t		ظ	ẓ
ث	th		ع	‘
ج	j		غ	gh
ح	ḥ		ف	f
خ	kh		ق	q
د	d		ك	k
ذ	dh		ل	l
ر	r		م	m
ز	z		ن	n
س	s		ه	h
ش	sh		و	w
ص	ṣ		ء	’
ض	ḍ		ي	y

## Transliteration Table: Vowels and Diphthongs

Arabic	Roman		Arabic	Roman
اَ	a		اَ، اِيَّ	an
اُ	u		اُو	un
اِ	i		اِي	in
اَ، اِ، اِيَّ	ā		اَو	aw
اُو	ū		اَي	ay
اِي	ī		اُو	uww, ū (in final position)
			اَي	iyy, ī (in final position)

*Source: ROTAS Transliteration Kit: <http://rotas.iium.edu.my>*



# **Mindfulness-Informed Parenting Interventions for Parents and Caregivers of Children with Atypical Development: A Scoping Review**

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**Jamilah Hanum Abdul Khaiyom**\*\*

**Mardiana Mohamad**\*\*\*

**Zunaidah Mohd Marzuki**\*\*\*\*

**Jamiah Manap**\*\*\*\*\*

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**Abstract:** Parents and caregivers of children with atypical development often experience high levels of stress and reduced well-being. This scoping review

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mapped the literature on mindfulness-informed parenting interventions for this population, focusing on intervention types, methodological features, outcomes, and the integration of spirituality and religiosity. Reported in accordance with PRISMA-ScR, a comprehensive search of Scopus, Web of Science, Google Scholar, ProQuest Dissertations and Theses, and MyCite, with updated search alerts, identified 49 eligible studies. The evidence based was concentrated in North America and Europe, and hybrid mindfulness-informed interventions and mindful parenting programmes were the most common. Parent outcomes were more consistently positive than child outcomes, but the literature remained methodologically heterogeneous, and only one study explicitly integrated spirituality or religiosity. Future research should prioritise more rigorous and culturally responsive intervention development.

**Keywords:** caregiver well-being; cultural adaptation; neurodevelopmental conditions; psychosocial interventions; SDG 3 (Good Health and Well-Being)

**Abstrak:** Ibu bapa dan penjaga kepada kanak-kanak dengan perkembangan atipikal sering mengalami tahap tekanan yang tinggi serta kesejahteraan yang lebih rendah. Ulasan skop ini memetakan literatur mengenai intervensi keibubapaan berasaskan *mindfulness* (sedar akal) bagi populasi ini, dengan memberi tumpuan kepada jenis intervensi, ciri metodologi, hasil intervensi, serta pengintegrasian elemen kerohanian dan keagamaan. Dilaporkan selaras dengan PRISMA-ScR, carian komprehensif dalam Scopus, Web of Science, Google Scholar, ProQuest Dissertations and Theses, dan MyCite, bersama kemas kini carian berkala, telah mengenal pasti 49 kajian yang memenuhi kriteria. Asas bukti tertumpu di Amerika Utara dan Eropah, manakala intervensi berasaskan *mindfulness* hibrid dan program keibubapaan *mindful* merupakan pendekatan yang paling lazim. Hasil dalam kalangan ibu bapa didapati lebih konsisten positif berbanding hasil pada peringkat anak. Walau bagaimanapun, literatur ini kekal heterogen dari segi metodologi, dan hanya satu kajian yang secara jelas mengintegrasikan elemen kerohanian atau keagamaan. Kajian masa hadapan perlu mengutamakan pembangunan intervensi yang lebih rapi serta lebih responsif terhadap konteks budaya dan agama.

**Kata kunci:** kesejahteraan penjaga; penyesuaian budaya; keadaan neuroperkembangan; intervensi psikososial; SDG 3 (Kesihatan Baik dan Kesejahteraan)

## Introduction

Parenting children with atypical developmental conditions can place substantial psychological, relational, and practical demands on families. Globally, developmental disabilities affect millions of children, and parents or primary caregivers of children with conditions such as autism spectrum disorder (ASD), attention-deficit/hyperactivity disorder (ADHD), learning disorders, and intellectual disabilities often report elevated levels of stress, depression, anxiety, and reduced well-being (Davidsson et al., 2025; Olusanya et al., 2018; Pardo-Salamanca et al., 2025). In addition to emotional strain, these families may face financial burden, disrupted employment, and increased challenges in maintaining family and marital relationships.

Previous studies have consistently shown that parents of children with atypical development experience higher parenting distress than parents of typically developing children (Baker et al., 2002; Singer, 2004). This distress is often linked to the ongoing demands of caregiving, including repeated medical appointments, therapy sessions, behavioural management, and navigation of healthcare and special education systems. Such demands may also reduce parents' opportunities for self-care, rest, and social support, thereby compounding their psychological burden and affecting broader family functioning (Robinson & Neece, 2015; Roper et al., 2014).

In response to these challenges, a range of parenting and psychosocial interventions has been developed, including Parent-Child Interaction Therapy, Triple P, and Parent Management Training. More recently, growing attention has been given to mindful parenting and related mindfulness-informed parenting interventions. Mindfulness is commonly understood as purposeful, present-moment, and non-judgmental awareness (Kabat-Zinn, 2005). In the parenting context, mindful parenting refers to bringing this quality of awareness into parent-child interactions in a deliberate, emotionally regulated, and non-reactive manner (Kabat-Zinn & Kabat-Zinn, 2014). Existing literature suggests that such interventions may help reduce parenting distress, enhance parental well-being, strengthen parent-child relationships, and, in some cases, improve child behavioural or emotional outcomes (Caetano et al., 2024; Shorey & Ng, 2021). Despite this growing body of work, the literature remains fragmented.

Studies vary considerably in terms of intervention type, target population, study design, outcome focus, and cultural setting. In addition, while mindfulness has historical and conceptual links with spiritual traditions, the extent to which spirituality and religiosity have been integrated into parenting interventions for families of children with atypical development remains unclear. This makes it difficult to determine the breadth and characteristics of the evidence base and to identify important gaps for future research (Caetano et al., 2024; Donovan et al., 2022).

A scoping review was therefore considered the most appropriate approach for the present study. Unlike a systematic review, which is typically designed to answer a narrowly focused question about effectiveness, a scoping review is more suitable for mapping a heterogeneous and still-developing body of literature, clarifying key concepts, and identifying research gaps (Donovan et al., 2022). The present review aimed to provide a broad overview of mindfulness-informed parenting interventions for parents or caregivers of children with atypical development. This scoping review was guided by the following research question: What is the scope and nature of the existing literature on mindfulness-informed parenting interventions for parents or caregivers of children with atypical development?

Specifically, the review sought to:

1. identify the study characteristics and geographical distribution of the literature;
2. map the types of mindfulness-informed parenting interventions that have been used;
3. examine the methodological characteristics of the included studies;
4. synthesise reported parent and child outcomes; and
5. identify the extent to which spirituality and religiosity have been incorporated into these interventions.

By addressing these objectives, this review aims to provide a clearer picture of the current evidence base and highlight directions for future research, practice, and culturally relevant intervention development.

## **Methods**

### ***Review Design***

This study employed a scoping review design to map the scope and characteristics of mindfulness-informed parenting interventions for parents or caregivers of children with atypical development. It was conducted using established scoping review methodology informed by Arksey and O'Malley (2005) and Levac et al. (2010) and was reported in accordance with the PRISMA-ScR guidelines (Tricco et al., 2018). A scoping review approach was selected because the existing literature in this area is heterogeneous in terms of intervention types, study designs, populations, and outcome measures. The aim of the present review was not to estimate effect sizes or determine intervention effectiveness, but to provide a comprehensive mapping of the available evidence, identify patterns, and highlight gaps, particularly in relation to the integration of spirituality and religiosity.

### ***Research Question***

This scoping review was guided by the following research question: What is the scope and nature of the existing literature on mindfulness-informed parenting interventions for parents or caregivers of children with atypical development?

To address this question, the review focused on:

1. study characteristics and geographical distribution;
2. types of mindfulness-informed parenting interventions;
3. methodological features of included studies;
4. reported parent and child outcomes; and
5. the extent of spirituality and religiosity integration.

### ***Search Strategy***

A comprehensive search of the literature was conducted across five electronic databases: Scopus, Web of Science, Google Scholar, ProQuest Dissertations and Theses, and MyCite. The initial search was carried out between August and October 2020 and was used to identify relevant review papers from which original studies were traced. To ensure currency of the review, updated searching and search alerts were then used to identify additional records up to December 2025, including

articles published online ahead of print in 2025 and those appearing in 2026 journal issues.

The search strategy was developed using key concepts derived from the research question, including: (a) mindfulness and related approaches (e.g., mindfulness-based stress reduction, mindfulness-based cognitive therapy, acceptance and commitment therapy, mindfulness self-compassion), (b) parenting or caregivers, and (c) children with atypical or neurodevelopmental conditions (e.g., autism spectrum disorder, attention-deficit/hyperactivity disorder, developmental delay, intellectual disability).

Boolean operators (AND, OR) and truncation were used to combine search terms. The full search strategy is available from the authors upon request.

### ***Eligibility Criteria***

Studies were included if they met the following criteria:

1. involved parents or primary caregivers of children with atypical or neurodevelopmental conditions;
2. included an intervention with mindfulness elements;
3. reported outcomes related to parent or child psychological or behavioural functioning;
4. were empirical studies, including experimental, quasi-experimental, or pre–post designs; and
5. were published in English.

Studies were excluded if they:

1. did not involve a parenting or caregiver-focused intervention;
2. focused solely on typically developing children; or
3. were editorials, commentaries, or non-empirical papers.

### ***Study Selection***

All records identified from the relevant review papers and updated searches were compiled, and duplicates were removed prior to screening. The screening process was conducted in two stages. First, records were reviewed for relevance against the eligibility criteria. Second, full-text reports were assessed for final inclusion. The screening process was

conducted independently by two reviewers (first and second authors). Any discrepancies were resolved through discussion and consensus, with consultation from the wider research team where necessary to ensure consistency.

A PRISMA-style flow diagram was used to document the study selection process, including duplicate removal, full-text assessment, exclusions, and final inclusion.

### ***Data Charting (Extraction)***

Data from the included studies were charted using a structured data extraction form, which was refined during the review process. The extracted information included:

1. study characteristics (author, year, country);
2. participant characteristics (sample size, child condition, age group);
3. intervention type and features;
4. study design;
5. outcome measures;
6. key findings;
7. attrition rates; and
8. information on cultural adaptation and spirituality or religiosity integration.

Data extraction was conducted by one reviewer and independently reviewed by a second reviewer to ensure accuracy and consistency. Any discrepancies were resolved through discussion and consensus, with consultation from the wider research team where necessary to enhance rigour.

### ***Data Synthesis***

Data were synthesised descriptively and analytically. Descriptive synthesis was used to summarise study characteristics and intervention types. Analytical synthesis was conducted to identify patterns across studies in terms of intervention approaches, methodological features, and reported outcomes. Particular attention was given to:

1. differences in outcomes across intervention types (e.g., MBSR, MBCT, ACT, hybrid approaches);

2. variations in findings by study design and sample characteristics;
3. trends in geographical distribution; and
4. the presence or absence of spirituality and religiosity components.

Given the heterogeneity of the included studies, a meta-analysis was not conducted.

### ***Quality Appraisal***

Consistent with scoping review methodology, formal quality appraisal of included studies was not undertaken. The purpose of this review was to map the breadth of available evidence rather than to evaluate the methodological quality or effectiveness of interventions. However, methodological features such as sample size, study design, and attrition rates were considered during interpretation of the findings in order to contextualise the strengths and limitations of the evidence base.

### ***Use of Artificial Intelligence Tools***

Artificial intelligence (AI) tools were used only to support language refinement, organisation of ideas, and drafting assistance during manuscript preparation. All decisions regarding study selection, data extraction, synthesis, interpretation, and final content were made by the authors. The authors reviewed and verified the accuracy of the manuscript content and take full responsibility for the final version.

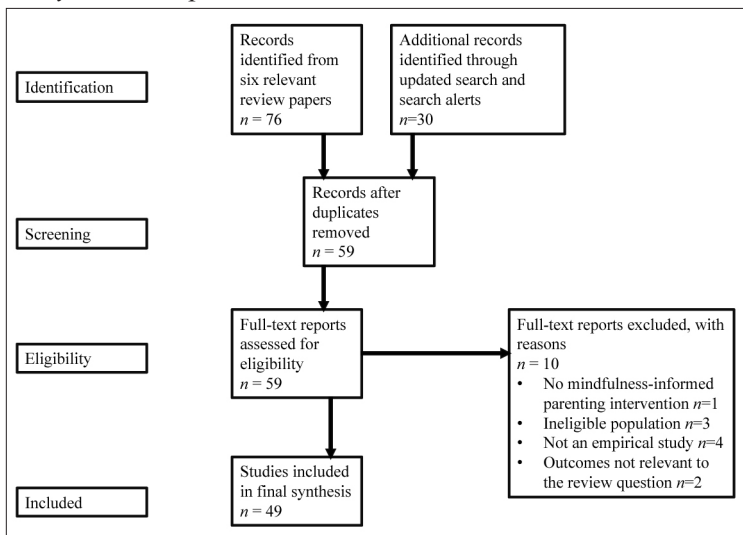
## **Results**

### ***Results of the Search***

The search process combined two sources of evidence identification. First, six relevant review papers yielded 76 original studies. Second, updated searching and search alerts identified 30 additional records. After duplicate removal, 59 records remained for full-text eligibility assessment. Of these, 10 full-text reports were excluded for the following reasons: no mindfulness-informed parenting intervention ( $n = 1$ ), ineligible population ( $n = 3$ ), not an empirical study ( $n = 4$ ), and outcomes not relevant to the review question ( $n = 2$ ). This resulted in a final sample of 49 studies included in the synthesis. The study selection process is shown in Figure 1.

**Figure 1**

*The study selection process*



***Characteristics of the Included Studies***

As shown in Table 1, the included studies were published between 2007 and 2026, with the more recent studies reflecting articles published online ahead of print by the end of 2025 and later assigned to 2026 journal issues. Geographically, the evidence base was dominated by North America ( $n = 19$ ), followed by Europe ( $n = 13$ ), Asia ( $n = 10$ ), and the Middle East ( $n = 5$ ). Two additional studies were from other regions. This pattern suggests that the field remains concentrated in Western settings, although studies from Asia and the Middle East are also represented.

In terms of child condition, autism spectrum disorder (ASD) was the most frequently represented group ( $n = 18$ ), followed by attention-deficit/hyperactivity disorder (ADHD) ( $n = 13$ ). Seven studies focused on developmental delay or developmental disabilities, and a further seven included mixed neurodevelopmental groups. Four studies involved broader mixed clinical presentations. Regarding age group, 19 studies focused specifically on children, 17 included mixed-age samples, 6 focused on preschool-aged children, and 4 focused on adolescents. This indicates that the literature has concentrated more on child and mixed-age populations than on adolescents.

### *Intervention and Methodological Patterns*

As shown in Table 1, the interventions were heterogeneous, but several broad patterns were evident. Hybrid mindfulness-informed interventions were the most common ( $n = 14$ ), followed closely by mindful parenting programmes ( $n = 12$ ). ACT-based interventions, including one ACT combined with Behaviour Parent Training study, also formed an important subgroup ( $n = 10$ ). MBSR-based interventions accounted for 7 studies, while MBCT-based interventions were less common ( $n = 3$ ). A small number of studies used other mindfulness-related approaches.

The methodological profile of the literature remained mixed. Controlled designs were common, including 11 randomised controlled trials, 9 waitlist-controlled studies, and 8 active-comparator studies. However, 13 studies used uncontrolled pre-post designs, and a smaller number used other exploratory or single-case approaches. This suggests that although the evidence base includes some more rigorous study designs, a substantial part of the literature still relies on designs with limited causal strength.

Sample sizes were often modest. Thirteen studies had very small samples, 17 had small samples, 12 had medium-sized samples, and only 7 had large samples. Attrition rates also varied considerably. Seven studies reported no attrition, 10 reported low attrition, 11 reported moderate attrition, and 13 reported high attrition, while the remainder did not report attrition clearly. Overall, these patterns indicate that feasibility was often acceptable, but participant retention remained a recurring methodological challenge.

**Table 1**

*Summary of study characteristics and methodological profile of included studies ( $n = 49$ )*

<b>Domain</b>	<b>Category</b>	<b><i>n</i> (%)</b>
<b>Region</b>	North America	19 (39)
	Europe	13 (27)
	Asia	10 (20)
	Middle East	5 (10)
	Other	2 (4)
<b>Child condition</b>	ASD	18 (37)

<b>Domain</b>	<b>Category</b>	<b><i>n</i> (%)</b>
	ADHD	13 (27)
	DD	7 (14)
	Mixed NDD	7 (14)
	Mixed clinical group	4 (8)
<b>Age group</b>	Child	19 (39)
	Mixed	17 (35)
	Preschool	6 (12)
	Adolescent	4 (8)
	Unspecified	3 (6)
<b>Intervention type</b>	Hybrid mindfulness-informed intervention	14 (29)
	Mindful Parenting programme	12 (24)
	ACT-based	10 (20)
	MBSR-based	7 (14)
	MBCT-based	3 (6)
	Other	3 (6)
<b>Study design</b>	Uncontrolled pre-post	13 (27)
	RCT	11 (22)
	Waitlist-controlled	9 (18)
	Active comparator	8 (16)
	Other exploratory designs	8 (16)
<b>Sample size</b>	Very small (<20)	13 (27)
	Small (20–49)	17 (35)
	Medium (50–99)	12 (24)
	Large (100+)	7 (14)
<b>Attrition</b>	0%	7 (14)
	Low (1–10%)	10 (20)
	Moderate (11–20%)	11 (22)
	High (>20%)	13 (27)
	Not clearly reported	8 (16)

A detailed study-by-study synthesis of the 49 included studies is presented in Table 2, including information on participant characteristics, intervention approaches, methodological features, outcomes, feasibility, and the presence or absence of cultural or religious elements.

**Table 2**  
*Study-by-study synthesis of included mindfulness-informed parenting interventions (N = 49)*

Study/Year	Region	Child condition	Age group	Intervention	Study Design	Sample Size	Attrition	Parent Outcome	Child Outcome	Feasibility	Cultural/RS	Key synthesis notes
1. Singh et al., 2007	North America	DD	preschool	Mindful Parenting programme	other	very small (<20)	0%	positive	positive	yes	none stated	single-case study strong effects
2. Bögels et al., 2008	Europe	Mixed clinical group	adolescent	MBCT-based	waitlist-controlled	very small (<20)	high (>20%)	positive	positive	unclear	none stated	early controlled study high attrition
3. Epstein, 2010	North America	DD	unclear	MBSR-based	other	very small (<20)	0%	limited-null	not assessed	yes	none stated	paternal MBSR results weak
4. Benn et al., 2012	North America	Mixed NDD	mixed	Hybrid mindfulness-informed intervention	RCT	medium (50-99)	moderate (11-20%)	positive	not assessed	yes	none stated	stronger RCT positive parent effects
5. van der Oord et al., 2012	Europe	ADHD	child	Hybrid mindfulness-informed intervention	waitlist-controlled	small (20-49)	moderate (11-20%)	positive	mixed	yes	none stated	parent-rated gains teacher effects weak
6. van de Weijer-Bergsma et al., 2012	Europe	ADHD	adolescent	Hybrid mindfulness-informed intervention	uncontrolled pre-post	very small (<20)	high (>20%)	mixed	positive	unclear	none stated	adolescent gains waned longer term

Study/Year	Region	Child condition	Age group	Intervention	Study Design	Sample Size	Attrition	Parent Outcome	Child Outcome	Feasibility	Cultural/RS	Key synthesis notes
7. Ferraioli & Harris, 2012	North America	ASD	child	Other	active comparator	very small (<20)	high (>20%)	positive	not assessed	yes	none stated	mindfulness outperformed skills group
8. Kowalkowski, 2012	North America	ASD	not stated	ACT-based	active comparator	small (20-49)	high (>20%)	positive	not assessed	yes	none stated	Group ACT improved parent distress/adjustment
9. Bögels et al., 2014	Europe	Mixed clinical group	mixed	Mindful Parenting programme	waitlist-controlled	medium (50-99)	low (1-10%)	positive	positive	yes	none stated	broad parent and child gains
10. Dykens et al., 2014	North America	Mixed NDD	mixed	MBSR-based	active comparator	large (100+)	moderate (11-20%)	positive	not assessed	yes	none stated	large trial strong maternal gains
11. Neece, 2014	North America	DD	preschool	MBSR-based	waitlist-controlled	small (20-49)	moderate (11-20%)	positive	positive	unclear	none stated	parent stress reduction with child spillover
12. Bazzano et al., 2015	North America	Mixed NDD	mixed	MBSR-based	uncontrolled pre-post	medium (50-99)	moderate (11-20%)	positive	not assessed	yes	cultural adaptation	community bilingual MBSR feasible
13. de Bruin et al., 2015	Europe	ASD	adolescent	Mindful Parenting programme	uncontrolled pre-post	small (20-49)	low (1-10%)	positive	mixed	yes	none stated	feasible ASD adolescent program
14. Haydick et al., 2015	North America	ADHD	adolescent	MBCT-based	uncontrolled pre-post	very small (<20)	low (1-10%)	positive	mixed	yes	none stated	parent gains clearer than youth self-report

Study/Year	Region	Child condition	Age group	Intervention	Study Design	Sample Size	Attrition	Parent Outcome	Child Outcome	Feasibility	Cultural/RS	Key synthesis notes
15. Lewallen & Neece, 2015	North America	DD	preschool	MBSR-based	uncontrolled pre-post	small (20-49)	high (>20%)	positive	positive	unclear	none stated	social skills improved after parent MBSR
16. Meppelink et al., 2016	Europe	Mixed clinical group	mixed	Mindful Parenting programme Hybrid mindfulness-informed intervention	uncontrolled pre-post	medium (50-99)	moderate (11-20%)	positive	positive	yes	none stated	larger clinical MP study positive
17. Gershly et al., 2017	Middle East	ADHD	child	Hybrid mindfulness-informed intervention	RCT	medium (50-99)	high (>20%)	mixed	limited-null	unclear	none stated	add-on helped fathers more
18. Lo et al., 2017	Asia	Mixed NDD	preschool	Hybrid mindfulness-informed intervention	RCT	large (100+)	low (1-10%)	positive	limited-null	yes	cultural adaptation	brief program feasible parent gains
19. Rayan & Ahmad, 2017	Middle East	ASD	child	Hybrid mindfulness-informed intervention	active comparator	large (100+)	moderate (11-20%)	positive	not assessed	yes	RS integration	culturally adapted brief parent MBI
20. Voos, 2017	North America	ASD	mixed	Mindful Parenting programme	uncontrolled pre-post	small (20-49)	low (1-10%)	positive	not assessed	yes	none stated	group MP reduced parenting stress
21. Xu, 2017	North America	DD	preschool	MBSR-based	uncontrolled pre-post	small (20-49)	high (>20%)	mixed	limited-null	unclear	none stated	parent stress improved only

Study/Year	Region	Child condition	Age group	Intervention	Study Design	Sample Size	Attrition	Parent Outcome	Child Outcome	Feasibility	Cultural/RS	Key synthesis notes
22. Zhang et al., 2017	Asia	ADHD child	child	Hybrid mindfulness-informed intervention	mixed-method pilot	very small (<20)	low (1–10%)	limited-null	mixed	yes	cultural adaptation	feasible Chinese pilot objective gains only
23. Zody, 2017	North America	ASD	mixed	ACT-based	waitlist-controlled	very small (<20)	not reported	limited-null	not assessed	unclear	none stated	brief ACT workshop effects weak
24. Gould, 2018	North America	ASD	mixed	ACT-based	other	very small (<20)	not reported	positive	not assessed	yes	none stated	ACT improved values-directed parent behaviour
25. Jones et al., 2018	Europe	Mixed NDD	mixed	Other	uncontrolled pre-post	small (20–49)	high (>20%)	positive	limited-null	yes	none stated	parent well-being improved child change absent
26. Behbahani et al., 2018	Middle East	ADHD child	child	Mindful Parenting programme	RCT	medium (50–99)	low (1–10%)	positive	positive	unclear	none stated	RCT showed parent and child gains
27. Corti et al., 2018	Europe	ASD	preschool	ACT-based	active comparator	small (20–49)	0%	mixed	not assessed	yes	none stated	ACT parent gains limited
28. Petcharat, 2018	Asia	Mixed NDD	mixed	Hybrid mindfulness-informed intervention	waitlist-controlled	small (20–49)	not reported	mixed	not assessed	yes	cultural adaptation	Thai tailored program improved mindfulness/anxiety
29. Potharst et al., 2018	Europe	Mixed clinical group	mixed	Mindful Parenting programme	uncontrolled pre-post	large (100+)	moderate (11–20%)	positive	positive	yes	none stated	preventive and clinical gains similar

Study/Year	Region	Child condition	Age group	Intervention	Study Design	Sample Size	Attrition	Parent Outcome	Child Outcome	Feasibility	Cultural/RS	Key synthesis notes
30. Ridderinkhof et al., 2018	Europe	ASD	mixed	Hybrid mindfulness-informed intervention	uncontrolled pre-post	small (20–49)	high (>20%)	positive	positive	yes	none stated	parallel ASD program with partial long-term maintenance
31. Hilkey, 2019	North America	ASD	child	ACT-based	other	very small (<20)	not reported	mixed	not assessed	unclear	none stated	online ACT pilot stress signals only
32. Lo et al., 2020	Asia	ADHD	child	Hybrid mindfulness-informed intervention	RCT	large (100+)	low (1–10%)	positive	positive	yes	cultural adaptation	family-based RCT with child gains
33. Padgett, 2020	North America	ASD	child	Mindful Parenting programme	waitlist-controlled	small (20–49)	high (>20%)	mixed	not assessed	yes	none stated	Online mindful parenting showed limited effects
34. Mah et al., 2021	North America	ADHD	child	Hybrid mindfulness-informed intervention	RCT	medium (50–99)	high (>20%)	mixed	positive	yes	none stated	mindfulness add-on improved parent regulation
35. Andrews et al., 2022	USA	ASD	child	ACT + Behaviour Parent Training	single-case experimental	very small (<10)	unclear	positive	mixed	yes	none stated	telehealth ACT improves adherence
36. Amiri et al., 2022	Middle East	ADHD	child	Mindful Parenting programme	active comparator	small (20–49)	moderate (11–20%)	not assessed	positive	unclear	none stated	small quasi-experimental ADHD improvement

Study/Year	Region	Child condition	Age group	Intervention	Study Design	Sample Size	Attrition	Parent Outcome	Child Outcome	Feasibility	Cultural/RS	Key synthesis notes
37. Lo et al., 2024	Asia	ADHD	mixed	Hybrid mindfulness-informed intervention	waitlist-controlled	small (20–49)	low (1–10%)	mixed	positive	yes	cultural adaptation	Online parent MBP improved child ADHD symptoms
38. Li et al., 2025	Asia	ASD	not stated	ACT-based	RCT	small (20–49)	unclear	positive	positive	yes	unclear	Pilot ACT parenting RCT showed broad gains
39. Osborn et al., 2025	other	DD	mixed	Other	uncontrolled pre-post	very small (<20)	moderate (11–20%)	positive	not assessed	yes	none stated	Brief online mindfulness reduced parent distress
40. Owen, 2025	North America	ASD	mixed	ACT-based	other	small (20–49)	high (>20%)	limited-null	not assessed	unclear	none stated	Virtual ACT acceptable but high attrition
41. Suvarna et al., 2025	other	ASD	child	Mindful Parenting programme	other	very small (<20)	0%	positive	positive	yes	none stated	Brief mindful parenting programme reduced stress
42. Kosterman Zoller et al., 2025	Europe	ADHD	child	Mindful Parenting programme	active comparator	medium (50–99)	unclear	positive	not assessed	unclear	none stated	Family mindfulness improved parent outcomes
43. Papadopoulos & Maniadaki, 2025	Europe	ASD	mixed	MBCT-based	waitlist-controlled	medium (50–99)	moderate (11–20%)	positive	positive	yes	none stated	MBCT with mindful parenting improved parent mental health

Study/Year	Region	Child condition	Age group	Intervention	Study Design	Sample Size	Attrition	Parent Outcome	Child Outcome	Feasibility	Cultural/RS	Key synthesis notes
44. Law et al., 2025	Asia	ADHD	mixed	MBSR-based	RCT	small (20–49)	0%	positive	limited-null	yes	cultural adaptation	Pilot MBSR reduced parent stress; child change limited
45. Chong et al., 2025	Asia	ADHD	child	ACT-based	RCT	large (100+)	unclear	positive	positive	unclear	none stated	ACT-PAM improved parent and child outcomes
46. Li & Chien, 2026	Asia	ASD	child	ACT-based	RCT	large (100+)	0%	positive	positive	yes	none stated	Large ACT parenting RCT improved parent stress and child problems
47. Muratori et al., 2026	Europe	Mixed NDD	child	Mindful Parenting programme	uncontrolled pre-post	medium (50–99)	high (>20%)	positive	not assessed	yes	none stated	ND-tailored mindful parenting improved negative parenting
48. Win et al., 2026	Asia	DD	child	Hybrid mindfulness-informed intervention	RCT	medium (50–99)	0%	positive	not assessed	yes	cultural adaptation	Mindfulness plus communication reduced maternal stress
49. Al-Naishah & Imam, 2026	Middle East	ASD	child	Hybrid mindfulness-informed intervention	active comparator	medium (50–99)	low (1–10%)	positive	not assessed	yes	cultural adaptation	Mindful Motherhood improved maternal QoL in Palestine

### ***Outcome Patterns***

Parent outcomes were more consistently positive than child outcomes across the 49 included studies. Thirty-five studies reported broadly positive parent outcomes, including reductions in parenting stress or distress and improvements in mindfulness, emotional regulation, or well-being. Nine studies reported mixed parent findings, four reported limited or null effects, and one study did not assess parent outcomes.

Child outcomes were reported less consistently. Nineteen studies reported positive child outcomes, five reported mixed findings, and five reported limited or null child effects. Importantly, 20 studies did not assess child outcomes directly. This suggests that the literature has focused primarily on parental functioning, with child-level benefits often treated as secondary or indirect outcomes. A related pattern was seen in feasibility reporting. Thirty-six studies indicated that the intervention was feasible or acceptable, whereas 13 provided unclear feasibility information. Taken together, the evidence suggests that mindfulness-informed parenting interventions are generally acceptable to families, but the strength of evidence for effectiveness varies according to intervention type, study design, and outcome measured.

### ***Cultural Adaptation and Spirituality/Religiosity***

One of the clearest findings of the review was the limited integration of cultural and spiritual or religious elements. In 38 of the 49 studies, no cultural, spiritual, or religious adaptation was explicitly stated. Nine studies reported some form of cultural adaptation, usually through language, delivery format, or contextual tailoring. Only one study explicitly incorporated spirituality or religiosity. One further study was unclear in this regard.

This pattern highlights a major gap in the literature. Although mindfulness has roots in spiritual traditions and the review included increasing contributions from Asian and Middle Eastern settings, explicit integration of spirituality or religiosity into parenting interventions for families of children with atypical development remained rare. A summary of parent and child outcome patterns, feasibility, and cultural or religious integration across the included studies is presented in the table below:

**Table 3**

*Summary of outcome patterns, feasibility, and cultural/RS integration (n = 49)*

<b>Domain</b>	<b>Category</b>	<b>n (%)</b>
<b>Parent outcome</b>	Positive	35 (71)
	Mixed	9 (18)
	Limited/null	4 (8)
	Not assessed	1 (2)
<b>Child outcome</b>	Positive	19 (39)
	Mixed	5 (10)
	Limited/null	5 (10)
	Not assessed	20 (41)
<b>Feasibility</b>	Yes	36 (73)
	Unclear	13 (27)
<b>Cultural / RS</b>	None stated	38 (78)
	Cultural adaptation	9 (18)
	RS integration	1 (2)
	Unclear	1 (2)

### ***Summary of Main Patterns***

Overall, the findings suggest that the literature on mindfulness-informed parenting for atypical development is growing and increasingly diverse but remains uneven. The evidence base is strongest for parent-level improvements, particularly reductions in parenting stress and better emotional regulation. However, the studies remain heterogeneous in intervention type, design, sample size, and target population. Child outcomes are less consistently examined, and spirituality or religiosity remains notably underdeveloped in the field.

### **Discussion**

This scoping review mapped the existing literature on mindfulness-informed parenting interventions for parents or caregivers of children with atypical development. Several main findings emerged. First, the literature now includes a wider range of intervention models, including hybrid mindfulness-informed programmes, dedicated mindful parenting programmes, ACT-based approaches, MBSR-based interventions, and

a smaller number of MBCT-based studies. Second, the evidence base remains geographically uneven, with most studies conducted in North America and Europe, although studies from Asia and the Middle East are also represented. Third, parent outcomes were more consistently positive than child outcomes. Finally, explicit integration of spirituality and religiosity was extremely limited, despite the conceptual relevance of these elements to both mindfulness and family well-being.

The finding that parent outcomes were more consistently positive than child outcomes is important. Across the included studies, reductions in parenting stress, improvements in emotional regulation, and gains in parental well-being were reported more frequently than clear child-level improvements. This pattern is not surprising. Most interventions in this literature were directed primarily at parents rather than children, and many studies did not assess child outcomes directly. Even when child outcomes were included, these were often treated as secondary outcomes and may have been more difficult to change within a short intervention period. Taken together, the current evidence suggests that mindfulness-informed parenting interventions are better supported as approaches for improving parental functioning than as direct interventions for child behavioural or emotional change (Burgdorf et al., 2019; Shorey & Ng, 2021).

This pattern can also be understood in light of theoretical models of mindful parenting (Duncan et al., 2009). Duncan et al.'s framework highlights key processes such as listening with full attention, emotional awareness of self and child, self-regulation in the parenting relationship, non-judgmental acceptance, and compassion (Duncan et al., 2009). These processes operate first at the level of parental awareness and regulation. It is therefore reasonable that parent-level outcomes are more immediate and more consistently detected than downstream child outcomes. Child benefits may still occur, but these effects are likely to depend on broader relational processes, follow-up duration, and the extent to which changes in parental regulation are translated into consistent parenting behaviour.

The review also showed that the intervention landscape is heterogeneous. Hybrid mindfulness-informed interventions and mindful parenting programmes were the most common, followed by ACT-based and MBSR-based approaches. This diversity reflects the flexibility of mindfulness-informed work in parenting contexts, but it

also makes comparison across studies difficult, which is consistent with prior reviews that have noted substantial heterogeneity in intervention models, measures, and study designs (Burgdorf et al., 2019; Shorey & Ng, 2021). The term “mindfulness-informed parenting intervention” currently covers approaches that differ in theoretical emphasis, intensity, delivery mode, and target outcomes. Some interventions focus mainly on parental stress and awareness, whereas others integrate behavioural parenting skills, psychoeducation, acceptance-based strategies, or broader family-oriented elements. As a result, the field still lacks a clear consensus on which intervention components are most important, for whom, and under what conditions.

Methodologically, the evidence base shows both strengths and important limitations. The inclusion of randomised controlled trials and active-comparator studies indicates that the field includes some more rigorous designs. However, a substantial proportion of the studies still relied on uncontrolled pre-post or other exploratory designs. In addition, many studies had small sample sizes and variable attrition, with high attrition reported in a notable proportion of studies. These features limit confidence in the stability and generalisability of the findings, a concern that has also been raised in earlier reviews of mindful parenting interventions (Burgdorf et al., 2019; Shorey & Ng, 2021). They also make it difficult to determine whether reported improvements are attributable to the intervention itself, non-specific support effects, sampling bias, or natural change over time.

Another important pattern is the geographical concentration of the literature. Most studies were conducted in North America and Europe, with fewer studies from Asia and the Middle East and very limited representation from other regions. This suggests that the current evidence base is still shaped largely by Western research settings, assumptions, and service structures. This matters because parenting experiences, help-seeking behaviour, perceptions of disability, and understandings of mindfulness are shaped by culture, religion, language, and family systems. An intervention shown to be feasible in one context may not transfer easily to another without adaptation.

The cultural issue becomes even more important when considering spirituality and religiosity. Only one study explicitly integrated spirituality or religiosity, while most studies did not report any such

component. This is a striking finding. Mindfulness is often presented in contemporary intervention research in secular language, yet its wider conceptual history is closely related to spiritual traditions (Williams & Kabat-Zinn, 2011). In addition, many families, particularly in non-Western or religiously committed contexts, understand stress, caregiving, suffering, patience, and meaning through religious or spiritual frameworks, and these dimensions may shape coping, resilience, and mental health (Aggarwal et al., 2023; Lucchetti et al., 2021). The near absence of explicit spirituality or religiosity in this literature therefore reflects an important gap rather than a trivial omission.

This gap has both theoretical and practical implications. Theoretically, it suggests that mindfulness-informed parenting research has largely prioritised secularised intervention models, even when studying families for whom spiritual or religious meaning-making may be central to coping. Practically, it raises questions about cultural fit, engagement, and acceptability. In some communities, explicitly secular mindfulness language may feel unfamiliar, culturally distant, or even misaligned with local values. By contrast, carefully adapted interventions that retain the core functions of mindful awareness, emotional regulation, compassion, and reflective parenting while situating them within culturally meaningful frameworks may be more acceptable and relevant (Foale et al., 2025).

At the same time, the findings do not mean that mindfulness-informed parenting interventions are ineffective unless spirituality or religiosity is included. Rather, the review suggests that the field has not yet explored this issue sufficiently. The current evidence supports the usefulness of mindfulness-informed parenting for improving parental functioning, but it also shows that future research should examine whether culturally and spiritually adapted models produce stronger engagement, better fit, or broader benefits for diverse populations.

The review also has implications for future research design. More studies are needed with stronger methodological quality, larger samples, clearer reporting of attrition and feasibility, and more consistent outcome measurement. In particular, future studies should distinguish more clearly between immediate parent outcomes and later child outcomes, and should include follow-up periods long enough to detect whether changes in parental awareness and regulation are translated into changes

in child functioning. Comparative studies across intervention types would also help clarify whether hybrid models, ACT-based approaches, or dedicated mindful parenting programmes differ meaningfully in their effects.

Future research should also move beyond broad claims of effectiveness and examine mechanisms, context, and implementation. Questions of who benefits most, under what family circumstances, and in which cultural settings remain insufficiently answered. There is also a clear need for more work in low-resource settings and in communities where religious values play a central role in family life. In such contexts, intervention uptake may depend not only on efficacy, but also on practical barriers such as language accessibility, facilitator availability, cost, time burden, and perceived compatibility with local beliefs and parenting norms (Foale et al., 2025).

Overall, this review suggests that mindfulness-informed parenting is a promising but still uneven field of intervention research for families of children with atypical development. The strongest evidence currently relates to parent-level benefits, especially reductions in parenting stress and improvements in emotional regulation and well-being. However, the literature remains methodologically mixed, geographically concentrated, and conceptually limited in its integration of culture, spirituality, and religiosity. These gaps also point to important opportunities for the next phase of research and intervention development.

In summary, this review suggests that mindfulness-informed parenting is a valuable addition to the range of parenting interventions for families of children with atypical development, particularly for supporting parental well-being. At the same time, the limited attention to spirituality, religiosity, and broader cultural adaptation shows that the field remains incomplete. Future research should therefore focus not only on whether these interventions are helpful, but also on which models are most effective, for whom, and under what cultural and spiritual conditions.

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*The glorious Qur'ān*. Translation and commentary by A. Yusuf Ali (1977). US: American Trust Publications.

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(i) Al-Bukhārī, 88:204 (where 88 is the book number, 204 is the ḥadīth number)

(ii) Ibn Hanbal, vol. 1, p. 1

Reference:

(i) Al-Bukhārī, M. (1981). *Ṣaḥīḥ al-Bukhārī*. Beirut: Dār al-Fikr.

(ii) Ibn Ḥanbal, A. (1982). *Musnad Aḥmad Ibn Ḥanbal*. Istanbul: Cagri Yayinlari.

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*The new Oxford annotated Bible*. (2007). Oxford: Oxford University Press.

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