

Research Article

Group ACT for Enhancing Mental Comfort in Mothers of ADHD Children

Mohammad Bagher Hassanvand^{1*}, Maedeh Asadi Rajani², Saeed Yousefi³

1.Assistant Professor, Department of Psychology and Education of Exceptional Children, Faculty of Psychology and Educational Sciences, Allameh Tabataba'i University, Tehran, Iran

2.M.A. of clinical Psychology, Department of Psychology, Allameh Tabataba'i University, Tehran, Iran.

3.PhD Student of psychology and education of exceptional children, Faculty of Psychology and Educational Sciences, University of Tehran, Tehran, Iran.

Abstract

Objective: This study explored how group Acceptance and Commitment Therapy (ACT) can help improve the mental well-being of mothers who have children with Attention-Deficit/Hyperactivity Disorder (ADHD).

Method: The research method was semi-experimental with a pre-post-test design and a control group. Thirty mothers of children diagnosed with ADHD were recruited and randomly divided into two groups: 15 mothers participated in seven weekly ACT sessions, while 15 mothers formed the control group. We measured mental well-being using the Mental Comfort Questionnaire and analyzed the results using ANCOVA to account for initial differences.

Results: Mothers who attended the ACT sessions showed significant improvements in several areas of mental comfort, including positive emotions, self-confidence in coping, elevated feelings, family support, communication within close groups, and overall mental well-being (all $p < 0.05$). Effect sizes were moderate to large (η^2 between 0.12 and 0.65). Social support showed a trend toward improvement ($p = 0.07$), but no significant changes were observed in mental control or social connection.

Conclusions: Group ACT appears to be an effective approach to enhance various aspects of mental comfort among mothers caring for children with ADHD, promoting greater psychological flexibility and better interpersonal relationships. However, challenges in mental control and social connection suggest that additional or combined therapies might be necessary. These findings support ACT as a flexible, culturally adaptable method to support caregiver mental health.

Correspondence:

Mohammad Bagher Hassanvand

Email:

M.H.Hasanvand06@atu.Ac.ir

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Extended Abstract

Background and Objectives

Raising a child with Attention-Deficit/Hyperactivity Disorder (ADHD) is a journey filled with love, but also daily struggles. For many mothers, it means constantly managing behavioral challenges, navigating school pressures, and dealing with social misunderstandings—all while putting their own emotional needs last. In cultures like Iran's, where caregiving responsibilities often fall mainly on mothers, the toll can be especially heavy. Over time, this can lead to emotional exhaustion, loneliness, and a deep sense of being overwhelmed.

This study focuses on a concept called mental comfort—a sense of emotional, social, and psychological ease that goes beyond just “not feeling stressed.” It includes feelings of inner peace, self-trust, connection with others, and alignment with one’s values. Mental comfort is vital to caregivers’ well-being, yet it is rarely the focus of mental health interventions. To address this, we explored whether Acceptance and Commitment Therapy (ACT)—a form of psychotherapy that emphasizes acceptance of emotions and living in line with personal values—could make a meaningful difference in the lives of mothers of children with ADHD. Our aim was to see whether a short, group-based ACT program could help these mothers feel more balanced, supported, and connected to themselves in the midst of caregiving challenges.

Materials and Method

We recruited 30 mothers of children with ADHD from psychology and psychiatry clinics in Mashhad, Iran. All had been caring for children with a confirmed diagnosis of ADHD and had reported low levels of mental comfort during initial screenings. The participants were randomly assigned to either an intervention group (15 mothers who received ACT) or a control group (15 mothers who did not receive any psychological support during the study period).

The intervention involved seven weekly ACT sessions, each lasting 90 minutes. These group sessions were led by a trained clinical psychologist and were grounded in core ACT processes, such as mindfulness, acceptance, defusion from difficult thoughts, and values-based action. However, the sessions were also culturally adapted to reflect the lives and challenges of Iranian mothers. The atmosphere was designed to be safe, supportive, and non-judgmental—a place where mothers could talk openly, be heard, and rediscover their inner strengths.

To assess the impact of the intervention, we used the Mental Comfort Questionnaire, a validated 40-item tool developed in Iran. It measures emotional ease, family and social support, confidence in managing life demands, and spiritual well-being. The questionnaire was administered both before and after the intervention. We analyzed the data using ANCOVA, comparing changes in mental comfort between the two groups while controlling for baseline differences.

Results

The findings were encouraging. Mothers who participated in the ACT sessions experienced significant improvements in multiple areas of mental comfort:

- They reported more positive emotions, such as calm, hope, and relief.
- They showed greater confidence in handling their child’s behaviors and adapting to challenges.
- They felt more connected to personal values, which gave them direction and meaning.
- Their sense of family support and ability to communicate with close others improved.
- Overall, they experienced a stronger general sense of mental comfort.

However, not all areas showed improvement. Two dimensions—mental control and social connection—did not show significant changes. This suggests that while ACT may help mothers navigate their inner emotional world more effectively, it may need to be combined with other supports to address more persistent or externally influenced issues like

cognitive overload or social isolation.

Discussion and Conclusion

What these results show goes beyond numbers. They speak to a deeper truth: when mothers are offered time, space, and compassionate tools, they can reconnect with themselves. ACT didn't try to remove the stress of raising a child with ADHD—it helped these mothers *relate* to that stress in a new way. Instead of pushing away their pain or blaming themselves, they learned to sit with difficult emotions, recognize what mattered most to them, and take steps—even small ones—toward more meaningful, value-driven lives.

For many mothers, the group experience was just as powerful as the therapeutic techniques. Being in a room with others who understood their daily struggles offered a sense of solidarity that many hadn't felt in years. They reported feeling seen, less alone, and more able to speak up about their needs at home and in their communities.

Still, the limited changes in mental control and social connection show that therapy isn't a cure-all. These areas may be tied to larger social and systemic challenges, like stigma, limited access to support networks, or long-term emotional fatigue. Addressing these issues may require extended support, peer-led programs, or community-based interventions in addition to individual therapy.

This study shows that Acceptance and Commitment Therapy, when offered in a supportive group setting, can help mothers of children with ADHD feel more emotionally balanced, more connected to themselves and others, and better equipped to face daily caregiving demands. By focusing on mental comfort, we offered something many mothers are missing: not just relief from stress, but a sense of peace, strength, and self-worth.

This is among the first studies in Iran to apply a culturally sensitive ACT program specifically to maternal mental well-being. The results support the idea that even brief, low-cost psychological interventions can have a lasting impact—if they are delivered with empathy, tailored to caregivers' lived realities, and grounded in what truly matters to them.

Looking ahead, we recommend that future programs continue to build on this approach, reaching more caregivers, integrating community support, and expanding focus to long-term outcomes. But for now, this study offers a hopeful message: when we care for the emotional lives of mothers, we help entire families thrive.

Introduction

Attention-Deficit/Hyperactivity Disorder (ADHD) is a common neurodevelopmental condition affecting around 3% to 6% of children and adolescents worldwide (Makita et al., 2023). It is among the most frequently diagnosed childhood psychiatric disorders, with boys being diagnosed more often than girls (Ronald et al., 2021; Nastiti et al., 2023). Children with ADHD often face challenges such as poor academic performance (de Zeeuw et al., 2017), difficulties maintaining stable jobs later in life (Sarkis, 2014), and problems with social relationships (Rokeach & Wiener, 2018). ADHD also tends to lower overall quality of life (Lee et al., 2016). Symptoms typically appear before age 12 (Sibley et al., 2022), and in about half of cases, continue into adulthood (Lovett & Harrison, 2021). Key symptoms include inattention, hyperactivity, and impulsivity (Cortese et al., 2022), and difficulties with executive functions (Silva et al., 2023), all of which impact social and academic functioning (Lilja et al., 2022).

The behavioral patterns of children with ADHD — such as distractibility, frustration, restlessness, and trouble organizing tasks — require constant adult supervision and care (Barakat et al., 2021). This ongoing

responsibility significantly disrupts the daily lives and emotional health of parents, especially mothers (Perez Algorta et al., 2018). Mothers of children with ADHD often experience high levels of stress (Bucsea et al., 2023), marital strain (Wymbs & Pelham Jr., 2010), and reduced confidence in their parenting skills (González & Depaula, 2023). The symptoms not only affect the child but also negatively influence caregivers' mental health, parent-child interactions, and overall family dynamics (Kwong, 2023). Research shows that mothers typically carry the majority of caregiving duties — nearly nine times more than fathers (Banani et al., 2021; Widmer et al., 2023) — putting them at increased risk for psychological distress such as anxiety and depression (Pace et al., 2023; May & Williams, 2022; Doneray et al., 2022; Cosan et al., 2022). This distress, in turn, can worsen family functioning and reduce quality of life (Carr, 2015).

Having a child with ADHD also raises the likelihood of cognitive and behavioral challenges within the family, especially affecting mothers due to the child's hyperactive and inattentive behaviors (Mofokeng & van der Wath, 2017). These challenges appear as physical, psychological, and social difficulties (Saxbe & Barkley, 2014). Mothers of children with ADHD report higher rates of depression, anxiety, and interpersonal conflict than mothers of children without ADHD (Sheikhtaheri et al., 2022). They may also view their child's behavior more negatively, feel more sensitive to their needs, and experience greater guilt (Chen et al., 2021). These stressors contribute to maternal mood problems, social isolation, increased family tension, and a decline in maternal mental comfort (Azizi et al., 2021).

Mental comfort refers to a mother's sense of well-being, covering emotional, social, and environmental aspects (Fuller-Thomson et al., 2022). It strongly relates to positive emotions, mental and social health, family atmosphere, and life satisfaction (Chou et al., 2021). Several factors affect this comfort, including the child's aggressive behaviors, the mother's personality and education, family functioning, and their sense of control over life events (Biglan et al., 2008).

Given the heavy psychological burden mothers face, Acceptance and Commitment Therapy (ACT) has gained attention as a promising way to improve mental health and well-being (Wang & Fang, 2023). ACT is a third-wave cognitive-behavioral therapy that helps individuals develop psychological flexibility — the ability to stay present and act according to their values even when experiencing difficult thoughts or emotions (Hayes et al., 2016). Mothers of children with ADHD often show psychological inflexibility, meaning they tend to get stuck in rigid patterns and avoid distressing feelings, which worsens their mental discomfort (Maughan et al., 2024; Montaner et al., 2022). ACT has been effective in reducing distress and promoting adaptive coping in diverse groups (Barrett & Stewart, 2021; Moran & Ming, 2022; Arch et al., 2023).

However, research on ACT in group settings for mothers of children with ADHD, especially in Iran, remains limited. Rahimi et al. (2023) highlight the urgent need for culturally sensitive psychosocial interventions for caregivers of children with neurodevelopmental disorders, pointing out a lack of accessible group therapies focused on maternal mental health. This gap calls for studies that evaluate group ACT's effectiveness in improving mental comfort among these mothers.

What makes this study particularly innovative is its focus on the everyday emotional lives of mothers who are caring for children with ADHD, and its effort to meet them where they are. Rather than treating maternal distress as just a set of symptoms to be managed, this research approaches mothers as whole people navigating complex emotional, relational, and cultural challenges. By applying Acceptance and Commitment Therapy (ACT) in a group setting, the study introduces a practical, supportive space where mothers can build emotional

resilience, reconnect with their values, and feel less alone in their journey. Even more importantly, it centers on the concept of mental comfort—a deeply human experience that blends emotional stability, social connection, and a sense of meaning. This concept, often overlooked in clinical research, reflects what mothers themselves say they need. As one of the first studies in Iran to use ACT in this way, the research helps pave the way for more compassionate, culturally responsive approaches to caregiver support.

Method

Study Design

This applied study used a semi-experimental design with pre-test and post-test measures, including a control group, to assess how effective group Acceptance and Commitment Therapy (ACT) is in improving mental comfort among mothers of children diagnosed with ADHD, particularly those showing prominent hyperactivity and impulsivity symptoms.

To participate, mothers had to meet several criteria: they needed to be caring for a child with ADHD as confirmed by a clinical diagnosis, show signs of mental distress based on a questionnaire and clinical interview, have no diagnosed psychiatric disorders or ongoing psychiatric medication, and have no history of neurological or serious physical illnesses. Additionally, participants should have at least a middle school literacy level and be willing to participate in the study. Mothers who missed more than two therapy sessions, started psychiatric medication during the study, or were unable to complete questionnaires due to illiteracy or other reasons were excluded. Eligible mothers were randomly assigned to either the ACT intervention group or the control group, with mental comfort assessed both before and after the intervention.

Participants and Sampling

The study focused on mothers of children diagnosed with ADHD who exhibited impulsivity and who sought treatment at psychology and psychiatry clinics in Mashhad in 2023. Initial screening involved clinical interviews and the Mental Comfort Questionnaire to identify mothers experiencing low mental comfort. Convenience sampling was used to recruit participants. Ultimately, 30 mothers met the criteria and were randomly divided into two groups: 15 in the experimental group and 15 in the control group.

Ethical Statement

This research was conducted following the principles of the Declaration of Helsinki and was approved by the Ethics Committee of Islamic Azad University, Mashhad Branch (Ethical code: IR.IAU.LIAU.1402.008). All participants provided written informed consent before starting the study. They were assured that their information would remain confidential, their participation was voluntary, and they could withdraw at any time without any consequences. After the study, the control group was offered the same ACT program to ensure they also had access to the intervention.

Intervention

The experimental group participated in a structured group ACT program consisting of seven weekly sessions, each about 90 minutes long, led by a trained clinical psychologist. The intervention was based on ACT principles as outlined by Hayes et al. (2016) and was tailored specifically to support maternal mental health.

Table 1. Overview of ACT Sessions for Mothers of Children with ADHD

| Session | Purpose | Content Summary |
|---------|-----------------------------------|--|
| 1 | Screening and Pre-test | Introduction, building rapport, explaining ACT, overview of ADHD challenges, defining mental comfort, and study goals. |
| 2 | Introducing ACT Principles | Teaching core ACT processes such as acceptance, cognitive defusion, and present-moment awareness; introducing the 'observer self'; assigning homework. |
| 3 | Creative Metaphors and Values | Using metaphors (e.g., "tug of war with a monster") to illustrate acceptance, discussing values, and commitment. |
| 4 | Values Clarification | Exploring personal values, assessing their importance, and encouraging actions aligned with these values. |
| 5 | Cognitive Defusion and Exposure | Teaching techniques to detach from painful thoughts and emotions, and introducing exposure to caregiving-related stress. |
| 6 | Practical Exposure and Acceptance | Guided real-life exercises dealing with stressors related to the child's behavior; fostering psychological flexibility. |
| 7 | Post-test and Social Support | Reviewing key concepts, discussing social support networks, administering the post-test, and planning for ongoing maintenance. |

Measures

Mental Comfort Questionnaire (Hayati Farkhonde & Shakeswari, 2009): This 40-item self-report questionnaire assesses overall mental comfort across several areas, including positive emotions, confidence in adaptation, family and social support, and spiritual well-being. Items are rated on a 3-point scale from 1 (not at all) to 3 (very much), with some items reverse-coded. Total scores range from 40 to 120, categorized as low (40–60), moderate (61–80), or high (81–120) mental comfort. The questionnaire has demonstrated good reliability (Cronbach's $\alpha = 0.82$) and has been validated for use in Iranian populations.

Data Analysis

Data were analyzed using SPSS version 26. Descriptive statistics summarized participant demographics. To examine the effect of the ACT intervention, a mixed-design ANOVA tested the interaction between time (pre-test vs. post-test) and group (experimental vs. control). Assumptions of normality and equal variances were checked with the Shapiro-Wilk and Levene's tests. Effect sizes were reported using partial eta squared (η^2). Statistical significance was set at $p < .05$.

Results

A total of 30 mothers participated in the study, with 15 assigned to the experimental group and 15 to the control group. Most of the mothers in both groups were between 28 and 36 years old. The majority held a diploma as their highest education level, with fewer having bachelor's degrees or higher. Most participants were housewives in both groups.

Table 2. Means and Standard Deviations of Mental Comfort Components at Pre-test and Post-test

| Group | Variable | Pre-test Mean (SD) | Post-test Mean (SD) |
|---------|------------------------------|--------------------|---------------------|
| Control | Positive Emotions | 17.00 (2.00) | 18.00 (0.52) |
| | Compliance with Expectations | 11.00 (2.45) | 12.00 (1.14) |
| | Confidence in Compatibility | 11.25 (1.13) | 13.00 (0.25) |
| | Sublime Feelings | 15.00 (1.24) | 13.00 (1.14) |
| | Family Support | 12.45 (0.58) | 17.00 (0.45) |
| | Social Support | 10.50 (1.12) | 12.00 (0.35) |

| Group | Variable | Pre-test Mean (SD) | Post-test Mean (SD) |
|--------------|------------------------------|--------------------|---------------------|
| Experimental | Primary Group Communication | 15.00 (0.99) | 11.00 (0.99) |
| | Lack of Mental Control | 9.25 (2.87) | 16.00 (2.25) |
| | Lack of Social Connection | 12.00 (1.25) | 15.00 (0.86) |
| | General Sense of Comfort | 2.00 (0.65) | 17.00 (3.50) |
| | Positive Emotions | 18.00 (2.26) | 19.50 (0.57) |
| | Compliance with Expectations | 12.50 (3.42) | 12.50 (0.57) |
| | Confidence in Compatibility | 13.00 (2.13) | 14.50 (0.57) |
| | Sublime Feelings | 16.25 (1.38) | 19.00 (1.12) |
| | Family Support | 14.75 (0.46) | 15.00 (1.15) |
| | Social Support | 13.75 (1.38) | 13.50 (0.57) |
| | Primary Group Communication | 15.75 (1.38) | 14.50 (1.73) |
| | Lack of Mental Control | 19.75 (3.50) | 18.00 (1.15) |
| | Lack of Social Connection | 11.75 (1.16) | 13.50 (0.57) |
| | General Sense of Comfort | 12.25 (0.46) | 14.50 (0.57) |

Table 2 shows the average scores and standard deviations for different aspects of mental comfort before and after the intervention. In the control group, scores mostly remained stable or showed inconsistent changes over time. On the other hand, the experimental group demonstrated steady improvements across several mental comfort areas after participating in the Acceptance and Commitment Therapy (ACT).

These numbers suggest that, while the control group's mental comfort mostly stayed the same or fluctuated without clear improvement, the experimental group showed significant progress, especially in positive emotions, confidence in compatibility, sublime feelings, and overall sense of comfort. These observations set the stage for further statistical analysis.

Before running ANCOVA to compare groups, we checked the necessary assumptions to ensure valid results. The Shapiro-Wilk test confirmed the mental comfort scores were normally distributed ($p = 0.165$), and Levene's test verified equal variances between groups ($p = 0.217$). The assumption of equal regression slopes was also met, as the interaction between baseline scores and group was not significant ($p = 0.16$).

Table 3. ANCOVA Results of Mental Comfort Components

| Mental Comfort Component | F (df1, df2) | p-value | Effect Size (η^2) | Significance |
|-----------------------------|---------------|---------|--------------------------|-----------------------|
| Positive Emotions | 42.76 (1, 22) | < .001 | 0.65 | Significant |
| Confidence in Compatibility | 14.38 (1, 22) | .007 | 0.62 | Significant |
| Sublime Feelings | 10.57 (1, 22) | .014 | 0.57 | Significant |
| Family Support | 11.10 (1, 22) | .013 | 0.45 | Significant |
| Social Support | 4.25 (1, 22) | .078 | 0.45 | Marginal Significance |
| Primary Group Communication | 12.59 (1, 22) | .010 | 0.61 | Significant |
| General Sense of Comfort | 4.45 (1, 22) | .03 | 0.12 | Significant |
| Lack of Social Connection | — | .30 | — | Not Significant |
| Lack of Mental Control | — | 1.00 | — | Not Significant |

Table 3 summarizes the ANCOVA results, which controlled for baseline differences and examined group differences after the intervention. The findings revealed statistically significant improvements in several mental comfort subscales in the ACT group, with effect sizes ranging from moderate to large.

Based on Cohen's (1988) guidelines, a partial eta squared (η^2) of 0.01 is considered a small effect, 0.06 a medium effect, and 0.14 or higher a large effect. In this study, the most significant effects were in the medium-to-large range (e.g., $\eta^2 = 0.45-0.65$), indicating that the group ACT intervention had substantial psychological benefits. For example, the η^2 of 0.65 for improvements in positive emotions reflects a high and meaningful effect, suggesting that the intervention led to profound changes in how mothers experienced their emotional well-being. Similarly, other components such as family support ($\eta^2 = 0.45$) and confidence in compatibility ($\eta^2 = 0.62$) also showed large effect sizes, underscoring the clinical relevance of ACT in strengthening psychological resilience in this group.

In summary, the ACT intervention significantly enhanced key aspects of mental health, such as positive emotions, confidence in compatibility, family support, and primary group communication. These improvements had moderate to large effect sizes, indicating meaningful changes for the participants. Social support showed a trend toward improvement but did not reach traditional levels of significance. Notably, there were no significant changes in the areas of social connection and mental control, suggesting these may require additional focus in future interventions.

Discussion

This study explored how an Acceptance and Commitment Therapy (ACT)-based intervention could help improve mental comfort in mothers of children with ADHD. The results showed meaningful improvements in several important areas, including positive emotions, confidence in compatibility, family support, primary group communication, and an overall sense of comfort. The intervention effect sizes were moderate to large, indicating that the therapy had a substantial and clinically relevant impact on the mothers' psychological well-being.

These findings align with the central concept of psychological flexibility, which is a core mechanism of ACT. Psychological flexibility refers to the ability to stay open to internal experiences and take value-based actions, even in the presence of difficult thoughts and feelings (Hayes et al., 2016). In this study, the effect sizes reflected the intervention's capacity to help mothers manage stress more adaptively, especially in the face of the chronic demands of raising a child with ADHD. Mothers in the ACT group appeared to benefit from learning how to respond with more acceptance and compassion toward their emotions, leading to greater resilience, improved emotional functioning, and enhanced family relationships.

The increase in sublime feelings and positive emotions may suggest that the intervention supported mothers in connecting more deeply with their values and sense of meaning and helped them move beyond emotional exhaustion toward more purposeful parenting. Improvements in family support and primary group communication indicate a strengthening of relational engagement, which is essential for coping with caregiving stress (Barrett & Stewart, 2021; Reyes, 2022). These results are consistent with prior research on ACT interventions with caregivers of children with developmental and behavioral challenges (Han, Wang, & Wang, 2022; Flujas-Contreras, Sánchez, & López-Ramos, 2023).

However, some areas, such as mental control and social connection, did not show significant changes. These domains may involve more ingrained challenges that require different approaches or longer intervention periods. Mental control difficulties could be related to underlying cognitive or emotional regulation issues not directly addressed by ACT, while social connection problems may reflect structural barriers like stigma or lack

of supportive community resources. These areas may benefit from complementary interventions alongside ACT, including peer support programs, psychoeducation, or targeted cognitive training.

Despite its promising findings, this study had several limitations. The use of convenience sampling reduces the generalizability of the results, and the small sample size may have limited the ability to detect more subtle effects. The absence of long-term follow-up data means it remains unclear whether the observed improvements will be sustained over time. Additionally, the reliance on self-report measures introduces the possibility of response bias. Future research should aim to replicate these results with larger and more diverse samples, use longitudinal designs to assess lasting impact, and include external evaluations such as clinician ratings or behavioral observations.

Future research should address these issues by using random sampling and larger, more diverse groups. Longer-term studies with follow-up assessments are needed to determine if ACT's benefits are sustained. Adding reports from other informants, like partners or clinicians, and including objective behavioral measures would provide a fuller picture of how the intervention works. Future interventions could also include elements that specifically target social connection—such as group ACT sessions or social skills training—and address cognitive challenges more directly, possibly enhancing overall effectiveness

Conclusion

This study showed that an ACT-based intervention can meaningfully improve mental comfort in mothers of children with ADHD, boosting emotional well-being, interpersonal functioning, and alignment with personal values. While it effectively enhanced psychological flexibility and social support, some areas, such as perceived mental control and social connection, showed little change, pointing to opportunities for further development. These results support using ACT as a valuable tool in caregiver support programs, emphasizing the need for interventions that address both internal coping and external challenges. Future research with larger, more diverse samples and long-term follow-up will be essential to confirm and build on these promising findings.

Declaration of Conflicting Interests

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