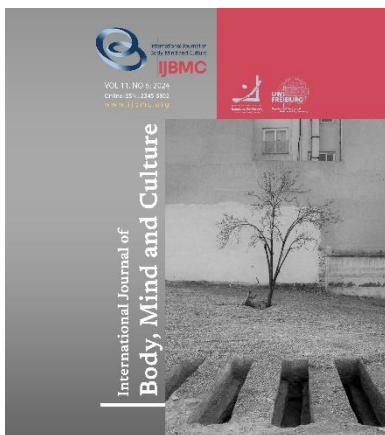


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Introduction

Children diagnosed with Autism Spectrum Disorder (ASD) are a type of developmental disorder characterized by deficiencies in communication, speech, and social interaction skills (Hodges et al., 2020; Zekri et al., 2024). Based on the Diagnostic and Statistical Manual

The Effectiveness of Positive Psychotherapy on Depression and Psychological Capital of Mothers of Children with Autism Spectrum Disorder

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ABSTRACT

Objective: The primary objective of this study was to examine how positive psychotherapy impacts the levels of depression and Psychological capital in mothers who have children diagnosed with Autism Spectrum Disorder (ASD).

Methods and Materials: This research methodology was quasi-experimental, utilizing a pre-test and post-test design along with a control group. The target population for this study consisted of all mothers with autistic children seeking treatment at autism centers from April to June 2018-19 in Karaj, Iran. The multi-stage cluster sampling method was employed and based on sampling purposes, wherein 30 mothers were randomly chosen from a pool of 80 referrals. Subsequently, these mothers were allocated to both the experimental and control groups (n=15 for each group). Participants in the experimental group attended eight 90-minute Positive interventions sessions twice a week for a month. Data were collected using two reliable and valid questionnaires: The Beck Depression Inventory (BDI) and The Psychological Capital Questionnaires (PCQ). After the intervention, a post-test was administered to both groups. Descriptive statistics and multivariate covariance analysis were used for data analysis with SPSS-22 software.

Findings: The results of the pre-test and post-test for both groups indicated a significant impact of positive psychotherapy on reducing depression and increasing psychological capital among mothers in the experimental group.

Conclusion: The increase in Psychological capital and reduction in depression was attributed to individuals' positive mindset, flexibility, realistic approach to life, and ability to recognize and mitigate unproductive thoughts.

Keywords: Positive psychotherapy, Depression, Psychological Capital, Autism Spectrum Disorder.

of Mental Disorders, Fifth Edition (DSM-5), ASDs are characterized by deficits in social communication and interaction, as well as restricted and repetitive patterns of behavior, interests, or activities (Vahia, 2013). The severity of the disorder is categorized into three levels based on the degree of impairment in the individual's ability to establish communication, socialization

tendencies, and the intensity of behavioral symptoms. While behavioral problems are not the primary features of ASDs, they are significantly observed in these children, creating challenges for individuals and their families. Behavioral issues are the major obstacle to establishing social relationships (Waizbard-Bartov et al., 2023). They can lead to the child's exclusion from society, family, and school. The child's limited understanding of school, family, and peers hinders learning opportunities (Butler et al., 2022).

Among various groups of children with special needs, those with ASDs face numerous challenges in both social and behavioral aspects compared to other groups (Øzerk et al., 2021). According to the information provided by the Iranian Stem Cell Foundation (Bonyan), the prevalence of this disorder in Iran is approximately 0.86%, close to the global prevalence rate. Peripheral and less developed provinces have fewer affected individuals than developed and central provinces. The prevalence of this disorder is higher in Tehran and densely populated and industrial cities than in other parts of the country (Sedghi et al., 2023). Having a child with autism can be a source of psychological pressure in the form of anxiety and depression for parents. ASDs are one of the types of disorders that pose many challenges to families. Parents of these children experience difficulties and numerous problems in childcare and parenting skills due to their children's disruptive and abnormal behaviors (Alibekova et al., 2022). After examining the impact of autism on mothers and families, it was found that all mothers experienced symptoms of depression following their children's diagnosis. Some mothers also reported experiencing physical symptoms associated with depression (Zhou et al., 2019). A study reported high levels of anxiety, stress, isolation, and uncertainty in parents and peers of children with ASDs, which have severe effects on family life. Although having an autistic child can cause psychological stress, the impact on mothers largely depends on their cognitive evaluation and coping resources. In other words, coping skills and available social support influence an individual's vulnerability to psychological stress (Alrahili, 2023).

Numerous studies indicate that mothers of children with ASDs face more challenges in their growth process compared to mothers of children with other special needs, and they have lower Psychological capital (Faraji-

Khiavi et al., 2021; Stanford et al., 2022). In a study comparing the psychological capital of two groups of parents, one with children with ASDs and the other with children facing developmental challenges, the results showed that parents of children with ASDs exhibited more anxiety symptoms (Lievore et al., 2023). This included negative self-perception, low satisfaction with their parenting role, more experience with child behavioral problems, more signs of depression, and greater use of avoidant coping strategies compared to the other group. Additionally, they had lower scores on the psychological capital index (Jamshidi et al., 2024; Lin et al., 2023; Mohammadiyas et al., 2023).

Given the mentioned information, it can be stated that programs aimed at improving depression and Psychological capital, especially for mothers (as mothers have the most significant connection with their children), are highly effective. These programs assist families in accepting the issue, adapting to the child's condition, and positively impacting the family system (Chiracu et al., 2023). Therefore, group sessions with a positive psychological approach for mothers of children with autism are essential. Randomized controlled trials have proven the effectiveness of specific positive interventions, include writing gratitude letters, counting blessings (Kirca et al., 2023; Kulbaş & Özabacı, 2022; LaPlante, 2013), cultivating optimism (Da Paz & Wallander, 2017; Douki et al., 2019; Kulbaş & Özabacı, 2022; Lee et al., 2022; Wang et al., 2023), Act of kindness (Singh et al., 2019; Singh et al., 2021), Meditating on positive feeling toward others (Singh et al., 2019), and utilizing One's signature strength (Corbett et al., 2016). However, some studies indicate the influence of cultural variables on the effectiveness of positive interventions (Basurrah et al., 2022; Hall et al., 2016; Johnson & Wood, 2017). For example, cultural individualism benefits more from individual-focused interventions, such as identifying individual strengths and enhancing optimism. In contrast, cultural collectivism benefits more from group-based interventions, such as expressing gratitude, expanding social relationships, and showing kindness (Layous et al., 2013). Additionally, cultural differences have been observed in the effectiveness of specific interventions between Western and Eastern countries, such as the United States and South Korea (Khoshakhlagh et al., 2022). Therefore, applying these interventions in a culture

different from the Western culture, where these interventions originated, poses a significant challenge. The effectiveness of some positive interventions has also been confirmed in limited studies in Iran (Amini et al., 2023; Khoshakhlagh et al., 2022; Rezai Kalantary et al., 2019). Hence, it is necessary to utilize these techniques in clinical practice within this culture to identify their advantages and limitations. Such research not only enhances our understanding of the nature, etiology, and best therapeutic approach for depression but also provides psychologists, counselors, and others involved in depression treatment with more choices for treating several types of depressed patients.

Methods and Materials

Study Design and Participants

This research methodology was quasi-experimental, utilizing a pre-test and post-test design along with a control group. The target population for this study consisted of all mothers with autistic children seeking treatment at autism centers from April to June 2018-19 in Karaj, Iran. The multi-stage cluster sampling method was employed and based on sampling purposes, wherein 30 mothers were randomly chosen from a pool of 80 referrals. Subsequently, these mothers were allocated to both the experimental and control groups (n=15 for each group).

Based on a thorough literature review, clear criteria for participant inclusion and exclusion were established prior to research initiation. Selected individuals for the study needed to possess certain characteristics while lacking specific features defined as entry criteria. Additionally, some specific features and conditions might lead to the exclusion of participants from the study. Entry criteria for the research included being a mother of a child with autism, attending autism centers in Karaj, and being able to participate in the study. Exit criteria encompassed expressing dissatisfaction with continued cooperation, incomplete responses to questionnaires, and the absence of severe chronic psychiatric problems in mothers.

Karaj, the research site, has a total of 11 centers. Two centers, namely the Tavanjou Autism Center and the Occupational and Speech Therapy Center (Behpouyan), were randomly selected from these 11 centers. To select the sample, mothers with autistic children were initially

invited to participate voluntarily. Subsequently, depression and Psychological capital questionnaires were administered, and individuals scoring higher in depression and lower in Psychological capital were identified. Then, 80 individuals were randomly invited to participate, of which 63 with high depression and low Psychological capital were selected. From these, 30 individuals (15 in the experimental and 15 in the control group) were randomly assigned to the two groups. Participants in the experimental group attended eight 90-minute positive psychology therapy sessions twice a week for a month. The therapy sessions were based on a positive psychology therapy model consisting of 14 sessions developed by Rashid (Rashid, 2020). Positive psychology therapy focuses on tailoring interventions to meet clients' current needs, excluding sessions unrelated to mothers with autistic children. Only sessions related to the identified needs were selected and implemented.

Data Collection Tools

Beck Depression Inventory (BDI): The Beck Depression Inventory, consisting of 21 groups of questions, was first developed and its validity and reliability were confirmed (Beck et al., 1961). The inventory comprises 21 items with a total of 94 questions, arranged as ordinal expressions, each corresponding to a specific depression symptom. Respondents read 4 to 6 sentences for each item, representing the symptoms' mildest to most severe expressions, and mark the sentence that best describes their current state. Each item is quantified from 0 to 3, indicating 0 for mental health, 1 for mild disturbance, 2 for severe disturbance, and 3 for acute and severe disturbance. Several forms have been prepared from this questionnaire. Here, the standard form, which includes twenty-one items (Beck et al., 1961), is introduced. This questionnaire is a self-report test that takes 5 to 10 minutes to complete and to fully understand the meanings of the items, reading at the fifth to sixth-grade level is necessary. To assess the results, the examiner must tally the scores indicated by the examinee by circling, and it should be noted that only one sentence from each item, which has the highest value, is acceptable in the calculations. The total score ranges from 0 to 62. The suggested diagnostic classifications are as follows: 1) Normal (1-15 or 1-18), 2) Mild Depression (16-31 or 18-28), 3) Moderate Depression (32-47 or 29-

35), and 4) Severe Depression (48-62 or 36-63). The content, structure, discriminant, and convergent validity of the BDI have generally yielded favorable results. The content of BDI items has been developed through consensus and agreement among clinical experts regarding depressive symptoms, incorporating six of the nine DSM III criteria for diagnosing depression (Beck et al., 1961). Concurrent validity with clinical ratings for psychiatric patients has shown correlation coefficients from moderate to high, with an average of 0.72 (Beck et al., 1961). The BDI in Iran showed significant positive internal consistency (Alpha=0.92) and test-retest reliability ($r=0.64$), Intra-class Correlation Coefficient (ICC=0.81), convergent validity with GHQ-28 (n=209) was significantly positive ($r=0.80$) (Hamidi et al., 2015).

The Psychological Capital Questionnaires (PCQ) developed by Luthans (Luthans et al., 2008) is a comprehensive and integrated structure encompassing four cognitive-perceptual components: hope, optimism, self-efficacy, and resilience. The questionnaire consists of 24 questions, with each subscale containing 6 items. Respondents rate each item on a 6-point Likert scale (completely disagree to completely agree). Scoring is done such that all questions except 13-20-23 are scored as follows: completely disagree = 1, disagree = 2, somewhat disagree = 3, somewhat agree = 4, agree = 5, and completely agree = 6. Questions 13-20-23 are reverse-scored: completely disagree score = 6, disagree score = 5, somewhat disagree score = 4, somewhat agree score = 3, agree score = 2, completely agree score = 1. The first six questions pertain to self-efficacy (questions 1-6), the next six to hope (questions 7-12), the third set of six to resilience (questions 13-18), and the final six to optimism (questions 19-24). A higher score in each subscale indicates a higher level of that construct. The total score ranges from 24 to 144, with scores of 24-40 indicating low Psychological capital, 41-80 average, 81-120 good, and 121-144 very good (Luthans et al., 2008). To obtain the psychological capital score, first, the score of each subscale was calculated separately, and then their sum was considered as the overall psychological capital score. Factor analysis results confirmed the test's intended factors and structures. The six-factor model showed better fit and greater consistency with the theoretical model. The goodness-of-fit ratio for this test is 6/24, and the CFI and RMSEA statistics in this model are 0.97 and 0.08, respectively (Luthans et al., 2008;

Shokri et al., 2020). The test's reliability, measured by Cronbach's alpha, was found to be 0.85 in the current study.

Intervention

Positive psychotherapy focuses on enhancing well-being by cultivating positive emotions, strengths, and meaningful connections. The intervention aims to foster individual growth and happiness through structured sessions targeting various aspects of a fulfilling life. Each session introduces specific objectives, engages participants in reflective activities, and encourages the application of learned skills in daily life. Below is an outline of the intervention protocol with detailed descriptions of each session.

First Session: Orientation of Attendees

The first session establishes the foundation of the program. Participants are introduced to the principles of positive psychotherapy and the overall structure of the training course. Discussions focus on the role of joy and enthusiasm in shaping a satisfying life, setting the stage for recognizing personal contributions to achieving well-being. Participants are encouraged to share their initial perceptions of happiness and define personal goals for the program.

Second Session: Development of Capabilities

This session emphasizes identifying and utilizing individual strengths. Participants explore ethical virtues and categorize their personal abilities, focusing on creative and innovative ways to apply these strengths in their daily lives. Activities involve self-reflective exercises and discussions to help participants discover untapped potential and foster personal growth.

Third Session: Recognition of Positive Emotions

The focus shifts to understanding and cultivating positive emotions, such as joy, gratitude, and contentment. Participants learn about the role of these emotions in mental health and overall happiness. They are encouraged to practice gratitude journaling and identify positive aspects in their daily lives. Group activities reinforce the importance of integrating positivity into their routines.

Fourth Session: Gratitude

Gratitude is explored as a cornerstone of a meaningful life. Participants engage in activities like listing three blessings or good things in their lives and reflecting on their significance. The session delves into the role of

intention and the meaning derived from personal heritage and experiences, emphasizing how gratitude can enhance life satisfaction and purpose.

Fifth Session: Facilitation of Forgiveness

This session highlights forgiveness as a means to improve interpersonal relationships and foster emotional well-being. Participants learn techniques to let go of resentment, appreciate others' contributions, and build healthier connections. The art of appreciation is introduced, encouraging participants to create more satisfying relationships by bringing joy to others.

Sixth Session: Establishing Positive Relationships and Attachment

Participants explore the importance of positive social connections in achieving a joyful life. The session introduces techniques for active and constructive communication, focusing on building secure attachments and supportive networks. Role-playing and interactive exercises are used to enhance relational skills and foster a sense of belonging.

Seventh Session: Hope and Optimism

This session cultivates hope and optimism by emphasizing their role in sustaining happiness and mental health. Participants work on strategies to maintain a positive outlook, learn the importance of reassurance, and practice goal-setting to build resilience. Activities encourage the development of a hopeful mindset as a tool for navigating life's challenges.

Eighth Session: Finding Meaning

The final session provides an opportunity for participants to reflect on their journey through the program. A celebration is held to honor progress and achievements, and feedback is gathered to assess the impact of the intervention. Participants are guided to identify ways to maintain and build on the skills they've learned, ensuring a lasting transformation. Follow-up plans are coordinated to reinforce continued growth and well-being.

Data analysis

To assess the effectiveness of positive psychology therapy on the depression and Psychological capital of mothers of children with autism, a multivariate analysis

of covariance (MANCOVA) was employed. Before conducting this analysis, it was necessary to examine certain statistical assumptions. One of the assumptions for conducting MANCOVA is the homogeneity of covariance matrices, which was tested using the Box's test. The results indicated that the calculated statistic was more significant than 0.05, thus accepting the assumption of normality of score distribution. In the inferential statistical analysis section, parametric tests and analysis of covariance were performed in SPSS-22 software, assuming a normal distribution of the data due to the research nature and the interval scale of dependent variables.

Findings and Results

According to the information related to the group membership of the sample individuals, it has been specified that out of the 30 participants in the study, 15 are in the control group, and 15 are in the experimental group. Based on this, in the control group, three individuals are between 25 and 35 years old, eight individuals are between 36 and 45 years old, and four individuals are between 46 and 55 years old. In the experimental group, five individuals are between 25 to 35 years old, seven individuals are between 36 to 45 years old, and three individuals are between 46 to 55 years old. As indicated, in the control group, four individuals have a diploma, two have a post-diploma degree, six have a bachelor's degree, and three have a postgraduate degree or higher. In the experimental group, five individuals have a diploma, 3 have a post-diploma degree, 5 have a bachelor's degree, and 2 have a postgraduate degree or higher.

In [Table 1](#), descriptive statistics related to the mean and standard deviation of depression scores are presented separately for individuals in the experimental and control groups in two measurement stages (pre-test and post-test). As observed, the control group's mean scores in the post-test do not show a significant difference compared to the pre-test. However, in the experimental group, we observed a further reduction in scores in the post-test compared to the pre-test.

Table 1

Mean and standard deviation of depression and psychological capital scores at two measurement stages

Group	Variables	Pre-test	Post-test
		Mean± SD	Mean± SD
Control	Depression	33.27±9.122	32.33±8.508
		34.60±8.016	32.40±7.799
Experimental	Self-Efficacy	16.20±4.004	16.87±3.091
		18.60±3.269	19.33±2.769
Control	Optimism	12.33±3.539	13.33±3.155
		13.40±3.481	14.07±2.939
Experimental	Resilience	16.53±3.420	18.47±3.292
		19.80±3.629	21.47±3.335
Control	Positive Thinking	11.80±2.981	14.07±2.987
		12.93±3.674	14.73±3.693

In Table 1, descriptive statistics related to the mean and standard deviation of Psychological capital scores and their components are presented separately for individuals in the experimental and control groups at two measurement stages (pre-test and post-test). As

observed, in the control group, the mean scores in the pre-test and post-test stages show little change, while in the experimental group, a more significant increase in scores is evident in the post-test compared to the pre-test.

Table 2

Multivariate Analysis of Covariance Results for Comparing Depression and Psychological Capital in Groups.

Tests	Values	F	Sig	Effect Size
Pillai's Trace	0.699	29.096	0.001	0.699
Wilks' Lambda	0.301	29.096	0.001	0.699
Hotelling's Trace	2.328	29.096	0.001	0.699
Roy's Largest Root	2.328	29.096	0.001	0.699

As observed, the meaningful level of all four relevant multivariable statistics, namely Pillai's Trace, Wilks' Lambda, Hotelling's Trace, and the largest root, is less than 0.01 ($P < 0.01$). Thus, the null hypothesis is rejected, indicating a significant difference in the post-test scores related to depression and psychological capital between the experimental and control groups. Consequently, it

can be said that positive psychology therapy has been effective (Table 2).

To examine the difference between the two experimental and control groups in each of these variables, a multivariate analysis of variance (MANOVA) was used, and the results are presented in the following.

Table 3

MANOVA for comparing depression and psychological capital in the experimental and control groups in the post-test.

Variable	Source	SS	DF	MS	F	Sig	Effect Size
Depression	Between Groups	10.848	1	10.848	18.808	0.001	0.420
	Within Groups	14.996	26	0.577			
Psychological capital	Between Groups	159.670	1	159.670	43.959	0.001	0.628
	Within Groups	94.438	26	3.632			

In Table 3, the test results of the between-subject effects for comparing depression and Psychological capital in the experimental and control groups in the post-test stage are presented. According to the results shown in Table 3, the obtained F value is significant at the 0.01 level for both variables. Therefore, the null

hypothesis is rejected, and the research hypothesis, which posits the positive effectiveness of positive psychotherapy on the depression and psychological capital of mothers of children with ASD, is confirmed. Based on the results, the mean scores of the experimental group for depression have decreased

significantly in the post-test stage, and the mean scores of Psychological capital have also significantly increased.

Discussion and Conclusion

The main purpose of this study was to investigate the impact of positive psychotherapy on depression and psychological capital levels in mothers of children diagnosed with autism spectrum disorder (ASD). Based on the results, the mean scores of the experimental group for depression have decreased significantly in the post-test stage, and the mean scores of Psychological capital have also significantly increased. The results of this hypothesis are consistent previous studies (Douki et al., 2019; Khoshakhlagh et al., 2022; Rezai Kalantary et al., 2019). Mothers of children with autism experience higher levels of anxiety, depression, and lower life satisfaction compared to mothers of children without disabilities or those with other disabilities, according to previous research (Amini et al., 2023; Khoshakhlagh et al., 2022; Rezai Kalantary et al., 2019). Primary caregivers of children with autism have higher levels of anxiety, depression, parenting stress, and parental role dissatisfaction compared to other parents (Alibekova et al., 2022; Stanford et al., 2022). These findings were also confirmed in Iran; in a few study, parents of children with autism were found to have higher stress and lower emotional well-being, family functioning, and parental satisfaction compared to parents of children with developmental disabilities (Amini et al., 2023; Annabestani & Naemi, 2019; Khoshakhlagh et al., 2022; Rezai Kalantary et al., 2019). Researchers (Basurrah et al., 2022; Da Paz & Wallander, 2017) concluded in their research that positive psychology training significantly increases mental health and the well-being of parents, educators, and caregivers of children with developmental disabilities (Basurrah et al., 2022; Da Paz & Wallander, 2017; Layous et al., 2013). Amini et al (Amini et al., 2023) found that positive psychology training is effective in reducing cognitive fusion, and has a positive effect on increasing self-compassion and life expectancy in mothers of children with autism (Rashid, 2020).

As mentioned, one of the factors that contributes to reducing depression and improving the mental health of mothers with autistic children is positive psychology training (Khoshakhlagh et al., 2022; Layous et al., 2013; Rezai Kalantary et al., 2019). Positive psychology therapy

is designed based on traditional scientific methods to understand and diagnose psychological behavior (Seligman, 2019). This approach emphasizes positive processes and individuals' capabilities and advises therapists to focus on positive processes rarely occurring in their clients' lives. Research evidence indicates that positive psychology therapy is effective in increasing mental health and hope, improving positive relationships and emotions, enhancing motivation for progress, self-esteem, and happiness, and reducing premenstrual and anxiety symptoms (Da Paz & Wallander, 2017; Kirca et al., 2023; Kulbaş & Özabacı, 2022; LaPlante, 2013; Layous et al., 2013) (Kulbaş & Özabacı, 2022). The present study shows that training positive psychology techniques and skills to individuals can help them develop strong and positive relationships with themselves, others, and the world (Seligman, 2019). It can also lead to a reduction in depression, which helps individuals better understand themselves and recognize the positive experiences they have. They can then draw on these positive experiences to increase self-respect. Focusing on positive points and past good experiences increases the likelihood of more positive perceptions of oneself and others, enabling individuals to take on more responsibility for their values and fully understand themselves (Rashid, 2020).

The basis of this program includes three components: positive emotions, engagement, and meaning, related to happiness (Annabestani & Naemi, 2019; Seligman, 2019). Research on the effectiveness of positive psychology therapy, has shown its effectiveness in increasing happiness, life satisfaction, and reducing symptoms of depression (Layous et al., 2013; Schotanus-Dijkstra et al., 2019). Furthermore, it enhances psychological capital, optimism, happiness, life satisfaction, positive emotions, reduces drug use, and improves well-being in adolescents (Xu & Choi, 2023). Ultimately, having a child with a disability signifies the departure from the expectation of a typical child. The realization that one's child has a congenital issue, with the understanding that this challenge will persist, initiates a grieving process akin to the sorrow experienced by families dealing with the loss of a child (Luthans & Broad, 2022).

In such circumstances, the impact extends to all family members, with mothers bearing a heavier burden due to their primary caregiving role for their children. As a

result, they often experience heightened psychological challenges. Studies indicate that parents, particularly mothers of children with special needs, face an increased likelihood of experiencing mental health issues (Faraji-Khiavi et al., 2021; Lievore et al., 2023; Stanford et al., 2022). Research findings indicate that mothers with disabled children experience lower overall health and reduced levels of happiness when compared to mothers whose children are in good health (Alibekova et al., 2022; Zhou et al., 2019). The mothers of these children exhibit distinct variations in Psychological Capital and psychological characteristics. Psychological Capital encompasses essential traits within individuals' psychology that frequently serve as a protective factor in the face of challenging life circumstances, preventing the onset of mental disorders. This encompasses qualities such as hope, optimism, self-efficacy, and resilience (Chiracu et al., 2023). Conversely, psychological traits or disorders refer to unusual mental states that result in a decline in one's ability to adapt to oneself, others, and the surrounding environment (Beck et al., 1961). From this perspective, Psychological capital is a constructive structure opposite to psychological characteristics and can effectively prevent and reduce mental health problems. Addressing the concerns and difficulties faced by families and parents of autistic children necessitates thorough and systematic research. This research aims to support professionals in aiding parents and families in overcoming psychological challenges. Moreover, the stress stemming from raising an autistic child exacerbates family issues, prompting members to develop new behavioral strategies to cope with the emerging challenges (Hu et al., 2023).

The study faces limitations and research challenges by exclusively using mothers of children with autism in Karaj as the sample. This narrows the applicability of the findings to other maternal populations and various segments of society. The unique educational needs of mothers with autistic children suggest that an extended duration of education may be necessary. The study faces constraints and research challenges by exclusively focusing on mothers of children with autism in Karaj. This narrow sample limits the broader application of the findings to other maternal populations and diverse societal segments. The extended time required for education is evident due to the unique educational needs of mothers with autistic children.

One of the primary goals of positive psychology therapy is to increase life satisfaction and enhance overall well-being and happiness. Increasing capabilities, positive emotions, commitment, and meaning make life happier, reduce emotional problems, and enhance prosperity. Achieving well-being, life satisfaction, and happiness are the ultimate goals of positive psychology, and this therapeutic approach supports these goals.

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Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants. The Ethics Review Board of Islamic Azad University, East Tehran Branch (Code: IR.IAU.ET.REC.1398.059).

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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Authors' Contributions

All authors equally contributed to this study.

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