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**The Efficacy of an Expressive Arts-Based Counseling Intervention
in Improving Resilience and Well-being of Parents of Children
with Intellectual Disabilities in Bangkok: A Mixed Methods Design**

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Abstract

Persons with disabilities face various obstacles in their daily lives and among them, children suffer the most. Consequently, parents of children with intellectual disabilities (CID) often experience a range of uncomfortable emotions associated with their children's disability, and their own well-being is usually overlooked. Many schools try to alleviate the stress of the children but overlook that of the parents. Although Expressive Arts-Based Counseling (EABC) interventions have been used to help parents of other populations, such interventions have not been used with parents of CID, especially in Thailand. The present study tested an EABC intervention for parents of CID through an explanatory sequential mixed methods design. The Quasi experimental research design assessed the perceived social support, resilience, self-efficacy, and well-being of 11 parents in the experimental group and 13 parents in the control group. A repeated measures ANOVA was performed to compare the efficacy of the EABC interventions. A comparison of the pre- and post-test results found that resilience and parent well-being had improved significantly. Conversely, perceived social support and parental self-efficacy did not improve with the EABC intervention. The qualitative research with four parents participating in semi-structured interviews helped to establish the potential for the improvement of parental self-efficacy and social support factors. Three important themes emerged: Qualities of the therapeutic environment, the therapeutic process, and validation, coping, and application of the therapeutic insights. Hence an important implication of the study was that EABC interventions could be encouraged with parents and children in special needs schools.

Keywords: Special Needs Schools, Parents of Children with Intellectual Disabilities (CID), Expressive Arts-Based Counseling (EABC) Intervention, Perceived Social Support, Resilience, Self-Efficacy, Well-Being Of Parents.

Introduction

Around 250 million children live with some form of disability globally United Nations International Children's Emergency Fund (2021). It is estimated that 15–20% of the overall population are neurodivergent (Bell, 2023). Intellectual disabilities (ID) are recognized by below-average general intellectual function and restrictions in overall functioning which cause delays in development (Dervishaliaj, 2013). IDs are on the rise and range from 0.05–1.55% globally (McKenzie et al., 2016). They continue over a lifetime and are not a transient state which can be corrected as time passes.

In Thailand, around 1 percent of the population have intellectual disabilities (McKenzie et al., 2016). According to McBride et al. (2021), the population of Thailand is around 67 million and rising and the prevalence estimates of intellectual disability were discovered to be 2% for the overall population.

Persons with disabilities are among the most marginalized groups who face various obstacles to gain equal rights from the community. Children with Intellectual disabilities (CID) in particular, are seen as a vulnerable population. Many studies reveal that stress and anxiety for the parents of CID result in mental health problems and their well-being is compromised (Chen et al., 2020; Lee et al., 2008; Shorey et al., 2019). Subsequently, equipping parents to cope and thrive despite adversity has become more important in such a scenario. While children cannot improve without the support of their parents, the need to make a positive difference in the lives of the parents is equally important. According to Nachshen et al. (2003), parents whose children are diagnosed with intellectual/cognitive and behavioral disabilities are often overlooked and their stress is not given an expressive platform. The outcomes of some studies showed that having such a child with cognitive disabilities affects parenting effectiveness in caring for that child (Mikolajczak & Roskam, 2020; Shorey et al., 2019). Parents in Thailand often see a child with special needs as punishment and suffer from depression and anxiety. Parents crash emotionally when they receive the news that their child has autism or other IDs (Fulk et al., 2002; Woodgate et al., 2008) and many end up having marital conflict, anxiety, and prolonged depression (Altiere & Von Kluge, 2009; Hall & Graff, 2011; Risdal & Singer, 2004).

Research investigating the mental health of parents with CID has mainly been done in the West. Despite such a serious rise in intellectual disabilities in Asia, not much has been done or explored for improving the well-being of parents.

The arts have a healing effect. They provide an opportunity to work with one's hands and mind to heal oneself. Expressive arts provide a space to express emotions through visual, kinesthetic (dance), verbal (poetry), or musical (song, music) (Serlin et al., 2020). Expressive Arts-Based Counseling (EABC) interventions have been found to improve the well-being of parents and other caregivers, as well as patients (Pratt, 2004; Shamri et al., 2018). Using a framework for such interventions that is based on theory such as the Expressive Therapies Continuum (ETC) developed by Lusebrink (2004) would be of value (Hinz, 2009).

However, such arts-based interventions based on the ETC framework have not so far been used with parents of CID in Bangkok or elsewhere in Thailand, and the current research

(Sardar, 2024) is amongst the first studies to do so. This study has the potential to serve as a valuable resource for mental health professionals, especially in the counseling setting, and for care providers to make a positive impact on parents who are experiencing hardships due to their children's disability. Parents of children with special needs face multiple challenges like stress, anxiety, and depression on a regular basis, and parenting distress was found to be associated with having a child with special needs (Chen et al., 2020; Jambekar et al., 2018; Likhitweerawong et al., 2020). The well-being of parents having children with special needs is therefore compromised. By using EABC interventions, the well-being of the parents of CID could be addressed in special needs schools in Thailand by channeling their creativity, as not all counseling sessions can follow the traditional talk therapy format (Degges-White & Davis, 2011).

Research Questions

1. Is the Expressive Arts-Based Counseling (EABC) intervention effective in enhancing perceived social support, resilience, parent self-efficacy, and well-being among parents of CID in Bangkok?
2. What was the lived experience of parents of CID in Bangkok engaged in EABC interventions for enhancing perceived social support, resilience, parent self-efficacy, and well-being?

Hypotheses

1. The EABC intervention is effective in enhancing perceived social support, resilience, parent self-efficacy, and well-being among parents of CID in Bangkok, as indicated by the interaction between treatment and time (Pre- and Post-tests).
2. The lived experiences of the participants captured through semi-structured interviews support the importance of EABC intervention in improving perceived social support, resilience, parent self-efficacy, and well-being.

Literature Review

The following section will take a closer look at the variables relevant to this study, which are perceived social support, resilience, parent self-efficacy, and well-being of the parents of CID.

Perceived Social Support

Family support has been found to be a significant predictor of family quality of life (Zeng et al., 2020). According to Thiratanachaiyakul (2021), perceived social support played a very important role in the lives of the elderly in Thailand. Most studies on social support and its importance for children concluded that family support was the most important for their emotional health, helping to reduce their behavioral and emotional problems, and this is because it is the parents and the extended family members who help take care of children with special needs (Jambekar et al., 2018; Ren et al., 2020; Zhao et al., 2011).

A review of the literature on perceived social support revealed that parents who have a strong perception of social support are better able to address their stress in daily life. Studies

by Boyd (2002) and Lounds (2004) demonstrated that social support is a very important factor in maintaining the well-being of parents of CID. Perceived social support received from family, friends, and significant others adds to the well-being of parents and has been found to decrease their stress levels (Dey & Amponsah, 2020; Drogomyretska et al., 2020; Li et al., 2021; Ren et al., 2020).

Resilience

Resilience is viewed as a road to thriving (Zeynep & Meltem, 2020) and it can also be summed up as to thrive in the face of challenges (Campbell-Sills & Stein, 2007). This would imply that parents of CID would show signs of resilience since they experience stressors on a daily basis. Several studies have shown that resilience of parents with children with Autism Spectrum Disorder (ASD) and other disabilities is greatly affected by the social support they receive and perceive (Cuzzocrea et al., 2015). In one study by Lu et al. (2021), it was revealed that resilience was one of the important mediators in the relationship between perceived social support of parents and emotional and behavioral problems in their children. A study in Ghana found that resilience played a significant mediating role between spirituality and subjective well-being of parents of children with special needs (Dey et al., 2021). Resilience is seen more as something that can be developed as a process rather than an inherent trait (Gartland et al., 2011) and the EABC intervention is therefore an attempt to build resilience in parents of CID in Bangkok.

Parent Self-Efficacy

In the present study, self-efficacy is viewed as the belief a person has in managing day-to-day tasks, and the higher the belief, the better one is able to execute those daily responsibilities (Kurzkrok et al., 2021). Perceived social support and self-efficacy helped in improving the well-being of individuals in Thailand (Warapornmongkholkul et al., 2018). Self-efficacy is an important variable affecting the health of parents (Hastings & Brown, 2002). Families raising CID face a lot of emotional and social stress, and anxiety, but resilience and self-efficacy help in battling them (Whiting et al., 2019). Self-efficacy theory not only empowers an individual to get positive results, but it also provides treatments to combat stress and anxiety (Cervone, 2000). In summary, research shows that self-efficacy is an important tool for parents of CID to cope with daily stressors.

Parent Well-Being

When one feels well, one is able to cope with daily chores and also contribute positively to the community (World Health Organization, 2013). Conversely, the more parents are stressed, the more difficult it becomes to regulate the emotions of their children, emphasizing the importance of the former's well-being (Morelli et al., 2020).

A review of literature by Bekhet et al. (2012) found that social support was one of the protective factors promoting resilience in family members raising a child with autism, and that indicators of resilience included self-efficacy, acceptance, and positive family functioning. It was also found that resilience was associated with positive outcomes in caregivers, such as greater psychological well-being.

All the above findings suggest that the variables of interest in the present research, namely, social support, resilience, self-efficacy, and well-being are connected, with the first three likely to have a significant effect on well-being among parents of CID.

Expressive Therapies Continuum (ETC)

Any kind of therapy should in the end translate into the well-being of the client and guide them towards a happier and more fulfilling existence. The roots of the theory behind the ETC used in the current research were first seen in the work of Kagin and Lusebrink (1978) and further explored by Hinz (2009). Lusebrink (2004) came up with the ETC framework which provides a healing dimension for various expressive arts interventions. It is a theoretical and historical guide and provides a platform to assist the counselor in deciding what media to use, the circumstances, and which clients will benefit most from this framework. This will be particularly useful in special needs schools.

Research Methodology

Research Design

The research design is an explanatory sequential mixed methods design (Creswell, 2014) involving:

1. Quasi experimental research (Quantitative):

Four repeated measures mixed ANOVAs were conducted for the four dependent variables, namely, perceived social support, resilience, parent self-efficacy, and well-being.

2. Individual interviews with parents of CID (Qualitative):

Semi-Structured interviews were conducted, and the results were presented as main themes and subthemes.

Participants

Sampling Technique

Volunteer-based convenience sampling was used to select participants who were able to communicate both in Thai and English.

Participants could withdraw from the study at any time.

Sample Size

Quantitative: 25 parents of CID were invited to participate in the EABC intervention, of whom 11 volunteered for the experimental group and 13 were placed in the control group, while one was unable to attend.

Qualitative: Four participants from the experimental group were invited to participate in the semi-structured interviews.

Research Instruments

The first part of the questionnaire pertained to demographic details of the parents such as gender, age, employment status, educational status, monthly income in Baht, number of children, family structure (nuclear or extended), and access to counseling support. The second part covered details about the child such as age, gender, disability of the child, and whether attending a special needs school or not.

The third part contained all the measurement instruments. The Multidimensional Scale of Perceived Social Support (MSPSS; Zimet et al., 1988) was used to measure perceived social support from friends, family, and significant others. It is a 12-item instrument where each item is scored on a 7-point scale ranging from 1 to 7, where 1 means that the respondent strongly disagrees and 7 means the respondent strongly agrees with each statement, showing strong perceived social support. MSPSS had good internal reliability with a Cronbach's alpha of .88 for the total scale. The construct validity of the scale was found to be $r = .13$, $p < .01$ (Zimet

et al., 1988). The ten-item Connor-Davidson Resilience Scale (CD-RISC 10; Campbell-Sills & Stein, 2007) adapted from the 25-item CD-RISC originally developed by Connor and Davidson (2003), was used to measure resilience. Each of the ten items is scored on a five-point scale ranging from 0 to 4, where 0 means the respondent is not resilient and higher scores indicate higher resilience. Cronbach's alpha for the original 25-item instrument was .89 (Connor & Davidson, 2003) and was found to be .85 for the 10-item CD-RISC (Campbell-Sills & Stein, 2007). The scale also shows good convergent validity (Campbell-Sills & Stein, 2007). The Parenting Sense of Competency Scale (Gibaud-Wallston & Wandersman, 1978) was used to measure parent self-efficacy. The sub-scale containing 8 items (1,6,7,10,11,13,15,17) referring to self-efficacy of parents was used in the present research. Each item is scored on a six-point scale ranging from 1 to 6 where 1 means the respondent strongly disagrees with the statement and 6 means that they strongly agree. A higher score shows greater parent self-efficacy. A Cronbach's alpha coefficient of .76 for the self-efficacy sub scale was reported by Johnston and Mash (1989) and the scale has good construct validity (Wittkowski et al., 2016). The Parent Well-Being Scale (PWBS; McConkey, 2020) was used to measure parent well-being. The Scale comprises 8 items and a higher score shows greater well-being. The Cronbach's alpha of the eight items was .827 and its construct validity was also reported to be good (McConkey, 2020).

Data Collection Procedure

The process was as follows:

1. Informed consent and confirmation of voluntary participation were obtained from each participant after they were provided with information regarding the purpose of the study and given an assurance of confidentiality.
2. Participants then received EABC interventions such as clay modeling, drawing emotions, the scribble chase, finger painting, poetry slam, and archetype cards conducted over 60 to 90 minutes in six weekly sessions over 6 weeks.
3. Semi-structured interviews lasting for almost an hour each, were conducted in person with four of the participants to explore their experience with the expressive arts intervention as well as the artwork created by them.

Data Analysis

Quantitative: A repeated measures ANOVA was performed to compare the effect of the expressive arts intervention in building perceived social support, resilience, parent self-efficacy, and well-being amongst parents of CID.

Qualitative: The transcripts of the interviews were first simply read without any note-making several times. Subsequently, the interviews were individually read by assigning codes to lines and important text. Then, all the codes from each interview were placed side by side and were consistently identified in each transcript. The information thus collected was carefully organized into themes and subthemes (Creswell, 2014).

Results and Discussion

Results of the EABC Intervention

A repeated measures ANOVA investigates the correlation within and between experimental groups. The same participants were used in both the pre- and post- test groups. Four repeated measures mixed ANOVAs were conducted for the four dependent variables, namely: resilience, parent self-efficacy, parent well-being, and perceived social support. The main results of the ANOVAs are reported below.

Resilience

There was a statistically significant interaction between time and treatment, $F(1,22) = 18.87, p < .001$, as shown in Table 1. The effect size estimated by Eta squared (η^2) is 0.462 which means 46.2% of the variance in resilience is accounted for by the interaction between time and treatment.

Table 1

Repeated Measures ANOVA for Resilience

Effect	SS	DF	MS	F	p	Effect size (η^2)	Observed Power (β)
Intercept	34861.59	1	34861.59	749.794	0.000	0.971	1.000
Treatment	246.59	1	246.59	5.304	0.031	0.194	0.596
Error	102289	22	46.49				
Time	48.17	1	48.17	11.060	0.003	0.335	0.888
Time x Treatment	82.17	1	82.17	18.867	0.000	0.462	0.986
Error	95.81	22	4.36				

* $P < .05$

The multiple comparisons performed by Tukey’s HSD are presented in Table 2. This shows that there was no significant difference in resilience between the control ($M = 25.08$) and experimental ($M = 27.00$) groups in the pre-test. However, resilience of the control group ($M = 24.46$) and the experimental group ($M = 31.64$) differed significantly ($p = 0.013$) after the intervention as indicated by their post-test scores. This indicates that the treatment was effective in improving the participants’ resilience.

Table 2

Tukey’s HSD for Multiple Comparisons of Resilience

Treatment	Variables	Means	Exp.Pre	Exp.Post	Cont.Pre	Cont.Post
			27.000	31.636	25.077	24.462
Experimental	Exp.Pre	27.000		0.000	0.808	0.644
	Exp.Post	31.636	-4.636		0.025	0.013
Control	Cont.Pre	25.077	1.923	6.559		0.875
	Cont.Post	24.462	2.538	7.174	0.615	

Note: Off-diagonal values of upper right are significance levels and lower left are mean differences.

Parent Self-Efficacy

There was a statistically significant interaction between time and treatment, $F(1,22) = 33.53, p < .001$, as shown in Table 3. The effect size estimated by Eta squared (η^2) is 0.604 which means 60.4% of the variance in self-efficacy is accounted for by the interaction between time and treatment.

Table 3

Repeated Measures ANOVA for Parent Self-Efficacy

Effect	SS	DF	MS	F	p	Effect size (η ²)	Observed Power (β)
Intercept	54064.93	1	54064.93	937.492	0.000	0.977	1.000
Treatment	61.93	1	61.93	1.074	0.311	0.047	0.168
Error	1268.73	22	57.67				
Time	110.27	1	110.27	25.276	0.000	0.535	0.998
Time x Treatment	146.27	1	146.27	33.528	0.000	0.604	1.000
Error	95.98	22	4.36				

* $P < .05$

The multiple comparisons performed by Tukey’s HSD are presented in Table 4. This shows that there was no significant difference in parental self-efficacy between the control ($M = 32.77$) and experimental ($M = 31.54$) groups in the pre-test. The control group ($M = 32.31$) and the experimental group ($M = 38.09$) also did not differ significantly in parental self-efficacy ($p = 0.096$) after the intervention as indicated by their post-test scores. This indicates that the treatment was not effective in improving the participants’ self-efficacy.

Table 4

Tukey’s HSD for Multiple Comparisons of Parent Self-Efficacy

Treatment	Variables	Means	Exp.Pre	Exp.Post	Cont.Pre	Cont.Post
			31.545	38.091	32.769	32.308
Experimental	Exp.Pre	31.545		0.000	0.955	0.988
	Exp.Post	38.091	-6.546		0.140	0.096
Control	Cont.Pre	32.769	-1.224	5.322		0.942
	Cont.Post	32.308	-0.763	5.783	0.461	

Note: Off-diagonal values of upper right are significance levels and lower left are mean differences.

Parent Well-being

There was a statistically significant interaction between time and treatment, $F(1,22) = 20.41, p < .001$, as shown in Table 5. The effect size estimated by Eta squared (η²) is 0.481 which means 48.1% of the variance in parent well-being is accounted for by the interaction between time and treatment.

Table 5

Repeated Measures ANOVA for Parent Well-Being

Effect	SS	DF	MS	F	p	Effect size (η^2)	Observed Power (β)
Intercept	176220.69	1	176220.69	1174.051	0.000	0.982	1.000
Treatment	544.36	1	544.36	3.627	0.070	0.142	0.445
Error	3302.12	22	150.10				
Time	125.19	1	125.19	11.101	0.003	0.335	0.889
Time x Treatment	230.19	1	230.19	20.411	0.000	0.481	0.991
Error	248.12	22	11.28				

* $P < .05$

The multiple comparisons performed by Tukey’s HSD are presented in Table 6. This shows that there was no significant difference in parent well-being between the control ($M = 58.00$) and experimental ($M = 60.364$) groups in the pre-test. However, the control group ($M = 56.85$) and the experimental group ($M = 68.00$) differed significantly in parent well-being ($p = 0.035$) after the intervention as indicated by their post-test scores. This indicates that the treatment was effective in improving the participants’ well-being.

Table 6

Tukey’s HSD for Multiple Comparisons of Parent Well-Being

Treatment	Variables	Means	Exp.Pre	Exp.Post	Cont.Pre	Cont.Post
			60.634	68.000	58.000	56.846
Experimental	Exp.Pre	60.364		0.000	0.926	0.795
	Exp.Post	68.000	-7.636		0.067	0.035
Control	Cont.Pre	58.000	2.364	10.000		0.817
	Cont.Post	56.846	3.518	11.154	1.154	

Note: Off-diagonal values of upper right are significance levels and lower left are mean differences.

Perceived Social Support

There is no statistically significant interaction between time and treatment, $F(1,22) = 0.08, p > .05$, as shown in Table 7. The effect size estimated by Eta squared (η^2) is 0.131 which means a negligible variance (13%) in social support is accounted for by the interaction between time and treatment.

Table 7

Repeated Measures ANOVA for Perceived Social Support

Effect	SS	DF	MS	F	p	Effect size (η^2)	Observed Power (β)
Intercept	205956.41	1	205956.41	1341	0.000	0.984	1.000
Treatment	51.58	1	51.58	0	0.568	0.015	0.086
Error	3377.90	22	153.54				
Time	0.91	1	0.91	0	0.820	0.002	0.056
Time x Treatment	56.91	1	56.91	3	0.082	0.131	0.413
Error	378.07	22	17.18				

* $P < .05$

The multiple comparisons performed by Tukey’s HSD are presented in Table 8. This shows that there was no significant difference in perceived social support between the control ($M = 65.92$) and experimental ($M = 65.81$) groups in the pre-test. Also, the control group ($M = 63.46$) and the experimental group ($M = 67.72$) do not differ significantly ($p = 0.703$) in perceived social support after the intervention as indicated by their post-test scores. This indicates that the treatment was not effective in improving the participants’ perceived social support.

Table 8

Tukey’s HSD for Multiple Comparisons of Perceived Social Support

Treatment	Variables	Means	Exp.Pre	Exp.Post	Cont.Pre	Cont.Post
			65.818	67.727	65.923	63.462
Experimental	Exp.Pre	65.818		0.705	1.000	0.932
	Exp.Post	67.727	-1.909		0.968	0.703
Control	Cont.Pre	65.923	-0.105	1.804		0.447
	Cont.Post	63.462	2.356	4.265	2.461	

Note: Off-diagonal values of upper right are significance levels and lower left are mean differences.

Results of the Qualitative Semi-Structured Interviews

The results of the qualitative research which involved semi-structured interviews showed three main themes. The first pertained to the qualities of the therapeutic environment, the subthemes under which were: therapist’s qualities, group environment and its importance, and therapeutic qualities of the art medium. The second main theme was the therapeutic process, the subthemes under which were: exploring and understanding ourselves, therapeutic insights and themes, and group as a microcosm. The third theme was validation, coping, and application of therapeutic insights, the subthemes under which were: religious and spiritual beliefs, and coping learnt and applied.

Discussion

An individual's behavioral functioning can be assessed by using expressive arts-based interventions (Belkofer et al., 2014). Expressive arts were found to be very effective in reducing depression amongst infertile women (Streeter & Deaver, 2018). Expressive arts-based intervention was helpful in reducing separation anxiety in a young girl where the traditional talk therapy did not work (Lusebrink, 2010). Another research done on a 10-year-old boy experiencing selective mutism involved the use of expressive arts based on the ETC model which helped in understanding the level of functioning of the boy (Fernandez et al., 2014). Expressive arts also played an important role in reducing trauma in women, to build upon their strength factors, and make them believe in themselves (Alfred, 2019).

While there are many studies on the efficacy of expressive arts interventions among young adults, not much has been done for parents of CID, especially in Bangkok. However, creativity is one way to encourage the participant's well-being and improve the relationship with their child (Degges-White & Davis, 2011; Shamri Zeevi et al., 2018). For example, in a study on addicted parents in Hong Kong, where different expressive art approaches and strategies were applied (Leung et al., 2018), both the parents and the adolescents showed great improvement in the perception of drug addiction.

This was also the case in the present research where the well-being of parents was improved with the EABC interventions which also helped the therapist to understand the behavior, emotions, and stress of the parents of CID.

A few images of the artwork produced by the parents of CID are shared to give the reader a glimpse into the EABC sessions which improved the well-being and the resilience of the participants. This section will also highlight key points from the interviews of parents which point towards a positive trend towards improving social support and parent self-efficacy factors.

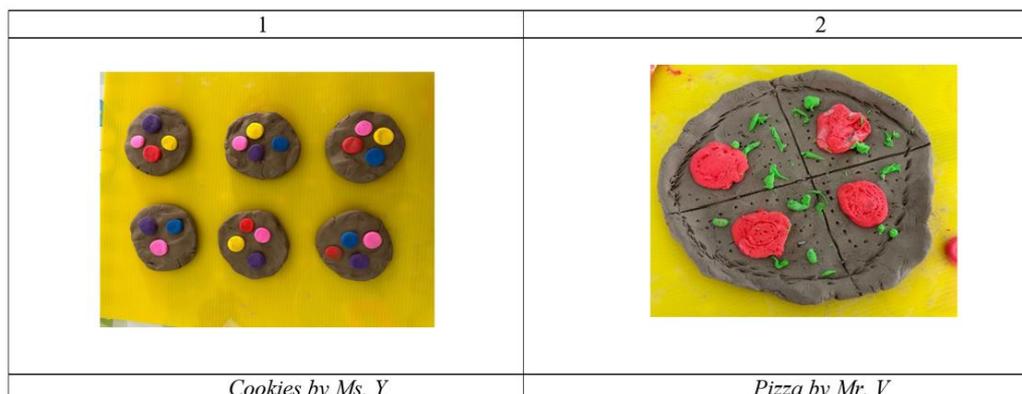
A Glimpse into the EABC Intervention

Ms. Y molded cookies out of clay, showing happiness and belief in herself that she could do difficult things but with a happy heart (see Figure 1). Though Ms. Y did not like to step out of her comfort zone, she often did, recognizing her own strength during the EABC intervention, and this also helped build resilience.

Mr. V kept on going which showed his inner strength and his ability to get up and continue despite the stressors. He seemed to be enjoying his conversations with others, and his art piece, a pizza, represented his hobbies and his love for food (see Figure 1). Mr. V appreciated the well-being he experienced in the session and said, *'I love to relax and bake; I enjoy making pizzas.'*

Figure 1

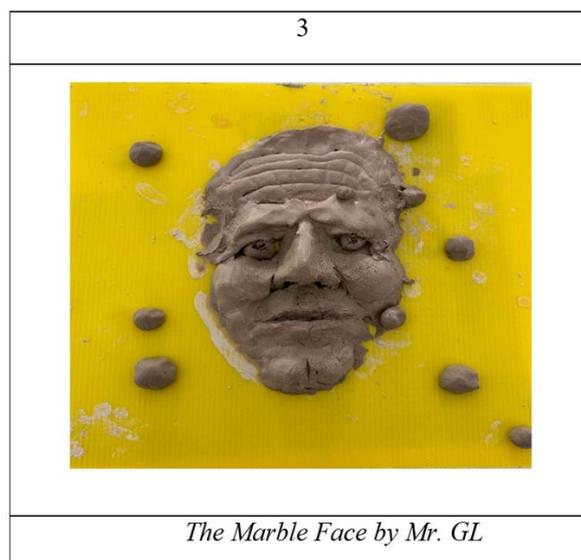
Artwork by Ms. Y and Mr. V



Mr. GL reflected a positive side of his and a capability to thrive in adversity, reflecting resilience, and feeling rattled and lost led to build his strength. Feeling rattled was depicted by the stones around the Marble face (see Figure 2) where the participant referred to the stones as hurdles, but these were there to make him become stronger eventually.

Figure 2

Artwork by Mr. GL



Many parents often suffer from depression and anxiety. This is due to the lack of support from family and friends, and parents often find themselves alone while raising a child with special needs. Studies have revealed that children seem to be the biggest stressor for parents (Befkadu et al., 2022; Efstratopoulou et al., 2022; Hassan & Inam, 2013; Padden & James, 2017; Pastor-Cerezuela et al., 2021) including factors such as the children's communication, taking them for treatment and therapy and the associated costs, all of which

places a lot of pressure on the family (Karst & Van Hecke, 2012).

Many studies point towards the effectiveness of expressive arts in building resilience, including among students (Li & Peng, 2022; Serlin et al., 2020). The EABC sessions helped the parents improve their well-being, similar to the findings of other studies (Shamri Zeevi, 2018).

A Look at the Interviews

The semi-structured interviews with the parents revealed an upward trend for both parent self-efficacy and perceived social support. With respect to social support, one of the subthemes was strength through group support and the role of social support in facilitating conversations. This showed a positive trend for the social support factors as the interviews revealed that social support could improve with time. The second main theme of the therapeutic process discussed 'Group as a microcosm' as a subtheme. This shed light on the importance of group support and as one of the participants said, '*One of the most valuable parts of that workshop was meeting other people, the social aspect.*' Social support plays an extremely important role to determine the family quality of life and recognizing one's own strengths (Chen et al., 2020; Cuzzocrea et al., 2015; Decroocq et al., 2020; Drogomyretska et al., 2020; Shorey et al., 2019; Zeng et al., 2024; Zeng et al., 2020).

Also, with respect to parent self-efficacy, the interviews revealed a positive trend for building this factor in the parents. Under therapeutic process (second main theme), the parents shared how important it was to be kind to themselves. Kindness meant focusing on the here and now and finding meaning which added to their belief in themselves. One of the participants commented, '*I've always been focusing on the other side of self-doubt and this time I got to see the strong side of me.*' Another participant commented, '*What the expressive arts has given me is empowerment.*' Also, the validation, coping, and application of the therapeutic insight (third main theme) added to the factor of self-efficacy, as one of the participants expressed in the interview: '*As a coping strategy if you ask, I think my prayer, my recognition, belief in my religion, belief in god is the key.*'

Answering the Research Questions

1. The EABC interventions helped improve resilience and well-being of the parents of CID significantly, while social support and parent self-efficacy did not improve.

2. The parents of CID had enjoyed their art-making experience and the lived experiences of the parents in the semi-structured interviews indicated that their perceived social support, resilience, parent self-efficacy, and well-being had all improved.

Limitations and Suggestions for Future Research

Responses were collected using convenience sampling methods which could be a limitation. One limitation could be the possibility of sample bias since the participants were chosen out of convenience rather than randomly, since only some parents were available and willing to participate in the EABC intervention. Secondly, the small number of participants for the EABC interventions (24) and the interviews (four) could be a limiting factor. Moreover, the number of EABC sessions was only six. Hence, future research could involve a larger number of parents and could offer a greater volume of sessions to gain more reliable results.

Finally, although EABC interventions were also later offered to the control group participants in the Quasi experimental design, none of them could avail themselves of the opportunity due to demands on their time. Hence, future research could try to ensure EABC interventions for the control group also.

Conclusions and Recommendations

A lot of research in the past focused on the mothers of CID. The present research, which was an explanatory sequential mixed methods design, considered both fathers and mothers raising children with disabilities. The study used expressive arts interventions based on the expressive therapies continuum (ETC) to promote well-being in such parents, followed by semi-structured interviews. The EABC interventions helped improve resilience and well-being of the parents of CID, while the semi-structured interviews revealed a trend of improvement for all the variables, namely, well-being, resilience, parent self-efficacy, and perceived social support factors. The mixed results of the study could arise from the fact that certain factors such as parent self-efficacy and perceived social support may improve without the conscious awareness of the individual, and the realization of these positive changes only happens when there is deeper processing as through interviews. More time might also be required for clients to feel the improvement in these two factors, than the limited number of sessions spent on EABC in the current research.

Social settings and environment play an important role in the lives of children with special needs and parents should be able to seek professional support in schools (Das et al., 2017; Lu et al., 2021). Informing the parents regarding the condition of their child would help prevent family difficulties (Lee et al., 2008). The present study might help improve the educational environment in special needs schools, including the provision of social support and services such as introducing expressive arts-based counseling platforms for parents as well as their children since it will help reinforce the realization among schools that parents are the first source of support for children. Providing a support system for parents that involves connecting with other parents would also help, since such programs increase factors of resilience and self-belief and also reduce the parents' perceptions of the problems faced by the children (Wittkowski et al., 2016). Expressive arts-based counseling interventions of longer duration and involving more participants, can be used in special needs schools with parents and children alike as art has been found useful in improving the quality of life for individuals (Jambekar et al., 2018; Streeter & Deaver, 2018). EABC may also prove to be more effective if the arts-based interventions are followed up by interviews to help parents of CID become more consciously aware of how they have benefited from them. This realization could also help parents to sustain the positive impact of the interventions. This study has the potential to serve as a valuable resource for mental health professionals, especially in the counseling setting, and for care providers in schools, and to make a positive impact on parents who are experiencing hardships due to their children's disability.

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