



Addressing the impact of psychosocial factors of parents on home-training: A pre-post comparison

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Abstract

Language learning of children with communication disorders is facilitated in natural situations by parents through the home-training provided by Speech-Language Pathologists (SLPs). Implementation of home-training is highly dependent on the psychosocial factors of parents. Hence, the present study aimed at addressing the impact of psychosocial factors like stress, anxiety, depression and hope levels of parents on home training of their children. The study employed a case study method to examine the impact of psychosocial factors in parents on the home training of their children with communication disorders. Two mothers of children with special needs served as participants. Both were assessed to have high parental stress using Depression Anxiety Stress Scale-21 and lower levels of hope using Adult Trait Hope Scale. Following the assessments, the mothers underwent CBT while their children simultaneously received speech-language therapy. The impact of improvement in maternal mental status post-CBT on the children's target behaviours during clinical therapy was studied and documented. Results revealed that an increase in the mothers' hope levels corresponded with noticeable improvement in the children's target behaviours—progress that had not been observed earlier. The gradual shift in the mothers' perspectives regarding their children's conditions contributed to a more positive approach towards rehabilitation. The study

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emphasizes the importance of SLPs recognizing parents' mental status at an early stage and providing timely referrals, as doing so is crucial for ensuring better and faster prognosis for the child.

Keywords: Home-training, Psychosocial, Speech–Language Intervention, Cognitive Behavioral Therapy

1. Introduction

A communication disorder is an impairment in the ability to receive, send, process and comprehend concepts or verbal, nonverbal and graphic symbol systems (ASHA, 1982). Depending on the child's needs and priorities of parents' or caregiver's intervention of communication disorders varies. It typically involves a team approach including professionals, family members and the child. Among the family members, parents play an integral role in deciding goals for the intervention program as well as in implementing and transferring learned behaviours to natural contexts. Literature suggests that parents are the effective facilitators for speech and language development in case of both typically developing children as well as children with communication disorders (Law et al., 2003; Gibbard et al., 2004; Roberts & Kaiser, 2011). Speech-Language Pathologists (SLPs) work closely with parents of pre-school aged children to promote language learning at home (Watts Pappas et al., 2008; Roulstone et al., 2012). As a part of intervention, SLPs provide structured home training for parents to implement the clinically learned behaviors across everyday contexts (Bowen & Cupples, 2004; Watts Pappas et al., 2008).

Several factors influence the success of home training. These factors are broadly classified under child factors (age, gender, complexity of the condition), family factors (income and family functioning), and environmental factors (supports and resources) (Di Marino et al., 2018). Within the factor 'Family', major involvement is of parents, their psychosocial status, financial status and their own physical and mental health (Prata et al., 2019).

Parenthood is a significant responsibility that requires patience, dedication, and effort. In general, parenthood is associated with high level of stress (Crnic & Low, 2002). Further, parenting has been reported to be more stressful when the child has a disability (Watson et al., 2011). Special children would require specialized care in terms of medical or non-medical care, expenses related to the same, uncertainty about the prognosis, sometimes repeated hospitalizations, day-to-day caregiving activities, lack of proper professional support at times have all proven to lead to disruption in familial role distributions, financial stability, overall burden and social networks (Kazak et al., 2006; Cousino & Hazen, 2013; Price et al., 2016; Yassin, 2023). Thus, these challenges and care towards children with special needs in turn have shown to increase the trauma in the family leading to several parental psychosocial factors like stress, depression, and anxiety (Rosenbaum, 2011; Dirks & Hadders-Algra, 2011; Osmančević Katkić et al., 2017; Robinson et al., 2018; Bujnowska et al. 2019; Scherer et al., 2019; Megreya et al., 2020; Kutuk et al., 2021). Further they also exhibit impairments in physical function (Cantwell et al., 2014), social function (Ali et al., 2012), quality of life (Arora et al., 2020).



A large number of studies have reported that parents of children on the Autism experience higher levels of stress (Rodigrue et al., 1992; Yamada et al., 2007; Dabrowska & Pisula, 2010; Hayes & Watson, 2013; Keenan et al., 2016; Porter & Loveland, 2019). Kutuk et al (2021) reported high levels of burnouts and depression in mothers and fathers of children with Autism. Machado Junior et al. (2016) figured out that around 26.7% of parents of children with Autism were diagnosed as having depression. Review also suggests that parents of children with other communication disorders like cerebral palsy (Vijesh & Sukumaran, 2007; Mushtaq et al., 2014; Barreto et al., 2019) and intellectual disability (Singh et al., 2008) face stress, anxiety as well as depression. More than fathers, mothers of children with communication disorders have been reported to experience higher levels of stress and depression (Davis & Carter, 2008; Ang & Loh, 2019; Megreya, 2020). Sharma et al. (2023) reported that 66.3% of mothers and 35.4% of fathers of children with intellectual disabilities exhibited significant depressive symptoms.

Review of literature also indicates that these parental psychosocial factors negatively affect the well-being and development of children with special needs (Rosenbaum, 2011; Dirks & Hadders-Algra, 2011; DeSocio, 2015). Neece et al. (2012) found that these psychosocial issues can have a significant impact on the parent well-being as well as parental practice resulting in poor child, parent/family interaction or outcomes with children with developmental delays because of the presence of bidirectional relationships between parent emotion and child outcomes (Woodman et al., 2015). All these indicate that parental psychosocial factors might have a negative impact on home training. However, there is sparse literature on the same.

All the above background necessitates to address this issue and reduce or eradicate the stress and depression levels of parents of children with special needs. Counselling is one of the ways of achieving this (Jambekar et al., 2018). It helps parents to get an insight into their emotional reactions, face the demands and challenges more positively, understand the strengths and weakness of their child better. Reduction in parental stress levels have proven to be helpful for betterment of their children with special needs (Lebowitz et al., 2020). SLPs as counsellors can address this issue to an extent, however, psychologists' intervention would be essential. As SLPs it is very important to find out parents who would require a psychologists' intervention and provide proper referral.

To improve the overall psychological well-being of parents of children with communication disorders, various types of cognitive-based interventions (CBIs) are implemented. CBIs include cognitive-based therapy (CBT) that employs cognitive methods to modify the behavioral patterns that are leading to stress (Beck & Haigh, 2014); dialectical behavioural therapy (DBT) involves combination of various strategies to resolve the issues; mindfulness-based intervention (MBIs) which includes mindfulness-based stress reduction (MBSR) and mindfulness-based cognitive therapy (MBCT) that would improve the awareness of the present moment and thus help them in coping the life stressors in better way (Chadwick et al., 2016); acceptance and commitment therapy (ACT) focuses on improving the

affective symptoms by promoting psychological flexibility, identifying personal values and by managing commitments to make adjustments (Hayes & Strosahl, 2005); and compassion-focused therapy (CFT) encourages participants to be compassionate towards themselves as well as others and thus assist in mental and emotional recovery (Khoshvaght et al., 2021). All these CBIs have shown promising results in reducing stress, depression, anxiety and related symptoms in parents of children with communication disorders (Bourke-Taylor et al., 2021; Parmar et al., 2021).

Cognitive Behavioural Therapy (CBT) is one of the most evidence-based practice in the field of psychological intervention for the treatment of depression, anxiety and many other psychiatric disorders (Gautam et al., 2020). CBT treatment usually involves efforts to change thinking and behaviour patterns through a collaborative work of psychologist and the client by developing an understanding of the problem and treatment strategy for the same. Majorly CBT has been applied on children with communication disorders, especially children with ASD who are facing anxiety and depression issues (Perihan et al., 2020; Wood et al., 2020; Olsson et al., 2021). CBT has also been documented to show positive effects in reducing parental stress and improve their mental health (Bourke-Taylor et al., 2021). However, study of application of CBT on parents of children with communication disorders is sparse.

In the current study, two children who failed to show improvement in their language outcomes despite providing intensive speech-language therapy were considered. Further, home-training was found to be inadequate which was in-turn affecting the progress of children. Clinical observations indicated that parental psychosocial factors might have been influencing home-training consistency. These observations align with models of family-mediated intervention, particularly ecological systems theory and parent-mediated therapy frameworks, which emphasize the central role of caregiver emotional well-being in enabling effective child rehabilitation (Bronfenbrenner, 1992; Roberts & Kaiser, 2011). Recent research also supports this view: parent-implemented language programs improve child outcomes through changes in parent behaviour and emotional engagement (Heidlage et al., 2020), while parental stress mediates child progress and participation in developmental intervention programs (Guzick et al., 2024; Hayes & Watson, 2013).

Given this context, the current preliminary study aimed to examine the impact of CBT on the psychosocial status of mothers of children with communication disorders and to explore how changes in mothers' mental health influenced home-training and the development of speech-language skills in children, which have been sparsely studied till date.

2. Methodology

A case study method was employed in this study. Generally, case studies are carried out intensive analysis and descriptions of a single unit or a system that is bounded by space and time by studying a single case or more (Campbell, 2015). Campbell (2015) suggests five applications of case studies: one to explain the presumed causal links in real-life interventions, next to describe an intervention, to illustrate certain topics, to explore situations in



which intervention has no clear set of outcomes and to conduct meta-evaluation (pg. 201-202). Sample size for case studies are generally determined by the principle of data saturation and not through statistical power or fixed numbers (Ahmed, 2025). As the current study was a preliminary study of one of its kind in India, only two participants were considered.

1.1. Participants

Two mothers (M1 and M2) of children with special needs where M1 had a child diagnosed with spoken language disorder secondary to multiple disability (C1) and M2 had a child with a diagnosis of at risk for SLI (C2) as per DSM-V served as participants of the present study. Both M1 and M2 were assessed to have parental stress, leading to poor home training which in turn was leading to poor prognosis of the child (C1- had no improvement in spite of attending therapy for 5 years and C2 – no improvement observed post 1 month of therapy initiation). The details of children with special needs are provided in Table 1.

Table 1
Children Participant’s Details

Parameter	C1	C2
Age / Gender	8 years 5 months / Female	2 years 4 months / Male
Provisional Diagnosis	Spoken language disorder secondary to multiple disability (hearing loss, repaired cleft palate, ASD features, sensory issues, intellectual disability)	Risk for Specific Language Impairment
Earlier Speech-Language Intervention Duration	5 years	1 month
Home-Training Status	Inadequate	Inadequate
Improvement Before Study	Poor	Poor

Purposive and convenience sampling was carried out to select the participants. The study adhered to the ethical committee guidelines for Bio-behavioural Sciences for human subjects (Venkatesan & Basavaraj, 2009). All moral standards were met for participant selection and participation. A written consent was obtained from the participants after explaining the purpose of the study.

1.2. Data collection and processing

The two mothers, M1 and M2 underwent Cognitive Behavioral Therapy (CBT). On the other hand, children (C1 and C2) underwent speech-language therapy.

1.2.1. Cognitive Behavioral Therapy (CBT) for Mothers M1 and M2

Information on parental psychosocial factors was gathered during the counselling session of speech-language intervention on home training. Post counselling mothers were recommended to undergo clinical psychological assessment to check the levels of stress, depression and anxiety. An experienced clinical psychologist administered The Depression Anxiety Stress Scales – 21 (DASS-21) (Synder, 1991) and Adult Trait Hope Scale (Synder, 1992) to test the levels of stress, anxiety, depression and hope. The Adult Trait Hope Scale (Synder, 1992) is a 12-item self-report measure that assesses a person's level of hope as a cognitive trait, based on Snyder's theory that hope is a positive motivational state. It has two subscales Agency (goal-directed energy) and Pathways (planning to meet goals) with four items for each subscale and the total score is the sum of the scores from the Agency and Pathways subscales. Thus, the psychosocial indicators of assessment used in the study included Depression score (DASS-21), Anxiety score (DASS-21), Stress score (DASS-21) and Hope score (Adult Trait Hope Scale: Agency and Pathway subscales). These pre-therapy measurements were considered baseline scores for the CBT intervention.

Post this preliminary assessment, a structured CBT session plan was implemented to address parental stress, anxiety, depression, and low hope that were affecting home-training. The 5 structured CBT sessions spanned 3 weeks, with a 3 to 4-day gap, and were accompanied by home assignments implemented as follows. **Session 1** focused on building rapport and understanding psychosocial difficulties using DASS-21 and Hope Scale findings. Unhelpful thoughts, such as “my child will never improve,” were identified, and goals were set to reduce stress and increase confidence in supporting the child. **Session 2** involved cognitive restructuring, where cognitive distortions, such as catastrophizing and self-blame, were identified and reframed into more balanced and realistic thoughts to strengthen motivation toward home training. **Session 3** emphasized behavioral activation and stress management, introducing relaxation techniques, activity scheduling, and problem-solving strategies to help parents balance self-care with structured child interaction. **Session 4** focused on enhancing hope and self-efficacy by recognizing parental strengths, reinforcing successful attempts in home-training, and applying the goal-pathway-agency model to build confidence in the child's progress. **Session 5** involved relapse-prevention planning, reviewing overall gains, creating coping strategies for future stressors, and reinforcing continued collaboration with SLPs to ensure that improved psychological well-being translated into consistent home training and better developmental outcomes for the child. At the end of five sessions, both were reassessed using the same tools and were compared to the pre-test scores.

1.2.2. Speech-Language Therapy for Children C1 and C2

While the mothers were undergoing CBT, simultaneously children were undergoing speech-language therapy (SLT). This was because the current



study aimed to check the effect of reduction of parental stress, anxiety, and depression levels on the home training of their children which in turn would show improvement in children’s language skills.

Baseline assessment of the children’s target behaviours (Table 3) was conducted through parent interviews and direct observation. Based on this, individualized goals were selected. Post this assessment SLT sessions were initiated.

A total of 8 SLT sessions of 45 minutes duration each were taken up over a period of two weeks. During these 8 sessions, the child’s target behaviours (Table 3) were quantified by documenting the child’s response for 5 trials. A correct independent response of the child was scored ‘1’ and prompted response/incorrect/no response was scored ‘0’. The same method of documentation was asked to followed by the parents at home by using the learnt behaviour in a natural setting at home. This was monitored through video recordings as well as maintenance of documentation on child’s response at home.

Child behaviour indicators included:

- Percentage of correct responses in 5-trial probes per session
- Level of prompting required (independent → visual → verbal → physical)
- Home-training performance at three points: first, mid, and last sessions

1.3. Data Analysis

A descriptive qualitative analysis was carried out. Mothers’ pre-post CBT scores of stress, anxiety, depression and hope levels from DASS-21 and Adult Trait Hope Scale were compared by tabulating the same. On the other hand, pre-post SLT scores of children’s target behaviors were compared and represented in table as well as graphically. Further, children’s improvement in target behaviors during home training were also tabulated as well as graphically represented for the first, mid and last sessions. Lastly, comparison of mothers’ improvement in the mental status with improvement of children in SLT as well as home training was carried out.

3. Findings

Objective 1 was to compare the pre- and post-CBT scores of stress, anxiety, depression and hope levels from DASS-21 and Adult Trait Hope Scale. This comparison aimed to determine whether maternal psychosocial indicators improved following the CBT intervention. Table 2 presents the pre- and post-therapy scores for both mothers.

Table 2
Pre and post test results of the psychosocial measures of both the mothers (M1 and M2)

	DASS 21			ADULT TRAIT HOPE SCALE		
	Depression	Anxiety	Stress	Agency	Pathway	Hope Total
Pre- therapy (M1)	42 Extreme	42 Extreme	42 Extreme	16 Moderate	18 Moderate	34 Moderate

Post- therapy (M1)	12 Mild	22 Extreme	22 Moderate	26 High	25 High	51 High
Pre- therapy (M2)	24 Severe	20 Extreme	30 Severe	25 High	12 Low	27 Moderate
Post- therapy (M2)	8 Normal	10 Moderate	14 Normal	27 High	28 High	55 High

The results in Table 2 show a clear reduction in depression, anxiety, and stress levels for both mothers following the CBT intervention. For M1, depression, anxiety, and stress scores decreased from 42, 42, and 42 to 12, 22, and 22 respectively. For M2, the respective scores reduced from 24, 20, and 30 to 8, 10, and 14. Additionally, both mothers demonstrated substantial increases in hope scores. M1’s hope score increased from 34 to 51, while M2’s increased from 27 to 55, indicating improved psychological resilience and a more positive outlook following therapy.

Objective 2 was to check the progress of children C1 and C2 in the target behaviors during speech-language therapy sessions as well as during home-training. Table 3 outlines the pre-therapy baseline status and post-therapy outcomes for each target behaviour.

Table 3

Status of Target Behaviors (G) Pre- and Post- Speech-language Intervention for C1 and C2

Participants	Target Behaviors (G)	Pre-therapy (Baseline)	Post-therapy	Remarks
C1	G - Indicating basic needs (Food, water, and toilet) through gestures	For food and water: Drags mother to the kitchen	Has started using gestures to indicate food and water with visual stimuli in her visual field	There has been a transition from full physical prompt to visual prompt over 8 sessions of speech-language intervention and home-training
C2	G1- Improve comprehension of common objects (Towel, brush, glass, and plate) G2 - Improve functional communication (/ta/ for asking; /ba/ for calling; /ba:j/ for bye) (Note that /ta/ and /ba/ are the	0% - unable to comprehend the common objects With prompts uses /ta/ for asking, /ba/ for calling and /ba:j/ for bye, however, highly inconsistent.	Brush – 80% Towel – 60% Glass – 80% Plate – 80% With verbal prompts she has started using /ta/, /ba/, and /ba:j/ meaningfully	The child is able to comprehend the target common objects based on their functions Only on prompts and not independently



	monosyllables used meaningfully in Kannada, a Dravidian Language)	Sometimes even non-meaningful.		
	G3 - Matching picture to object (Brush and Glass)	0% - Unable to match	Able to match with 40% accuracy	Without prompts

Table 3 demonstrates that both children showed meaningful gains in their respective target behaviours during clinical intervention. C1, who initially relied on full physical prompts, began using gestures to indicate basic needs (food, water, toilet) with only visual prompts by the end of therapy, reflecting increased communicative independence.

C2 exhibited substantial improvement across all three target behaviours. Comprehension of common objects improved from 0% to between 60% and 80% accuracy. Functional communication (/ta/, /ba/, /ba:j/) progressed from inconsistent, prompted production to more meaningful use with verbal prompts. Furthermore, matching picture-to-object accuracy improved from 0% to 40%. These changes illustrate significant developmental gains in both receptive and expressive communication.

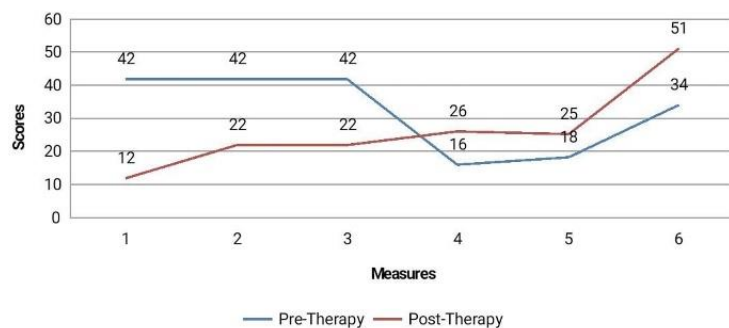
Table 4 provides information on performance of the child before initiating the home-training and after initiating the home-training. As shown in Table 4, improvements observed in clinical settings were also reflected in home-training. C1 progressed from providing no gestural indications (full physical prompts) to independently responding with visual stimuli presented within her field of vision. C2 demonstrated progressive improvement across all goals: comprehension of common objects improved from 1/5 to 3/5 correct responses, functional communication increased from 1/5 to 3/5, and matching picture to object improved from 0/5 to 2/5. While these findings indicate progress during home-training, it cannot be conclusively determined whether the behaviours were generalized to natural contexts or performed solely within structured tasks similar to those used in the clinical setting. This is because, home training was not monitored closely by the researcher rather, mothers’ scoring sheets were considered.

Table 4
Children’s performance on target behaviors (G) at first, mid and last sessions of home-training

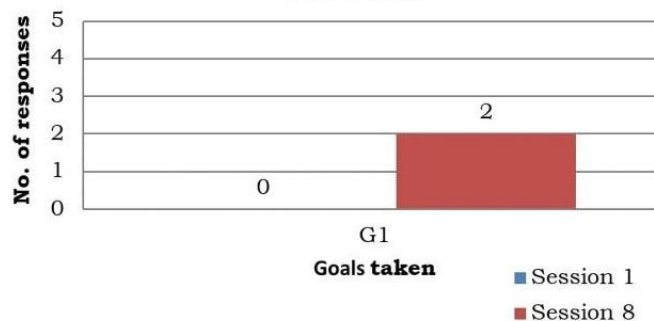
	First	Mid	Last
C1			
- G Use of Gestures to indicate her basic needs at home (Food and water)	No indication using gestures (Full physical prompts)	Responded twice with visual stimulus within her eye field	Responded thrice with visual stimulus within her eye field

C2			
- G1 Improve the comprehension of common objects (Towel, Brush, Glass, Plate)	1/5	2/5	3/5
- G2 Improve the functional communication (asking /ta/, calling /ba/, bye)	1/5	1/5	3/5
- G3 Matching picture to object (Brush, Glass)	0/5	0/5	2/5

Objective 3 was to check the impact of improvement in mothers' mental status on children's target behaviors especially based on home-training. Figures 1 and 2 illustrate the relationship between parental psychosocial change and child progress.

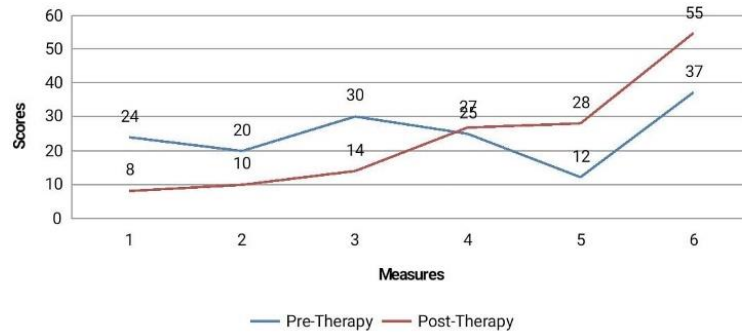


1(a) Pre-post CBT levels of stress, anxiety, depression and hope of M1 Home Training

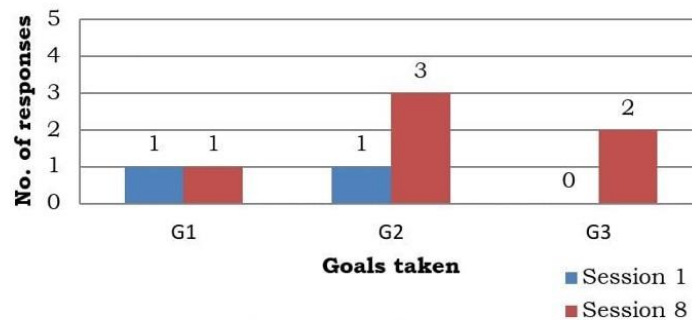


1(b) Pre-post performance of C1 on the target behavior

Figure 1. 1(a) Pre-post CBT levels of stress, anxiety, depression and hope of M1 and 1(b) Pre-post performances of C1 on the target behavior



2(a) Pre-post CBT levels of stress, anxiety, depression and hope of M2 Home Training



2(b) Pre-post performance of C2 on the target behaviors

Figure 2. 2(a) Pre-post CBT levels of stress, anxiety, depression and hope of M2 and 2(b) Pre-post performances of C2 on the target behaviors.

Figures 1 and 2 show that as maternal stress, anxiety, and depression levels decreased and hope levels increased, both children demonstrated better performance in their respective home-training tasks. This pattern suggests a positive association between improved parental mental health and enhanced child engagement and progress in home-based implementation of therapy goals. The improvement appears to be gradual and consistent, indicating that parental psychological well-being plays a crucial role in facilitating effective home-training.

4. Discussion (or Discussion and conclusion)

The findings of this study reveal that stress, anxiety and depression levels declined in both mothers while their hope levels increased following CBT. Especially, M2 had normal levels of stress and depression post CBT. This variation between the two mothers can be linked to the intensity of psychosocial distress, which was more pronounced for M1 probably due to the increased complexity of her child’s condition—an insight aligned with studies showing that greater severity of a child’s disability corresponds, to elevated parental stress and emotional strain (Watson et al., 2011; Kazak et al., 2006; Kutuk et al. 2021). These results confirm the recognized efficacy of CBT in enhancing emotional health and diminishing harmful cognitive patterns (Beck & Haigh 2014; Gautam et al. 2020) emphasizing the need to direct parents to psychological treatment when required as recommended by earlier research and clinical protocols (Jambekar et al., 2018; Bourke-Taylor et al., 2021). Further, these findings align with Cognitive Behavioral Theory,

which posits that altering negative thoughts can improve emotions and behavior (Beck, 1976). The results also reflect Bandura's Self-Efficacy Theory, indicating that when parents gained confidence in their ability to support their child, their motivation and involvement increased (Bandura, 1997). Furthermore, the outcomes support Bronfenbrenner's Ecological Systems Theory, which emphasizes that an improved emotional climate in the home has a positive influence on child development (Bronfenbrenner, 1979).

In addition, the noted enhancement in maternal psychosocial functioning corresponds with family-systems and ecological-system models, which suggest that understanding child development requires considering the family unit and that the well-being of parents is crucial for intervention results (Bronfenbrenner, 1992; Rosenbaum, 2011). The emotional condition of parents directly affects the nature of parent-child interactions, involvement in therapy sessions and a child's involvement, in treatment (Keenan et al., 2016; Dirks & Hadders-Algra 2011). Aligned with this framework the current study observed that decrease in stress levels and boosts in hope levels coincided with betterment, in children's targeted behaviours during clinical sessions.

The findings of the current study also align closely with a body of research on language interventions led by parents. Evidence shows that the involvement of caregivers and their emotional preparedness play a role in the effectiveness of methods like Enhanced Milieu Teaching and various naturalistic developmental strategies (Roberts & Kaiser 2011; Heidlage et al., 2020). Enhanced parental optimism and diminished stress probably facilitated regular application of home-based training thus fostering improvements, in the child's communication. This is consistent, with research indicating that parents serve as successful facilitators of speech and language growth when they receive emotional support and sufficient training (Law et al., 2003; Gibbard et al., 2004; Watts Pappas et al., 2008).

Recent research offers evidence for this connection. For instance, Guzick et al. (2024) demonstrated that parent-led CBT boosted self-assurance and involvement in therapy leading to improved results for children, with communication and behavioral challenges. Likewise, Megreya et al. (2020). Kutuk et al. (2021) noted that decreases in anxiety and depression improve the parent's capacity to engage effectively in child-centered interventions. These results support the study's observation that enhancements, in mothers' outlooks and mental resilience led to better home-training quality. The behavioural improvements noted after the intervention in both children— regarding gesture use, understanding of everyday items and effective communication—indicate that enhanced parental mental health might have supported increased consistency, responsiveness and focus during home practice sessions. This trend aligns with research showing that parental mental health is positively linked to improved child developmental outcomes and greater engagement, in interventions (Lebowitz et al., 2020; Neece et al., 2012).

Taken together, the findings of the present study provide preliminary evidence that enhancing parental psychosocial well-being through CBT may indirectly promote children's speech-language development by strengthening



the quality of home-training. This highlights the importance of a holistic, family-centered approach in speech-language intervention—an approach strongly supported in previous literature (Watts Pappas et al., 2008; Hayes & Watson, 2013; Roberts & Kaiser, 2011).

5. Conclusion

The study highlights on the fact that SLPs not only have to look into the child's condition but also give importance to the parents/caregivers' condition/mental status that is impacting the child's development. The findings reiterate that not only mothers of children with severe disabilities experience heightened levels of stress, anxiety, and depression, but mothers of children with mild or minimal disabilities may also undergo similar psychosocial challenges. Therefore, recognizing parents' mental status at an early stage by a SLP and providing proper referrals becomes very important to have better and faster prognosis of the child. Hence, by following a protocol that includes rapport building sessions followed by counselling and parent educating sessions regarding the home training and their role in home training would be beneficial. This study thus underscores the importance of a comprehensive team approach to child rehabilitation.

The novelty of this study lies in examining the effect of Cognitive Behavioural Therapy administered to parents—rather than the children—on the children's progress in speech-language intervention and home-training. While CBT is widely recognized for reducing anxiety and depression, its application as a means to enhance parental capacity for consistent and effective home-training in speech-language intervention remains largely unexplored in the Indian context. This study provides preliminary evidence that improvements in parental mental health can directly influence and enhance child communication outcomes, highlighting an innovative pathway for supporting therapeutic gains through parent-focused intervention.

However, these results are preliminary and cannot be overgeneralized, as they are based on only two participants; larger studies are required to validate and extend these findings. Further, the current study needs to be carried out on a larger population to validate the results. Also, the current study investigated the mental status of only mothers. Further research should focus on fathers as well as other family members' mental status as they too play a major role in the child's rehabilitation. A large number of studies report that the parents of children with ASD experience a higher level of stress compared to typically developing children. The identification and understanding of the factors that contribute to parent stress is necessary to effectively address the psychological needs of parents as part of any intervention program. If parents feel supported, educated and more confident in their ability to help their child, they will become better advocates for their child's needs and a better foundational support.

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