Empowering and Equipping Parents with the Basic Intervention Skills in Handling their Children with Special Learning Needs

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Abstract

Parents of children with special learning needs face challenges balancing family needs without sacrificing care. For remote communities, difficulty accessing support compounds struggles. This qualitative phenomenological study explored an extension intervention program's effectiveness empowering parents of children with special needs. Through interviews with participating parents, thematic analysis revealed the program helped in three key empowerment dimensions. Firstly, parents transitioned from limited disability understanding to increased knowledge through educational resources. Secondly, feelings of isolation changed to supportive social networks via connections. Finally, the program equipped parents with resilience skills/mindsets moving from hopelessness towards effective coping. The multidimensional model addressed interrelated cognitive, social and emotional issues impacting parenting. Findings provide valuable insights how holistic, community programs successfully empower/support these families. Further research understands long term impacts and relationships to child outcomes.

Keywords: Coping skills, Disability intervention, Family-centered care, Parental empowerment, Resilience, Special needs children.

Introduction

Parents of children with special needs encounter distinct challenges [1]. Compared to parents of typically developing children, these individuals face heightened difficulties [2]. Effective skills are crucial for families to confront obstacles, including the need for collaboration to provide essential care and support [3]. Supporting parents cannot be understated, as research has indicated that parental advocacy and involvement possess the potential to yield positive effects on a child's resilience [3].

The significance of parental advocacy and involvement cannot be overstated for children with special needs. Parents serve crucial roles as models offering guidance, affection, support in development [4]. Furthermore, they facilitate independence, resilience, coping, mitigating parental stress [5]. Notably, a Malaysian study emphasized essential parental involvement optimizing academic attitude, social skills, emotional well-being, independence of children with special needs [6]. These findings underscore the critical, empowering parental role in fostering potential, shaping prospects, quality of life.

Families raising children with needs require support mechanisms addressing associated challenges [7, 8, 9]. Notably, parental support involves attaining strategies communicating self-care like eating/dressing [10]. Parents require comprehensive condition information, parenting skill development, emotional assistance as well [11, 12, 13]. Parents must

coordinate with professionals supporting children with needs [14, 15]. Care coordination among parents, schools, healthcare ensures holistic care [16, 17]. These multifaceted supports complement the pivotal caregiver role in fostering development, self-care, daily needs.

Empowering parents of children with special needs requires us to comprehensively understand their experiences, challenges, and needs, as this task is intricate and demanding. According to Resch et al., [18], many parents face difficulties when advocating for their children with disabilities to access the necessary services within the school system, resulting in the underutilization of available resources. It is important to note that parents of children with special needs often experience higher levels of parental stress, which can negatively impact the well-being of both parents and children [19]. However, Han et al., [20] suggest that reinforcing factors, such as enhancing parenting efficacy, establishing effective organizational patterns, and improving communication processes, can alleviate family stress, leading to positive educational and developmental outcomes for children with special needs.

Not all parents possess the necessary skills to effectively handle the demands of caring for children with special needs, emphasizing the significant support these children require. To address this, researchers and professionals have developed numerous intervention programs to assist parents in meeting their children's needs [21, 22].

Abdullah and Omar [23] assert the effectiveness of these programs in improving the developmental outcomes of children with special needs. Moreover, these programs reduce parenting stress, enhance the parent-child relationship, and improve the overall quality of life for families with special needs [24].

However, the effectiveness of intervention programs designed to empower parents of children with special needs has limitations within the existing knowledge. One limitation is the scarcity of studies examining program effectiveness through extension programs. Extension involves disseminating and sustainably applying research-based knowledge in communities, crucial for transferring and maintaining proven interventions. The absence of extension poses challenges generalizing findings and assessing intervention effectiveness and sustainability, particularly in underserved communities [25].

Another limitation is the intervention program's failure to focus on the cultural context of execution. This is crucial as cultural identity influences parenting practices and beliefs regarding disability and inclusion [26]. Neglecting community culture may diminish relevance in other domains, particularly for low- and middle-income countries. The deficiency is pertinent in empowering programs targeted at underprivileged communities [27]. Also, literature is scarce on the crucial role of parent support groups and collaboration in interventions to enhance children with special needs [28].

Given the gaps and limitations in existing knowledge, this study seeks to analyze the effect of an extension program that employs an intervention program meant to extend support to parents of children with special learning abilities, especially in underserved and disenfranchised communities. The main objective was to determine whether parents become empowered by attaining the skills necessary to assist their children. This research will also consider the experiences of the parents involved to help them give their children with special needs with specific educational needs the best possible support. Specifically, the study sought to address the following research question: What are the experiences of parents who participate in an extension intervention program designed to empower them with the skills necessary to provide intervention to their children with special learning needs?

Materials and Methods

Research Design

This research study used phenomenology research method because the aim of the researchers is to describe accurately as possible the phenomenon, refraining from any pre-given framework, but remaining true to the facts. Phenomenology is concerned with the lived experiences of the people involved, or who were involved, with the issue that is being researched [29]. An interview guide was used by the researchers to capture their experiences. It usually involves in-depth interviews with subjects, and researchers had interviewed the same subject several times to get a full picture of the experience with the phenomenon [30].

Participants

Purposive sampling was used to select participants who had personal experience and knowledge of the phenomenon under study. This allows them to gather data based on their lived experiences, which is the main objective of phenomenological research [31]. Three parents or guardians of children with special education needs in one of the barangays, local Filipino name for a village or community [32], in the Northern Philippines were selected as participants, each handling different types of children with disabilities. The number of participants recommended in phenomenological research designs varies [33]. Some studies have successfully employed phenomenological research design with only two participants [34, 35, 36]. In addition, the said parents were recipients of the extension program that employed an intervention program that addressed catering to the needs of their children. This allowed them to describe their lived experiences in handling their children with special educational needs.

Data Gathering Tool

This study used a voice recorder to capture the responses of the participants. The researchers were guided by a general question in conducting the interview. Some follow-up questions were raised to gain deeper understanding of the answers of the participants. The researchers used an in-depth interview to ask open-ended questions orally and record the respondents' answers. Also, observations during the extension immersion schedules were used in the interpretation of data.

Data Gathering Procedure

The researchers sought permission from the Dean of the School of Teacher Education at Saint Louis University and the participants' parents before conducting the interviews. They assured confidentiality and provided an orientation on the purpose and significance of the study.

Participants were allowed to use their first language during the interview, which was recorded to capture all relevant responses. The interviews lasted around an hour to an hour and a half. All data collected were treated with confidentiality.

Treatment of Data

The study used a manual coding framework and a matrix to ensure data reliability. Interview results were mapped, allowing for a quick assessment and identification of repetitive occurrences of action/data that appeared more than twice [37].

To analyze the gathered data, the researchers employed Moustakas' [38] transcendental data analysis framework. The researchers initially read the transcriptions, gaining a comprehensive understanding of the participants' lived experiences. They then identified significant statements by highlighting relevant words, phrases, and statements that described the participants' experiences in handling their children with special education needs. These significant statements were transferred to the matrix for coding, where themes were identified after a final review.

Results

The findings reveal three major themes representing different dimensions of family empowerment: From Limited Understanding to Increased Knowledge, From Isolation to Shared Responsibility, and From Hopelessness to Resilience.

From Limited Understanding to Increased Knowledge

This theme represents the parents' transition from a lack of accurate knowledge about their child's disability to an increased understanding of the disability, the child's needs, and strategies to support their development. Through education in the extension program, they gained improved knowledge of the disability itself, the child's needs and abilities, and strategies to support development.

Before the program, the father of Child A admitted: *"I did not understand at all my child's disability."* He relied on inaccurate information, saying "*One person from the community health center said, that her brain might have been twisted."*

After the program, he reported: *"I now at least have a clearer understanding of her limitations."* And he gave examples of new strategies like using music to calm her tantrums.

Similarly, Child B's parents originally believed incorrectly that her heart condition affected her intellect: *"Her ability to think might have been affected by her heart condition."*

But after the program, the mother shared: *"We have a clearer understanding regarding our child's special needs and abilities."*

From Isolation to Shared Responsibility

This theme corresponds to how parents moved from feeling isolated and solely responsible for their child's care to feeling supported by a network of family, friends, and external resources. By sharing duties and accessing services, they transitioned from isolation to shared responsibility.

The father of Child A reported: *"I learned to ask from others like my friends, social workers, from relatives and others who can help me understand my child's disability."* He accessed services like *"free therapy sessions"* for his daughter.

He also said: *"The other family members are now more involved. I don't force them anymore to help me take good care of her."*

Similarly, Child B's parents shared: *"Now, we all have the courage and motivation to attend seminars concerning the condition of our child."* And *"Almost all of our family members and relatives are well-informed regarding the condition of our daughter."*

From Hopelessness to Resilience

This theme signifies parents transitioning from feelings of despair and inability to cope with their child's disability, to developing positive mindsets, strategies, and supports that increase their resilience. Ongoing access to social support and coping resources empowered them to manage challenges.

The father of Child A reported improved coping through family support: *"I usually get comfort from my own family members. I ask advice now from them and we all share insights."*

He also accessed external support: *"I am also taking advantage of the rare free therapies offered from some institutions."*

Child B's father reframed his mindset: *"One of the coping mechanisms is to maintain a positive outlook in life. Instead of thinking negatively about her condition, I take it as a challenge to help her more achieve her full potentials."*

The mother connected with other parents: *"I usually connect with other parents who are raising a child with disabilities."*

And the family worked together: *"Now, the best thing that we do is to work together as a family."*

Discussion

The main objective of this study was to determine whether parents become empowered by attaining the skills necessary to assist their children with special needs through an extension program that employs an intervention program. Three major themes representing different dimensions of family empowerment were found: From limited understanding to increased knowledge, from isolation to shared responsibility, and from hopelessness to resilience. Together, these themes illustrate the multidimensional impacts of the extension program on cognitive, social, and emotional empowerment of parents of children with disabilities.

Regarding theme one, from limited understanding to increased knowledge, the findings show that prior to the extension program, parents had limited and inaccurate knowledge about their child's disability. This has led to misconceptions, inappropriate expectations, and the inability to meet their child's needs. Through education and training in the program, parents gained accurate information about their disability and their child's abilities and needs. This increased knowledge empowered them with new strategies for supporting their children's development and participation. These findings align with previous research showing that parent education and training programs improve disability-related knowledge and understanding [39, 40]. Lack of knowledge leads to negative impacts, whereas increased knowledge enables parents to be more responsive and better advocate for their child [41]. The extension program followed best practices by addressing both knowledge gaps and incorrect beliefs. The results highlight that limited parental knowledge is a major barrier to meeting children's needs. Parental education through community programs is essential for providing accurate information. Programs must assess and address both a lack of information and misconceptions. Increased knowledge empowers parents to understand and support their children's development.

In relation to the second theme, from isolation to shared responsibility, the findings indicated that prior to the program, parents felt solely responsible and isolated in caring for their child with disabilities. They lack connections with their families and communities to find support. Through education and outreach in the program, parents built empowering social networks. Family members became more involved in sharing their caregiving duties. Parents also accessed external disability services and made connections with others. This relieves the burden of isolation and the sole responsibility. Previous research shows social support improves wellbeing and reduces stress in parents of children with disabilities [42, 43]. Support from family, friends, professionals, and other parents enables collective caregiving rather than isolation [44]. This aligns with the current findings that building social connections is an important dimension of empowerment. The findings highlight that parents of children with disabilities often feel alone and responsible. Programs should actively facilitate social support systems within families and link parents to resources. Reducing isolation through shared responsibility improves parental and family wellbeing.

The final theme, transitioning from a sense of hopelessness to resilience, was evident in the research findings, which indicated that before participating in the program, parents experienced feelings of despair, stress, and a lack of ability to effectively manage the difficulties associated with raising a child with disabilities. Through education and skills training in the program, they developed more positive mindsets, helpful coping strategies, and social support. This facilitates the transition from hopelessness to resilience. Ongoing resources have enabled them to reframe struggles and to work together to manage challenges. Previous research found that

training programs improved parents' positive thinking, reframing coping abilities, use of support, and resilience [45, 46]. Resilience factors such as optimism, social support, and collaborative family coping reduce stress and improve adaptation [47]. The current findings align with the literature on building resilience through multi-faceted interventions. The results demonstrated that parents of children with disabilities often face despair and lack coping skills. Programs should actively equip parents with positive strategies and connect them with formal and informal support systems. Fostering resilience is crucial for both parental and family well-being.

Conclusion

This study found that an extension intervention program was effective in empowering the parents of children with special needs across multiple dimensions. Through education and skills training, parents experience a transition from limited, inaccurate knowledge about their child's disability to an increased, accurate understanding. This knowledge empowerment provided them with new strategies to support their children's development and participation. Parents also progressed from feelings of isolation and sole responsibility to establishing support networks for family, friends, and disability services. By building social connections and sharing duties, they reduce burden and stress. Finally, parents develop greater resilience by learning positive mindsets and concrete coping strategies. Ongoing access to social and coping resources is key to managing challenges.

Taken together, these results demonstrate that a community-based parent extension program can achieve empowerment by addressing inter-related cognitive, social, and emotional needs. Improved knowledge of disabilities is a crucial foundation. Shared responsibility through social support reduces isolation. Resilience skills build the capacity to cope with ongoing challenges. This multifaceted empowerment model aligns with previous research and has important implications for serving families of children with disabilities through holistic education, connection, and skills training.

This study's qualitative design provided rich insights into parents' experiences but was limited to a small sample. Further research could quantify the impacts of empowerment using validated scales. Assessing children's outcomes would also determine their effects on development and quality of life. Nonetheless, the current findings provide a strong basis for implementing multidimensional parent empowerment programs to improve family adaptation and well-being. With adequate support, parents can gain the understanding, connections, and resilience needed to positively manage their child's disability.

Conflict of Interest

The authors declare that there are no conflicts of interest pertaining to the research presented in this manuscript.

Acknowledgements

References

[1] Chen, S., Chen, S., Li, X., & Ren, J. (2020). Mental health of parents of special needs children in China during the COVID-19 pandemic. *International Journal of Environmental Research and Public Health, 24(17)*, 9519. https://doi.org/10.3390/ijerph17249519.

[2] Marlina, S. (2018). Dokter Lubis program. *Review of Primary Care Practice and Education (Kajian Praktik dan Pendidikan Layanan Primer)*, *1*(2), 6. https://doi.org/10.22146/rpcpe.33816.

[3] Wright, A.C., & Taylor, S. (2014). Advocacy by parents of young children with special needs: Activities, processes, and perceived effectiveness. *Journal of Social Service Research, 5(40)*, 591 - 605. https://doi.org/10.1080/01488376.2014.896850.

[4] Azis, F., & Mukramin, S. (2020). The family decision making patterns of children with special needs: A sociology study of the family. *AL MA'ARIEF: Jurnal Pendidikan Sosial dan Budaya, 2(2)*, 53-59. https://doi.org/10.35905/almaarief.v2i2.1828.

[5] Sowmya, P., & Lakshmi, A., (2019). Comparison of parenting stress between parents of children with special needs and those with normal children: A special focus on paternal stress. *Indian Journal of Clinical Anatomy and Physiology, 6*, 415-417. https://doi.org/10.18231/j.ijcap.2019.090.

[6] Ariani, A., Wahyudi, M., & Rugaiyah, R. (2019). Inclusive education: Cooperation between class teachers, special teachers, parents to optimize development of special needs children. *International Journal for Educational and Vocational Studies*, 5(1). https://doi.org/10.29103/ijevs.v1i5.1616.

[7] Beamish, W., Meadow, D., Prime, M., & Fisher, B. (2016). Parent and preservice teacher partnering in a technology-based home intervention: Preliminary findings. https://doi.org/10.2991/icat2e-17.2016.4.

[8] Pertiwi, S. M. H., & Irwanto, I. (2020). The quality of life of mothers who have children with autism spectrum disorder. *Indonesian Journal of Disability Studies, 7(2)*, 141-150. https://doi.org/10.21776/ub.ijds.2020.007.02.02.

[9] Abaoğlu, H., & Akı, E. (2019). Development and psychometric testing of the Family Functioning Questionnaire in Rehabilitation (FFQR). *Turkish Journal of Medical Sciences, 49*, 1766 - 1773. Turk J Med Sci. https://doi.org/10.3906/sag-1909-93 [8].

[10] Beamish, W., Meadow, D., Prime, M., & Fisher, B. (2016). Parent and preservice teacher partnering in a technology-based home intervention: Preliminary findings. https://doi.org/10.2991/icat2e-17.2016.4.

[11] Mahmoud, A.O. (2018). Family quality of life for families in early intervention centers in Jordan. *Advances in Social Sciences Research Journal, 5(5)*. https://doi.org/10.14738/assrj.55.4625.

[12] Marlina, S. (2018). Dokter Lubis program. *Review of Primary Care Practice and Education (Kajian Praktik dan Pendidikan Layanan Primer)*, *1*(2), 6. https://doi.org/10.22146/rpcpe.33816.

[13] Pertiwi, S. M. H., & Irwanto, I. (2020). The quality of life of mothers who have children with autism spectrum disorder. *Indonesian Journal of Disability Studies, 7(2)*, 141-150. https://doi.org/10.21776/ub.ijds.2020.007.02.02.

[14] Marlina, S. (2018). Dokter Lubis program. *Review of Primary Care Practice and Education (Kajian Praktik dan Pendidikan Layanan Primer)*, *1*(2), 6. https://doi.org/10.22146/rpcpe.33816.

[15] Molchanova, L.N., & Chekanova, A.V. (2018). Development of parental competence through psychological and pedagogical support for families in the upbringing of hearing-impaired children. *Psychology in Russia, 4(11)*, 223-238. https://doi.org/10.11621/pir.2018.0415.

[16] Turchi, R., Antonelli, R.C., Norwood, K.W., Adams, R.C., Brei, T.J., Burke, R.T., Davis, B.E., Friedman, S.L., Houtrow, A.J., Kuo, D.Z., Levy, S.E., Wiley, S., Kalichman, M.A., Murphy, N.A., Bridgemohan, C., Mann, M., Peacock, G., Strickland, B.B., Wells, N., Wiznitzer, M., Mucha, S.M., Cooley, W.C., Jeung, J., Johnson, B., Klitzner, T.S., Lail, J., Lindeke, L.L., Mullins, A., Partridge, L., Schwab, W., Waldron, C.S., Sia, C.C., Kraft, C.A., Long, T.F., Esquivel, M., & Tobin, A. (2014). Patient- and family-centered care coordination: A framework for integrating care for children and youth across multiple systems. *Pediatrics, 5(133)*, e1451 - e1460. https://doi.org/10.1542/peds.2014-0318.

[17] Barnard-Brak, L., Stevens, T., & Carpenter, J. (2017). Care coordination with schools: the role of family-centered care for children with special health care needs. *Maternal and Child Health Journal, 5(21)*, 1073-1078. https://doi.org/10.1007/s10995-016-2203-x

[18] Resch, J.A., Mireles, G.M., Benz, M., Grenwelge, C., Peterson, R., & Zhang, D. (2010). Giving parents a voice: A qualitative study of the challenges experienced by parents of children with disabilities. *Rehabilitation psychology, 55 2*, 139-50.

[19] Leon, A.M. (2014). Research on the challenges faced by families with children experiencing health or mental health problems. *Journal of Social Service Research, 5(40)*, 587 - 590. https://doi.org/10.1080/01488376.2014.955781.

[20] Han, K., Yang, Y., & Hong, Y.S. (2018). A structural model of family empowerment for families of children with special needs. *Journal of Clinical Nursing,5-6(27)*, e833–e844. https://doi.org/10.1111/jocn.14195.

[21] Phillips, D.A., & Meloy, M.E. (2012). High-quality school-based pre-k can boost early learning for children with special needs. *Exceptional Children, 4(78)*, 471 - 490. https://doi.org/10.1177/001440291207800405.

[22] Sarkar, S., Khaitan, T., Sinha, R., & Kabiraj, A. (2016). Tuberous sclerosis complex: A case report. *Contemporary Clinical Dentistry, 7(2)*, 236-239. https://doi.org/10.4103/0976-237X.183071.

[23] Abdullah, B.B., & Omar, W.R. (2018). The importance of early intervention programs on the development of special needs individual. *International Journal of Academic Research in Business and Social Sciences, 12(8)*. https://doi.org/10.6007/ijarbss/v8-i12/5049.

[24] Ingersoll, B., & Wainer, A.L. (2013). Pilot study of a school-based parent training program for preschoolers with ASD. *Autism, 4(17)*, 434 - 448. https://doi.org/10.1177/1362361311427155.

[25] Baumann, A.A., Mejía, A., Lachman, J.M., Parra-Cardona, R., López-Zerón, G., Amador Buenabad, N., Vargas Contreras, E., & Domenech Rodríguez, M.M. (2018). Parenting programs for underserved populations in low- and middle-income countries: Issues of scientific integrity and social justice. *Global Social Welfare, 3(6)*, 199 - 207. https://doi.org/10.1007/s40609-018-0121-0.

[26] Al-Futuh, A. (2014). Early intervention services as perceived by parents of children with autism in Egypt and Saudi Arabia. *International Interdisciplinary Journal of Education, 2(3)*, 238-249. https://doi.org/10.12816/0003002.

[27] Baumann, A.A., Mejía, A., Lachman, J.M., Parra-Cardona, R., López-Zerón, G., Amador Buenabad, N., Vargas Contreras, E., & Domenech Rodríguez, M.M. (2018). Parenting programs for underserved populations in low- and middle-income countries: Issues of scientific integrity and social justice. *Global Social Welfare, 3(6)*, 199 - 207. https://doi.org/10.1007/s40609-018-0121-0.

[28] Ujianti, P. (2018). The Role of Support Group for Parents of Children with Special Needs. *Journal of Psychology and Instruction*, *2*(1), 31–37. https://doi.org/10.23887/jpai.v2i1.13739.

[29] Kruger D. (1988). *An introduction to phenomenological psychology* (2nd ed.). Cape Town, South Africa: Juta.

[30] Robinson D., Reed V. (Eds.). (1998). *The A Z of social research jargon*. Aldershot, UK: Ashgate.

[31] Creswell, J. W. (2011). *Educational research: Planning, conducting, and evaluating quantitative and qualitative research*. New Jersey: Pearson Education.

[32] Batitis, C., Alcaide, E., Arguillon, M., Roldan, J., & Agustin, L. (2019). SMS notification implementing internet of things for barangay Labas, City of Santa Rosa, Laguna. *International Journal of Advanced Research in Computer Science*. https://doi.org/10.26483/IJARCS.V10I1.6356.

[33] Brysbaert, M. (2019). How Many Participants Do We Have to Include in Properly Powered Experiments? A Tutorial of Power Analysis with Reference Tables. *Journal of Cognition*, 2. https://doi.org/10.5334/joc.72.

[34] Groenewald, T. (2004). A Phenomenological Research Design Illustrated. *International Journal of Qualitative Methods*, 3, 42 - 55. https://doi.org/10.1177/160940690400300104.

[35] Holroyd, C. (2001). Phenomenological Research Method, Design and Procedure: A Phenomenological Investigation of the Phenomenon

of Being-in-Community as Experienced by Two Individuals Who Have Participated in a Community Building Workshop. *Indo-Pacific Journal of Phenomenology*, 1, 1 - 10. https://doi.org/10.1080/20797222.2001.11433859.

[36] Knaack, P. (1984). Phenomenological Research. *Western Journal of Nursing Research*, 6, 107 - 114. https://doi.org/10.1177/019394598400600108.

[37] Saldana, J. (2012). *The coding manual for qualitative researchers*. SAGE Publications Inc.

[38] Moustakas, C. (1994). *Phenomenological research methods*. SAGE Publications.

[39] Coren, E., Ramsbotham, K., & Gschwandtner, M. (2018). Parent training interventions for parents with intellectual disability. *The Cochrane database of systematic reviews*, 7, CD007987. https://doi.org/10.1002/14651858.CD007987.pub3.

[40] Paswan A.D. & Kumar P. (2021). Is parental training effective in improving the quality of life of person with intellectual disability: Experimental research? *International Journal of Indian Psychology*, 9(1), 480-489. DIP:18.01.048/20210901, DOI:10.25215/0901.048.

[41] Nawangsari, S. (2022). Psikoedukasi pengasuhan untuk meningkatkan pengetahuan orang tua penyandang disabilitas. *Procedia: Studi Kasus dan Intervensi Psikologi*. https://doi.org/10.22219/procedia.v10i3.19217.

[42] Dodds, R., Yarbrough, D., & Quick, N. (2018). Lessons learned: Providing peer support to culturally diverse families of children with disabilities or special health care needs. *Social work*, 63 3, 261-264. https://doi.org/10.1093/sw/swy019.

[43] Kuracki, K. (2019). Satisfaction with the support received by parents of children with disabilities and the diversity of parental behaviour towards the child. *Interdisciplinary Context of Special Pedagogy*, 26, 191 - 215. https://doi.org/10.14746/ikps.2019.26.09.

[44] Burgio, L., & Wynn, M. (2021). Risk area 5: Social support, 51-52. https://doi.org/10.1093/MED-PSYCH/9780190855949.003.0007.

[45] Dekkers, T., Hornstra, R., Oord, S., Luman, M., Hoekstra, P., Groenman, A., & Hoofdakker, B. (2021). Meta-analysis: Which components of parent training work for children with attention-deficit/hyperactivity disorder? *Journal of the American Academy of Child and Adolescent Psychiatry*. https://doi.org/10.1016/j.jaac.2021.06.015.

[46] Iida, N., Wada, Y., Yamashita, T., Aoyama, M., Hirai, K., & Narumoto, J. (2018). Effectiveness of parent training in improving stress-coping capability, anxiety, and depression in mothers raising children with autism spectrum disorder. *Neuropsychiatric Disease and Treatment*, 14, 3355 - 3362. https://doi.org/10.2147/NDT.S188387.

[47] Fletcher, D., & Sarkar, M. (2013). Psychological resilience: A review and critique of definitions, concepts, and theory. *European Psychologist*, 18, 12-23. https://doi.org/10.1027/1016-9040/A000124.