

# Development of an Educational Package for a Meta-Parenting Model Based on the Lived Experiences of Successful Mothers of Children with Autism Spectrum Disorder

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## ABSTRACT

### Abstract

The present study aimed to develop an educational package for a meta-parenting model based on the lived experiences of successful mothers of children with Autism Spectrum Disorder (ASD). The research adopted a qualitative design using a phenomenological approach. The study setting comprised all mothers of children diagnosed with ASD who, at the time of the study, had referred to autism organization, treatment, and rehabilitation centers in the city of Kermanshah during 2024. To develop the educational package for the meta-parenting model, semi-structured interviews were conducted with 17 mothers of children with ASD, selected through snowball sampling until theoretical saturation was achieved. The interview texts were analyzed using thematic analysis. In the qualitative phase, four main themes (individual and psychological strategies, spousal understanding and support, mothers' support networks, and religious beliefs and convictions) and 15 subthemes were extracted. Based on the findings, the educational package of the meta-parenting model can be used alongside the positive parenting approach as an effective intervention to reduce parent-child conflicts and improve positive interactions among mothers of children with ASD, and through family-based psychological support, enhance mothers' empowerment in managing parenting challenges.

**Keywords:** Meta-parenting model; parent-child conflicts; children with Autism Spectrum Disorder; successful mothers.

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## Introduction

Autism Spectrum Disorder (ASD) is a neurodevelopmental condition characterized by persistent deficits in social communication and interaction, along with restricted and repetitive patterns of behavior, interests, or activities, with onset in early childhood and varying levels of severity and functional impact (1). The growing global prevalence of ASD has drawn increasing scholarly attention to the psychological, emotional, and social challenges experienced not only by affected children but also by their families, particularly parents who assume primary caregiving roles. Among these parents, mothers are often disproportionately involved

in daily caregiving, therapeutic coordination, and emotional regulation within the family system, rendering them especially vulnerable to chronic stress, psychological distress, and reduced quality of life (2, 3). Consequently, contemporary research in developmental and family psychology has increasingly shifted from a child-centered pathology model toward a family-centered and parent-focused framework that emphasizes parental cognitive, emotional, and behavioral processes in adaptation to ASD.

Parenting stress is one of the most robustly documented outcomes among parents of children with ASD, consistently reported at higher levels than in parents of typically developing children or children with other disabilities (2, 4). Elevated parenting stress has been linked to a range of adverse outcomes, including impaired parent–child interactions, reduced parental mental health, diminished treatment adherence, and poorer developmental trajectories for children (5, 6). Moreover, contextual factors such as social stigma, lack of social support, financial burden, and limited access to specialized services can exacerbate parental stress and undermine adaptive coping (7, 8). These findings underscore the necessity of identifying higher-order parental capacities that enable parents—especially mothers—to regulate stress, reflect on parenting practices, and flexibly respond to the complex demands associated with raising a child with ASD.

Within this context, the construct of meta-parenting has emerged as a theoretically rich and practically relevant framework for understanding advanced parental cognitive processes. Meta-parenting, first systematically conceptualized by Hawk and Holden, refers to parents' deliberate, reflective, and future-oriented thinking about their parenting behaviors, goals, and strategies, particularly outside immediate parent–child interactions (9). This construct emphasizes parental awareness, anticipatory planning, evaluation of child needs, and intentional decision-making, distinguishing it from automatic or reactive parenting responses. Subsequent empirical studies have demonstrated that higher levels of meta-parenting are associated with more adaptive parenting practices, reduced coercive control, and improved child outcomes across developmental contexts (10, 11). In families of children with ASD, where caregiving demands are intensified and unpredictability is high, meta-parenting may function as a critical self-regulatory and meaning-making mechanism.

Recent research has begun to explore the relevance of meta-parenting in the context of ASD, highlighting its mediating and protective role in parental adjustment. For example, Shamel et al. demonstrated that meta-parenting mediates the relationship between maternal childhood maltreatment and the quality of the mother–child relationship, partially through its association with reduced parenting stress (11). Similarly, studies conducted in non-Western contexts suggest that meta-parenting is culturally malleable and interacts with contextual belief systems, including collective values, family cohesion, and spiritual meaning-making (10, 12). These findings indicate that meta-parenting should not be treated as a purely cognitive skill set but rather as a multidimensional construct embedded within psychological, relational, social, and cultural systems.

Parallel lines of research have emphasized the role of individual psychological strategies—such as problem-solving skills, coping flexibility, mindfulness, and executive functioning—in mitigating parenting stress and enhancing parental efficacy among parents of children with ASD (13–15). Executive-function-based parenting interventions have shown promise in reducing stress and improving emotional regulation by strengthening parents' planning, inhibition, and cognitive flexibility capacities (14, 15). Additionally, mindfulness-based approaches have been consistently associated with lower stress, improved emotional

awareness, and more adaptive parent–child interactions in ASD populations (16, 17). These psychological resources appear conceptually aligned with the reflective and anticipatory dimensions of meta-parenting, suggesting that meta-parenting may operate as an integrative higher-order construct organizing these capacities.

Beyond individual psychological processes, interparental relationships and spousal dynamics play a crucial role in shaping parental adjustment and caregiving sustainability. Research indicates that supportive, empathetic, and collaborative marital relationships buffer the negative effects of parenting stress and facilitate more consistent and coordinated parenting practices (4, 18). Conversely, spillover effects from daily parenting stress into marital conflict have been documented in families of children with ASD, particularly when emotional regulation and mutual understanding are compromised (18). These findings suggest that meta-parenting may extend beyond individual cognition to encompass relational awareness, shared meaning-making, and cooperative planning between spouses, especially in managing therapeutic decisions, financial burdens, and long-term caregiving trajectories.

Another critical contextual factor influencing parental adaptation is the availability and perception of support networks, including extended family, educational systems, and specialized professional services. Perceived social support has been repeatedly identified as a protective factor against parental burnout, depression, and social withdrawal among parents of children with ASD (3, 5). Qualitative phenomenological studies reveal that mothers often construct adaptive narratives and coping strategies through engagement with other parents, professionals, and supportive communities, transforming isolation into shared meaning and collective resilience (7, 8). In this sense, meta-parenting may incorporate parents' reflective evaluation of available resources, proactive help-seeking, and strategic utilization of support systems to sustain long-term caregiving.

In many non-Western and religiously oriented societies, religious beliefs and spiritual frameworks constitute a central dimension of parental coping and adaptation. Faith-based meaning-making has been shown to enhance psychological resilience, promote acceptance, and provide existential coherence in the face of chronic stressors, including caregiving for a child with ASD (8, 12). Religious trust, spiritual practices, and belief in transcendental purpose may function as emotion-regulation mechanisms that reduce helplessness and foster hope, thereby indirectly influencing parenting behaviors and parental mental health. Although rarely integrated into mainstream parenting models, these belief systems may represent a culturally salient component of meta-parenting in contexts where spirituality is deeply embedded in everyday life.

Despite the growing body of literature on parenting stress, mindfulness, executive functioning, and family dynamics in ASD, several gaps remain evident. First, most existing interventions focus on discrete skills or symptoms rather than offering an integrative, theoretically grounded model that captures the multidimensional nature of adaptive parenting cognition. Second, the voices and lived experiences of successful mothers—those who demonstrate sustained adaptation, psychological balance, and effective caregiving despite adversity—remain underrepresented in model development and intervention design (8, 19). Third, culturally embedded factors such as religious beliefs and extended family support are often treated as peripheral variables rather than core components of parental cognition and strategy, limiting the ecological validity of many parenting frameworks (10, 12).

Recent outcome studies further highlight the importance of parent-focused interventions in ASD contexts. Parenting skills training has been shown to improve emotional self-disclosure, reduce caregiver burden, and lower parenting stress in mothers of children with ASD (19). Moreover, participation in cognitive-behavioral and mindfulness-oriented programs not only benefits children but also yields significant improvements in parental mental health, mindful parenting, and adaptive parenting practices (20). These findings reinforce the argument that empowering parents—particularly mothers—through structured, evidence-informed, and culturally responsive frameworks is essential for sustainable family adaptation.

Taken together, the existing literature suggests that meta-parenting in the context of ASD is best conceptualized as a multidimensional, dynamic, and contextually embedded construct encompassing individual psychological strategies, relational processes between spouses, engagement with support networks, and culturally grounded belief systems. However, there remains a lack of empirically grounded educational packages that systematically translate this integrated conceptualization into practical training programs informed directly by mothers' lived experiences and validated through rigorous qualitative methodologies.

Accordingly, the present study aims to develop and validate a meta-parenting educational package for mothers of children with Autism Spectrum Disorder based on the lived experiences of successful mothers, with the goal of conceptualizing meta-parenting as a multidimensional construct and translating it into an evidence-based, culturally responsive intervention framework.

## Methods and Materials

The qualitative phase of this study was based on Colaizzi's descriptive phenomenological approach. Within this approach, the researcher seeks to understand the phenomenon under investigation (meta-parenting among successful mothers when raising a child with autism) through describing and interpreting participants' lived experiences. Data are collected from individuals who share common experiences and have directly experienced the phenomenon (Moustakas, 1994, as cited in Creswell, 2014). To access these data, the researcher brackets personal experiences and focuses on participants' accounts (Creswell & Poth, 2007). This qualitative method also serves as a foundation for developing quantitative tools (e.g., the educational package), and an exploratory sequential mixed-methods design is used to extend and build on the qualitative findings.

The research setting consisted of autism organization, treatment, and rehabilitation centers in the city of Kermanshah. These centers were selected as an appropriate context for accessing mothers of children with Autism Spectrum Disorder (ASD), because these mothers regularly attend the centers and share their lived experiences related to parenting and meta-parenting. This setting was chosen due to its focus on the target population (successful mothers) and the feasibility of accessing a diverse sample. Participants in the qualitative phase included 17 mothers of children with ASD who had referred to treatment centers in Kermanshah. The mean age of participants was 37 years (range: 24–48 years). Their educational levels ranged from middle school to master's degree (4 middle school, 4 high school diploma, 4 bachelor's degree, and 5 master's degree). The mean duration of marriage was 13 years, the mean number of children was 2, and the mean age of children with autism was 9 years. The sample was selected with maximum ethnic and geographic variation to reflect diverse lived experiences of successful mothers. Participant selection was

conducted using snowball sampling and purposive sampling until theoretical saturation was reached. Inclusion criteria were: having a child aged 7–14 years diagnosed with ASD by a psychiatrist and a clinical psychologist; no history of psychotic disorders or substance misuse; literacy (reading and writing ability); willingness to participate in the interview and ability to recall and describe one’s experiences and circumstances; motivation to participate in the study; and being mothers who had established a good balance among personal life, employment, and parenting, possessed scientific and practical knowledge in education and psychology, maintained a healthy and supportive relationship with their children, and—despite the challenges of raising a child with autism—had effective strategies for solving problems.

The primary qualitative data collection tool was the semi-structured interview guided by an interview protocol. The protocol included questions across the domains of behaviors/experiences, beliefs/values, emotions/affect, knowledge, feelings, and background. Sample questions included: factors contributing to good parenting, differences in parenting children with autism, parenting practices, factors influencing child improvement, the impact of parenting on child functioning, sources of parenting knowledge, and final recommendations. Interviews lasted 40–60 minutes and were digitally audio-recorded.

Data analysis was conducted using Colaizzi’s (1978) seven-step method. The steps included: careful and repeated reading of interview descriptions; extracting significant statements; formulating meanings for each statement (independently by the researcher and an external auditor); organizing meanings into thematic clusters; returning to the original narratives for validation and removing irrelevant themes; integrating results into a comprehensive and exhaustive description; and final validation by returning to participants and obtaining their feedback on the findings.

In this process, 814 significant statements were extracted, and shared meaning units were categorized to allow subthemes and main themes to emerge. Data trustworthiness was ensured through theoretical saturation, member checking (returning to participants), rich description, and recoding.

## Findings and Results

In this chapter, the demographic characteristics of the participants are first presented. Subsequently, the findings derived from this study and the interviews conducted with the participants are reported, for which direct quotations from participants were used. In addition, the categorizations derived from shared meaning units, the subthemes formed from these categorizations, and the extracted main themes are presented. Overall, data analysis based on Colaizzi’s method is reported in this section.

**Table 1. Description of the Demographic Characteristics of Participants**

ID	Gender	Education Level	Number of Children	Mother’s Age (years)	Child’s Age (years)	Severity of Child’s Autism Spectrum Disorder
1	Female	Middle school	2	24	7	Mild
2	Female	Middle school	2	26	8	Moderate
3	Female	Middle school	1	28	9	Severe
4	Female	Middle school	2	30	10	Mild
5	Female	High school diploma	2	32	11	Moderate
6	Female	High school diploma	3	34	12	Severe
7	Female	High school diploma	2	36	13	Mild
8	Female	High school diploma	2	38	14	Moderate
9	Female	Bachelor’s degree	2	40	9	Severe

10	Female	Bachelor's degree	2	42	10	Mild
11	Female	Bachelor's degree	1	44	11	Moderate
12	Female	Bachelor's degree	2	46	12	Severe
13	Female	Master's degree	2	35	8	Mild
14	Female	Master's degree	2	37	9	Moderate
15	Female	Master's degree	2	39	10	Severe
16	Female	Master's degree	2	41	11	Mild
17	Female	Master's degree	2	43	12	Moderate

Based on the reported statistics, the mean age of mothers was approximately 37 years, the mean number of children was close to 2, and the mean age of children was approximately 9 years. The severity of children's autism spectrum disorder was distributed across hypothetical categories (mild, moderate, severe). All participants were female, and educational levels followed the specified distribution (4 middle school, 4 high school diploma, 4 bachelor's degree, and 5 master's degree).

In this section, the results of the data analysis process derived from the analysis of 17 interviews with participants are presented. These interviews were initially open-coded, and then many conceptually similar items and thematic statements were merged and grouped. Ultimately, to illustrate meta-parenting among mothers of children with Autism Spectrum Disorder, four main themes and 15 subthemes were extracted in this study. These themes included:

**Individual and psychological strategies**, with subthemes of: acquiring problem-solving skills; acquiring coping skills; gaining experience from others' lives; hopeful future-oriented thinking; and patience and tolerance in facing challenges related to a child with autism;

**Spousal understanding and support**, including: spousal empathy; spouses' participation in child-rearing matters; spouses' involvement in the child's treatment process; and marital intimacy;

**Support networks of mothers of children with autism**, with subthemes of: the presence of supportive families; the presence of supportive schools; and receiving specialized support;

**Religious beliefs and convictions of mothers of children with autism**, with subthemes of: faith and heartfelt belief in God's existence; trust in God when facing child-related problems; and the use of religious teachings and Islamic recommendations.

The main and subthemes obtained from this study, which represent a model of the phenomenon under investigation—namely, meta-parenting among mothers of children with Autism Spectrum Disorder—are presented in the table below.

**Table 2. Main Themes and Subthemes Derived from Data Analysis**

Main Themes	Subthemes
Individual and psychological strategies	Acquiring problem-solving skills; acquiring effective coping skills; gaining experience from others' lives (modeling); developing patience and tolerance toward child-related problems; hopeful future orientation
Spousal understanding and support	Spousal empathy; spouses' participation in child-rearing matters; spouses' participation in the child's treatment process; marital intimacy
Support networks of mothers of children with autism	Presence of supportive families; receiving specialized support
Religious beliefs and convictions of mothers of children with autism	Faith and heartfelt belief in God's existence; trust in God in child-related problems; use of religious teachings and core recommendations

In the present study, four main themes were identified, including individual and psychological strategies, spousal understanding and support, support networks of mothers of children with autism, religious beliefs and convictions of mothers of children with autism, and the outcomes of meta-parenting. In discussing each

subtheme, evidence and salient statements extracted from participants' accounts that led to the formation of each subtheme are presented.

### **Theme 1: Individual and Psychological Strategies**

Participants in this study referred to processes and strategies that facilitated and enabled their meta-parenting, including themes such as acquiring problem-solving skills, acquiring coping skills, gaining experience from others' lives (modeling), patience and tolerance in dealing with challenges related to a child with autism, and hopeful future-oriented thinking. Each of these factors comprised subcomponents and concepts or codes related to their specific categories. For example, in the domain of acquiring problem-solving skills, references were made to effective crisis management, selecting appropriate solutions, decision-making capacity, planning ability, and prudence in difficult situations. In the domain of acquiring coping skills, participants referred to resilience and persistence in the face of problems, studying and increasing awareness, seeking effective social support, having an internal locus of control, and engaging in physical activities. Regarding gaining experience from others' lives, references included modeling parents with similar experiences, using others' experiences, appropriate observational learning from others, and gaining calmness within groups sharing similar hardships. In the domain of patience and tolerance toward challenges related to a child with autism, participants noted endurance in the face of difficulties, acceptance of the current situation, viewing problems as part of life, adaptation to existing conditions, postponing personal desires and wishes, and not becoming discouraged from one's goals. Finally, in hopeful future-oriented thinking, participants referred to optimism about the future, anticipating future success, having positive and realistic personal goals, future-oriented and progress-focused goals, and striving to achieve these goals.

Now, these five subcategories (subthemes) are explained with examples from participants' statements, and they are classified in the table below along with initial codes and sample participant quotations.

**Table 3. Sample Data Analysis Related to Theme 1**

Subtheme	Codes (Meaning Units)
Acquiring problem-solving skills	Selecting appropriate solutions; effective crisis management; decision-making capacity; ability to plan; prudence in difficult situations
Acquiring coping skills	Hardiness and resistance in the face of problems; studying and increasing awareness; life skills training; seeking effective social support; self-regulation; engagement in physical activities
Gaining experience from others' lives (modeling)	Modeling parents with similar experiences; using others' experiences; appropriate modeling from others; gaining calmness within groups sharing common distress
Patience and tolerance toward problems related to a child with autism	Endurance in facing difficulties; acceptance of the current situation; viewing problems as part of life; adaptation to existing conditions; postponing desires and wishes
Hopeful future-oriented thinking	Optimism about the future; anticipating future success; positive and realistic personal goals; future-oriented and progress-focused goals; striving to achieve goals; not becoming discouraged from goals

#### **Subtheme 1: Acquiring Problem-Solving Skills**

This subtheme refers to mothers' ability to identify problems, evaluate options, and select appropriate solutions. Problem-solving skills help mothers manage crises related to a child with autism, make decisions, and plan effectively, thereby preventing maladaptive outcomes. Participants described this skill as a vital tool for controlling circumstances. Concepts such as effective crisis management, selecting appropriate solutions, decision-making capacity, planning ability, and prudence in difficult situations led to the extraction of the subtheme of acquiring problem-solving skills.

Participant No. 7 describes a critical decision made under difficult conditions as follows: “One day I was thinking, well, what happened is really the reality, and nothing is going to change. My child has Autism Spectrum Disorder, that’s the way it is, and neither I nor those around me nor anyone else can do anything about it... What I decided that day, at that moment—and it helped me a lot—was that I am also a human being, I also have the right to live and to have a life... From that moment on, I became a different person and felt differently. I made a vital decision, a decision made in a single moment that turned my life upside down.”

This quotation reflects a profound moment of internal change in which the mother used decision-making as a tool for survival and improved caregiving.

### **Subtheme 2: Acquiring Effective Coping Skills**

This subtheme includes strategies such as hardiness and resistance in the face of problems, studying to increase awareness, life skills training, seeking social support, internal control, and engaging in physical activities. These skills help mothers cope with stress, prevent negative consequences, and enhance their sense of competence. Participants described these strategies as protective shields against burnout.

Participant No. 8 discusses the role of studying in effective coping as follows: “One of the things that has helped me a lot and has led to positive changes in my psychological state and my child’s condition has been studying and using helpful and constructive books in this area... Through studying, I learned how to help myself and my child, and how, despite these problems, I can stand on my own feet and manage my life.”

This statement highlights the mother’s self-directed learning capacity, using study as a tool for personal and family empowerment and recommending it to others.

### **Subtheme 3: Gaining Experience from Others’ Lives (Modeling)**

This subtheme refers to learning from others’ experiences, such as parents in similar situations, friends, or support groups. Through modeling, mothers gain calmness and learn stress-management strategies. This process underscores the importance of social networks in meta-parenting.

Participant No. 15 describes modeling after her mother as follows: “Unfortunately, Autism Spectrum Disorder is to some extent genetic in our family... Whenever I am under a lot of pressure, I think of my mother and how calm she was. Truly, my mother’s patience and calmness became my model... In this regard, I always try to be like my mother—strong, firm, patient, and capable.”

This quotation narrates a family story and illustrates intergenerational transmission of experience, positioning the mother as a model of patience and management.

### **Subtheme 4: Patience and Tolerance Toward Problems Related to a Child with Autism**

This subtheme includes acceptance of conditions, adaptation to difficulties, postponing desires, and maintaining a resilient disposition. Patience and tolerance help mothers prevent depression and adjust to new circumstances. Participants described this characteristic as a foundation for calmness and life management.

Participant No. 13 speaks about adaptation to circumstances as follows: “I have completely adapted to these conditions; I have fully come to terms with them, because if I do not accept these conditions and hold on to false hope, I will only harm myself and my child... Now I am much calmer than before, and my child has also been affected by this situation. I can clearly see it.”

This quotation reflects the mother’s internal transformation from initial anger to calm acceptance, which not only improved her own life but also had a positive impact on her child.

### Subtheme 5: Hopeful Future-Oriented Thinking

This subtheme refers to hope for the future, anticipating success, setting realistic goals, and sustained effort. Hopeful future-oriented thinking enhances coping capacity and encourages mothers' active engagement in life. Participants described this strategy as a source of motivation and a safeguard against depression.

Participant No. 9 discusses hope derived from others' experiences as follows: "My cousin's daughter had Autism Spectrum Disorder—one of those children who were very difficult to manage. No one believed she would ever improve, but now she has improved a lot... When I see her, I become hopeful that my child will also grow up... I am very hopeful."

This quotation recounts a real story of progress and illustrates how the mother draws on others' experiences to construct a positive image of her child's future.

### Theme 2: The Relational Role Between Spouses

One of the topics raised by most participants in this study in relation to meta-parenting was spousal interactions and the role of these relationships in effective adaptation. In constructive reciprocal relationships, spouses communicate about issues related to the child as well as their own emotional and psychological conditions and work collaboratively toward problem solving. Positive marital relationships influence children's cognitive, emotional, psychological, and social development and play a significant role in the adaptation and adjustment of a child with Autism Spectrum Disorder (ASD) to the surrounding environment. This theme comprises four subthemes: the vital role of spousal support and understanding, parental participation in child-rearing practices, spousal participation in the child's treatment process, and appropriate expression of emotions and feelings between spouses.

Now, these four categories (subthemes) are explained with examples from participants' statements and are classified in the table below along with initial codes and sample participant quotations.

**Table 4. Sample Data Analysis Related to Theme 2**

Subthemes	Codes (Meaning Units)
Spousal empathy	Mutual understanding and consensus between spouses; understanding each other's differences; tolerating hardships with spousal support; friendly and intimate marital relationships; spousal attention and appreciation; hopelessness and discouragement in the absence of spousal support
Parental participation in child rearing	Agreement between spouses on child-related behaviors; efforts toward appropriate child-rearing; respecting the child; spousal assistance and understanding in the child's academic matters; avoiding discrimination among children; emphasis on the authority of both parents in child rearing; cooperation in child rearing
Parental participation in the child's treatment process	Spirit of cooperation and participation in therapeutic activities; increased work to cover treatment costs; necessity of spouses' financial management during treatment; necessity of increased parental learning regarding the child
Marital intimacy	Free expression of positive and negative feelings and thoughts; sharing concerns; affection and warmth between spouses; constructive dialogue

### Subtheme 1: Spousal Empathy

This subtheme refers to mutual understanding, emotional support, and friendly relationships between spouses, which help mothers endure the hardships of living with a child with autism. Participants emphasized that spousal empathy plays a vital role in preventing hopelessness and strengthening morale, whereas its absence may lead to discouragement.

Participant No. 13 describes the vital role of spousal support as follows: "Spousal support is very important; in these situations you absolutely cannot manage alone. If it were not for my husband's support,

I could never have endured. One person cannot handle these children alone, and your spouse must stand by your side.”

This quotation directly demonstrates the mother’s reliance on her spouse as the primary source of support and highlights the importance of family teamwork.

### **Subtheme 2: Spousal Participation in Child-Rearing Practices**

This subtheme refers to parental cooperation in child rearing, including agreement on behaviors, respect for the child, and avoidance of discrimination. Mothers emphasized that spousal participation reduces their psychological burden and contributes to more effective parenting of a child with autism, as challenging behaviors such as restlessness or aggression require a coordinated approach.

Participant No. 16 describes her spouse’s cooperation in raising multiple children as follows: “Having one child with Autism Spectrum Disorder already comes with difficulties; now imagine also having two adolescent daughters, each with their own temperament... If it were not for my husband’s cooperation, I can say with certainty that we would not be able to raise the children successfully.”

This quotation provides a comprehensive picture of complex family challenges and illustrates the spouse’s role in managing multiple responsibilities.

### **Subtheme 3: Spousal Participation in the Child’s Treatment Process**

This subtheme refers to cooperation in financing treatment, learning relevant skills, and maintaining a team-oriented mindset. Participants believed that treating a child with autism requires joint effort, given the high costs and the need for specialized knowledge; such collaboration helps the family move from crisis toward more effective management.

Participant No. 7 discusses the necessity of parental learning as follows: “Anyone who has a child with Autism Spectrum Disorder must become a specialist... The more both parents—especially the mother—know, the greater the improvement and well-being of the child with autism will be.”

This quotation portrays the mother as a family-based specialist and underscores the importance of shared learning in promoting the child’s improvement.

### **Subtheme 4: Marital Intimacy**

This subtheme refers to the free expression of emotions, sharing concerns, affection, and constructive dialogue, which help maintain the family’s emotional balance. Participants described such intimacy as a means of releasing negative emotions and strengthening a sense of belonging, which indirectly affects the child’s psychological well-being.

Participant No. 11 describes sharing concerns with her spouse as follows: “If, when you have a sick child, you do not have a kind spouse and someone who understands you, you will be completely destroyed... Whenever I hug my husband, share my worries, and cry, I feel lighter, as if I am being emotionally released.”

This quotation conveys the mother’s deep emotions and depicts the spouse as an emotional refuge that prevents emotional collapse.

## **Theme 3: Support Networks of Mothers of Children with Autism Spectrum Disorder**

Support networks are considered a powerful external coping resource and include subcomponents such as perceived family support, perceived school support, and perceived specialized and psychological support, each encompassing subsets, concepts, or codes related to its specific category.

Participants in this study considered support networks essential for themselves and others in similar situations. Having a child with Autism Spectrum Disorder (ASD), given the child's specific caregiving needs, constitutes a significant source of stress for mothers who are more directly involved in daily care. This condition affects their mental health and adjustment, threatens their levels of adaptation and physical and psychological well-being, and has negative consequences for them. Perceived social support can prevent the emergence of adverse outcomes. In other words, perceived social support includes the mother's perception or experience of being loved, cared for, respected, and valued, and of being considered part of a social network characterized by assistance and mutual commitment.

Now, these two categories (subthemes) are explained with examples from participants' statements and are classified in the table below along with initial codes and sample participant quotations.

**Table 5. Sample Data Analysis Related to Theme 3**

Subthemes	Codes (Meaning Units)
Presence of a supportive family	Comprehensive support from family members; unconditional acceptance within the family; mutual responsibility among family members; empathy and affection among family members; family as a source of support during difficulties
Receiving specialized support	Increasing mothers' awareness through specialists; urgent need for counseling centers and clinical specialists; necessity of health insurance coverage; establishment of specialized educational channels and networks

### **Subtheme 1: Presence of a Supportive Family**

This subtheme refers to comprehensive family support, unconditional acceptance, mutual responsibility, empathy, and the family's role as a source of support. Participants emphasized that the family plays a vital role in reducing mothers' psychological burden, and its absence may lead to isolation, as caring for a child with autism requires collective support.

Participant No. 6 describes comprehensive family support as follows: "The proverb 'When one limb is in pain, the other limbs cannot remain at ease' truly applies to my situation. My family has no peace of mind; they stand by us in every possible way... They have never left us alone."

This quotation, through the use of a proverb, depicts a strong sense of family solidarity and illustrates a powerful support network that rescues the mother from loneliness.

### **Subtheme 2: Receiving Specialized Support**

This subtheme refers to seeking help from specialists, increasing awareness through counseling, the need for treatment centers, insurance coverage, and educational networks. Participants believed that specialized support not only contributes to the child's treatment but also empowers mothers to manage challenges with greater knowledge and to prevent burnout.

Participant No. 4 discusses the necessity of increasing mothers' awareness as follows: "I knew nothing about Autism Spectrum Disorder; can you believe I didn't even know what the term Autism Spectrum Disorder meant? But now I myself have become a specialist... Because for over a year since I started Arash's treatment, our counselor has placed greater emphasis on my own behavior and my husband's behavior."

This quotation illustrates the mother's transformation from lack of awareness to expertise and highlights the crucial role of specialists in changing family behaviors.

## **Theme 4: Religious Beliefs and Convictions of Mothers of Children with Autism Spectrum Disorder**

Participants in this study regarded religious beliefs and convictions as among the most important factors in enduring hardships. They stated that faith and religious beliefs increase individuals’ tolerance of difficulties and help them overcome challenges and life changes, functioning as a source of support and resilience for greater personal adjustment. Accordingly, the religious beliefs and convictions of mothers of children with ASD constitute one of the most important factors in meta-parenting and include subcomponents such as faith and heartfelt belief in God’s existence, trust in God when facing child-related problems, and the use of religious teachings and Islamic recommendations, each of which contains subsets, concepts, or codes related to its specific category.

Now, these three categories (subthemes) are explained with examples from participants’ statements and are classified in the table below along with initial codes and sample participant quotations.

**Table 6. Sample Data Analysis Related to Theme 4**

Subthemes	Codes (Meaning Units)
Faith and heartfelt belief in God’s existence	Belief in God’s existence; performing religious rituals; religious behaviors
Trust in God regarding child-related problems	Entrusting oneself and one’s child to God; attachment to God; seeking help from God; belief in divine power and miracles
Use of religious teachings and Islamic recommendations	Teachings of prophets and saints; emphasis of the Imams on human values; the Word of God in the Qur’an; messages embedded in prayer and supplication

**Subtheme 1: Faith and Heartfelt Belief in God’s Existence**

This subtheme refers to mothers’ deep belief in the existence of God, manifested through performing religious rituals (such as prayer, recitation of the Qur’an, and religious ceremonies) and religious behaviors (such as supplication and worship). These beliefs function as mechanisms for reducing anxiety, attaining calmness, and adapting to the challenges of life with a child with autism. Mothers believed that such faith makes them more resilient in the face of hardships and helps them accept difficulties as divine trials.

Participant No. 15 states: “When I first learned that my child had Autism Spectrum Disorder, I felt like I was going crazy. Suddenly, I sought refuge in prayer and supplication. It calmed me a lot, and I developed a special relationship with God, to the extent that performing my prayers at the earliest time has now become a priority for me.”

**Subtheme 2: Trust in God Regarding Child-Related Problems**

This subtheme refers to entrusting matters to God, emotional attachment to Him, and seeking His help when facing challenges related to a child with autism. Through trust in God, mothers submit themselves to divine destiny and describe belief in God’s power and miracles as a means of enduring and adapting to difficult conditions. This approach provides them with calmness and a sense that God is their supporter.

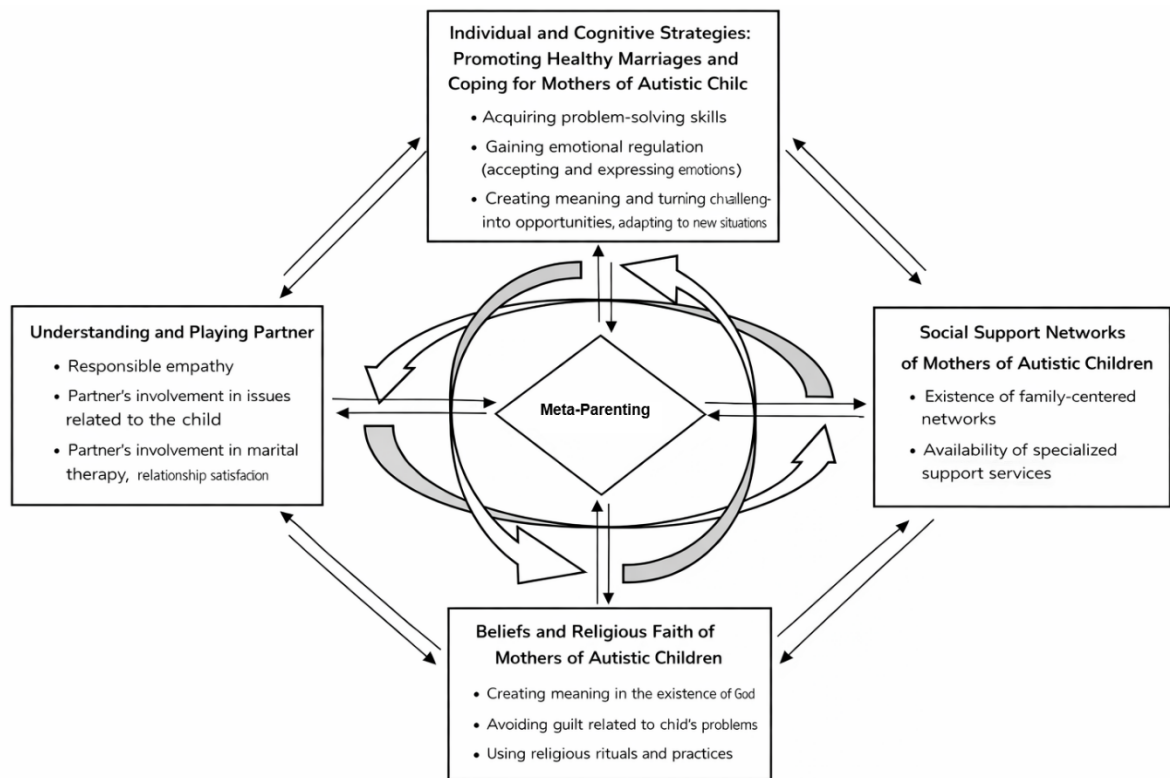
Participant No. 13 states: “I always say that it was divine destiny for my child to have this condition. God willed it, and God has a reason for everything He does. So who am I to object? Perhaps God wants me to atone for my shortcomings in this world—so why should I be upset? I have no complaints. I love my child very much and try hard to ensure that he is not harmed. God helps me in this matter, and God’s help is precisely the calmness He has given me, enabling me to endure these conditions more easily.”

**Subtheme 3: Use of Religious Teachings and Islamic Recommendations**

This subtheme refers to mothers' use of religious teachings such as the words of the Qur'an, the recommendations of prophets and saints, the emphasis of the Imams on human values, and the messages embedded in prayer and supplication. These teachings help mothers view hardships as opportunities for spiritual growth, practice patience and endurance, and remain hopeful for divine rewards. They draw on these resources to strengthen their morale and adapt to the challenges of raising a child with autism.

Participant No. 11 states: "I endure many hardships and suffer greatly, but I always reflect on this Qur'anic verse that says, 'Indeed, God is with the patient,' and in one of the books I was reading about endurance and perseverance, I came across the verse, 'Indeed, God loves the patient.' These are recommendations from God that give glad tidings—that God is with those who show patience in the face of hardship, sees their suffering, loves them, and rewards them. When I read or hear these words, they bring me great peace. I constantly whisper these verses to myself."

Based on the findings of this study, meta-parenting, grounded in the lived experiences of successful mothers, is a four-dimensional construct consisting of: individual and psychological strategies, spousal understanding and support, support networks of mothers of children with Autism Spectrum Disorder (ASD), and religious beliefs and convictions of mothers of children with ASD. The themes associated with the dimension of individual and psychological strategies, derived from interviews with the participating mothers, include: acquiring problem-solving skills, acquiring effective coping skills, gaining experience from others' lives (modeling), developing patience and tolerance in the face of child-related challenges, and hopeful future-oriented thinking. The themes associated with the dimension of spousal understanding and support, based on interviews with the study participants, include: spousal empathy, spouses' participation in child-rearing practices, spouses' participation in the child's treatment process, and marital intimacy. The themes associated with the dimension of support networks for mothers of children with ASD, based on interviews with participating mothers, include: the presence of a supportive family and access to specialized support services. Finally, the themes associated with the dimension of religious beliefs and convictions of mothers of children with ASD include: faith and heartfelt belief in God's existence, trust in God regarding child-related problems, and the use of religious teachings and core Islamic recommendations. The relational network among the themes associated with meta-parenting is illustrated in the figure below. The overall model is descriptive-analytical in nature and, through a circular causality-based approach, clearly demonstrates the mutual influences of the four dimensions on one another and on meta-parenting as a whole.



**Figure 1. Network of dimensions and themes related to meta-parenting based on the lived experiences of successful mothers**

This educational package was designed based on four main themes (individual and psychological strategies, the relational role between spouses, support networks, and religious beliefs and convictions) and consists of ten 60-minute training sessions. Each session focuses on enhancing meta-parenting skills, managing Autism Spectrum Disorder, and strengthening the mother–child relationship. The package is delivered through an integrated approach combining psychoeducation, role-playing, modeling, and practical tools. The details of the package are summarized in the table below.

**Table 7. Structure of the Meta-Parenting Educational Package**

Unit Title	General Objectives	Strategies/Techniques and Assignments
Acquiring problem-solving skills	Improving the ability to identify problems and select appropriate solutions	Psychoeducation on planning and prudence; role-playing for critical decision-making; assignments: daily crisis-management practice and logging
Acquiring coping skills	Strengthening resilience, study habits, and social support; enhancing internal locus of control and physical activity	Psychoeducation on study and support-seeking; modeling resistance to challenges; assignments: reviewing relevant resources and reporting
Gaining experience from others' lives	Learning from others' experiences and modeling; gaining calmness through support groups	Psychoeducation on modeling similar parents; group discussions for experience sharing; assignments: identifying models and logging
Patience and tolerance	Accepting conditions and adapting to challenges; preventing depression and maintaining resilience	Psychoeducation on acceptance of the current situation; practicing patience in the face of challenges; assignments: daily acceptance exercises and emotion logs
Hopeful future-oriented thinking	Strengthening hope, realistic goal setting, and sustained motivation	Psychoeducation on anticipating success; modeling progress-oriented goals; assignments: setting future goals and follow-up
Spousal empathy	Enhancing mutual understanding and emotional support; preventing hopelessness	Psychoeducation on friendly relationships; role-playing empathy; assignments: daily spousal dialogue and logging

Participation in child-rearing practices	Promoting cooperation in child rearing and behavioral agreement; reducing maternal psychological burden	Psychoeducation on respecting the child; modeling family cooperation; assignments: joint parenting plans and logging
Participation in the treatment process	Enhancing cooperation in financing treatment and learning therapeutic skills; improving child outcomes	Psychoeducation on financial management; group discussions for learning; assignments: learning therapeutic skills and logging
Support networks	Strengthening family and specialized support; reducing isolation and increasing awareness	Psychoeducation on family acceptance; introducing counseling centers; assignments: contacting specialists and logging supports
Religious beliefs and convictions	Strengthening faith, trust in God, and use of religious teachings; promoting spiritual adaptation to challenges	Psychoeducation on religious rituals; modeling use of the Qur'an; assignments: daily trust-in-God practices and logging

To examine the content validity of the meta-parenting educational package, after the session outlines were developed, the session descriptions together with two evaluation forms were provided to 15 experts in the fields of psychology and counseling. One form assessed the overall quality of the content of the meta-parenting educational package, and in the subsequent table, each expert’s opinion regarding the content of each session was evaluated. Experts’ responses were rated on a scale from 1 to 10.

**Table 8. Overall Evaluation of the Content of the Meta-Parenting Educational Package by 15 Experts in Psychology and Counseling**

Experts	Content alignment of designed sessions	Appropriateness of sessions to the required structure and steps	Adequacy of allocated time	Adequacy of the package	Overall evaluation of the package
First	1.00	1.00	1.00	1.00	1.00
Second	1.00	0.90	0.90	0.90	1.00
Third	0.90	1.00	1.00	1.00	0.90
Fourth	1.00	0.80	0.90	1.00	1.00
Fifth	0.80	1.00	0.70	1.00	1.00
Sixth	1.00	0.80	0.70	0.90	0.90
Seventh	0.80	1.00	1.00	1.00	1.00
Eighth	0.60	0.50	0.90	0.80	1.00
Ninth	1.00	0.70	1.00	1.00	0.90
Tenth	1.00	0.90	0.90	0.90	1.00
Eleventh	0.90	1.00	1.00	1.00	0.80
Twelfth	1.00	0.80	0.90	1.00	1.00
Thirteenth	0.80	1.00	0.90	1.00	1.00
Fourteenth	1.00	0.80	0.70	0.90	0.90
Fifteenth	0.90	1.00	1.00	1.00	1.00
Agreement coefficient	CVR	0.733	0.600	0.600	0.733
	CVI	0.866	0.800	0.800	0.866

The results presented in Table 8 indicate that experts’ overall evaluations of the content of the meta-parenting educational package were positive, and that, in general, the package demonstrates acceptable content validity from the perspective of specialists. It should be noted that, considering a panel of 15 evaluators, the acceptable threshold for the Content Validity Ratio (CVR) is above 0.49, and the acceptable threshold for the Content Validity Index (CVI) for this number of evaluators is above 0.70.

**Discussion and Conclusion**

The findings of the present study provide a comprehensive and integrative understanding of meta-parenting among mothers of children with Autism Spectrum Disorder (ASD), conceptualizing it as a four-dimensional construct encompassing individual and psychological strategies, spousal understanding and support, support networks, and religious beliefs and convictions. The qualitative results revealed that

successful mothers actively engage in reflective, anticipatory, and intentional parenting processes that go beyond reactive caregiving, confirming the theoretical foundations of meta-parenting as originally proposed by Hawk and Holden and later expanded in diverse cultural contexts (9, 10). The emergence of problem-solving skills, effective coping strategies, modeling from others' experiences, patience, and hopeful future-oriented thinking as central components of individual and psychological strategies is consistent with prior evidence demonstrating the critical role of executive functioning, cognitive flexibility, and self-regulation in reducing parenting stress and enhancing adaptive parenting in ASD populations (14, 15). These findings suggest that meta-parenting functions as a higher-order cognitive framework through which mothers organize and deploy these psychological capacities in response to chronic caregiving demands.

The prominence of effective coping skills and reflective problem-solving in the narratives of successful mothers aligns closely with research emphasizing mindfulness, internal locus of control, and adaptive coping as protective factors against parental stress and burnout. Studies have shown that mindful parenting and psychological flexibility significantly mediate the relationship between caregiving demands and parental well-being among parents of children with ASD (16, 17). Similarly, Amirloo et al. demonstrated that mindfulness and parental self-efficacy play a mediating role between maladaptive parenting patterns and parenting stress in mothers of children with autism (13). The present findings extend this literature by illustrating how these psychological resources are not isolated skills but are embedded within a broader meta-parenting process characterized by deliberate reflection, meaning-making, and future planning.

Another major finding of this study concerns the central role of spousal understanding, empathy, and cooperation in sustaining adaptive meta-parenting. Mothers consistently emphasized that emotional support, shared decision-making, and collaborative involvement in child-rearing and treatment processes significantly reduced their psychological burden and enhanced their capacity to cope with stress. This finding is in line with empirical evidence showing that supportive interparental relationships buffer the negative effects of parenting stress and promote better family functioning in families of children with ASD (4, 18). Research on spillover effects further indicates that daily parenting stress can negatively affect marital relationships unless moderated by emotional awareness and mindfulness, underscoring the importance of relational dimensions within meta-parenting (18). The current results suggest that meta-parenting should be understood not only as an individual cognitive construct but also as a relational process shaped through ongoing spousal interactions, shared meaning-making, and coordinated caregiving strategies.

The identification of support networks as a distinct and influential dimension of meta-parenting further reinforces the ecological nature of parental adaptation in ASD contexts. Mothers highlighted the protective role of supportive families and access to specialized professional services in mitigating stress, preventing isolation, and sustaining long-term caregiving efforts. These findings are consistent with previous studies demonstrating that perceived social support is a key predictor of parental mental health, quality of life, and parent-child interaction quality in families of children with ASD (3, 5). Qualitative research has similarly documented that engagement with other parents, professionals, and community resources enables mothers to reconstruct their caregiving experiences from narratives of helplessness to narratives of competence and resilience (8). The present study adds to this body of knowledge by showing that successful mothers actively and reflectively evaluate, seek out, and utilize support systems as part of their meta-parenting repertoire, rather than passively receiving support.

A particularly salient contribution of this study lies in its explicit integration of religious beliefs and convictions into the conceptualization of meta-parenting. Mothers consistently described faith, trust in God, and engagement with religious teachings as essential sources of emotional regulation, meaning-making, and endurance in the face of chronic stress. These findings resonate with culturally grounded research indicating that spirituality and religious coping enhance psychological resilience and acceptance among parents of children with disabilities (8, 12). Although religious beliefs are often treated as peripheral variables in mainstream parenting models, the present results suggest that, in culturally and religiously embedded contexts, spirituality constitutes a core dimension of reflective parenting cognition. By framing their experiences as part of a divine plan and drawing on religious narratives of patience and reward, mothers were able to reinterpret adversity, regulate negative emotions, and sustain hope, thereby strengthening their meta-parenting capacity.

Taken together, the four dimensions identified in this study support a multidimensional and dynamic model of meta-parenting that is deeply embedded in psychological, relational, social, and cultural contexts. This integrative model aligns with recent empirical work demonstrating that parent-focused interventions targeting cognitive, emotional, and relational processes yield significant improvements in parental mental health and parenting practices in ASD populations (19, 20). Moreover, the development and content validation of a structured meta-parenting educational package grounded in mothers' lived experiences addresses a critical gap in the literature, responding to calls for culturally responsive, ecologically valid, and theoretically coherent parenting interventions (10, 11). By translating qualitative insights into an educational framework, the present study bridges the gap between theory and practice and offers a novel contribution to intervention science in the field of autism and family psychology.

Despite these contributions, several limitations should be acknowledged. The qualitative nature of the study and the relatively small, purposively selected sample limit the generalizability of the findings to broader populations of mothers of children with ASD. In addition, the study focused exclusively on mothers, thereby excluding fathers' perspectives and potentially overlooking gender-specific dynamics in meta-parenting. Cultural and religious homogeneity within the sample may also have influenced the prominence of spiritual themes, limiting the applicability of the model to more secular contexts.

Future research should seek to quantitatively test the proposed four-dimensional meta-parenting model using larger and more diverse samples, including fathers and other caregivers. Longitudinal designs would be particularly valuable in examining how meta-parenting capacities develop over time and how they influence child outcomes and family functioning. Further studies could also compare the effectiveness of the developed educational package with existing parenting interventions and explore its adaptability across different cultural and religious settings.

From a practical perspective, the findings highlight the importance of designing parent-focused interventions that move beyond skill training to address reflective cognition, relational processes, and meaning-making systems. Practitioners working with families of children with ASD are encouraged to incorporate components that strengthen spousal collaboration, facilitate access to support networks, and respectfully integrate families' belief systems into intervention programs. Such comprehensive and culturally sensitive approaches may enhance the sustainability and effectiveness of parenting interventions and contribute to improved well-being for both parents and children.

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## Authors' Contributions

All authors equally contributed to this study.

## Declaration of Interest

The authors of this article declared no conflict of interest.

## Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

## Transparency of Data

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

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