

# Parenting Self-Efficacy and Risk Propensity Among Parents of Children with Autism Spectrum Disorder: The Mediating Role of Coping Planning

Joeaiza Juhari, Najihah Abdul Rahim\*, Norhaidah Ahmad, Khaizie Sazimah Ahmad, Noraznira Abd Razak, Nurul Aida Harun

Faculty of Business and Management, UiTM Melaka, 78000 Alor Gajah, Melaka

\*Corresponding Author

DOI: <https://dx.doi.org/10.47772/IJRISS.2025.914MG00156>

Received: 03 September 2025; Accepted: 08 September 2025; Published: 09 October 2025

## ABSTRACT

Parenting a child with autism spectrum disorder (ASD) often requires far more than managing daily routines. The responsibilities borne by the parents are not only in navigating a series of difficult decisions but also in dealing with uncertainty and long-term consequences. Choices about therapy, schooling, and sources of support can weigh heavily on families, particularly when resources are limited or outcomes are unclear. Parenting self-efficacy (PSE) refers to an individual's belief in their ability to meet caregiving demands and has consistently been shown to strengthen resilience, emotional regulation, and family well-being. However, confidence alone does not always lead to sound decision-making. This paper argues that coping planning, described as anticipating potential barriers and preparing strategies to overcome them, is the key process that turns parental confidence into effective action. Drawing on Bandura's Self-Efficacy Theory and Schwarzer's Health Action Process Approach (HAPA), a conceptual framework is proposed in which coping planning mediates the relationship between PSE and parental risk propensity. Parents who combine strong self-belief with proactive planning are more likely to take adaptive risks, such as pursuing evidence-based interventions, and less likely to engage in maladaptive risks, such as relying on unproven treatments. By synthesising recent evidence (2020–2025) across diverse cultural contexts, this paper advances a timely and globally relevant perspective on ASD caregiving. Theoretical and practical contributions are highlighted, including the need for structured coping-skills training, peer-support interventions, and policy-level initiatives within healthcare, education, and community systems. Together, these refinements position coping planning as the bridge that transforms parental confidence into constructive risk-taking, offering both conceptual clarity and actionable strategies for supporting families raising children with ASD.

**Keywords:** Parenting Self-Efficacy, Coping Planning, Risk Propensity, Autism Spectrum Disorder, Conceptual Framework

## INTRODUCTION

Parenting a child with autism spectrum disorder (ASD) is often described as a journey filled with both challenges and growth. The unique characteristics of ASD, such as difficulties in communication, limited social interaction, and repetitive behaviours (American Psychiatric Association, 2013), place additional responsibilities on families. For many parents, the experience extends beyond everyday caregiving into making complex and often stressful decisions about therapy options, education, and social support. These decisions rarely come with clear answers, and the uncertainty surrounding them can heighten parental stress and, at times, lead to feelings of helplessness (Hayes & Watson, 2013).

One factor that helps parents cope with these pressures is parenting self-efficacy (PSE). It can be described as their belief in their own ability to manage parenting responsibilities effectively (Bandura, 1977). As stated by several researchers, when they feel capable, they are generally more resilient, less stressed, and more

optimistic about their child's future (Jones & Prinz, 2005; Albanese, Russo, & Geller, 2019). Recent research has shown that this is especially important for parents of children with ASD. For example, higher levels of self-efficacy have been linked with better emotional regulation, improved quality of life, and reduced caregiver burden (Vapaatalo, Hokkanen, & Hiltunen, 2024; Kiep & Spek, 2023). Nevertheless, confidence on its own does not always guarantee effective action. Even parents who believe in themselves may find it difficult to act adaptively when faced with unexpected challenges or setbacks.

This is where coping planning becomes important. Coping planning can be referred to as anticipating possible obstacles and preparing practical strategies to handle them (Sniehotta et al., 2005; Schwarzer, 2016). Unlike action planning, which focuses on what to do, coping planning is about how to respond when things do not go according to plan. For parents of children with ASD, this might mean preparing for behavioural meltdowns in public, planning responses to social stigma, or organising a network of support. In this way, coping planning works as a bridge that turns parental confidence into meaningful, concrete action.

Coping planning also affects how parents approach risk-taking in decision-making. Risk propensity, the tendency to either take or avoid risks (Sitkin & Pablo, 1992), can significantly influence parental choices. For instance, parents may need to decide whether to try a new therapy, seek educational accommodations, or consider alternative treatments. Those who actively engage in coping planning are more likely to take constructive risks, such as exploring evidence-based but unfamiliar therapies, while avoiding potentially harmful or untested options (Alshahrani, Alkhathami, & Alqahtani, 2024). In this way, coping planning may serve as the link that connects self-efficacy to risk-related decisions.

In light of these insights, this paper proposes a conceptual framework that integrates Self-Efficacy Theory (Bandura, 1977) and the Health Action Process Approach (Schwarzer, 2016). The framework suggests that coping planning mediates the relationship between parenting self-efficacy and parental risk propensity. By focusing on coping planning as the key process that transforms confidence into balanced decision-making, this model provides a fresh perspective on parental adaptation in the context of ASD. It also highlights important directions for future empirical research and practical interventions to support parents as they navigate the uncertainties of raising a child with ASD.

## LITERATURE REVIEW

### Parenting Self-Efficacy

Parenting a child with ASD often demands more than just patience. It requires resilience, adaptability, and a strong belief in one's ability to handle challenges. This belief, known as parenting self-efficacy (PSE), reflects parents' confidence in their skills to manage both the ordinary and extraordinary tasks of parenting (Bandura, 1977). This is consistent with previous related studies that demonstrate that parents with higher self-efficacy experience lower stress levels, greater psychological well-being, and more positive parenting outcomes (Jones & Prinz, 2005; Albanese, Russo, & Geller, 2019).

Where parenting tasks are particularly complex, PSE becomes even more critical in the context of ASD. In a study conducted by Kiep and Spek (2023), they found that parents who felt more capable in managing their children's needs reported better emotional regulation and stronger coping strategies. Another study by Vapaatalo, Hokkanen, and Hiltunen (2024) also supported that high PSE was linked with reduced caregiver burden and improved quality of life. These findings highlight that self-belief is not just an abstract psychological construct. Instead, it directly shapes how parents navigate the realities of ASD parenting. Yet, confidence alone may not always be enough when unexpected barriers arise.

### Coping Planning

Self-efficacy provides the foundation for resilience. Nevertheless, it only becomes truly valuable when paired with the ability to anticipate challenges and prepare for them. This is what scholars refer to as coping planning. It can be described as a forward-looking process that asks "what if" questions and creates strategies for when situations do not go according to plan (Sniehotta et al., 2005; Schwarzer, 2016). In contrast to action planning,

which emphasizes when and how tasks should be carried out, coping planning focuses on what to do if those tasks are disrupted. In the context of parents of children with ASD, coping planning may involve several aspects, such as preparing strategies for public meltdowns, anticipating reactions to social stigma, or forming a network of supportive resources.

Various studies have strengthened the importance of coping planning in ASD parenting contexts. For instance, in a study conducted by Zhao et al. (2023), they found that at the initial stage of an ASD diagnosis, parents with higher confidence and stronger social support were more likely to engage in positive coping strategies rather than negative ones. This highlights how coping planning succeeds when parents combine self-belief with supportive environments. Meanwhile, in South Africa, Sumbane (2024) stated that parents of children with ASD in Limpopo have relied on a mix of problem-focused and emotion-focused coping strategies to strengthen resilience against caregiving stress. This illustrates that coping planning is not just a theoretical construct but also a practical tool used by the families to survive and adapt under difficult and tough circumstances.

In a Malaysian study, Yaacob et al. (2022) found that parents developed coping strategies through themes such as acceptance and positive outlook, reaching for helping hands, and understanding autism and finding its solutions. These findings show that coping planning involves more than individual readiness, as it also extends to community support as a whole. Another study conducted by Lee et al. (2022) is also consistent with previous research in which they observed that adaptive parental coping, particularly active planning, reduced the negative impact of ASD symptoms and challenging behaviours on parental responses. Parents who engaged in coping planning were more likely to react in supportive and empathetic ways, even under stressful conditions.

Based on the findings obtained by numerous researchers earlier, these studies show that coping planning is not merely about having a contingency plan. It is the process that bridges self-efficacy and real-world action that enables parents to remain adaptable, empathetic, and proactive when raising a child with ASD.

### **Risk Propensity in Parenting Decisions**

Risk propensity can be described as the general tendency of an individual to either engage in or avoid behaviours that involve uncertainty (Sitkin & Pablo, 1992). In parenting, this shapes how parent evaluate therapies, educational placements, or support services for their children. Parents inclined toward higher risk may explore innovative interventions, and in contrast, those who are more risk-averse may prefer familiar but potentially less effective options.

For parents of children with ASD, engaging in risk-taking can bring both opportunities and challenges. For them, taking risks can potentially open doors to helpful therapies or new learning opportunities. Nevertheless, it can also lead to untested or unsafe interventions. The way they manage and handle the uncertainty would shape whether it brings the favourable results or the opposite.

Numerous studies have been conducted, and they include recent studies that underscore how coping strategies influence risk-related decisions. Alshahrani, Alkhathami, and Alqahtani (2024) for instance, have found that coping strategies mediated the relationship between caregiver stress and well-being, with effective coping linked to healthier, more constructive risk-taking. These findings are supported by Hock et al. (2021) in which in their study, who showed that when coping planning was combined with shared decision-making, parents were more willing to trial evidence-based but unfamiliar therapies while avoiding unsafe options. In addition, Johnson et al. (2020) in their study also observed that parents with stronger coping mechanisms were less likely to pursue unverified treatments, particularly when faced with conflicting information about complementary and alternative medicine for autism.

Apart from individual coping strategies, a parent's willingness to take risks is also influenced by external and cultural contexts. In a study conducted by Suresh et al. (2024), they highlighted that culturally and linguistically diverse families often face barriers. For instance, language differences and cultural beliefs influence both service use and risk perceptions. At the policy level, the BMC Medicine Autism Pharmacology

Working Group (2024) emphasized transparent deliberation and structured monitoring as safeguards that align parental risk-taking with safe, evidence-based pharmacological interventions.

In line with these findings, recent research shows that active and positive coping styles foster resilience and informed decision-making. For example, a 2025 study in Indonesia found that active planning, social support, and religiosity strengthened family resilience, helping parents face challenges with optimism rather than avoidance. Similarly, a 2024 study revealed that proactive coping was associated with lower distress, enabling parents to evaluate risks more thoughtfully instead of making impulsive choices.

Taken together, these studies suggest that risk propensity in ASD parenting is not a fixed personality trait, but a flexible outcome shaped by coping strategies and external resources. Parents who pair self-efficacy with proactive coping planning are better equipped to take calculated, adaptive risks that benefit their children. In contrast, those without such strategies may either avoid important opportunities or become vulnerable to maladaptive practices

## Theoretical Framework

This paper draws on two complementary theories to explain the relationship between parenting self-efficacy, coping planning, and risk propensity.

First, Self-Efficacy Theory (Bandura, 1977) provides the foundation for understanding why parents' beliefs in their capabilities matter. According to Bandura, self-efficacy influences whether individuals initiate certain behaviours, how much effort they invest, and how long they persist in the face of difficulties. In the context of parenting a child with ASD, higher self-efficacy is expected to translate into greater resilience, persistence, and a stronger sense of control over the caregiving process. However, self-efficacy alone does not guarantee adaptive outcomes; it must be accompanied by strategies that allow parents to channel their confidence into concrete actions.

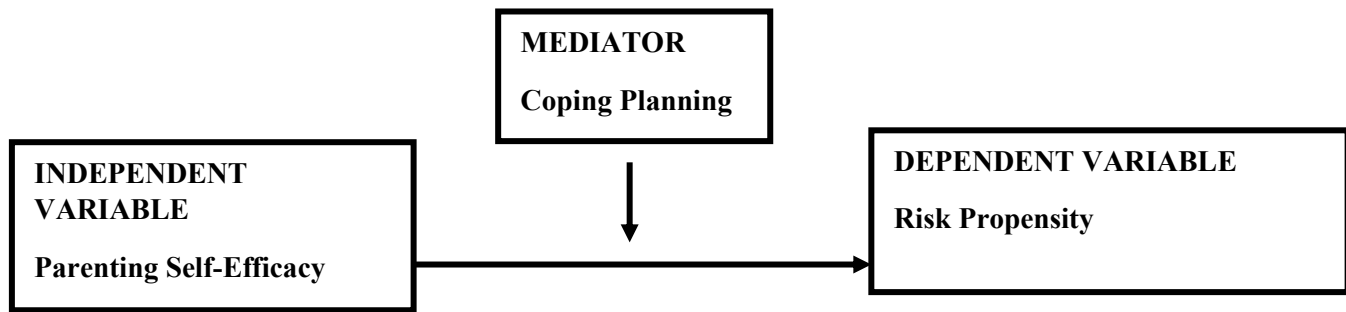
Second, the Health Action Process Approach (HAPA) (Schwarzer, 2016) emphasises the importance of planning in bridging the gap between intentions and behaviours. Within this model, coping planning is positioned as a key self-regulatory strategy that helps individuals anticipate obstacles and prepare responses. Unlike action planning, which specifies the "what" and "when" of behaviours, coping planning is concerned with "how" to overcome difficulties once they arise (Sniehotta et al., 2005). For parents of children with ASD, coping planning may involve anticipating episodes of challenging behaviour, preparing strategies to manage stigma, or mobilising social support.

Together, these two theories suggest that parenting self-efficacy shapes parental behaviour not directly, but through coping planning. Parents who feel confident and who can anticipate challenges are better positioned to make adaptive risk-related decisions.

## Conceptual Framework

Based on the integration of Self-Efficacy Theory and the Health Action Process Approach, this paper proposes a conceptual model in which coping planning mediates the relationship between parenting self-efficacy and parental risk propensity. Parents with higher levels of self-efficacy are more likely to engage in coping planning, which in turn influences whether their risk-related behaviours are constructive or maladaptive.

Specifically, the model suggests that parents who feel confident in their abilities and who actively anticipate challenges are better prepared to take calculated risks, such as trialling evidence-based interventions or advocating for inclusion in educational settings. On the other hand, parents with limited coping strategies may either avoid necessary risks altogether or engage in maladaptive practices, such as adopting treatments without empirical support. The conceptual framework, therefore, captures the dynamic process by which psychological resources (self-efficacy) and self-regulatory strategies (coping planning) interact to shape outcomes in high-stress caregiving contexts.



**Figure 1:** A proposed conceptual framework integrating Parenting Self-Efficacy (Bandura, 1977; Jones & Prinz, 2005; Vapaatalo et al., 2024), Coping Planning (Sniehotta et al., 2005; Schwarzer, 2016; Bujnowska et al., 2022), and Risk Propensity (Sitkin & Pablo, 1992; Alshahrani et al., 2024) to explain parental adaptation in the context of raising children with autism spectrum disorder; modified and adapted by the authors for the context of ASD caregiving.

## Hypotheses Development

Drawing from the integration of Self-Efficacy Theory (Bandura, 1977) and the Health Action Process Approach (Schwarzer, 2016), this paper proposes three hypotheses to explain the relationships among parenting self-efficacy, coping planning, and risk propensity.

Hypothesis 1: Parenting self-efficacy is positively associated with coping planning among parents of children with ASD.

Rationale: Previous studies demonstrate that parents with higher self-efficacy are more likely to engage in proactive planning and to show persistence when confronted with parenting challenges (Jones & Prinz, 2005; Vapaatalo et al., 2024; Wang et al., 2021).

Hypothesis 2: Coping planning is positively associated with adaptive risk propensity among parents of children with ASD.

Rationale: Evidence indicates that parents who anticipate barriers and prepare strategies in advance are more likely to take constructive risks that benefit their children, rather than maladaptive ones (Sniehotta et al., 2005; Alshahrani et al., 2024; Hock et al., 2021).

Hypothesis 3: Coping planning mediates the relationship between parenting self-efficacy and risk propensity.

Rationale: The Health Action Process Approach identifies coping planning as the link between intention and behaviour (Schwarzer, 2016). Empirical studies in ASD parenting contexts also provide support for this mediating role (Bujnowska et al., 2022; Adegboyega et al., 2022; Khan et al., 2025).

## DISCUSSION

The conceptual framework developed in this paper positions coping planning as the key process that explains how parenting self-efficacy translates into risk-related behaviour. Much of the existing literature has highlighted the protective influence of self-efficacy (Albanese et al., 2019; Vapaatalo et al., 2024). The present model extends this understanding by arguing that self-efficacy is most effective when combined with coping planning, which provides parents with the strategies needed to manage challenges and uncertainties. Without coping planning, even parents who feel confident may struggle to maintain resilience in the face of stigma, financial pressures, or uncertainty about treatment outcomes.

The framework also sheds light on why parents vary in their willingness to take risks. Risk propensity should not be viewed as a fixed personality trait but rather as a contextually shaped outcome that reflects how parents

perceive and manage uncertainty. Parents who develop coping plans are better prepared to take adaptive risks, such as trialling evidence-based interventions or advocating for inclusive education, because they feel capable of handling potential setbacks. Conversely, parents who lack coping strategies may either avoid necessary risks altogether or resort to maladaptive risk-taking, such as relying on unverified treatments (Alshahrani et al., 2024; Johnson et al., 2020).

Recent studies also highlight the importance of cultural and systemic factors in shaping parental risk decisions. For example, Suresh et al. (2024) identified a wide range of challenges faced by culturally and linguistically diverse parents, such as language barriers and differing beliefs about autism, which directly influence service use and perceived risk. Similarly, guidance from the BMC Medicine Autism Pharmacology Working Group (2024) emphasised that safe and effective pharmacological treatment requires transparent deliberation and shared decision-making between parents and professionals. These findings suggest that risk propensity is shaped not only by individual resources such as self-efficacy and coping but also by the broader social and cultural environment.

From a practical perspective, the framework emphasizes the importance of interventions that simultaneously enhance parental confidence and strengthen coping strategies. Programmes that incorporate scenario-based exercises, anticipatory planning, and stress management training could help parents convert their self-efficacy into constructive risk-taking. Such initiatives may be particularly valuable in settings where stigma, limited resources, and fragmented services amplify the challenges of raising a child with ASD.

## **CONCLUSION AND RECOMMENDATIONS**

This paper has proposed a conceptual framework integrating Self-Efficacy Theory and the Health Action Process Approach to explain how PSE influences parental risk propensity through the mediating role of coping planning. The originality of this contribution lies in identifying coping planning as the critical bridge between confidence and action, while also acknowledging the possibility of a reciprocal relationship where coping success reinforces efficacy.

From this framework, three sets of recommendations emerge. In terms of research directions, it is suggested that future researchers to test the mediating and potentially bidirectional role of coping planning using longitudinal and mixed-method approaches. Cross-cultural comparisons are needed to examine how cultural values and systemic supports shape the interplay between PSE, coping, and risk-taking. Secondly, in terms of practical applications, parenting programs should move beyond confidence-building workshops and incorporate structured training in coping skills. This could include several activities. For instance, a scenario-based role-play module. Through this activity, it may simulate common challenges such as behavioural meltdowns in public. In addition, peer mentoring groups can also be formed. This group involves experienced parents who share strategies and provide emotional support to newer caregivers. Digital coping toolkits, such as mobile apps with anticipatory planning exercises, may also provide parents with accessible resources.

Thirdly, in terms of policy and system-level intervention, healthcare systems can embed coping strategy workshops within hospital-based ASD services to ensure that parental training extends beyond medical advice. In addition, educational institutions can also integrate parent and teacher collaboration, in which teachers guide parents on how to anticipate school-based challenges. Community organisations and NGOs can also establish safe spaces for parents to practice coping strategies, supported by culturally sensitive materials and multilingual facilitators.

In conclusion, this paper argues that effective ASD caregiving requires both psychological resources and systemic supports. By positioning coping planning as the central process that transforms parental turns beliefs into constructive outcomes, this framework promotes a more comprehensive understanding of parental adaptation. Strengthening PSE, while simultaneously building coping capacity at the individual and policy levels, offers the most promising pathway to help parents navigate the uncertainties of raising a child with ASD.

## REFERENCES

1. Albanese, A. M., Russo, G. R., & Geller, P. A. (2019). The role of parental self-efficacy in parent and child well-being: A systematic review of associated outcomes. *Child: Care, Health and Development*, 45(3), 333–363. <https://doi.org/10.1111/cch.12661>
2. Al-Farsi, Y., Al-Farsi, O., Al-Sharbaty, M., & Al-Adawi, S. (2022). Quality of life and coping strategies used by parents of children with autism spectrum disorder in Oman. *Autism*, 26(7), 1675–1688. <https://doi.org/10.1177/13623613211060504>
3. Alshahrani, M., Alkhathami, M., & Alqahtani, A. (2024). Perceived psychological status among family caregivers of an autistic child: The role of coping strategies and self-esteem. *Mental Health and Social Inclusion*, 28(1), 14–28. <https://doi.org/10.1108/MHSI-08-2023-0081>
4. Adegboyega, O. O., Akinmoladun, O. O., & Akinmoladun, F. O. (2022). Coping strategies and stress management among parents of children with autism spectrum disorder. *Journal of Child and Family Studies*, 31(6), 1456–1469. <https://doi.org/10.1007/s10826-021-02212-3>
5. Bandura, A. (1977). Self-efficacy: Toward a unifying theory of behavioural change. *Psychological Review*, 84(2), 191–215. <https://doi.org/10.1037/0033-295X.84.2.191>
6. BMC Medicine Autism Pharmacology Working Group. (2024). Pharmacological treatment in autism: Guidance for safe management and shared deliberation. *BMC Medicine*, 22(1), 87. <https://doi.org/10.1186/s12916-024-02987-1>
7. Bujnowska, A. M., Rodríguez, C., García, T., Areces, D., & González-Castro, P. (2022). Adaptation of parents raising a child with ASD: The role of positive perceptions, coping, self-efficacy, and social support. *Journal of Autism and Developmental Disorders*, 52(11), 4787–4802. <https://doi.org/10.1007/s10803-021-05287-3>
8. Hayes, S. A., & Watson, S. L. (2013). The impact of parenting stress: A meta-analysis of studies comparing the experience of parenting stress in parents of children with and without autism spectrum disorder. *Journal of Autism and Developmental Disorders*, 43(3), 629–642. <https://doi.org/10.1007/s10803-012-1604-y>
9. Hock, R., Tamiya, H., & Lopez, A. (2021). Shared decision-making in autism treatment planning: Development of a decision aid for families. *Patient Education and Counseling*, 104(10), 2510–2518. <https://doi.org/10.1016/j.pec.2021.06.024>
10. Johnson, S., Smith, J., & Brown, K. (2020). Parents' information-seeking and decision-making about complementary and alternative medicine in autism. *BMC Complementary Medicine and Therapies*, 20(1), 255. <https://doi.org/10.1186/s12906-020-03059-4>
11. Jones, T. L., & Prinz, R. J. (2005). Potential roles of parental self-efficacy in parent and child adjustment: A review. *Clinical Psychology Review*, 25(3), 341–363. <https://doi.org/10.1016/j.cpr.2004.12.004>
12. Kabir, T., Rahman, F., & Sultana, N. (2024). Coping strategies adopted by caregivers of children with autism in Bangladesh: A qualitative study. *PLoS ONE*, 19(7), e0305559. <https://doi.org/10.1371/journal.pone.0305559>
13. Khan, M., Ali, S., & Rehman, A. (2025). Comparative analysis of stress and coping in parents of ASD/ADHD vs. neurotypical children. *Frontiers in Child and Adolescent Psychiatry*, 4, 118045. <https://doi.org/10.3389/frcha.2025.118045>
14. Kiep, M., & Spek, A. A. (2023). Parenting self-efficacy and psychological distress in parents of children with an autism spectrum disorder. *Journal of Autism and Developmental Disorders*, 53(9), 3592–3606. <https://doi.org/10.1007/s10803-023-05913-9>
15. Kriemler, S., Barth, J., & Zander, E. (2021). Association between parenting stress, positive reappraisal coping, and quality of life in parents of children with autism spectrum disorder: A systematic review. *Journal of Child and Family Studies*, 30(3), 835–849. <https://doi.org/10.1007/s10826-020-01911-0>
16. Kulthanca, E., Nguyen, D., & Patel, R. (2022). Parenting self-efficacy as a buffer for stress in mothers of children with autism spectrum disorder. *Frontiers in Psychology*, 13, 941203. <https://doi.org/10.3389/fpsyg.2022.941203>
17. Lee, C., Taylor, J. L., & Rabideau, C. (2022). Development, feasibility, and acceptability of a parent training to improve service access during transition to adulthood for youth with ASD. *Journal of*

- Autism and Developmental Disorders, 52(6), 2388–2399. <https://doi.org/10.1007/s10803-021-05128-z>
18. Ng, R., Lam, T., & Cheng, A. (2022). Building self-efficacy in parenting adult children with ASD: The CAPS model. *Frontiers in Psychology*, 13, 841264. <https://doi.org/10.3389/fpsyg.2022.841264>
  19. Schwarzer, R. (2016). Health action process approach (HAPA) as a theoretical framework to understand behavior change. *Applied Psychology: Health and Well-Being*, 8(1), 1–22. <https://doi.org/10.1111/aphw.12077>
  20. Sitkin, S. B., & Pablo, A. L. (1992). Reconceptualizing the determinants of risk behavior. *Academy of Management Review*, 17(1), 9–38. <https://doi.org/10.2307/258646>
  21. Sniehotta, F. F., Schwarzer, R., Scholz, U., & Schüz, B. (2005). Action planning and coping planning for long-term lifestyle change: Theory and assessment. *European Journal of Social Psychology*, 35(4), 565–576. <https://doi.org/10.1002/ejsp.258>
  22. Suresh, S., Wang, Y., & Carter, L. (2024). Factors influencing service choices of culturally and linguistically diverse parents of children with autism: A systematic review. *Review Journal of Autism and Developmental Disorders*, 11(2), 223–240. <https://doi.org/10.1007/s40489-023-00352-4>
  23. Vapaatalo, H., Hokkanen, L., & Hiltunen, A. (2024). A systematic review of parental self-efficacy in parents of autistic children. *Autism Research*, 17(5), 789–803. <https://doi.org/10.1002/aur.3221>
  24. Wang, M., Zhao, H., & Liu, J. (2021). Parental self-efficacy and family quality of life in parents of children with autism spectrum disorder: A structural equation model. *Journal of Autism and Developmental Disorders*, 51(10), 3680–3692. <https://doi.org/10.1007/s10803-021-04972-6>
  25. Yaacob, W. N. W., Yaacob, L. H., Zulkifli, M. M., & Muhamad, R. (2022). A journey towards resilience: Coping strategies adopted by parents with children having autism spectrum disorder in northeast Malaysia. *International Journal of Environmental Research and Public Health*, 19(4), 2458. <https://doi.org/10.3390/ijerph19042458>
  26. Zhao, M., & Fu, W. (2023). The resilience of parents who have children with autism spectrum disorder in China: A social culture perspective. *International Journal of Developmental Disabilities*, 68(2), 207–218. <https://doi.org/10.1080/20473869.2020.1747761>