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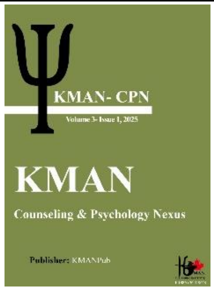

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Identifying Coping Strategies in Parents of Children With Neurodevelopmental Disorders: A Qualitative Inquiry

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ABSTRACT

This study aimed to explore and identify coping strategies employed by parents of children with neurodevelopmental disorders, focusing on emotional, social, practical, and resilience-based dimensions of adaptation. A qualitative research design was adopted, utilizing semi-structured interviews with 23 parents of children diagnosed with neurodevelopmental disorders residing in Canada. Participants were recruited purposively through support groups, clinical networks, and community organizations. Interviews, lasting between 45 and 90 minutes, were conducted either face-to-face or online, audio-recorded, and transcribed verbatim. Data collection continued until theoretical saturation was reached. NVivo 14 software supported data organization and thematic analysis, following Braun and Clarke's six-phase framework. Credibility and trustworthiness were enhanced through peer debriefing, independent coding, reflexive memoing, and the use of thick description. Analysis revealed four overarching themes: (1) Emotional coping—including stress management, emotional expression, reframing, self-compassion, and hope maintenance; (2) Social support strategies—such as peer support, family involvement, professional guidance, online communities, and workplace flexibility; (3) Practical coping—involving structured routines, resource utilization, problem-solving, and information-seeking behaviors; and (4) Personal growth and resilience—comprising identity transformation, spiritual coping, meaning-making, empowerment through knowledge, and self-care practices. Illustrative quotations from participants highlighted how coping strategies were dynamically employed to navigate ongoing challenges and sustain parental well-being. Parents of children with neurodevelopmental disorders adopt multifaceted coping strategies that extend beyond stress relief to encompass resilience-building and personal growth. These findings underscore the importance of designing culturally and contextually relevant interventions that strengthen parental coping resources, enhance family adaptation, and improve overall quality of life.

Keywords: *Neurodevelopmental disorders; coping strategies; parental adaptation; qualitative research; resilience; Canada*

1. Introduction

Parenting a child with neurodevelopmental disorders (NDDs) such as autism spectrum disorder (ASD), attention-deficit/hyperactivity disorder (ADHD), or developmental coordination disorder presents unique emotional, social, and practical challenges. Unlike parents of typically developing children, caregivers of children with NDDs often encounter heightened stress, disrupted family routines, and enduring uncertainty about the child's development and future outcomes. The daily caregiving burden can result in profound psychological strain and requires parents to adopt various coping strategies to manage both their personal well-being and the needs of their children (Al-Dalbahi, 2023; Amate & Antonio Luque de la, 2024). Understanding these strategies is essential for designing interventions that promote resilience, reduce stress, and enhance the overall quality of family life.

The burden of caregiving has been extensively documented in parents of children with ASD and related conditions. Studies show that parents experience higher levels of psychological distress compared to caregivers of children without neurodevelopmental challenges (Abdulla & Kurwi, 2019; Ahmed et al., 2023). Caregiving often involves managing behavioral difficulties, communication challenges, and the social stigma associated with the child's condition, all of which contribute to elevated stress levels (Elhamed et al., 2023; Pacheco et al., 2022). Mothers, in particular, are frequently reported to experience intense emotional exhaustion and depressive symptoms, largely due to their disproportionate caregiving roles (Ebadi et al., 2021; Hoopen et al., 2021). This chronic strain underscores the need to explore how parents adapt and cope in the face of ongoing caregiving demands.

Coping strategies are central to understanding how parents navigate the multifaceted stressors of raising a child with NDDs. Coping encompasses cognitive, emotional, and behavioral responses that help individuals manage stressful circumstances (Rossetti & Zlomke, 2021; Samadi, 2021). Adaptive coping mechanisms, such as seeking social support, problem-solving, and reframing challenges, are associated with better psychological outcomes and improved family functioning (Zainal et al., 2021). Conversely, maladaptive strategies, including denial or avoidance, can exacerbate stress and reduce parental resilience. Family adaptation theory highlights how families adjust to chronic stressors by reorganizing roles, responsibilities, and emotional bonds to restore balance (Yu et al., 2018). Within this framework, coping is not only an individual effort but also a collective process that reshapes family dynamics.

Beyond the psychological burden, caring for children with ASD or related conditions significantly affects family relationships. Parents often report marital strain, reduced intimacy, and sibling rivalry exacerbated by unequal distribution of parental attention (Amate & Antonio Luque de la, 2024; Matthews et al., 2024). Social isolation is also common, as families withdraw from community activities due to stigma or fear of judgment (Al-Dalbahi, 2023; Ferenc et al., 2022). On the other hand, some parents describe personal growth, increased resilience, and deeper family bonds as positive byproducts of their caregiving journey (Dira et al., 2024; Kangavary et al., 2023). These divergent experiences suggest that coping strategies play a decisive role in determining whether the caregiving context becomes predominantly stressful or an opportunity for growth.

Coping strategies are also shaped by cultural, social, and institutional contexts. For example, studies conducted in Middle Eastern settings highlight the role of religion, extended family support, and collectivist values in mitigating parental stress (Abdulla & Kurwi, 2019; Ahmed et al., 2023; Elhamed et al., 2023). Conversely, Western research tends to emphasize individualized coping approaches, such as mindfulness, professional counseling, and structured interventions (Hoopen et al., 2021; Lee et al., 2019). Recent findings further underscore the influence of systemic factors such as access to healthcare services, school accommodations, and community awareness on shaping parental coping patterns (Pacheco et al., 2022; Zainal et al., 2021). Thus, exploring coping strategies among parents requires a context-sensitive perspective that acknowledges both individual and structural determinants of adaptation.

The COVID-19 pandemic added a new dimension to the caregiving experience, intensifying stress and disrupting coping resources. Parents of children with ASD reported heightened psychological strain due to school closures, reduced therapy access, and limited social interaction (Knedlíková et al., 2024). The lack of structured support systems forced parents to assume additional responsibilities, often leading to burnout. At the same time, some families developed innovative coping mechanisms, such as creating new routines, using online resources, and deepening intra-family bonds (Pacheco et al., 2022). This duality illustrates the resilience and adaptability of parents when traditional support networks are compromised.

A growing body of research highlights the role of targeted interventions in strengthening coping strategies among parents. For example, group-based psychoeducational programs, resilience training, and mindfulness-based interventions have been shown to reduce parental stress and improve emotional well-being (Kangavary et al., 2023; Xiang et al., 2025). In addition, written emotional disclosure and expressive therapies have been found effective in mitigating stress among mothers of children with ASD (Ebadi et al., 2021). The availability and accessibility of such interventions, however, vary significantly across regions, underscoring the importance of tailoring support programs to local contexts (Al-Dalbahi, 2023; Elhamed et al., 2023).

While existing studies have identified a range of coping strategies, several gaps remain. First, much of the literature has focused on quantitative assessments of stress and coping, often overlooking the nuanced, lived experiences of parents (Ferenc et al., 2022; Rossetti & Zlomke, 2021). Second, cross-cultural variations in coping remain underexplored, despite evidence that religious, cultural, and community resources significantly shape parental adaptation (Samadi, 2021; Zainal et al., 2021). Third, many studies examine mothers exclusively, leading to a lack of understanding of fathers' coping processes and the dynamics of shared caregiving (Hoopen et al., 2021; Lee et al., 2019). Finally, although some research has addressed coping in the context of autism, fewer studies have considered broader neurodevelopmental conditions, including ADHD and developmental coordination disorder, which also impose significant caregiving challenges (Matthews et al., 2024).

Given these gaps, there is a need for qualitative inquiries that capture the complexity and depth of parental coping experiences. Qualitative research offers the opportunity to move beyond numerical assessments and illuminate the meanings, narratives, and strategies parents employ in their daily lives (Amate & Antonio Luque de la, 2024; Dira et al., 2024). By focusing on parents of children with a range of neurodevelopmental disorders, this study contributes to a broader understanding of coping that transcends diagnostic boundaries. Moreover, situating the study in Canada provides insights into how parents adapt within a healthcare system characterized by both universal access and regional disparities in service provision.

The aim of this study is to identify and explore coping strategies employed by parents of children with neurodevelopmental disorders through a qualitative inquiry.

2. Methods and Materials

2.1. *Study Design and Participants*

This study adopted a qualitative research design with an exploratory orientation, aimed at identifying and understanding coping strategies used by parents of children with neurodevelopmental disorders. A purposive sampling strategy was employed to recruit participants who had direct caregiving experience and were able to provide in-depth accounts of their coping processes. A total of 23 parents residing in Canada participated in the study. The participants included both mothers and fathers of children diagnosed with various neurodevelopmental disorders, such as autism spectrum disorder (ASD), attention-deficit/hyperactivity disorder (ADHD), and developmental coordination disorder (DCD). Inclusion criteria required that participants had at least one child diagnosed by a licensed clinician, were actively involved in caregiving responsibilities, and were willing to participate in semi-structured interviews. Recruitment was facilitated through parent support groups, clinical networks, and community organizations.

2.2. *Measures*

Data were collected through in-depth, semi-structured interviews designed to elicit rich descriptions of participants' lived experiences and coping strategies. An interview guide was developed to provide a flexible framework, with open-ended questions covering areas such as daily caregiving challenges, sources of support, coping mechanisms, and perceptions of resilience. Interviews were conducted in either English or French, depending on participants' preferences, and lasted between 45 and 90 minutes. Interviews were conducted in person or via secure online video-conferencing platforms to accommodate participants' needs and ensure accessibility. All interviews were audio-recorded with participants' consent and subsequently transcribed verbatim. Data collection continued until theoretical saturation was reached, meaning no new themes or insights emerged from the additional interviews.

2.3. *Data Analysis*

The data were analyzed using thematic analysis, following Braun and Clarke's six-step framework, which included familiarization with the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the final report. NVivo 14 software was used to support systematic coding, data management, and organization of emerging categories. An inductive coding approach was applied to allow patterns and themes to emerge directly from the data rather than being imposed a priori. To enhance credibility, two researchers independently coded a subset of transcripts and engaged in regular discussions to reach consensus on coding schemes and thematic structures. Reflexivity was maintained throughout the analysis by keeping analytic memos and reflecting on potential researcher biases. The trustworthiness of the study was further supported through triangulation of data sources, peer debriefing, and the use of thick description to ensure transferability of findings.

3. Findings and Results

A total of 23 parents of children with neurodevelopmental disorders participated in the study. The participants included 15 mothers (65.2%) and 8 fathers (34.8%), with ages ranging from 29 to 52 years (M = 39.8). In terms of marital status, 19 participants (82.6%) were married, 3 (13.0%) were single, and 1 (4.4%) was divorced. Educational backgrounds varied, with 7 participants (30.4%) holding a high school diploma, 9 (39.1%) possessing a bachelor's degree, and 7 (30.4%) having postgraduate qualifications. Regarding the diagnosed conditions of their children, 12 parents (52.2%) reported having a child with autism spectrum disorder, 6 (26.1%) with attention-deficit/hyperactivity disorder, and 5 (21.7%) with other neurodevelopmental conditions such as developmental coordination disorder. The majority of participants (n = 16, 69.6%) were employed either full-time or part-time, while 7 (30.4%) identified as full-time caregivers.

Table 1

Themes, Subthemes, and Concepts of Coping Strategies in Parents of Children With Neurodevelopmental Disorders

Category (Main Theme)	Subcategory (Subtheme)	Concepts (Open Codes)
1. Emotional Coping	Managing Stress and Anxiety	Breathing exercises; Journaling feelings; Seeking solitude; Prayer and meditation; Acceptance statements
	Reframing Experiences	Finding meaning in caregiving; Normalizing challenges; Positive self-talk; Humor as a release
	Emotional Expression	Talking with trusted friend; Crying in private; Art or music expression; Emotional release activities
	Building Patience	Deep breathing in tense moments; Mindful pauses; Counting techniques; Reminding self of child's progress
	Self-Compassion	Avoiding self-blame; Practicing forgiveness; Affirmations; Lowering expectations
	Hope Maintenance	Imagining child's future improvements; Celebrating small gains; Holding on to faith; Trusting professional advice
	Emotional Boundaries	Distancing from negative relatives; Avoiding judgmental comparisons; Limiting exposure to criticism
2. Social Support Strategies	Seeking Peer Support	Joining parent support groups; Sharing stories; Exchanging coping tips; Online forums
	Family Support	Spousal cooperation; Involving grandparents; Sibling assistance; Negotiating caregiving roles
	Professional Guidance	Consulting therapists; Attending workshops; Asking teachers for advice
	Community Involvement	Participating in awareness campaigns; Accessing charity services; Volunteering for advocacy
	Online Communities	Facebook parent groups; WhatsApp networks; Online webinars; Anonymous forums
	Workplace Support	Flexible schedules; Compassionate supervisors; Colleagues' understanding
3. Practical Coping	Time Management	Using planners; Structured daily routines; Prioritizing essential tasks
	Resource Utilization	Accessing government funding; Using respite services; Exploring specialized schools; Learning about benefits
	Problem-Solving	Breaking big problems into steps; Testing new strategies; Consulting other parents
	Routine Adaptation	Establishing bedtime rituals; Adjusting school schedules; Creating consistent home routines
	Information Seeking	Reading parenting books; Attending seminars; Following research news
4. Personal Growth and Resilience	Developing Resilience	Strengthening tolerance; Emotional endurance; "One day at a time" approach
	Identity Transformation	Becoming an advocate parent; Redefining self-worth; Sense of mission
	Spiritual Coping	Attending religious gatherings; Finding comfort in scripture; Trusting divine wisdom

	Meaning-Making	Viewing caregiving as a purpose; Believing in personal growth; Framing struggles as life lessons
	Empowerment through Knowledge	Learning child's rights; Training in therapies; Educating others
	Self-Care Practices	Exercise; Healthy eating; Personal hobbies; Mindfulness routines

1. Emotional Coping

Managing Stress and Anxiety. Parents frequently described strategies such as deep breathing, journaling, prayer, and deliberate solitude to regulate overwhelming emotions. One mother explained, *"When I feel the stress building, I just sit in my room, breathe slowly, and write down what I feel. It helps me release it without exploding at my child."* These methods served as immediate relief mechanisms against daily caregiving demands.

Reframing Experiences. Many parents engaged in cognitive reframing by normalizing challenges and finding meaning in adversity. Humor was also used as a release. A father shared, *"If I didn't laugh at some of the things that happen, I would just cry all the time. Humor keeps me sane."* Reframing allowed parents to maintain a positive outlook despite persistent struggles.

Emotional Expression. Some parents stressed the importance of expressing emotions openly, either by talking with friends or crying in private. One participant noted, *"I call my sister when it's too much. She doesn't judge, she just listens, and that's all I need."* Creative outlets such as art and music were also described as valuable emotional releases.

Building Patience. Patience was cultivated through mindfulness techniques such as pausing and counting during moments of tension. As one mother reflected, *"When he has a meltdown, I remind myself to stop, count to ten, and remember how far he has come."* Such practices helped prevent escalation of stressful situations.

Self-Compassion. Parents reported lowering unrealistic expectations and practicing forgiveness toward themselves. One father stated, *"I stopped blaming myself for his condition. That shift made me a better parent because I wasn't drowning in guilt anymore."* This perspective strengthened emotional well-being.

Hope Maintenance. Holding on to hope was central for sustaining motivation. Parents celebrated small milestones and placed faith in professional interventions. As a mother described, *"When he said a new word, I felt like we had won the lottery. Those little things keep me hopeful for the future."*

Emotional Boundaries. Several participants noted the need to distance themselves from unsupportive relatives or judgmental comparisons. One mother explained, *"I avoid family members who criticize my parenting. Protecting my peace is more important than their opinions."* Such boundaries safeguarded emotional stability.

2. Social Support Strategies

Seeking Peer Support. Parents often turned to peer groups and online forums where shared experiences fostered solidarity. One participant noted, *"In my support group, I don't have to explain myself. Everyone just gets it."* These groups were described as sources of both empathy and practical tips.

Family Support. Spouses, grandparents, and siblings were vital sources of assistance. As one father recounted, *"My daughter helps calm her brother during meltdowns. It's like she has her own way of connecting with him."* Cooperative family involvement lightened caregiving burdens.

Professional Guidance. Parents frequently sought guidance from therapists and educators to develop coping skills. One mother shared, *"Our occupational therapist taught me techniques I could never have figured out on my own."* Professional input was seen as critical for effective caregiving.

Community Involvement. Several parents participated in awareness campaigns or advocacy initiatives. One father reflected, *"By volunteering in autism awareness, I feel like I'm turning my struggle into something meaningful."* Engagement with community efforts was linked to empowerment.

Online Communities. Digital platforms provided accessible spaces for exchanging experiences. A participant highlighted, *"Sometimes at 2 a.m., I find comfort reading posts from other parents who are awake too."* These networks were particularly valued for anonymity and immediacy.

Workplace Support. Parents described the importance of understanding employers and flexible schedules. As one working mother explained, *"When my boss let me adjust my hours, it felt like a lifeline. Without that, I would have burned out."* Supportive workplaces significantly reduced stress.

3. Practical Coping

Time Management. Caregivers adopted structured routines, planners, and prioritization strategies. One participant explained, *"I write everything down—appointments, therapies, even playtime. Without that schedule, I would lose control of the day."* Organized time management was viewed as essential for survival.

Resource Utilization. Parents relied on financial and institutional resources such as government funding and respite services. A father noted, *"The respite care hours we get give me time to recharge, and that makes all the difference."* Resource use was tied directly to reduced burnout.

Problem-Solving. Many participants engaged in trial-and-error problem-solving to manage challenges. One mother described, *"When one method doesn't work, I try another. I've learned to be creative and flexible."* Problem-solving fostered adaptability in daily caregiving.

Routine Adaptation. Establishing consistent routines was emphasized as stabilizing for both children and parents. As one father shared, *"Bedtime is sacred in our house. If we don't stick to it, the whole night becomes chaos."* Routines provided predictability and structure.

Information Seeking. Parents actively sought knowledge through books, seminars, and research articles. A mother reflected, *"I feel more in control when I understand his condition. Knowledge makes me less afraid."* Information empowered parents to make informed caregiving decisions.

4. Personal Growth and Resilience

Developing Resilience. Parents described strengthening tolerance and emotional endurance over time. One participant noted, *"At first, I cried every day. Now, I take it one day at a time, and I've grown stronger."* Resilience was seen as a gradual process of adaptation.

Identity Transformation. Several parents reported redefining their sense of self as advocates and protectors. A mother explained, *"I used to think I was just a mom. Now I see myself as a fighter for my son's rights."* This shift was empowering and identity-affirming.

Spiritual Coping. Spirituality and religious practices offered comfort and hope. One participant stated, *"Reading scripture gives me strength when I feel like I can't go on."* Faith was described as a stabilizing anchor.

Meaning-Making. Parents found meaning in their caregiving journey, framing it as a life lesson. As one father reflected, *"This experience taught me patience and humility. It reshaped my values."* Meaning-making fostered a sense of growth.

Empowerment through Knowledge. Learning about children's rights, therapies, and advocacy strategies enhanced parents' confidence. A participant shared, *"When I explain my son's needs to teachers, I feel powerful because I know what he deserves."* Knowledge was equated with empowerment.

Self-Care Practices. Finally, self-care activities such as exercise, hobbies, and mindfulness were described as vital. One mother commented, *"I go for a walk every morning before the chaos starts. That's my therapy."* Self-care was linked to sustaining long-term caregiving capacity.

4. Discussion and Conclusion

This study explored the coping strategies employed by parents of children with neurodevelopmental disorders (NDDs) in Canada. Using qualitative inquiry and thematic analysis, four major themes were identified: emotional coping, social support strategies, practical coping, and personal growth and resilience. These findings highlight the multi-layered nature of coping, where parents rely on a combination of cognitive, behavioral, emotional, and social mechanisms to manage caregiving stress. The results align with and extend prior research on parental adaptation in the context of autism spectrum disorder (ASD) and other NDDs.

The findings showed that emotional coping was a dominant strategy, with parents using methods such as reframing experiences, emotional expression, building patience, and maintaining hope. These strategies echo earlier studies that identified emotional regulation and cognitive reframing as central to sustaining parental resilience (Amate & Antonio Luque de la, 2024; Rossetti & Zlomke, 2021). For instance, parents' reliance on positive self-talk, acceptance, and humor resonates with evidence that adaptive coping styles buffer against caregiver burnout (Samadi, 2021).

Interestingly, the subtheme of self-compassion emerged strongly in our data. Parents often emphasized forgiving themselves for perceived shortcomings and lowering unrealistic expectations. This complements findings by (Ebadi et al., 2021), who demonstrated that expressive practices such as written disclosure reduce stress in mothers of children with ASD by promoting self-kindness and reducing guilt. Our participants' narratives also highlighted the necessity of emotional boundaries, particularly distancing themselves from judgmental relatives. This is consistent with evidence from Middle Eastern studies where stigma and negative social attitudes amplify caregiver stress (Ahmed et al., 2023; Al-Dalbahi, 2023).

Parents reported relying heavily on social support, particularly peer groups, family networks, and online communities. This finding aligns with literature showing that social connectedness reduces psychological distress in parents of children with ASD (Hoopen et al., 2021; Zainal et al., 2021). In our study, peer groups provided a sense of solidarity and normalized parents' experiences, confirming earlier reports that shared narratives reduce feelings of isolation (Dira et al., 2024).

Family support, particularly from spouses and siblings, was also crucial. Several participants described how older siblings played a role in caregiving, echoing studies that emphasize the collective adaptation of families (Lee et al., 2019; Yu et al., 2018). Importantly, professional guidance through therapists and teachers was frequently cited, supporting the findings of (Kangavary et al., 2023), who showed that transdiagnostic support groups enhance caregivers' skills and reduce anxiety. The significance of workplace flexibility further demonstrates how structural support beyond the family context can shape parental adaptation, complementing findings that systemic resources and institutional responses strongly predict caregiver well-being (Ferenc et al., 2022).

Practical strategies, such as time management, problem-solving, and resource utilization, featured prominently in parents' accounts. These approaches demonstrate parents' efforts to gain control over unpredictable caregiving contexts. Our findings mirror those of (Matthews et al., 2024), who found that mealtime structures and household routines play a protective role for families of children with ASD and ADHD. Similarly, resource utilization, including access to government support and respite services, reflects the systemic dimensions of coping, confirming prior research that institutional availability directly reduces stress levels (Elhamed et al., 2023; Pacheco et al., 2022).

Parents' emphasis on information seeking underscores the role of knowledge in fostering a sense of agency. This aligns with the work of (Amate & Antonio Luque de la, 2024), who reported that information access enhances parental confidence and reduces uncertainty. Knowledge-seeking behaviors also resonate with findings that caregiver education improves coping outcomes and facilitates better engagement with healthcare services (Abdulla & Kurwi, 2019). The strong emphasis on structured routines and predictable daily schedules mirrors earlier research identifying routine management as a stabilizing factor for children and parents alike (Knedlíková et al., 2024).

One of the most striking findings of this study was the emergence of personal growth as a major theme. Many parents described their journey as transformative, emphasizing resilience, identity change, and meaning-making. These findings echo the positive adaptation frameworks outlined in earlier studies, where caregiving was associated with enhanced self-efficacy, deeper empathy, and stronger advocacy roles (Amate & Antonio Luque de la, 2024; Dira et al., 2024).

Spiritual coping also emerged as a powerful mechanism, reflecting the cultural relevance of faith-based resources for many families. Prior studies confirm that spirituality provides emotional comfort, reduces stress, and fosters meaning-making (Ahmed et al., 2023; Al-Dalbahi, 2023). Similarly, parents' descriptions of empowerment through advocacy and knowledge confirm findings from (Yu et al., 2018), who showed that family adaptation is reinforced when parents actively engage in rights-based advocacy.

The role of self-care practices—exercise, hobbies, and mindfulness—was also emphasized by participants. This finding parallels evidence from intervention studies, such as dance/movement therapy, which highlight the importance of creative, embodied strategies for stress relief (Xiang et al., 2025). The narratives in our study therefore extend current literature by illustrating how self-care integrates with broader emotional and social strategies to create a sustainable coping framework.

Taken together, the four themes reveal coping as a multidimensional construct. Emotional strategies provided immediate regulation, social support offered external resources, practical strategies ensured daily functioning, and personal growth created long-term resilience. This layered coping framework is consistent with the transactional model of stress and coping, which emphasizes the interplay of cognitive appraisal, resource mobilization, and behavioral adaptation (Rossetti & Zlomke, 2021).

Our findings also resonate with the family adaptation model (Yu et al., 2018), which positions coping as a dynamic process involving both individual and family-level adjustments. The Canadian context of our study reinforces the universality of certain coping strategies, such as hope maintenance and structured routines, while also highlighting context-specific factors like reliance on institutional services and online support. Cross-cultural comparisons suggest that while core strategies may be similar, the cultural framing of coping (e.g., religious versus secular approaches) varies significantly across settings (Samadi, 2021; Zainal et al., 2021).

The impact of the COVID-19 pandemic provides further nuance. Parents in our study described intensified reliance on routines and online support, echoing findings that pandemic-related service disruptions amplified stress while simultaneously fostering new coping adaptations (Knedlíková et al., 2024; Pacheco et al., 2022). Thus, the pandemic acted both as a stressor and as a catalyst for innovative coping responses.

This study has several limitations. First, the sample was limited to 23 parents from Canada, which restricts the generalizability of the findings to other cultural and healthcare contexts. Second, although efforts were made to include fathers, mothers constituted the majority of participants, potentially limiting insights into paternal coping strategies. Third, the reliance on self-reported accounts through interviews may have introduced recall bias or social desirability bias, as participants might have emphasized adaptive strategies over maladaptive ones. Finally, while thematic saturation was achieved, the study did not triangulate interview findings with observational or quantitative measures, which could have enriched the analysis.

Future research should adopt larger and more diverse samples, including parents from different cultural, socioeconomic, and geographic backgrounds, to capture variations in coping strategies. Comparative studies across diagnostic categories such as ASD, ADHD, and developmental coordination disorder could also illuminate condition-specific challenges and adaptations. Longitudinal research is needed to track how coping strategies evolve over time, especially during transitions such as adolescence or adulthood. Furthermore, integrating mixed methods—combining qualitative narratives with quantitative measures of stress, resilience, and well-being—would provide a more comprehensive understanding. Finally, future studies should explore fathers' coping experiences in greater depth, as their voices remain underrepresented in the current literature.

The findings of this study suggest that interventions should target multiple levels of coping. Programs that promote emotional self-regulation, self-compassion, and stress management are essential. Peer support groups and online communities should be expanded and facilitated, particularly for parents who face social isolation. Healthcare providers should ensure parents have access to accurate information, training, and respite resources to strengthen practical coping. Finally, interventions should incorporate personal growth strategies, including advocacy training, resilience-building workshops, and spiritual or cultural resources, to support parents' long-term adaptation.

Authors' Contributions

Authors contributed equally to this article.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

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

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