



Parental Assistance with Child Emotion Regulation among Mothers of Children with Neurodevelopmental Disorder in Middle Childhood

Ardelia Clarissa Alzena¹, Mafaza², Siska Oktari³

Psychology Department, Faculty of Medicine, Andalas University^{1,2,3}

Jl. Perintis Kemerdekaan No.94, Jati, Kec. Padang Tim., Kota Padang, Sumatera Barat, Indonesia

E-mail: ardeliaclarissaa@gmail.ac.id

ARTICLE INFO

Article history:

Received: August, 26 2025

Revised: September, 10
2025

Accepted: April, 20 2026

Keywords:

Mothers,
Middle Childhood,
Neurodevelopmental
Disorder,
Parental Assistance with
Child Emotion Regulation



bit.ly/jpaUNY

ABSTRACT

Mothers of children with neurodevelopmental disorders in middle childhood are confronted with complex parenting challenges due to limitations in their children's socio-emotional abilities, particularly emotional dysregulation. This study aims to describe parental assistance with child emotion regulation among mothers of children with neurodevelopmental disorders in middle childhood. This study employed a quantitative method with a descriptive design involving 107 mothers of children with neurodevelopmental disorders in middle childhood in East Jakarta. Based on descriptive statistical analysis, the findings showed that 64.5% of mothers were categorized as predominantly using adaptive strategies, while 35.5% were categorized as predominantly using maladaptive strategies. However, when strategies were analyzed individually, distraction, which is classified as a maladaptive strategy, had the highest mean score, whereas expressive suppression, also categorized as maladaptive, had the lowest mean score. The implications of this study highlight the importance of psychoeducation for parents to strengthen adaptive parenting strategies in supporting the emotion regulation of children with neurodevelopmental disorders.

INTRODUCTION

Parents play a crucial role in the process of raising and developing children. Parents are responsible for caring for, educating, and fulfilling their children's biological and psychological needs (Nainggolan and Sukri, 2022). Parents play a crucial role in child development, serving as the first experiences that shape a child's emotional, moral, social, and religious life (Novita et al., 2016). Parents also play a crucial role in developing a child's potential and abilities so they can develop optimally (Wiyono et al., 2024). Parenting challenges are even greater when parents have children with special needs (Syaputri and Afriza, 2022). Parents of children with special needs face significant challenges in parenting, ranging from meeting daily needs to long-term quality of life (Brobst et al., 2009; Rieskiana, 2021), including medical costs and limited employment opportunities for parents (Fairfax et al., 2019).

The high level of these challenges is increasingly relevant to consider, given the significant number of children with special needs in Indonesia, particularly in the Special Capital Region of Jakarta Province. Data from the Ministry of Education, Culture, Research, and Technology's Data Center (Pusdatin) (2025) shows that Special Capital Region of Jakarta is among the four provinces with the highest number of children with special needs, with 15,378 children, with the largest number in East Jakarta, with 5,138 children. This figure demonstrates the high need for adjustment and support for



children and their families, making this region a relevant context for further research on the care of children with special needs.

Children with neurodevelopmental disorders are part of children with special needs who have more specific characteristics, especially in socio-emotional aspects. These characteristics pose unique challenges for parents in parenting (Anderson et al., 2023). Children's difficulty understanding their internal state makes them vulnerable to emotional outbursts that are difficult to control (Shah, 2016). This condition is further exacerbated by children's high sensitivity to external stimuli, resulting in more intense emotional expression compared to typically developing children (Akhmetzyanova and Artemyeva, 2019). Furthermore, limited mental flexibility in children increases the frequency of negative emotions (Gu et al., 2025). Children with neurodevelopmental disorders generally also have early communication problems that limit their social interactions. Meanwhile, the ability to regulate emotions is highly dependent on the child's social interactions (van den Bedem et al., 2018).

Disorders in several aspects that have been mentioned tend to show a similar pattern, namely the presence of emotional dysregulation in children with neurodevelopmental disorders. Emotional dysregulation in children not only impacts the child but also has consequences for the caregiving environment. Research shows that behavioral problems stemming from emotional dysregulation in children are related to the emotional state of caregivers and the parenting practices implemented (Lotto et al., 2024). Similarly, Sainsbury et al. (2025) stated that emotional dysregulation in children with neurodevelopmental disorders is often perceived as the most challenging behavior in parenting.

According to Thompson and Goodman (2009), parents play a crucial role in assisting children develop emotional regulation strategies. This role can be achieved through modeling, social learning, and parenting practices that support emotional management (Norona and Baker, 2017). Parents, both explicitly and implicitly, serve as primary sources of information for children in understanding emotional reactions and managing them. Conversely, if the parenting environment is hostile and lacks emotional support, children are at risk of experiencing obstacles in developing effective emotional regulation skills (Norona and Baker, 2017).

Parents play a crucial role in children's emotional development, particularly mothers, who are typically the primary caregivers. Mothers are often considered the most intimate figures with their children due to their involvement, the quality of mother-child interactions, sensitivity, and responsiveness in parenting (Behrendt et al., 2019). Mothers are typically the primary caregivers, providing greater opportunities to provide comfort and emotional support, and helping children cope with stress (Bourke-Taylor et al., 2022). Meanwhile, fathers tend to play a role in providing challenges and encouraging independence (Van Lissa et al., 2019). A mother's empathy and sensitivity to her child's emotional cues make her more responsive, ultimately contributing significantly to the child's socio-emotional development (Ojha et al., 2022; Behrendt et al., 2019).

The role of parents in supporting children's emotional development becomes increasingly crucial when children enter middle childhood, which is the developmental stage that occurs between the ages of 6-11 years (Papalia et al., 2009). At this stage, children begin to actively participate in formal education and are required to be able to adapt to school rules, schedules, and the dynamics of relationships with peers (Marquis et al., 2017). Simultaneously, brain development during this period also occurs rapidly in areas involved in emotional regulation, such as the prefrontal cortex, anterior cingulate cortex, and amygdala (Tan et al., 2020). The challenge is further compounded by research showing high levels of parent-child conflict due to difficulties with emotional regulation (Basten et al., 2018) and increased externalizing behavioral problems when children with neurodevelopmental disorders reach middle childhood (Hauser-Cram and Woodman, 2016). Considering that middle childhood is also a period of increased emotional intensity (Hurlock, 2003), parental support in helping children manage their emotions becomes increasingly important and cannot be ignored.

Parental guidance in recognizing emotions and managing negative emotions has been proven effective in improving children's social functioning and behavior (Berkovits et al., 2017). This concept is known as parental assistance with children's emotion regulation, which refers to the extent to which parents assist children to implement emotion regulation strategies (Cohodes et al., 2022). This support can be realized through creating a positive family environment, role modeling, and direct interventions in children's behavior.



Parental assistance plays an important role in the development of children's emotional regulation. However, research shows that parents of children with neurodevelopmental disorders tend to provide inadequate support. Mothers of children with neurodevelopmental disorders were found to express negative emotions more frequently, adopt a directive and controlling attitude, and engage in fewer positive interactions (Sollie et al., 2016). This condition may be influenced by the demands of more challenging interactions in caring for children with neurodevelopmental disorders, which in turn increases the risk of reactive responses, such as the use of physical punishment and even potential maltreatment (Mazzucchelli et al., 2018).

Based on the explanation above, mothers of children with neurodevelopmental disorders face parenting challenges due to their children's emotional dysregulation, and these challenges are increasingly felt when the children reach middle childhood. Previous research has focused more on the stress of parenting children with neurodevelopmental disorders, such as the findings of Mbatha and Mokwena (2023) who demonstrated high levels of stress in mothers and caregivers, and the study by Chan and Neece (2018) who found a relationship between parenting stress, children's emotional dysregulation, and intrusive parenting behavior. However, research specifically examining how parents develop emotional regulation in children with neurodevelopmental disorders is still limited. In addition, the use of the Parental Assistance with Child Emotion Regulation instrument to assess parental assistance in regulating the emotions of children with neurodevelopmental disorders, especially for mothers as primary caregivers, has not been widely researched. Therefore, this study aims to describe maternal parental assistance in regulating the emotions of children with neurodevelopmental disorders in middle childhood.

METHOD

This research method uses a descriptive quantitative research method with a cross-sectional approach. Data were obtained using the Parental Assistance with Child Emotion Regulation Questionnaire measuring tool by Cohodes et al. (2022) which has been adapted by the researcher. The measuring instrument consists of 50 statement items and is arranged based on 10 strategies, namely behavioral disengagement, problem solving, social support search, rumination, distraction, reappraisal, acceptance, expressive suppression, venting, and avoidance. Items are measured using a 7-point Likert scale, from 1 (strongly disagree) to 7 (strongly agree). In addition, the researcher also included open questions to deepen the analysis, namely: (1) According to the mother, what should the emotional abilities of children with special needs be like? (2) What are the biggest challenges mothers face in assisting children with special needs manage their emotions?

The measuring instrument in this study underwent a series of validity, reliability, and item discrimination tests. The validity test used content validity which was analyzed through expert judgment by two psychology lecturers from Andalas University, namely Amatul Firdausa Nasa, M.Psi., Psychologist and Ranisa Kautsar Tristi, M.Psi., Psychologist. The reliability test was conducted by testing 110 mothers who have children with special needs. The results of the reliability test of the measuring instrument showed a value of $\alpha = 0.93$ ($\alpha > 0.70$), so the measuring instrument was declared reliable. Furthermore, the item discrimination power was calculated through item-total correlation with results ranging from 0.278 to 0.616, which indicates that all items can be maintained because no value is below the minimum limit of 0.25.

The population in this study were mothers of children with neurodevelopmental disorders in middle childhood, namely children aged 6-11 years (Papalia et al., 2009). In this study, the exact population size was unknown, so the formula used to determine the sample size was Lemeshow et al. (1997).

$$n = \frac{Z^2 P(1 - P)}{d^2}$$
$$n = \frac{1,96^2 \times 0,5 \times (1 - 0,5)}{0,1^2}$$
$$n = 96,04 = 96$$



Remarks:

n = number of sample needed

Z = standard value obtained from the normal distribution curve/table z , with a deviation of 5% and a value of 1.96

P = correct chance 50% = 0.5

d = sampling error rate of 10% = 0.1

Based on the sample calculation, the minimum sample size was 96.04, which was then rounded up to 96 participants. The number of respondents who participated in this study was 107 mothers who had children with neurodevelopmental disorders in middle childhood. This study was conducted in various special needs schools (SLB) and clinics in East Jakarta, because this area has a significant number of children with special needs. This study used a non-probability sampling technique, specifically with a purposive sampling type. The criteria for this study's participants were: (1) Mothers who live in the same house as children with neurodevelopmental disorders in middle childhood, and (2) Having children with neurodevelopmental disorders who are currently studying.

The data analysis method used in this study was descriptive statistical analysis. This analysis was conducted by calculating the total score for each strategy to determine the most frequently used strategy. Next, the mean value for each strategy was calculated to describe the average intensity of parental assistance. Furthermore, data grouping was carried out referring to Mancini et al. (2023) by comparing the mean adaptive and maladaptive strategies for each subject. Referring to this classification, reappraisal, problem-solving, acceptance, social support search, and venting are included in the adaptive strategies, while expressive suppression, rumination, avoidance, behavioral disengagement, and distraction are included in the maladaptive strategies. As a result, subjects were grouped into categories with predominantly adaptive or predominantly maladaptive strategies, and then the frequency of each category was calculated.

Furthermore, the researchers also conducted an inferential analysis using a normality test. The Kolmogorov-Smirnov test was used to test normality. Data were considered normally distributed if the significance value was >0.05 . The test results showed a significance value of 0.20, thus concluding that the data obtained were normally distributed.

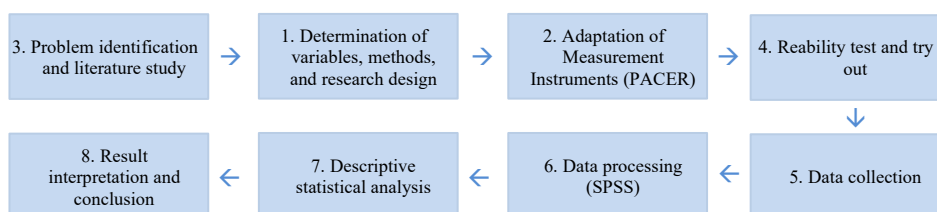


Figure 1. Research Flowchart

RESULT AND DISCUSSION

The research results were obtained from 107 mothers of children with neurodevelopmental disorders in middle childhood. The majority of research participants were in middle adulthood (41–65 years), namely 57.9%. In terms of education level, most mothers had a high school education (52.3%), and almost all participants were married (90.7%). In terms of employment, the majority of mothers were unemployed (67.3%), and most did not receive caregiving assistance from anyone other than their father (57.9%). The majority of children participating in the research were male (69.2%), with the majority being in the 10-year age range (28.0%). In addition, the majority of children were the first child in the family (39.3%), and the majority were diagnosed with Intellectual Developmental Disorder (48.6%). A more detailed description of the general description of the research participants is presented in Table 1.



Table 1. General Description of the Research Participants (N=107)

Demography Characteristics	Number	Percentage
Age		
<i>Emerging Adulthood</i>	45	42,1%
<i>Middle Adulthood</i>	62	57,9%
Lastest Education		
Primary (Elementary-Junior High School)	12	11,2%
Secondary (Senior High School)	56	52,3%
Higher (College)	39	36,4%
Marriage Status		
Married	97	90,7%
Divorced	10	9,3%
Family Income		
Less than local minimum wage (UMP)	35	32,7%
Equivalent to the local minimum wage (UMP)	48	44,9%
More than the local minimum wage	24	22,4%
Working Duration		
Not working	72	67,3%
Less than 7 hours	12	11,2%
7-8 hours	11	10,3%
More than 8 hours	12	11,2%
Other Parties Caring for Children		
None	62	57,9%
Grandparents	23	21,5%
Babysitter	5	4,6%
Other family members	17	15,9%
Child Age		
6 years	3	2,8%
7 years	4	3,7%
8 years	16	15,0%
9 years	29	27,1%
10 years	30	28,0%
11 years	25	23,4%
Child Gender		
Male	74	69,2%
Female	33	30,8%
Child No.		
1	42	39,3%
2	38	35,5%
3	17	15,9%
4	7	6,5%
5	2	1,9%
6	1	0,9%
Child Diagnosis		
Intellectual Development Disorders	52	48,6%
Communication Disorders	14	13,1%
Autism Spectrum Disorders	20	18,7%
Attention-Deficit/Hyperactivity Disorder	11	10,3%
Specific Learning Disorder	6	5,6%
Motor Disorders	4	3,7%

Furthermore, data obtained from open questions showed that the majority of mothers, 67 people (62.6%), believed that the emotional abilities of children with special needs could become more stable if they received appropriate guidance or teaching. Furthermore, the majority of mothers (48 people)



(44.9%) stated that their own emotional and psychological conditions, such as fatigue, difficulty controlling emotions, and lack of social support, were the biggest challenges in supporting children with special needs. A more detailed description of the research participants' description based on open questions is presented in Table 2.

Table 2. Description of the Research Participants Based on Open Questions (N = 107)

Results of Open Questions	Frequency	Percentage
<u>Views on Children's Emotional Abilities</u>		
Children cannot manage their emotions.	35	32.7%
Children's emotional abilities can be more stable with training.	67	62.6%
Emotional abilities are the same as those of typical children.	5	4.7%
<u>Views on Challenges</u>		
Difficulty controlling children's emotions	27	25.2%
Difficulty understanding and communicating with children	16	15.0%
Mother's emotional and psychological condition	48	44.9%
Difficulty implementing emotional education strategies for children	13	12.1%
Stigma/unsupportive social environment	3	2.8%

The main research results showed that 69 people (64.5%) fell into the adaptive strategy-dominant category and 38 people (35.5%) fell into the maladaptive strategy-dominant category. A more detailed description of the main research results is presented in Table 3.

Table 3. Main Research Results

No	Category	Frequency	Percentage
1	Adaptive Dominance	69	64.5%
2	Maladaptive Dominance	38	35.5%

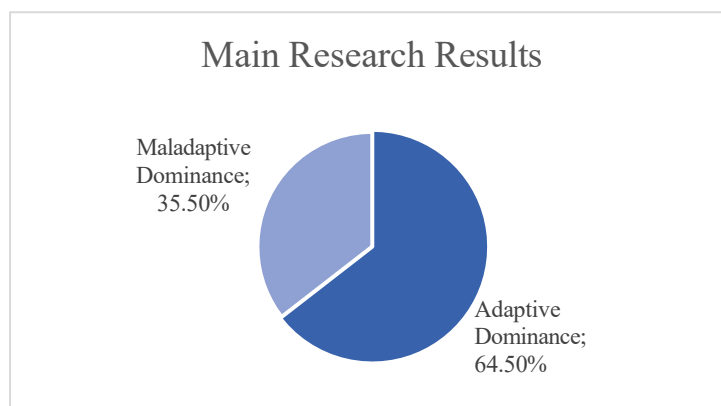


Figure 2. Chart of Main Research Results

Analysis of each strategy was also conducted by considering the average (mean) value of the total score of each strategy. The strategy with the highest mean was distraction (maladaptive), at 30.42. This indicates that distraction is the most commonly used strategy. Meanwhile, the strategy with the lowest mean was expressive suppression (maladaptive), at 20.30. This indicates that expressive suppression is the least commonly used strategy. A more detailed description of the mean for each strategy is presented in Table 4.



Table 4. Mean for Each Strategy

Category	Mean
Adaptive	
Problem Solving	30.23
Social Support Search	30.00
Reappraisal	29.21
Acceptance	24.41
Venting	25.21
Maladaptive	
Behavioral Disengagement	29.21
Rumination	21.46
Distraction	30.42
Expressive Suppression	20.30
Avoidance	28.02

Researcher also conducted additional descriptive analysis tests to see the differences between two or more groups of participants that researchers have categorized based on demographic characteristics. The results of the One-Way ANOVA test showed a significance value of less than 0.05, which means there is a significant difference in the use of adaptive strategies in mothers of children with neurodevelopmental disorders in middle childhood based on the highest level of education. The analysis showed that subjects with the higher level of education (college) had the highest mean, which was 145.95. Meanwhile, subjects with the highest level of secondary education (senior high school) had a mean of 136.43 and subjects with the primary level of education (elementary-junior high school) had a mean of 129.00. These findings indicate that mothers with a higher level of education use more adaptive emotional regulation support strategies than mothers with the latest level of secondary and primary education.

Table 5. Results of Independent Sample T-test

Category	Latest Education	Mean	ANOVA Sig.
Adaptive	Primary (Elementary-Junior High School)	129.00	.005
	Secondary (Senior High School)	136.43	
	Higher (College)	145.95	

This study aimed to examine the effects of parental assistance with child emotion regulation on mothers of children with neurodevelopmental disorders in middle childhood. Categorization was performed by comparing the total score of adaptive strategies and the total score of maladaptive strategies for each subject. The findings indicated that the majority of mothers tended to use adaptive emotion regulation support strategies to assist their children manage their emotions. Based on research findings, the majority of mothers of children with neurodevelopmental disorders in middle childhood tend to use adaptive strategies, such as solution-seeking, social support, and helping their children accept and express emotions in a healthy manner, rather than maladaptive strategies. This pattern shows that mothers respond more to children's negative emotions with validation, positive encouragement, and providing guidance to understand and manage emotions (Bailes et al., 2023; Miller-Slough et al., 2016). Consistent adaptive responses from mothers provide opportunities for children to imitate positive responses, so that children will gradually be able to build healthier emotional regulation (Jacobs et al., 2019).

This study specifically focuses on mothers as the primary figures in childcare. The results showing that the majority of mothers fit into the dominant adaptive strategy category are reinforced by previous research. Thompson et al. (2020) stated that mothers are the primary source of emotional responses in parenting, reflected in their provision of emotional support for children's emotions. In line with this, Arikan and Kumru (2023) found that women tend to use adaptive emotion regulation strategies more frequently and show flexibility in adjusting strategies according to context.



The high use of adaptive strategies in this research can be understood by the finding that the majority of mothers considered the greatest challenge in assisting children manage their emotions to lie in their psychological and emotional state. These findings indicate that some mothers view their own emotional and psychological condition as one of the challenges in assisting their children in managing their emotions. This perspective encourages mothers to evaluate their roles, acknowledge limitations, and seek more effective ways to support their children. Similarly, Rutigliano et al. (2023) emphasized that parents' self-reflective abilities increase awareness of the impact of their actions, thus encouraging the implementation of more adaptive parenting strategies.

In addition, the majority of mothers in this study believed that children with neurodevelopmental disorders have the potential to develop better emotional regulation if they receive appropriate intervention. This optimistic view makes mothers more intensive and responsive in supporting their children's emotional needs. Castro-Schilo et al. (2023) emphasized that maternal optimism encourages more positive parenting, while Brenning et al. (2022) showed that positive parental beliefs were associated with increased adaptive support for children's emotional regulation.

Although the majority of mothers cumulatively fall into the dominant adaptive strategy category, the results of the per-strategy analysis show that the distraction strategy, which is categorized as a maladaptive strategy, has the highest mean. These findings indicate that mothers of children with neurodevelopmental disorders in middle childhood tend to use distraction more often to help their children manage their emotions. According to Cohodes et al. (2022), distraction is a strategy to divert a child's attention from a source of negative emotions to something more pleasant or neutral. This practice is seen when mothers change the topic of conversation, invite them to play, or give them favorite objects to relieve their children's emotional tension (Farantika et al., 2024).

This phenomenon suggests that in parenting children with neurodevelopmental disorders, mothers not only rely on adaptive strategies but also combine other strategies deemed more applicable to specific situations. This aligns with the understanding that individuals do not use a single strategy but rather tend to combine several strategies, despite maintaining certain tendencies (Gross, 2016). English and Springstein (2024) also found that the use of emotional regulation strategies is flexible and adapts to the constraints of the situation faced.

Children with neurodevelopmental disorders often exhibit intense emotions and tantrum behavior (Shah, 2016). In dealing with these conditions, distraction strategies are often used because they are believed to be able to quickly calm the child's emotions. Sheppes et al. (2016) stated that distraction is effective when a child's emotions are very high because it can reduce the child's expressions of sadness and anger. In addition, distraction is considered appropriate because children with short attention spans are easily distracted by new stimuli (Sekarasih, 2016). Therefore, this strategy is often chosen in situations that require an immediate response to a child's negative emotions.

Although distraction strategies are effective in diverting children's attention from stress triggers, they do not necessarily address the root of a child's emotional problems. Children whose emotions are immediately diverted risk losing the opportunity to recognize, name, and understand their feelings (Housman, 2017). This happens because distraction strategies do not provide space for individuals to process emotional information in depth (Kross & Ayduk, 2008). As a result, the long-term development of children's emotional regulation can be hampered.

Research by King et al. (2023) shows that parents in various countries, such as Australia, the UK, and the United States, tend to use distraction strategies less frequently than other emotional socialization strategies. However, the results of this study differ because distraction is actually the strategy with the highest frequency. This can be explained by the socio-cultural context in Indonesia, where distraction is seen as practical and has no negative impacts (Sekarasih, 2016). Thus, even though mothers are more dominant in using adaptive strategies, distraction is still used because it is considered appropriate to the child's condition and there is a lack of awareness regarding its long-term negative impacts.

Meanwhile, the strategy with the lowest mean was expressive suppression, which is also a maladaptive strategy. This finding suggests that mothers with children with neurodevelopmental disorders relatively rarely pressure their children to refrain from expressing their emotions. According to Cohodes et al. (2022), expressive suppression is a strategy that focuses on inhibiting the expression



of emotional behavior, such as prohibiting or restricting children from externally expressing their feelings. The low use of this strategy can be interpreted as a more open emotional acceptance, where mothers provide space for children to express their feelings.

This condition is in line with the mother's view regarding what emotional abilities children with special needs should have. Brenning et al. (2022) explained that parents who view their children's emotional abilities negatively are more likely to use expressive suppression, which can actually have a negative impact on children's psychological health. However, the majority of mothers in this study believed that children with special needs should be able to develop more stable emotions. This belief influenced mothers' attitudes, so that children's emotional expression was not seen as something that needed to be suppressed, but rather as an important part of the growth and development process that needed emotional support. This condition aligns with mothers' views regarding the emotional abilities of children with special needs. Brenning et al. (2022) explained that parents who negatively view their children's emotional abilities were more likely to use expressive suppression, which can negatively impact their psychological health. However, the majority of mothers in this study believed that children with special needs should be able to develop more stable emotions. This belief influenced mothers' attitudes, so that children's emotional expression was not seen as something that needed to be suppressed, but rather as an important part of the growth and development process that needed emotional support.

Additional analysis revealed significant differences in the use of adaptive strategies based on mothers' educational attainment. Mothers with higher education were the most likely to use adaptive strategies, followed by mothers with secondary education, while mothers with lower education demonstrated the lowest level of adaptive strategy use. These findings suggest that the higher a mother's education, the greater their likelihood of using adaptive strategies to address the challenges of parenting a child with a neurodevelopmental disorder.

Higher education is believed to strengthen mothers' cognitive and emotional capacities, thus supporting a better understanding of health, development, and effective parenting practices (Vernhet et al., 2019). Furthermore, higher education facilitates access to information and the implementation of adaptive parenting strategies, including helping children manage their emotions. Conversely, limited education can hinder access to information and supporting resources, making it difficult for parents to practice adaptive parenting (Levante et al., 2021).

This study has several limitations that should be considered when interpreting the results. First, the data was obtained through a self-report method, so there is the possibility of self-report bias. Second, the sampling technique used non-probability sampling, so the result of this study cannot be generalized widely to the entire population of mothers who have children with neurodevelopmental disorders. Furthermore, this study did not differentiate between the types of neurodevelopmental disorders experienced by children, suggesting that there may be differences in emotional regulation needs for each condition that have not been specifically identified. Additional analysis using One-Way ANOVA in this study is also still exploratory in nature and has not been supplemented with further, more in-depth analysis.

Despite these limitations, the findings of this study have several practical implications. First, the research results can be a basis for inclusive schools and special schools (SLB) to develop parental guidance programs to support the emotional regulation of children with neurodevelopmental disorders. Second, the findings can also be utilized in developing parenting training programs focused on improving parental support strategies for children's emotional regulation. Furthermore, the results of this study can serve as a reference for education practitioners and special education services to integrate parenting support into intervention programs that involve families as part of the educational process for children with special needs.

CONCLUSION

This study shows that the majority of mothers of children with neurodevelopmental disorders in middle childhood fall into the category of predominantly adaptive strategies in parental assistance with child emotion regulation. However, among the various strategies used, distraction (maladaptive)



is the most frequently used strategy, indicating that mothers tend to choose practical strategies to quickly calm their children's emotions according to the demands of the situation. Meanwhile, the expressive suppression strategy (maladaptive) is the strategy that is least frequently used, which shows that mothers relatively rarely pressure their children not to express their emotions.

ACKNOWLEDGEMENTS

The researcher would like to express her deepest gratitude to the various parties who have provided assistance, support, and guidance in completing this research. The researcher would like to express her gratitude to the supervisor who has dedicated her time and energy, and provided valuable guidance and direction throughout the research process. The researcher also expressed his appreciation to the Special Needs School (SLB) and the growth and development clinic which had given permission and the opportunity for the researcher to collect data. Not to forget, the researcher would like to thank all respondents who were willing to take the time to participate, as well as family, friends, and colleagues who always provided prayers, support, and encouragement.

REFERENCES

- Akhmetzyanova, A. I., & Artemyeva, T. V. (2019). *How Children with Developmental Disorders Understand Emotional States of Their Peers and Adults in Different Interaction Situations*. 298(Essd), 98–101. <https://doi.org/10.2991/essd-19.2019.21>
- Anderson, V., Darling, S., Hearps, S., Darby, D., Dooley, J., McDonald, S., Turkstra, L., Brown, A., Greenham, M., Crossley, L., Charalambous, G., & Beauchamp, M. H. (2023). Deep phenotyping of socio-emotional skills in children with typical development, neurodevelopmental disorders, and mental health conditions: Evidence from the PEERS. *PLoS ONE*, 18(10 October), 1–17. <https://doi.org/10.1371/journal.pone.0291929>
- Arikan, G. and Kumru, A. (2023). A person-based approach to emotion socialization in toddlerhood: Individual differences in maternal emotion regulation, mental-health and parental sense of competence. *Scientific Reports*, 13(1). <https://doi.org/10.1038/s41598-023-40850-x>
- Bailes, L. G., Ennis, G., Lempres, S. M., Cole, D. A., & Humphreys, K. L. (2023). Parents' emotion socialization behaviors in response to preschool-aged children's justified and unjustified negative emotions. *PLoS ONE*, 18(4 April), 1–16. <https://doi.org/10.1371/journal.pone.0283689>
- Behrendt, H. F., Scharke, W., Herpertz-Dahlmann, B., Konrad, K., & Firk, C. (2019). Like mother, like child? Maternal determinants of children's early social-emotional development. *Infant Mental Health Journal*, 40(2), 234–247. <https://doi.org/10.1002/imhj.21765>
- Bourke-Taylor, H. M., Joyce, K. S., Grzegorzczyn, S., & Tirlea, L. (2022). Profile of Mothers of Children with a Disability Who Seek Support for Mental Health and Wellbeing. *Journal of Autism and Developmental Disorders*, 52(9), 3800–3813. <https://doi.org/10.1007/s10803-021-05260-w>
- Brenning, K., Soenens, B., Vansteenkiste, M., De Clercq, B., & Antrop, I. (2022). Emotion Regulation as a Transdiagnostic Risk Factor for (Non)Clinical Adolescents' Internalizing and Externalizing Psychopathology: Investigating the Intervening Role of Psychological Need Experiences. *Child Psychiatry and Human Development*, 53(1), 124–136. <https://doi.org/10.1007/s10578-020-01107-0>
- Castro-Schilo, L., Taylor, Z. E., Ferrer, E., Robins, R. W., Conger, R. D., & Widaman, K. F. (2023). Parents' Optimism, Positive Parenting, and Child Peer Competence in Mexican-Origin Families. *Parenting*, 13(2), 95–112. <https://doi.org/10.1080/15295192.2012.709151>
- Chan, N., & Neece, C. L. (2018). Parenting Stress and Emotion Dysregulation among Children with Developmental Delays: The Role of Parenting Behaviors. *Journal of Child and Family Studies*, 27(12), 4071–4082. <https://doi.org/10.1007/s10826-018-1219-9>
- Cohodes, E. M., Preece, D. A., McCauley, S., Rogers, M. K., Gross, J. J., & Gee, D. G. (2022). Development and Validation of the Parental Assistance with Child Emotion Regulation (PACER) Questionnaire. *Research on Child and Adolescent Psychopathology*, 50(2), 133–148. <https://doi.org/10.1007/s10802-020-00759-9>
- English, T., & Springstein, T. (2024). A Person-Specific Approach to Emotion Regulation Flexibility



- Across Adulthood. *Innovation in Aging*, 8(Supplement_1), 455–455. <https://doi.org/10.1093/geroni/igae098.1481>
- Fairfax, A., Brehaut, J., Colman, I., Sikora, L., Kazakova, A., Chakraborty, P., & Potter, B. K. (2019). A systematic review of the association between coping strategies and quality of life among caregivers of children with chronic illness and/or disability. *BMC Pediatrics*, 19(1), 1–16. <https://doi.org/10.1186/s12887-019-1587-3>
- Farantika, D., Rachmah, L. L., Purwaningrum, D., & Sanjaya, S. (2024). *Analisis Perspektif Gender Dalam Strategi Coping Anak*. 4(2), 60–66.
- Gross, J. J. (2016). Emotion Regulation: Current Status and Future Prospects. *Psychological Inquiry*, 26(1), 1–26. <https://doi.org/10.1080/1047840X.2014.940781>
- Gu, C., Guo, M., Cui, Y., Yu, F., Chen, Y., Chu, J., & Zhou, S. (2025). Cognitive flexibility mediates the impact of emotion regulation strategies on negative emotions in preschool teachers. *Frontiers in psychology*, 16, 1609872.
- Housman, D. K. (2017). The importance of emotional competence and self-regulation from birth: a case for the evidence-based emotional cognitive social early learning approach. *International Journal of Child Care and Education Policy*, 11(1). <https://doi.org/10.1186/s40723-017-0038-6>
- Jacobs, E., Mazzone, S., Simon, P., & Nader-Grosbois, N. (2019). The Unexpected Impact of Parental Emotional Socialization on Theory of Mind and Emotion Regulation: The Case of Children with Intellectual Disabilities. *Psychology*, 10(09), 1302–1332. <https://doi.org/10.4236/psych.2019.109084>
- King, G. L., Macdonald, J. A., Greenwood, C. J., Kehoe, C., Dunsmore, J. C., Havighurst, S. S., Youssef, G. J., Berkowitz, T. S., & Westrupp, E. M. (2023). Profiles of parents' emotion socialization within a multinational sample of parents. *Frontiers in Psychology*, 14(August), 1–18. <https://doi.org/10.3389/fpsyg.2023.1161418>
- Lemeshow, S., & Hosmer, D. W. (1997). *Besar Sampel dalam Penelitian Kesehatan (terjemahan)*. Gadjah Mada University Press.
- Lotto, C. R., Altafim, E. R. P., & Linhares, M. B. M. (2024). Maternal emotional and behavioral regulation/dysregulation and parenting practices: A systematic review. *Trauma, Violence, & Abuse*, 25(5), 3515–3533.
- Mazzucchelli, T. G., Hodges, J., Kane, R. T., Sofronoff, K., Sanders, M. R., Einfeld, S., ... & MHPEDD Project Team. (2018). Parenting and family adjustment scales (PAFAS): validation of a brief parent-report measure for use with families who have a child with a developmental disability. *Research in developmental disabilities*, 72, 140–151.
- Mbatha, N. L., & Mokwena, K. E. (2023). Parental Stress in Raising a Child with Developmental Disabilities in a Rural Community in South Africa. *International Journal of Environmental Research and Public Health*, 20(5), 1–15. <https://doi.org/10.3390/ijerph20053969>
- Miller-Slough, R., Zeman, J. L., Poon, J. A., & Sanders, W. M. (2016). Children's Maternal Support-Seeking: Relations to Maternal Emotion Socialization Responses and Children's Emotion Management. *Journal of Child and Family Studies*, 25(10), 3009–3021. <https://doi.org/10.1007/s10826-016-0465-y>
- Nainggolan, N. F., & Sukri, U. (2022). Tanggung Jawab Orang Tua dalam Pendidikan Anak. *Inculco Journal of Christian Education*, 2(1), 14–24. <https://doi.org/https://doi.org/10.59404/ijce.v2i1.41>
- Norona, A. N., & Baker, B. L. (2017). The transactional relationship between parenting and emotion regulation in children with or without developmental delays. *Research in Developmental Disabilities*, 35(12), 3209–3216. <https://doi.org/10.1016/j.ridd.2014.07.048>
- Novita, D., Amirullah, & Ruslan. (2016). Peran Orang Tua dalam Meningkatkan Perkembangan Anak Usia Dini di Desa Air Pinang Kecamatan Simeulue Timur. *Jurnal Ilmiah Mahasiswa Pendidikan Kewarganegaraan Unsyiah*, 1(1), 22–30. <https://jim.usk.ac.id/pendidikan-kewarganegaraan/article/view/355>
- Ojha, A., Miller, J. G., King, L. S., Davis, E. G., Humphreys, K. L., & Gotlib, I. H. (2022). Empathy for others versus for one's child: Associations with mothers' brain activation during a social cognitive task and with their toddlers' functioning. *Developmental Psychobiology*, 64(7), 6. <https://doi.org/10.1002/dev.22313>



- Papalia, D. E., Olds, S. W., & Feldman, R. D. (2009). *Human Development Perkembangan Manusia*. Jakarta: Salemba Humanika.
- Pusdatin Kemendikbudristek. (2025). Total Peserta Didik Berkebutuhan Khusus. Kementerian Pendidikan, Kebudayaan, Riset, dan Teknologi. https://referensi.data.kemendikdasmen.go.id/berkebutuhan_khusus/total/wilayah/010000/1
- Rieskiana, F. (2021). Peran Sekolah Inklusi Terhadap Tumbuh Kembang Anak Autisme. *JEA (Jurnal Edukasi AUD)*, 7(2), 61. <https://doi.org/10.18592/jea.v7i2.4625>
- Rutigliano, B. E., Randolph, A. L., & Park, C. N. (2023). Understanding Parents' Self-Awareness of Their Parenting Style(s) and Its Influences on Their Parenting Choices - A Grounded Theory Study. *The Family Journal*, 31(3), 385–391. <https://doi.org/10.1177/10664807231163268>
- Sekarasih, L. (2016). Restricting, Distracting, and Reasoning: Parental Mediation of Young Children's Use of Mobile Communication Technology in Indonesia. *Mobile Communication in Asia*, 129–146. https://doi.org/10.1007/978-94-017-7441-3_8
- Shah, P. (2016). Interoception: The Eighth Sensory System: Practical Solutions for Improving Self-Regulation, Self-Awareness and Social Understanding of Individuals with Autism Spectrum and Related Disorders. *Journal of Autism and Developmental Disorders*, 46(9), 3193–3194. <https://doi.org/10.1007/s10803-016-2848-8>
- Sheppes, G., Scheibe, S., Suri, G., & Gross, J. J. (2016). Emotion-regulation choice. *Psychological Science*, 22(11), 1391–1396. <https://doi.org/10.1177/0956797611418350>
- Sollie, H., Mørch, W. T., & Larsson, B. (2016). Parent and family characteristics and their associates in a follow-up of outpatient children with ADHD. *Journal of Child and Family Studies*, 25(8), 2571–2584.
- Syaputri, E., & Afriza, R. (2022). Peran Orang Tua Dalam Tumbuh Kembang Anak Berkebutuhan Khusus (Autisme). *Educativo: Jurnal Pendidikan*, 1(2), 559–564. <https://doi.org/10.56248/educativo.v1i2.78>
- Tan, P. Z., Oppenheimer, C. W., Ladouceur, C. D., Butterfield, R. D., & Silk, J. S. (2020). A review of associations between parental emotion socialization behaviors and the neural substrates of emotional reactivity and regulation in youth. *Developmental Psychology*, 56(3), 516–527. <https://doi.org/10.1037/dev0000893>
- Thompson, S., Zalewski, M., Kiff, C., Moran, L., Cortes, R., & Lengua, L. (2020). An empirical test of the model of socialization of emotion: Maternal and child contributors to preschoolers' emotion knowledge and adjustment. *Developmental Psychology*, 56(3), 418–430. <https://doi.org/10.1037/dev0000860>
- van den Bedem, N. P., Dockrell, J. E., van Alphen, P. M., de Rooij, M., Samson, A. C., Harjunen, E. L., & Rieffe, C. (2018). Depressive symptoms and emotion regulation strategies in children with and without developmental language disorder: a longitudinal study. *International Journal of Language & Communication Disorders*, 53(6), 1110–1123. <https://doi.org/10.1111/1460-6984.12423>
- Van Lissa, C. J., Keizer, R., Van Lier, P. A. C., Meeus, W. H. J., & Branje, S. (2019). The role of fathers' versus mothers' parenting in emotion-regulation development from mid-late adolescence: Disentangling between-family differences from within-family effects. *Developmental Psychology*, 55(2), 377–389. <https://doi.org/10.1037/dev0000612>
- Vernhet, C., Dellapiazza, F., Blanc, N., Cousson-Gélie, F., Miot, S., Roeyers, H., & Baghdadli, A. (2019). Coping strategies of parents of children with autism spectrum disorder: a systematic review. *European Child and Adolescent Psychiatry*, 28(6), 747–758. <https://doi.org/10.1007/s00787-018-1183-3>
- Wiyono, G. H., Hendriani, W., Yoenanto, N. H., & Paramita, P. P. (2024). Peran Orang Tua terhadap Perkembangan Bahasa pada Anak dengan Usia Golden Age. *Jurnal Pendidikan Anak*, 13(1), 92–99. <https://doi.org/10.21831/jpa.v1i1-2.282>