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Design and Validation of an Educational Package Based on the Lived Experiences of Mothers of Children with High-Functioning Autism Spectrum Disorder

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ABSTRACT

Objective: This study aimed to design and validate a parenting educational package based on the lived experiences of mothers of children with high-functioning autism spectrum disorder.

Methods and Materials: A qualitative study using the systematic grounded theory approach of Strauss and Corbin was conducted. The study population included mothers of children with high-functioning autism spectrum disorder who attended autism centers in Tehran in 2025. Fifteen mothers were selected through purposive homogeneous sampling, and sampling continued until theoretical saturation. Data were collected through semi-structured interviews lasting 40–60 minutes. Interviews were audio-recorded, transcribed verbatim, and analyzed through open, axial, and selective coding. Content validity of the interview framework was confirmed by academic supervisors and subject-matter experts. The extracted categories were used to develop a 12-session parenting educational package, and its content validity was reviewed by 10 experts.

Findings: Data analysis yielded 83 key concepts, 16 subcategories, and 7 major themes. The major themes were psychological-behavioral consequences, psychological approach, educational approach, family factors, economic factors, social factors, and environmental factors. Difficulty in social interaction had the highest frequency among extracted concepts. The educational approach was identified as the core category in the axial coding model. The final package included sessions on mother–child challenge analysis, family and causal factors, parental stress management, structured education, social and behavioral skills, positive reinforcement, purposeful play, secure emotional communication, impulsive behavior management, attention and flexibility improvement, parental coordination, and future action planning. Expert evaluation confirmed acceptable content validity, with kappa coefficients above 0.59.

Conclusion: The designed package provides a culturally grounded, experience-based framework for empowering mothers of children with high-functioning autism.

Keywords: High-Functioning Autism, Lived Experience, Grounded Theory, Educational Package, Mothers.

Introduction

Autism spectrum disorder is currently regarded as a form of disability in which individuals experience difficulties in understanding and engaging in social interactions (Sipowicz et al., 2022). Autism is one of the most important developmental-behavioral disorders of the past decade, with a growth rate of more than 6% worldwide (Ahmadi, 2019). In a systematic review, the prevalence of autism spectrum disorder was estimated at 1 in 100 individuals, indicating the increasing global prevalence of autism spectrum disorder (Zeidan et al., 2022). Compared with other social and emotional disorders, this condition has a more clearly established and evident neurobiological basis (Kalaivnai & Kalimo, 2018), resulting from abnormal brain development and affecting the individual's cognitive and social abilities (Perlman et al., 2020).

In recent theories, autism spectrum disorder is classified as a disorder with biological and neurological foundations, given the neurochemical and neuroanatomical changes it produces in the brain (Mintz, 2017; Samadi et al., 2021). These changes are associated with dysfunction in the cerebellum and frontal lobe, which play essential roles in planning, organization, decision-making, time perception, memory, inhibition, and thinking (Association, 2024). The core characteristic of this disorder is expressed in a range of developmental deficits in two major domains: (a) deficits in social communication development and behavioral patterns, and (b) restricted, repetitive, and stereotyped interests and activities (Hyman et al., 2020; Zhou et al., 2018). Evidence suggests that with advances in diagnostic and screening techniques, the prevalence of autism spectrum disorder is increasing worldwide (Kalalo et al., 2021). In 2016, the Centers for Disease Control and Prevention reported that 1 in every 59 children was diagnosed with autism spectrum disorder (Control & Prevention, 2018). This prevalence had increased to 1 in 54 by 2024 (Vermeirsch et al., 2021). In Iran, the prevalence of autism spectrum disorder among Iranian children has been reported as 10 per 10,000 (Ahmadi, 2019).

Among these children, those with high-functioning autism experience unique circumstances. Despite having cognitive and verbal abilities at an average or above-average level, they face serious challenges in understanding social subtleties, theory of mind, and

emotional regulation. A diagnosis of this disorder in a child is an exhausting experience that affects all dimensions of the family system. However, mothers, as the child's primary caregivers and facilitators of development, bear the greatest psychological, emotional, and caregiving burden. Studies indicate that mothers of children with high-functioning autism report higher levels of parenting stress, social isolation, and burnout compared with parents of children with other developmental disabilities. Part of this burden arises from the discrepancy between the child's intellectual abilities and their functional impairments within social contexts.

Despite the growing expansion of psychological interventions, a review of the research literature shows that most existing educational programs and intervention packages have been developed through an exogenous and predetermined approach based on abstract theoretical models. What has often been overlooked in this context is the lived experience and authentic voice of mothers who, within their own lifeworld, confront the concrete daily challenges of this disorder. Lived experience, as a rich epistemological source, can reveal dimensions of educational and supportive needs that may be neglected in standard clinical protocols. Researchers believe that interventions rooted in the real, lived, and culturally grounded experiences of the target population are not only more acceptable, but also more sustainably effective in empowering parents and improving family quality of life.

The existing research gap indicates that within the country, educational packages that have been systematically designed on the basis of a phenomenological analysis of the experiences of mothers of children with high-functioning autism, and then scientifically validated, are very limited. The necessity of moving from purely child-centered models toward family-centered, experience-based models requires that educational content be extracted directly from the mothers' actual challenges, coping strategies, and tangible needs. Therefore, the present study seeks to fill this gap by addressing the following question: What are the fundamental components of the lived experience of mothers of children with high-functioning autism, and how can these components be used to design a coherent educational package with sufficient content validity for use in therapeutic and counseling centers? Advancing in

this direction represents a practical step toward the production of indigenous knowledge and the provision of an applied tool for reducing the psychological suffering of this group of mothers.

Methods and Materials

In this study, interviews with an emphasis on a qualitative phenomenological approach were used to design an educational package based on lived experience. This approach was selected because of the deep, complex, and multilayered nature of the experiences of mothers of children with high-functioning autism spectrum disorder. The phenomenological method makes it possible to understand individuals' subjective meanings, personal perceptions, and inner interpretations of the phenomenon under study. The statistical population in the qualitative section of the present study included all mothers of children diagnosed with high-functioning autism spectrum disorder who had visited autism centers in Tehran during the second half of 2024. These individuals were considered potential participants in the study because they had direct, lived experience of parenting a child with this disorder and had encountered the related educational, emotional, and interactional challenges. The selection of this population was based on the aim of the study, namely, to extract the components of an educational package grounded in the lived experiences of mothers. Therefore, the focus was on mothers who, in the real-life context, had continuous and practical experience interacting with a child with high-functioning autism spectrum disorder and who had sought specialized services at counseling and psychological centers. This feature made it possible to access participants whose experiences were rich, tangible, and closely related to the research problem.

In the qualitative part of this study, sampling was conducted purposively using a homogeneous sampling method. In homogeneous sampling, individuals are selected who share common characteristics and relatively similar experiences of the phenomenon under study. This type of sampling is useful when the researcher seeks an in-depth investigation of the experiences of a particular group with specific characteristics and aims to obtain a comprehensive understanding of the various dimensions of that

experience. In the present study, the focus was on the lived experiences of mothers of children with high-functioning autism spectrum disorder; therefore, selecting participants who were homogeneous with respect to characteristics relevant to the research phenomenon was considered necessary.

In purposive sampling, the researcher consciously selects individuals who are able to provide rich, in-depth, and relevant information related to the research questions. The fundamental principle of this type of sampling is to select individuals who have direct and tangible experience of the phenomenon under investigation and who are capable of describing and explaining its various dimensions. In this study, the main criterion for selecting participants was having a child diagnosed with high-functioning autism spectrum disorder and having active parenting experience in this context. In addition, willingness to participate in the study, the ability to articulate experiences, and readiness to take part in in-depth interviews were considered other inclusion criteria.

In order to enrich the data and achieve a comprehensive understanding of mothers' experiences, specific criteria were considered to ensure that the sample was both purposive and homogeneous. These included having a child within a specified age range, receiving a specialized diagnosis, and having continuous lived experience of educational, social, and emotional challenges related to high-functioning autism spectrum disorder. This homogeneity ensured that, despite individual differences, the collected narratives were shaped within a shared experiential context and made it possible to extract common structures and components.

The sampling process continued until data saturation was reached. This means that interviews were conducted until no new information was added to the extracted concepts, categories, and structures, and the conceptual patterns reached relative stability. Saturation was achieved when repeated themes were observed in the data and the analyses attained conceptual coherence. Ultimately, 15 mothers were selected as the study sample. The main objective of sampling in this section was to conduct in-depth interviews in order to identify the criteria, characteristics, structures, components, and dimensions related to the lived experiences of mothers of children with high-functioning autism spectrum disorder so that the conceptual framework necessary for

designing the educational package could be extracted from their narratives. Thus, sampling was carried out not merely to describe experiences, but to produce applied knowledge and extract the components of an educational intervention.

In the next phase of the study, exploratory semi-structured interviews were used for data collection, as this is one of the most common methods in qualitative research. The aim of this type of interview was to explore the mothers' feelings, experiences, and thoughts regarding their lived experience of parenting a child with high-functioning autism spectrum disorder. This method is generally characterized by an unstructured format and allows the researcher to begin with broad questions, thereby creating a context in which participants can comfortably express their experiences and perspectives. In the semi-structured interview, the researcher prepared a list of main topics and guiding questions and, depending on the mothers' responses, asked follow-up questions or probed more deeply into their answers. The flexibility of this method made it possible to access aspects of the mothers' experiences that might have remained hidden from the researcher's perspective but were of particular importance from the mothers' own point of view.

The duration of each interview, depending on the individual conditions, level of tolerance, and interest of the participants, ranged from 40 to 60 minutes. All interviews were audio-recorded using an MP3 device after obtaining the participants' informed consent and were then carefully transcribed verbatim for subsequent analysis.

To ensure the content validity of the interview questions, the general interview framework was designed in consultation with the academic supervisors, advisors, and experts familiar with the subject. Then, drawing on the results of preliminary studies and a review of the theoretical foundations and related literature on the development of parenting educational packages, the final interview questions were prepared. This process ensured that the interviews would yield in-depth, relevant, and useful information for extracting the components and structure of the educational package based on the mothers' lived experiences.

In the qualitative data analysis section of this study, a grounded theory approach with an emphasis on the systematic model was employed, and the data were

analyzed according to the three-stage coding process consisting of open coding, axial coding, and selective coding.

Findings and Results

In this qualitative study using a grounded theory approach, the Strauss and Corbin version was employed for conducting the interviews. In this approach, the data analysis process is carried out in three stages of coding: (1) open coding, (2) axial coding, and (3) selective coding (Strauss & Corbin, 1998). In the present study, 15 mothers of children with high-functioning autism spectrum disorder were interviewed. After each interview, the content was transcribed into text, and the coding of concepts was carried out simultaneously.

In the open coding stage of this study, the primary aim was to generate categories from the raw data obtained from interviews with mothers of children with high-functioning autism spectrum disorder. At this stage, the data were analyzed through the processes of breaking down, examining, constant comparison, conceptualization, and categorization. Meaningful phrases and sentences were extracted and divided into smaller meaning units; initial concepts were then formed and grouped into homogeneous categories based on similarities and differences. Ultimately, subcategories and main categories emerged through this inductive process. The results of open coding are presented in Table 1, which includes the key concepts, subcategories, and major themes extracted from the data.

Overall, analysis of the interviews yielded 83 key concepts, which were organized into 16 subcategories and 7 major themes. The major themes and related subcategories concerning children with high-functioning autism spectrum disorder were as follows: psychological-behavioral consequences (stereotyped and repetitive behaviors, difficulties in social interaction, sensory sensitivities, problems in emotional regulation); psychological approach (increasing acceptance of the child, strengthening social skills, targeted play, strengthening parent-child emotional communication); educational approach (referral to specialized autism centers, teaching communication and social skills, structured educational programming); family factors (parenting styles, parents' level of awareness of the disorder, family conflicts); economic factors (treatment

and rehabilitation costs, access to specialized services); social factors (society's attitudes toward autism, the level of social and institutional support); and environmental factors (adaptation of the home and school environments, environmental pressures, and parental stress).

Among the key concepts extracted from the interviews, difficulty in social interaction had the highest frequency, with a frequency count of 15. This was followed by concepts such as need for specialized education, sensory sensitivity, lack of social support, structured educational programming, strengthening

communication skills, and emotional crises, which also had high frequencies. The lowest frequencies were related to concepts such as severe social stigma and marital conflict arising from the child's diagnosis. The findings of the open coding stage showed that the lived experience of mothers of children with high-functioning autism spectrum disorder encompasses a multidimensional network of psychological, educational, familial, and social challenges, while also involving adaptive strategies and efforts to empower the child. These categories formed the basis for the design of the educational package in the present study.

Table 1

Key Concepts, Subcategories, and Main Categories Extracted from the Interviews

Frequency	Initial Concepts	Subcategory	Main Category
4	History of developmental problems in the family	Developmental and biological history	Family factors
3	History of neurodevelopmental problems		
3	Marital conflicts following the diagnosis	Intra-family challenges	
4	Reduction in family interactions		
5	Maternal sensitivity and mental preoccupation		
6	Treatment and rehabilitation costs	Economic status	Economic factors
12	Absence of specialized autism support resources	Lack of social support	Social factors
11	Inadequate home environment for sensory needs	Living conditions	Environmental factors
4	Maternal stress and burnout	Parental problems	
13	Receiving speech therapy and occupational therapy services	Referral to specialized treatment centers	Educational approach
12	Clear and goal-directed educational program	Structured education	Psychological approach
11	Participation in guided group activities	Strengthening social skills	
8	Teaching responsibility according to the child's abilities		
12	Reinforcing desirable social behaviors	Positive reinforcement	
11	Avoiding direct confrontational responses		
9	Structured play activities	Play therapy and purposeful activity	
7	Cognitive and mental exercises		
6	Establishing an intimate and secure relationship	Emotional communication	Psychological consequences
14	Repetitive movements and patterned behaviors	Stereotyped behaviors	
12	Emotional outbursts	Difficulty in emotional regulation	
11	Severe reactions to changes in routine		
13	Limited selective attention	Attention and concentration problems	
12	Lack of interest in some educational tasks		
10	Resistance to changes in activities	Behavioral inflexibility	

Axial Coding

In the second stage of data analysis, axial coding was conducted based on the grounded theory approach. The purpose of this stage was to establish logical and conceptual relationships among the main categories extracted in the open coding stage and to organize them within a paradigmatic model. Using the paradigmatic framework, the categories were arranged into causal conditions, contextual conditions, intervening conditions, strategies, and consequences, in order to construct a coherent explanatory model of caregiver-

child relationship challenges among mothers of children with high-functioning autism spectrum disorder. Figure 1 illustrates the axial coding model based on the paradigmatic framework.

In this model, the educational approach was selected as the core category, because in the mothers' lived experiences, the way in which education was delivered, structured, and supported through specialized services and targeted planning for the child formed the central axis of coping with challenges. In other words, all of the mothers' actions and reactions in interaction with the

child were organized around structured education, referral to specialized centers, and skills-based interventions.

Family factors were considered causal conditions, because the child's developmental and biological history, parental awareness, family conflicts, and the quality of intra-family interactions create the context for the emergence and intensification of caregiver-child challenges. These factors play an initial role in the development of the issue and influence mothers' orientation toward diagnosis, acceptance, and the type of educational intervention adopted.

Economic and social factors were selected as contextual conditions, because the family's economic status, the costs of treatment and rehabilitation, as well as access to specialized support resources and society's attitudes toward autism, shape the context in which strategies are implemented. These conditions do not directly cause the issue, but they influence the quality, continuity, and scope of educational interventions.

Environmental factors were considered intervening conditions. Living conditions, adaptation of the home environment to the child's sensory needs, and the level of parental stress and burnout may either facilitate or weaken the implementation of educational and psychological strategies. In other words, even when an appropriate educational program exists, environmental and psychological pressures may reduce its effectiveness; conversely, the existence of a structured and supportive environment may strengthen the implementation of strategies.

Psychological approaches were defined as strategies. These strategies included strengthening social skills, using positive reinforcement, structured play activities, establishing secure emotional communication, and teaching responsibility according to the child's abilities.

In response to the child's communication and behavioral challenges, mothers use these strategies to manage situations, reduce tension, and enhance adaptive skills.

Finally, psychological-behavioral consequences were considered the outcomes of the paradigmatic model. These outcomes included stereotyped behaviors, difficulties in emotional regulation, emotional outbursts, attention and concentration problems, behavioral inflexibility, and resistance to change. These outcomes result from the complex interaction among causal, contextual, and intervening conditions, together with the strategies adopted by the mothers.

Accordingly, Causal factors include the child's developmental and biological history and intra-family challenges, which provide the initial basis for the emergence of caregiver-child challenges. Contextual factors include economic status and the level of social support, which determine the scope and quality of strategy implementation. Intervening factors include living conditions and the level of parental stress and burnout, which may accelerate or weaken the implementation of strategies. Strategies include a set of educational and psychological approaches such as structured planning, positive reinforcement, purposeful play, and establishing secure emotional communication. Consequences include the child's behavioral and emotional patterns, which are shaped through the interaction between conditions and strategies.

Overall, the extracted paradigmatic model shows that the educational approach, within the context of family, economic, and social factors and under the influence of environmental conditions, leads through psychological strategies to the child's behavioral and emotional outcomes. In this way, it provides a coherent conceptual framework for designing an educational package based on the lived experiences of mothers.

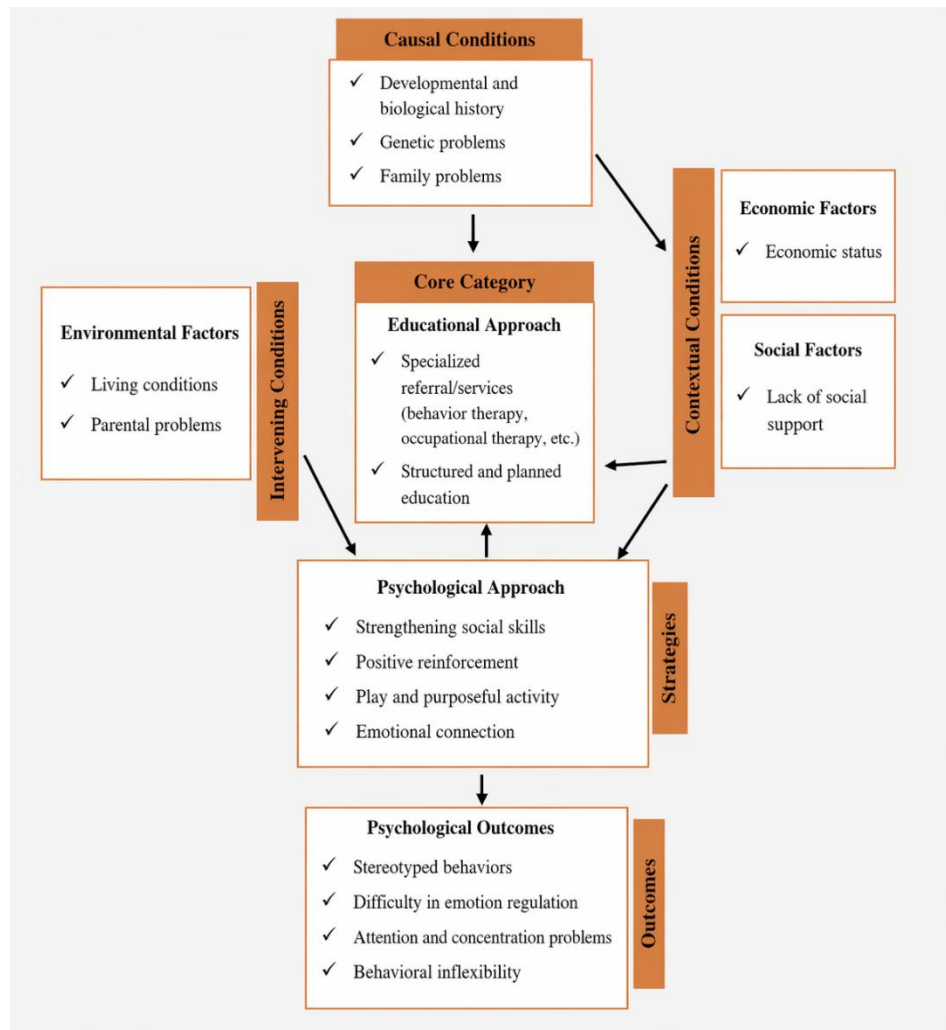


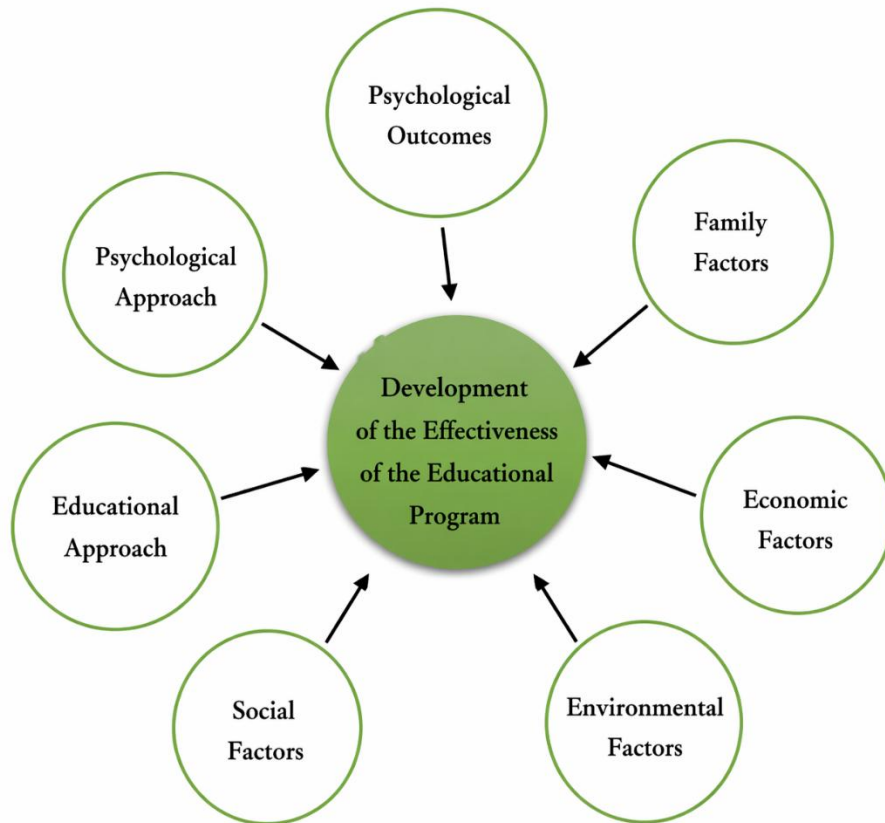
Figure 1

Axial Coding Model Based on the Paradigmatic Framework

The final stage of data analysis in the grounded theory approach is selective coding. At this stage, the researcher develops a final paradigmatic model based on the data and analyses conducted in the two previous stages (open coding and axial coding). The main purpose of selective coding is to create a coherent and organized conceptual structure that demonstrates the logical relationships among the categories and identifies the mechanisms through which the effectiveness of the parenting program can be enhanced.

At this stage, based on a deep understanding of the extracted categories, the researcher places the core

category, causal, contextual, and intervening factors, strategies, and consequences within a single explanatory framework. This process makes it possible not only to clarify the relationships among categories, but also to explain the mechanisms that shape mothers' responses to caregiver-child challenges. In other words, selective coding is the stage in which the researcher integrates and enriches the categories to present a final paradigmatic model that can serve as both a practical and theoretical guide for designing educational and psychological interventions for parents of children with high-functioning autism spectrum disorder.

**Figure 2**

Paradigmatic Model for Enhancing the Effectiveness of the Parenting Educational Program

As shown in Figure 2, seven factors play a role in enhancing the effectiveness of the parenting educational program: family factors, economic factors,

environmental factors, social factors, educational approach, psychological approach, and psychological outcomes.

Table 2

Researcher-Developed 12-Session Parenting Educational Package Based on Parent-Child Challenges

Session	Objectives	Content
1	Introduction to the program and analysis of mother-child challenges	Introducing group members, goals, and session rules; reviewing mothers' experiences regarding caregiving and behavioral challenges of the child with high-functioning autism; teaching behavioral observation and daily recording for accurate behavior analysis and identifying behavioral patterns
2	Identifying and analyzing family and causal factors	Teaching understanding of causal and contextual factors: family problems, maternal sensitivity, genetic and medical history; practicing family system mapping to identify interactions and parental roles; group discussion to exchange experiences and provide strategies for reducing family tension
3	Managing parental stress and optimizing the living environment	Teaching self-care and parental emotion regulation skills; techniques for reducing environmental stimuli and preparing the home environment to reduce the child's impulsive and stereotyped behaviors; practicing mindful parenting and deep breathing to cope with anxiety
4	Structured educational approach and planning	Teaching structured education and the use of visual and time-based tools; designing daily and weekly plans and setting short-term and long-term educational goals for the child; practicing task analysis by breaking complex skills into smaller parts
5	Strengthening social and behavioral skills	Teaching social skills such as peer interaction, turn-taking, and social rules; teaching responsibility and self-control using social stories and role play; practicing real-life situations and analyzing responses to modify behavior

6	Using positive reinforcement and behavioral feedback	Teaching positive reinforcement techniques: immediate and appropriate rewards for desirable behaviors; identifying undesirable behaviors and using planned ignoring; completing positive reinforcement charts by mothers and practicing their implementation at home
7	Purposeful play and physical activity	Teaching purposeful play therapy to increase social interaction and cognitive skills; practicing physical and sensory activities to reduce impulsivity and increase attention; practicing mentally challenging games to strengthen problem-solving and flexibility
8	Establishing secure emotional communication and emotional responsiveness	Teaching emotionally based techniques grounded in secure attachment and establishing a warm relationship with the child; practicing active listening and reflecting the child's emotions; presenting interaction scenarios for managing emotional crises and creating psychological safety
9	Managing sudden and impulsive behaviors	Teaching anticipatory intervention techniques to prevent impulsive and aggressive behaviors; teaching effective communication to replace undesirable behaviors with appropriate ones; practicing calming strategies and providing logical consequences
10	Improving attention, concentration, and flexibility	Teaching activities to strengthen executive functioning in order to increase the child's attention, concentration, and planning; practicing gradual changes in routines to increase flexibility and reduce resistance; analyzing real situations and presenting practical strategies by mothers
11	Parental coordination and continuity of strategies	Teaching agreement and coordination between parents in implementing educational and psychological programs; practicing joint parental planning and regulation for integrated implementation of strategies; reviewing successes and correcting weaknesses in strategy implementation
12	Summary, skill consolidation, and future action plan	Reviewing all sessions and consolidating learned skills; practicing purposeful dialogue and interaction with the child and strengthening positive emotional relationships; developing a weekly action plan for continuing education and monitoring the child's progress

To establish the validity of the study, after the analysis of each interview, participants' views regarding the accuracy of the extracted information and concepts were sought. Ultimately, the findings were returned to them so that the information could be confirmed by the interviewees. Questions such as the following were asked: "Is the parenting educational program extracted from your statements about your lived experience accurate?" The kappa coefficient for all researcher-developed treatment sessions was calculated to be greater than 0.59. Therefore, the content validity index, as judged by 10 experts, was confirmed for the researcher-developed educational and therapeutic packages.

Discussion and Conclusion

The present study was conducted with the aim of deeply exploring the lived experiences of mothers whose children are affected by high-functioning autism spectrum disorder (HF-ASD). The open coding process, based on the systematic approach of Strauss and Corbin, resulted in the extraction of 83 key concepts, reflecting the multiplicity and complexity of the phenomenological world of these mothers. The organization of these concepts into 16 subcategories and 7 major themes indicates that the challenges faced by these mothers are not limited merely to the child's clinical characteristics. Rather, they encompass a multidimensional lifeworld involving individual, familial, economic, and broader social structural components.

The interpretation of the phenomenological findings obtained from interviews with mothers of children with high-functioning autism spectrum disorder shows that the lived experience of these mothers goes far beyond a simple caregiving challenge. Instead, it comprises a complex and multilayered lifeworld in which individual, family, and social components are intricately intertwined and influence their mental health and quality of life. The extraction of 83 key concepts and their organization into 16 subcategories and 7 major themes demonstrates that confronting this disorder affects all dimensions of the mother's life and places her in a position suspended between helplessness arising from limitations and persistent efforts to empower her child. In this context, the high frequency of the concept "difficulty in social interaction", as the most recurrent challenge, represents a turning point in the analysis of the findings. In children with high-functioning autism, the contradiction between cognitive abilities and social incongruities often leads society to interpret the child's behavior as impoliteness or poor parenting. This issue imposes additional psychological pressure on mothers and transforms the theme of social factors into one of the most tension-laden dimensions of their lived experience, the consequences of which include social isolation and a profound sense of loneliness.

The simultaneous analysis of the themes "psychological-behavioral consequences" and "psychological approach" indicates a dynamic adaptive process among mothers. In response to their child's stereotyped behaviors and emotional crises, these

mothers gradually move beyond the traditional parental role and assume more specialized roles, such as educational facilitators and home-based therapists. The strong emphasis on concepts such as “the need for specialized education” and “structured educational programming” suggests that mothers of these children regard awareness of the disorder and the acquisition of practical skills as their primary coping strategies. Nevertheless, the presence of stressful layers such as the high costs of rehabilitation and the lack of institutional support—manifested in the economic and environmental themes—challenges the sustainability of these efforts. The findings from open coding further clarify that although family and marital conflicts were among the least frequent themes, the mothers’ absolute focus on the child’s needs has pushed the mothers’ own needs as individuals to the margins.

Ultimately, the synthesis of these findings shows that the lived experience of these mothers constitutes a network of intertwined needs that classical, externally imposed educational interventions are unable to fully address. The necessity of designing an educational package rooted in these real experiences arises precisely from this multiplicity of needs. Accordingly, the final intervention must be able to address simultaneously the management of the child’s sensory-motor behaviors, the enhancement of the mother’s psychological resilience, and the modification of family social interaction patterns. Therefore, the categories extracted in this study provide not only a description of the current situation but also a strategic basis for the design of educational content. This data-driven, culturally grounded approach ensures that the final educational package directly addresses the principal nodes in the lives of these mothers—namely, emotional regulation, social skills, and psychological support—and, instead of offering abstract recommendations, provides concrete strategies for improving the lifeworld of families living with high-functioning autism. This inductive process, from open coding to the formation of final themes, provided a valid and scientific foundation for designing an intervention with the highest possible level of acceptability and effectiveness within the cultural and social context of the target population.

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Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

The study protocol adhered to the principles outlined in the Declaration of Helsinki, which provides guidelines for ethical research involving human participants. Ethical considerations in this study were that participation was entirely optional.

Transparency of Data

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

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Authors’ Contributions

All authors equally contributed to this study.

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