

Parenting self-efficacy mediates the effect of parental acceptance on the social-emotional abilities of children with special needs

Wirza F. Rahayu¹ & Frieda M. Mangunsong¹

Abstract

Parents of children with special needs face challenges that can cause stress and reduce parenting self-efficacy. The parent-child relationship is one of the main influences on a child's social-emotional abilities. The aim of this study was to examine more in depth the effect of parental acceptance on the social-emotional abilities of children with special needs and investigate the mediating role of parenting self-efficacy. The participants were 291 parents of children with special needs from various regions in Indonesia. All the participants completed a questionnaire that assessed parental acceptance, parenting self-efficacy, and the social-emotional abilities of their children. The mediation model was tested using the Structural Equation Model. The result of this study shows that the relationship between parental acceptance and the social-emotional abilities of children with special needs is fully mediated by parenting self-efficacy.

Keywords: Children with special needs; Disability; Mediation; Social-emotional abilities; Parental acceptance; Parenting self-efficacy.

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¹ Department of Educational Psychology, Faculty of Psychology, Universitas Indonesia, Depok, Indonesia.

Correspondence to: Wirza Feny Rahayu & Frieda Maryam Mangunsong, Faculty of Psychology, Universitas Indonesia, Depok-16424, Indonesia. Phone: 6285263446236; E-mail: wirza.feny@gmail.com – riemangun@gmail.com.

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1. Introduction

The arrival of a new child is an unforgettable event and one that can influence the stability of the parents' relationship and provide a source of pride and happiness (Kandel & Merrick, 2007). However, the presence of children also requires adjustment and can trigger stress for couples and parents (Peterson & Hawley, 1998; Peterson, 2005). The role of parenting is a constant challenge for couples, starting from the child's birth through to development into adulthood (Gargiulo, 2012). For parents of children with special needs, there are additional challenges and stress associated with childbirth and childrearing (Peterson, 2005). Parents who have children with special needs are often faced with various challenges in daily activities, due to developmental delays, limitations, or inabilities (Kubicek, Riley, Coleman, & Linder, 2013). Mangunsong (2014) defines children with special needs as children whose abilities deviate from the normal range for their age, including mental, sensory, physical, social, emotional, and communication abilities, as well as a combination of two or more of these aspects. Pratiwi and Mangunsong (2017) grouped children with special needs into three broad groups, namely children with physical barriers (e.g., limited mobility, visual impairment, and hearing damage), emotional and behavioral disorders (e.g., Attention-Deficit Hyperactivity Disorder (ADHD), Autism Spectrum Disorder, and learning disorders), and intellectual disability (e.g., Down Syndrome). In addition to deviations below normal, gifted children who have very high intelligence are also classified as children with special needs. The severity of a child's disability affects various aspects of its development, including social-emotional abilities (Shonkoff, Hauser-Cram, Krauss, & Upshur, 1992).

The parents of children with special needs often feel a lack of self esteem, sadness, grief, and guilt, as well as difficulty in accepting their child's disability, which can place them at a greater risk for other negative psychological conditions (Kubicek *et al.*, 2013). Parents' stress levels can affect their child's psychological well-being, while the child's own stress, as a response to the parents' limitations, can negatively affect cognitive, behavioral, and social-emotional development (National Scientific Council on the Developing Child, 2004). Research has described the social-emotional problems faced by children with special needs, including a preliminary study conducted by Diahwati, Hariyono and Hanurawan (2016) that showed that students with ADHD tend to exhibit deviant behavior and often get complaints from other students about disturbing behavior. Another

study by Salimi, Mohammadi and Sadeghi (2016) found that children with visual impairment have lower emotional control abilities compared to children with normal vision, because children with visual impairments have difficulty in showing their proper emotional expression as a result of their limited vision.

Bagdi and Vacca (2005) emphasized that the foundation of children's social and emotional development is embedded in positive emotional experiences between parents and children. This relationship forms the basis of how children see themselves, their friends, and the world around them. From the perspective of social learning, the relationship between children and parents is the main influence that shapes children's early social, emotional, and behavioral development, as well as influencing subsequent social-emotional abilities (Clark, Tluczek, & Cranley Gallagher, 2004; Powell & Dunlap, 2010). Scarupa (2014) defines social-emotional abilities as a broad set of abilities that can be taught and learned by children, which help them to manage emotions and behaviors effectively, be persistent in achieving their goals, appreciate learning processes, interact and work together effectively, and feel confident that they can achieve academically. Social-emotional abilities include various components, namely self-control, persistence, mastery orientation, academic self-efficacy, and social competence (Scarupa, 2014). The development of social-emotional abilities is believed to enable children to monitor themselves, their behavior, and interactions with the environment (Wilson, Gottfredson, & Najaka, 2001; Zins, Weissberg, Wang, & Walberg, 2004).

Saarni (1999) identified various skills acquired during the development of social-emotional abilities, including awareness of one's emotional state, ability to distinguish other people's emotional states, ability to use emotional words, empathy for others, and ability to deal with emotionally difficult situations. The ability to understand emotions becomes the foundation for developing social and emotional abilities. These various skills can certainly be achieved by children with special needs if their parents fully accept the limitations of their condition and provide continuous support to them (Hastings & Brown, 2002). Quality interaction with parents is critical for the healthy development of children's social-emotional abilities (Brophy-Herb, Horodynski, Dupuis, Bocknek, Schiffman, Onaga, *et al.*, 2009; Powell & Dunlap, 2010). By interacting with their parents, children also learn how to understand and regulate their emotions or behavior (Raikes, Robinson, Bradley, Raikes, & Ayoub, 2007). Social-emotional abilities are also the foundation for the development of cognition, language, and adaptability and

influence how children with special needs overcome daily challenges consistent with their developmental stage (Case-Smith, 2013). Children with special needs require psychological adjustment in the development of their social-emotional abilities, which is significantly influenced by parental acceptance of their condition (Rohner, 2014).

Parental acceptance is an active, conscious process that parents go through to understand the condition of their child's special needs, which manifests in warmth, affection, attention, care, and support expressed both physically and verbally (Gargiulo, 2012). Rohner, Khaleque and Cournoyer (2012) define parental acceptance as a dimension of parental warmth in the process of childcare in the form of quality affection between parents and children. Parental acceptance has a significant influence on the adjustments in children with special needs, besides that parent acceptance also becomes the foundation related to how they jointly provide support and assist the development of the social-emotional abilities of children with special needs (Rohner, 2014). Research shows that parenting accompanied by warmth, responsibility, and positive expression contributes positively to the development of children's social-emotional abilities (Yagmurlu & Yavuz, 2015). A study by Izzo, Weiss, Shanahan and Rodriguez-Brown (2008) showed that parenting patterns marked by warmth and acceptance positively influence children's social-emotional adjustment. In Indonesia, the research conducted by Zahroh (2018) also showed that children with an impaired vision or hearing, impaired mobility, or mental disorders were more likely to have good social-emotional development if their parents demonstrated acceptance, affection, and emotional warmth.

Pozo and Sarria (2014) found that in the process of adjustment and acceptance of a child's special needs, several things contribute to the mental health of parents, such as self-esteem and parenting self-efficacy. In support of these findings, several studies have also mentioned that a family environment characterized by interpersonal acceptance, where parents and children can accept each other, helps reduce the negative impact of the condition of the child's special needs and reduces the emotional stress of parents. This can increase parents' confidence in their own parenting ability, commonly called parenting self-efficacy (Fernandes, Machado, & Machado, 2015). Conversely, failure in the process of accepting and identifying a child's early social-emotional problems can negatively influence parenting self-efficacy, which can cause more serious problems for the child later in life (Carter, Briggs-Gowan, & Ornstein Davis, 2004). Moreover, Rohner and Khaleque (2008) state that the behavior of parents in childcare varies; such

is the difficulty of some parents in accepting their child's social-emotional problems that they accept them only when they reject the limitations behind their child's special needs. Acceptance and rejection of the condition of children's limitations are generally influenced by social and cultural factors, one of which is the environment in which there is a reciprocal relationship between parents and children. This is related to parenting practices and influences parenting self-efficacy.

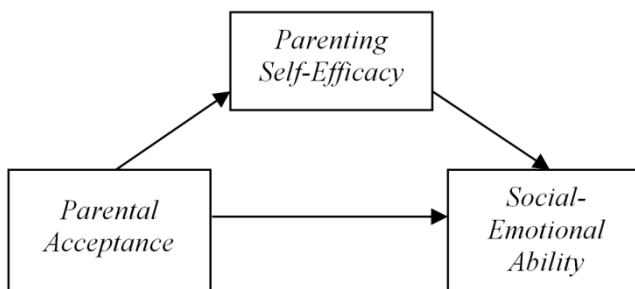
Parenting self-efficacy is a parent's belief or self-assessment, which consists in organizing and carrying out a set of tasks that are positively related to their child's behavior and development (Coleman & Karraker, 2000). Parenting self-efficacy includes parents' perception about their ability to deal with tasks related to abnormal development, certain diseases, or special needs of children. According to Coleman and Karraker (2000), there are five domains in parenting self-efficacy: 1) teaching discipline, 2) facilitating children's achievement in school (achievement), 3) supporting the child's need for recreation, 4) providing the child's emotional development (nurturance), and 5) maintaining the child's physical health. Parents with high parenting self-efficacy have higher interest, commitment, and persistence in parenting, and they are able to tolerate the challenges that arise and deal with the causes of stress effectively (Coleman & Karraker, 2005). Moreover, Junttila, Vauras and Laakkonen (2007) found that parenting self-efficacy has a positive relationship with the social abilities in children with special needs. Parenting self-efficacy has a major influence on the parent-child relationship, suggesting that increasing parenting self-efficacy is important for healthy child development. It is also positively related to parental acceptance and warmth in care-giving, consistent disciplinary practices, and children's social development (Izzo *et al.*, 2008).

The interrelationship of the three research variables (i.e. parenting self-efficacy, parental acceptance and children's social-emotional abilities, see model below), is clear from the findings of previous studies, such as the work of Izzo and colleagues (2008), who described that parenting patterns marked by warmth and acceptance influenced children's social-emotional adjustment more effectively. This research also supports the idea that increasing parenting self-efficacy in parenting practices is very important. In other words, parenting self-efficacy is an aspect that has a major influence on the role of parents as the closest person to the child in the care process. According to Izzo and collaborators (2008) parenting self-efficacy is related to the warmth in parenting, consistent disciplinary practices, and to the social-emotional development of children. The studies described above have

shown that both parental acceptance and parenting self-efficacy affect the social-emotional abilities of children with special needs and parental acceptance has a positive effect on parenting self-efficacy. Helping parents of children with special needs to understand and accept their child's limitations is necessary to support both the well-being and confidence of parents and the social-emotional development of children (Mash & Wolfe, 2009). Based on the description above, it is known that the parental acceptance variable can influence the social-emotional abilities of children with special needs as well as influence parenting self-efficacy. The parenting self-efficacy variable can, in turn, also affect the social-emotional abilities of children with special needs. Thus, researchers suspect that the parenting self-efficacy variable can act as a mediator between parental acceptance and the social-emotional abilities of children with special needs. In addition, parenting self-efficacy also has an important mediational role in linking parents' personal factors, children's behavior, and situational factors, e.g., parenting self-efficacy can act as a mediator between parental loneliness and the social and academic abilities of children in schools (Junttila, Aromaa, Rautava, Piha & Raiha, 2015). However, no research has been conducted, to the best of our knowledge, on the mediating role of parenting self-efficacy between parental acceptance and social-emotional abilities of children with special needs. Whereas from previous research results it appears clear that parenting self-efficacy has an important role for the development of children with special needs. In an effort to compliment previous research, the present study investigated whether parenting self-efficacy acts as a mediator between parental acceptance and the social-emotional abilities of children with special needs.

The relationship between these three variables can be described as showed in Figure 1.

Figure 1 – *The model of the relationship between research variables*



The model above can be tested because there is a link between the variable parental acceptance and the variable social-emotional abilities of children with special needs. The model also foresees a mediation variable that might influence the relationship between the two, namely parenting self-efficacy. The model, called mediation model, refers to the principle proposed by Baron and Kenny (1986) that a variable may be called a mediator if it influences the relationship between the independent variable (IV) and the dependent variable (DV). The mediation model, which is applied in this study, is based on the hypothesis that the IV affects the mediator variable, which, in turn, affects the DV. When the effect of the IV on the DV becomes insignificant in the presence of a mediator, full mediation occurs. The moderation model, instead, is based on the hypothesis that the moderating variable plays a role in strengthening or weakening the relationship between the independent variable and the dependent variable.

Research on children with special needs in Indonesia tends to focus more on enhancing the learning strategies and on developing academic abilities than on social-emotional development and studies typically target teachers or educators. For example, the use of multisensory methods to improve the recognition of number concepts for children with autism (Marienzi, 2012) and the evaluation of the learning abilities of children with special needs in inclusive classes (Maftuhatin, 2014) have been recent areas of inquiry for Indonesian researchers. Instead, parents' role, as children's closest caregivers, in the growth and development of children's social-emotional development has often been overlooked. However, it is an important area for research because the social-emotional abilities of children with special needs has a life-long impact on their capacity to meet environmental demands, face various challenges, and achieve independence in daily life (Case-Smith, 2013). Although children can have multiple disability types, this study focuses on children with a single type of disability: either physical (limited mobility, vision and hearing impairment) or non-physical (such as ADHD and other learning difficulties and mild intellectual disability).

2. Aims and Hypotheses

2.1. Aims

The aims of this study were to investigate the effect of parental acceptance on the social-emotional abilities of children with special needs and to test whether parenting self-efficacy mediated this relationship.

2.2. Hypotheses

The present study tested one primary hypothesis followed by three subordinate hypotheses:

Primary Hypothesis: The relationship between parental acceptance and the social-emotional abilities of children with special needs is fully mediated by parenting self-efficacy. We predicted that the relationship between parental acceptance and social-emotional abilities would no longer be significant by adding parenting self-efficacy to the model tested in the primary hypothesis,.

- Hypothesis a: Parental acceptance has a significant positive influence on the social-emotional abilities of children with special needs.
- Hypothesis b: Parental acceptance has a significant positive influence on parenting self-efficacy.
- Hypothesis c: Parenting self-efficacy has a significant positive influence on the social-emotional abilities of children with special needs.

3. Materials and Methods

3.1. Participants

The participants in this study were 291 parents of children with special needs with two types of disabilities: physical disabilities and non-physical disabilities (mental and behavioral disorders). Physical disabilities thus included motor movement disorders, visual impairment and hearing loss, while non-physical disabilities, or mental and behavioral disorders, included mild intellectual disability, ADHD, specific learning disorders (dyslexia, dysgraphia, and dyscalculia), excluding the autistic spectrum disorder, cerebral palsy, Down syndrome, or double handicap. The children were attending elementary school or its equivalent. All participants lived in Indonesia and spoke Indonesian fluently. Participants were mostly (86.9%) females and the mothers of the children with special needs, while the fathers figured in only 13.1% of cases. The average age of the mothers was 40 years old (range = 25 to 56 years) while that of the fathers was 42 years old (range = 20 to 65 years). Most participants had finished high school. The participants' children with special needs were more boys than girls, and more children with non-physical disabilities, such as mild intellectual disability and ADHD. Most of the children were in grades 1 to 3. The children were aged between 5 to 16 years old. To recruit participants, we

approached educational and community organizations catering to families with children with special needs, such as public and private elementary schools, special needs schools, special needs observers, and communities of parents of children with special needs. We approached all institutions both by visiting in person and by telephone. After obtaining permission, we produced a research permit and informed consent and immediately conducted the research by distributing written questionnaires to the participants. In addition, questionnaires were also distributed online. After completing the questionnaire that was delivered, each participant obtained a reward in the form of electrical pulses (for online participants), which were sent via the go-pulse feature on the Go-jek application (one of the online start-up applications in Indonesia). To offline participants we gave gift bags as reward. The sample in this study was obtained by convenience sampling, subject to the availability and willingness of participants who met the research criteria (Cohen, Swerdlik, & Phillips, 2009; Creswell & Clark, 2017).

3.2. Instruments

3.2.1. Social-emotional ability

Social-emotional ability was measured using a modified version of an instrument designed to assess the social-emotional skills of elementary students, compiled by Child Trends and the Tauck Family Foundation-Teacher Survey (Scarupa, 2014). After the adaptation process to the Indonesian version, the test tool was called Elementary Student's Social-Emotional Skills Measurement. This instrument was divided into two parts: 1) a *teacher survey*, covering *self-control*, *persistence*, and *social competence*, and 2) a *student survey* covering *self-control*, *persistence*, *mastery orientation*, and *academic self-efficacy*. According to Scarupa (2014), student surveys can only be administered to high school elementary students (grades 3-5, aged 8 to 11 years) because they are predicted to be able to provide appropriate answers. In contrast, lower class students are still considered not able to understand the concept of self-ability and mastery orientation based on their developmental stage. Based on the explanation above, we decided to use the items in the teacher survey to measure the child's social-emotional abilities and the components that were used were thus persistence, self-control and social competence.

Elementary Student's Social Emotional Skills Measurement was developed by Scarupa (2014) to measure children's social-emotional abilities

in school settings related to academic achievement. However, he explained that the measuring instrument can be adapted to other contexts that target social-emotional abilities. Thus, the teacher survey-measuring instrument in this study was adapted to the research context and administered to parents having children with special needs. This measurement tool covers three dimensions of social-emotional abilities: persistence, self-control, and social competence. The original version of this measurement tool consists of 12 items with responses rated on a four-point Likert scale (1 = "never" to 4 = "always").

This measurement tool is not available yet in Indonesian, so we translated the items from English to Indonesian. We also adapted it by adding a further nine items to make it more relevant to parents of children with special needs.

Table 1 – *The latest version of the Elementary Student's Social-Emotional Skills Measurement tool that was adapted to the Indonesian version*

No	Statement	N	ST	O	A
1	When given an assignment/asked to do something, my child does it thoroughly.				
2	My child gives up easily when he/she performs a difficult task.				
3	My child makes no effort to get what he/she wants.				
4	My child tends to move on to other tasks before completing the first task.				
5	My child is able to wait his/her turn patiently/queue.				
6	My child can sit still in situations that require him/her to sit still.				
7	If his/her wish is not fulfilled, my child can go berserk.				
8	My child interferes with other people's ongoing activities that trigger conflict.				
9	While working on assignments, my child refuses to correct mistakes.				
10	My child can do routine tasks without being reminded.				
11	My child can do activities in a group.				
12	My child can solve problems with peers/groups without acting aggressively.				
13	My child is willing to share with others.				
14	My child can take the initiative to invite friends to do activities in the group.				
15	My child can show expressions appropriate to the circumstances experienced by other people.				
16	My child is neglected by friends in group activities for insisting on his/her will.				
17	When conflicted with peers/groups, my child can solve his/her problems.				
18	After completing the assignment, my son/daughter rechecks the results.				
19	My child refuses to play in groups.				

Abbreviations: N = Never; O = Often; ST = Sometimes; A = Always.

A readability test was performed on individuals who met the research characteristics. Furthermore, we conducted analyses to test the validity and reliability of this instrument. As a result, two items were invalidated and, therefore, eliminated, resulting in 19 items used in the final version (see Tab. 1). The results of a confirmatory factor analysis (CFA) on these 19 items supported their validity: $\chi^2_{(149)} = 1.224$, $p \leq .0001$, CFI = .847, RMSEA =

.071 [90% CI .060, .079], SRMR = .075. Factor loadings of the items ranged from .466 to .737. The Cronbach's alpha of this measuring instrument was .872 and the correlation between items with the total score ranged from .331 to .612.

3.2.2. Parental acceptance

Parental acceptance was measured using the Parental Acceptance-Rejection Questionnaire Short Form (PARQ-SF) developed by Rohner, Khaleque and David (2005). This measurement tool measures the level of parental acceptance perceived by parents towards their children. The choice of answers is again in the form of a Likert scale in the range 1-4, where "1" means "very incompatible" and "4" means "very compatible". This measurement was adapted into Indonesian by Fath (2015), which consists of 16 items and is given to parents of children with autism. This measurement tool is used for trials, after which an adaptation and readability test is carried out to suit the criteria of the given participants. We adjusted this instrument for parents of children with special needs and conducted readability tests with the 291 participants. Based on the results of testing the instrument and item analysis, 15 items were considered valid and reliable and were included in this study (see Tab. 2). The 1 invalid item (i.e. "I really care about the difficulties of my child") presented a correlation between items and a total score below 0.3.

Table 2 – *The latest version of the Parental Acceptance-Rejection Questionnaire Short Form (PARQ-SF) tool that was adapted to the Indonesian version*

No	Statement	VI	I	C	VC
1	<i>I do not pay attention to my child as long as he/she doesn't bother me.</i>				
2	<i>I hit my son/daughter even though he/she didn't deserve it.</i>				
3	<i>I care about what my child thinks and encourage him/her to talk about it.</i>				
4	<i>I feel that other kids are better than mine in many ways.</i>				
5	<i>I feel annoyed with my child.</i>				
6	<i>I make my child feel unloved if he/she is naughty.</i>				
7	<i>I care about the hardships my child is facing.</i>				
8	<i>I ignored my son/daughter when he/she asked for help.</i>				
9	<i>I treat my child with gentle and loving care.</i>				
10	<i>I tend to ignore my children.</i>				
11	<i>I hurt my child's feelings.</i>				
12	<i>I beat my child when I get angry.</i>				
13	<i>I openly declare to my child that I love him/her.</i>				
14	<i>I consider my child a burden of my life.</i>				
15	<i>I give full attention to my child.</i>				

Abbreviations: VI = Very Incompatible; C = Compatible; I = Incompatible; VC = Very Compatible

The CFA results for this instrument were $\chi^2_{(90)} = 1.527$, $p = .002$, CFI = .924, RMSEA = .041 [90% CI .028, .052], SRMR = .057. Factor loadings for the items ranged from .308 to .806. The Cronbach's alpha of this instrument was .844 and the correlation between items and the total score ranged from .335 to .707.

3.2.3. Parenting self-efficacy

Parenting self-efficacy was measured using the Self-Efficacy for Parenting Task Index developed by Coleman and Karraker (2000), which was adapted for Indonesian by Madjid and Mayangsari (2011) from the parenting self-efficacy research group. This instrument consists of 36 items that measure five domains of parenting self-efficacy in parents who have children aged 5 to 12 years (Coleman & Karraker, 2000).

Table 3 – *The latest version of the Self-Efficacy for Parenting Task Index tool that was adapted to the Indonesian version*

No	Statement	VI	I	C	VC
1	<i>I am quite capable of guiding my child to obey the rules that I set.</i>				
2	<i>I find it hard to make proper rules for my child.</i>				
3	<i>I find it hard to teach my children to obey my commands.</i>				
4	<i>Compared to teaching other things, I have more difficulty to discipline my children.</i>				
5	<i>My efforts to teach discipline to my child are vain.</i>				
6	<i>I can discipline my child in many ways.</i>				
7	<i>I can do the things that are needed when my child is doing his/her schoolwork.</i>				
8	<i>I am involved in my child's school activities as much as possible,.</i>				
9	<i>Teaching my child to do schoolwork frustrates me.</i>				
10	<i>I find it hard to be involved in my child's educational activities as I would like to do.</i>				
11	<i>I can guide my child to solve his/her school problems.</i>				
12	<i>I have done the necessary things when teaching my child to play with his/her friends.</i>				
13	<i>I feel inadequate to make my child happy.</i>				
14	<i>I feel satisfied that I can provide fun activities for children.</i>				
15	<i>I care less about my child's social life.</i>				
16	<i>I can share joyful experiences with my children.</i>				
17	<i>I do not engage in activities that are fun for children.</i>				
18	<i>I am a loving and caring parent for my child.</i>				
19	<i>I find it hard to show my love for my child.</i>				
20	<i>I feel that I have provided support in every activity of my child following his/her expectations.</i>				
21	<i>It's easy for me to be a loving parent.</i>				
22	<i>I encourage my child to show his/her feelings.</i>				
23	<i>I have done everything that is necessary to make my child healthy.</i>				
24	<i>Being busy makes it difficult for me to pay attention to my child's health.</i>				
25	<i>I can make sure that my child feels that his/her health is being monitored.</i>				

Abbreviations: VI = Very Incompatible; C = Compatible; I = Incompatible; VC = Very Compatible;

The choice of answers is again in the form of a Likert scale in the range 1-4, where "1" means "very incompatible" and "4" means "very compatible". The Cronbach Alpha coefficient of this measuring instrument is .918. Although this measurement was adapted into Indonesian by Wardani (2013), we decided to revise these items in accordance with the context and participants of our dataset. Based on the results of testing the measuring instrument and item analysis, 25 items were considered valid and reliable and were included in this study (refer to Tab. 3). The CFA results for this instrument were $\chi^2_{(275)} = 1.502$, $p \leq .0001$, CFI = .801, RMSEA = .066 [90% CI .060, .071], SRMR = .076. Factor loadings for the items ranged from .308 to .806. The Cronbach's alpha of this instrument was .906 with the correlation between items and the total score in the range .418 to .610.

3.3. Procedure

The study was conducted from May to September 2019. The several measuring instruments were put together in a single questionnaire document. After obtaining a research ethical clearance and permit, we visited several special schools in the Greater Jakarta Area, organizations and therapy sites to obtain participants offline. The process of filling out the questionnaire was carried out directly on the day of the encounter with the participants and we collected all the questionnaires that had been filled out. To make it more practical and smooth for the participants, we created an online version of the questionnaire and gave participants the choice of completing the questionnaire via a link online or in paper format. Of the 291 participants who completed the questionnaire, 57.7% filled out the paper version and 42.3% completed it online. Prior to starting the questionnaire, we conveyed the general purpose of the research to all the participants and each was asked to give his/her informed consent by signing in writing on the questionnaire form as proof that the research adhered to ethical standards.

3.4. Data processing and analytical strategy

Data processing and analyses were performed using IBM SPSS Statistics for Windows (version 22) and R studio (version 1.1.383) with Lavaan 0.6-5. Cronbach's α and corrected item-total correlations were used to test the validity and reliability of the measuring instruments. Descriptive statistics were computed to provide an overview of parents' and children's demographic characteristics through percentage, frequency, mean, standard

deviation, and minimum and maximum values, related to both demographic conditions and each variable. Furthermore, to test the fitness of the theoretical model and examine the role of parenting self-efficacy in mediating the effect of parental acceptance on the social-emotional abilities of children with special needs, the Structural Equation Model in R studio program was used. Statistical significance was set at $p < .05$.

According to Hu and Bentler (1998), a SEM is said to be a good fit to the observed data if the Comparative Fit Index (CFI) is between .90 and .95, the value of the Root Mean Squared Error of Approximation (RMSEA) is less than .06, and the Standardized Root Mean Square Residual (SRMR) is less than .08. Browne and Cudeck (1993) state that RMSEA numbers less than .05 indicate a good model fit, and RMSEA values between .05 to .08 indicate that the model is still acceptable. Hu and Bentler (1998) state that a model is said to fit the data if it meets at least two of the indicators mentioned above.

4. Data Analysis

4.1. Results

Table 4 shows participants' parental roles, age, and education level. The average age of female participants was 40 years old (range = 25 to 56 years old), while the average age of male participants was 42 years old (range = 20 to 65 years old). As results from the table, most participants had finished high school.

Table 4 – *The characteristics of the participants (n = 291)*

<i>Characteristics</i>	<i>Categories</i>	<i>Frequency</i>	<i>Percentage</i>
Parenting role	Father	38	13.1%
	Mother	253	86.9%
Father's age	Young adult (20-39 years old)	10	3.4%
	Middle adulthood (40-65 years old)	27	9.3%
	Not identified	1	.3%
Mother's age	Young adult (25-39 years old)	124	43.0%
	Middle adulthood (40-56 years old)	125	43.0%
	Not identified	4	1.4%

Father's education	Primary School	4	1.4%
	Junior High School	1	.3%
	Senior High School	18	6.2%
	Diploma	2	.7%
	Undergraduate degree	9	3.1%
	Master's degree	3	1.0%
	Doctoral degree	1	.3%
Mother's education	Primary School	9	3.1%
	Junior High School	39	13.4%
	Senior High School	110	38.1%
	Diploma	28	9.6%
	Undergraduate degree	54	18.6%
	Master's degree	13	4.5%

Table 5 shows the characteristics of the participants' children with special needs. There were more boys than girls and more children with non-physical disabilities, such as mild intellectual disabilities and ADHD, than children with physical disabilities. Most of the children were in elementary school grades 1 to 3 and were aged between 5 and 16 years old (majority aged 8 to 13 years old), with the exception of one child who was over 16 years old.

Table 5 – *The characteristics of the participants' children with special needs (n = 291)*

<i>Characteristics</i>	<i>Categories</i>	<i>Frequency</i>	<i>Percentage</i>
Gender	Boys	165	56.7%
	Girls	126	43.3%
Type of disability	Physical	135	46.4%
	Non-physical	156	53.6%
Elementary school grade	1	96	33.0%
	2	44	15.1%
	3	53	18.2%
	4	35	12.0%
	5	37	12.7%
	6	26	8.9%

	5-7	44	15.1%
	8-10	131	45%
Age range (years)	11-13	99	34%
	14-16	16	5.5%
	≥ 17	1	.3%

Table 6 shows an overview of the research variables based on the descriptive statistical calculations.

Table 6 – *Overview of the research variables*

<i>Variable</i>	<i>Min Average</i>	<i>Max Average</i>	<i>Mean</i>	<i>SD</i>
Social-emotional abilities	1	4	2.67	.50
Parenting self-efficacy	1	4	2.58	10.32
Parental acceptance	1	4	3.51	.64

Scores of the three measuring instruments were grouped into three categories: low (1-1.99), moderate/adequate (2-3), and high (3.01-4) with a range of answers 1- 4 on the Likert scale. The minimum value obtained from the lowest weight multiplied by the number of items, while the maximum value obtained from the highest weight multiplied by the number of items. In addition, the average score obtained from the lowest weight multiplied by 2. Concerning the social-emotional and the parenting self-efficacy variables, the mean was 2.67 and 2.58, respectively. This shows that the average parent's assessment of the social-emotional abilities of children with special needs and the level of parenting self-efficacy of the participants were both moderate. The parental acceptance variable showed, instead, that the level of acceptance was high with a mean of 3.51. This shows that the average parent shows a high acceptance of the condition of their children with special needs.

To test the fitness of the theoretical model and examine the role of parenting self-efficacy in mediating the effect of parental acceptance on the social-emotional abilities of children with special needs, we conducted a mediation test, treating parental acceptance as the independent variable, parenting self-efficacy as the mediator, and social-emotional abilities of children with special needs as the dependent variable. Table 7 shows the fit indices for each model and also the regression coefficients (B), standardized regression coefficients (β), and statistical significance (p -values). Based on the primary hypothesis and on the model fit criteria proposed by Hu and Bentler (1998) and Browne and Cudeck (1993), the mediation model tested

in this study was an acceptable fit to the observed data and the model was further analyzed (refer to Tab. 8 for details). The regression of parental acceptance (X) on the social-emotional abilities (Y) was significant ($p < .005$). The regression of parental acceptance (X) on parenting self-efficacy (M) was also significant ($p < .005$) as well as that of parenting self-efficacy (M) on the social-emotional abilities (Y) ($p < .005$).

Table 7 – Fit indices for each model ($n = 291$)

Model	CFI	RMSEA	SRMR	Sig.	B	β
1. Parental acceptance (X) to social-emotional abilities (Y) through parenting self-efficacy (M)	.766*	.047*	.078*	.000*	-	-
a. Parental acceptance (X) to social-emotional abilities (Y)	.844	.048	.070	.000*	.338	.260
b. Parental acceptance (X) to parenting self-efficacy (M)	.776*	.052*	.078*	.000*	.589	.646
c. Parenting self-efficacy (M) to social-emotional abilities (Y)	.790*	.054*	.076*	.000*	.431	.312

Abbreviations: X = independent variable; Y = dependent variable; M = mediator.

CFI = Comparative Fit Index; RMSEA = Root Mean Squared Error of Approximation; SRMR = Standardized Root Mean Square Residual.

* indicates that the model fit indices were acceptable, according to Hu and Bentler (1998).

Table 8 shows the regression coefficients (B), standardized regression coefficients (β), and statistical significance (p -values) for each of the models tested. The results support the mediation effect predicted in the primary hypothesis. When parenting self-efficacy was added to the model, the direct effect of parental acceptance (X) on the social-emotional abilities (Y) was not significant ($p = .271$). When the indirect effect of parental acceptance on the social-emotional abilities of children with special needs was mediated by the parenting self-efficacy variable, the results became significant ($p = .030$). In this model, parenting self-efficacy fully mediated the effect of parental acceptance on the social-emotional abilities of children with special needs. The regression of parental acceptance (X) on the social-emotional abilities (Y), ignoring parenting self-efficacy (M), was also significant ($p < .005$). Thus, the more parents accepted the limitations of their children’s condition, the better were the social-emotional abilities of their children. The regression of parental acceptance (X) on parenting self-efficacy (M) was also significant ($p < .005$). Parents who reported higher levels of acceptance tended to report higher levels of self-efficacy. Thus, the hypothesis that parenting self-efficacy (M) mediated over the control of parental acceptance

(X), significantly predicting the social-emotional abilities (Y) of children ($p = .013$), was supported. Higher self-efficacy among parents was associated with higher social-emotional abilities in their children.

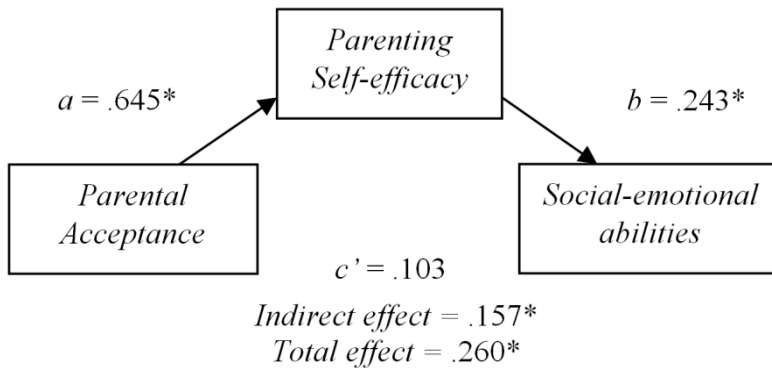
Table 8 – Mediation test results ($n = 291$)

	Parenting self-efficacy (M)			Social-emotional abilities (Y)		
	<i>B</i>	β	<i>p</i> -values	<i>B</i>	β	<i>p</i> -values
<i>Direct effect</i>						
Parental acceptance (X)	<i>a</i>	.593	.645	.000*	<i>c'</i>	.135 .103 .271
Parenting self- efficacy (M)	-	-	-	-	<i>b</i>	.346 .243 .013*
<i>Indirect effect</i>	<i>ab</i>	.205	.157	.030*		
<i>Total effect</i>		.340	.260	.000*		

Abbreviations: * indicates statistical significance at $p < .05$; *c'* represents the direct effect of X on Y after controlling for M. The effect of X on M is represented by *a*, and the effect of M on Y, controlling for X, is represented by *b*. The indirect effect is the product of $a * b$.

Figure 2 illustrates the indirect effect of parental acceptance on the social-emotional abilities, mediated by parenting self-efficacy.

Figure 2 – Final structural model with path coefficients depicting parenting self-efficacy as a mediator between parental acceptance and social-emotional abilities of children with special needs



Notes: * indicates statistical significance at $p < .05$; *c'* represents the direct effect of X on Y after controlling for M. The effect of X on M is represented by *a*, and the effect of M on Y, controlling for X, is represented by *b*. The indirect effect is the product of $a * b$.

5. Discussion

The findings highlighted in this paper indicate that parenting self-efficacy plays a significant role in mediating the effect of parental acceptance on the social-emotional abilities of children with special needs. This is consistent with Izzo and collaborators (2008) who found that a high degree of parenting self-efficacy plays a significant role in providing good care and warmth and affection for children so that it also has a good impact on children's development, including the child's social-emotional development.

Previous research has shown that when parents accept the limitations imposed by their children's physical or non-physical disability, children develop stronger social-emotional abilities than if their parents do not accept their condition (Izzo *et al.*, 2008; Rohner, 2014; Yagmurlu & Yavuz, 2015). In this study, we explored the mediating role of parenting self-efficacy in the effect of parental acceptance on the social-emotional abilities of children with special needs. In support of the primary hypothesis, we found that the effect of parental acceptance on the social-emotional abilities of children with special needs was significantly mediated by parenting self-efficacy. Parental acceptance influenced the development of the social-emotional abilities of children with special needs, via parenting self-efficacy. If parents of children with special needs fail to understand and accept the limitations of their child's condition, then this affects their confidence as a parent. Fernandes and co-workers (2015) stated that a family environment characterized by interpersonal acceptance in which parents and children can welcome each other will help reduce the negative impact of the condition of the limitations of children with special needs in order as to reduce the emotional stress of the parents to lower stress levels. This can then increase parents' confidence in their ability to care, commonly called parenting self-efficacy. This is in line with the findings of Briggs-Gowan and Carter (2007) who observed that the failure of parents to identify early social-emotional problems negatively affects parenting self-efficacy. Furthermore, parental acceptance of children with special needs affects the development of children's social-emotional abilities (Jones & Prinz, 2005). As mentioned above, Junttila and co-workers (2007) found that parenting self-efficacy has a positive relationship with social-emotional abilities in children with special needs.

When parenting self-efficacy was not controlled for, we found that parental acceptance positively influenced the social-emotional abilities of children with special needs. That is, the more parents can accept the

conditions or limitations that their children have, the better are the social-emotional abilities of their children. These results are in line with research by Zahroh (2018), which showed that children with impaired vision or hearing, impaired mobility, or a mental disorder were more likely to have good social-emotional development if their parents demonstrated acceptance, affection, and emotional warmth. This explains that the role of parental acceptance is important for the development of social-emotional abilities of children with special needs.

As predicted, it was found that parental acceptance had a significant positive association with parenting self-efficacy. Parents are not always able to accept the limitations of the conditions behind their child's special needs. Most parents experience negative psychological states in response to their child's condition, such as stress or denial. Hallahan, Kauffman and Pullen (2012) reported that parents who have children with special needs have a high probability of experiencing stress and stress-related problems. This manifests in emotional reactions, namely guilt, anger, and denial, until finally reaching acceptance. Thus, it appears that parental acceptance is a process in which individuals typically experience a range of psychological and emotional states before reaching the stage of acceptance. According to Kandel and Merrick's (2007) review, parents who have children with special needs usually experience critical periods, in which a crisis needs to be resolved, although these are not the same for everyone. If parents manage to overcome these crises, they will reach the stage of acceptance. When parents accept their child with special needs, it is easier for them to feel confident in providing the best care as a parent. Kandel and Merrick (2007) stated that parents who accept their child's special needs are more capable of caring for themselves and meeting the needs of their children.

Our research also showed that parenting self-efficacy had a significant positive effect on the social-emotional abilities of children with special needs. This is consistent with research conducted by Junttila and co-workers (2007). Thus, it appears that when parents feel confident in dealing with the conditions and limitations imposed by their child's disability, this has a positive impact on the development of children's social and emotional abilities. Furthermore, other research conducted by the same authors (Junttila *et al.*, 2015) showed that parenting self-efficacy was the main element in improving children's well-being and development in various aspects, including their social-emotional abilities. In line with these findings, Carter and collaborators (2004) stated that high parenting self-efficacy can

reduce stress and depression in parents with children with special needs and can help their children's social-emotional development.

As mentioned above, the interrelationships of the three variables of this study have already been explained by Izzo and colleagues (2008), who stated that parental care accompanied by warmth and acceptance positively influences the child's social-emotional adjustment. In addition, an increased parenting self-efficacy in parenting practices also has a positive impact on children's development. In other words, parenting self-efficacy is an aspect that has a significant influence on the role of parents as the closest person to the child in the caring process. Facing a situation like this requires a good ability from parents to be able and to be independent in taking care of children with special needs. These previous studies are thus consistent with our finding that parenting self-efficacy acts as a significant mediator in the influence of parental acceptance on the social-emotional abilities of children with special needs.

It should be underlined, however, that this study has several limitations. Previous research found that parents with young children with special needs showed a higher level of self-efficacy than parents with adolescent children with special needs (Glatz & Buchanan, 2015). In the study presented here, most participants had children who were aged under 13 years old. Therefore, our sample may not be representative of parents with older children with special needs. Future studies should replicate our model with parents of older children with special needs. Research has also found other socio-demographic variables that may influence parenting self-efficacy. For example, parents with low levels of education and income tend to have lower levels of parenting self-efficacy than parents with higher levels of education and income (Glatz & Buchanan, 2015). Likewise, low income is associated with increased symptoms of depression among parents, which results in decreased parenting self-efficacy (O'Neil, Wilson, Shaw, & Dishion, 2009). Furthermore, Junttila and co-workers (2015) also found that parents' age, level of education, parents' income as well as the number of children with special needs also influenced the level of parenting self-efficacy in both fathers and mothers. They asserted that older parents have more positive parenting experiences compared to parents who are younger and have less experience. Moreover, the greater the number of children with special needs in one family, the more difficult it is for parents to accept all the limitations and carry out the role of care in an effective way.

Further research should be promoted concerning the mediator variables in order to explain their effects more specifically on the social-emotional

abilities of children with special needs. One direction could be to analyze the influence of each dimension of parenting self-efficacy on the social-emotional abilities. A thorough analysis of the various dimensions of parenting self-efficacy could highlight the dimension that is of most influence so that a psychological intervention can be carried out according to needs. Parents who have children with special needs are expected to be able to continue to maintain and improve parenting self-efficacy as the impact of this variable is very significant for the development of their children in all aspects, including the social-emotional skills of children. From the results of this study it appears that the acceptance of parents is not enough to ensure that parents are confident in caring for children with special needs. However, if a parent already has high parenting self-efficacy, this shows that parents have accepted the conditions and limitations of the child. With respect to further research, it would be very helpful to find out if self-efficacy has the same mediating effect on “professional acceptance” for teachers and other non-parental caregivers as it does with parents.

6. Conclusions

This study examined the role of parenting self-efficacy in mediating the effect of parental acceptance on the social-emotional abilities of children with special needs. Based on the results of the current study, it can be concluded that parental acceptance significantly influences the social-emotional abilities of children with special needs. In addition, parenting self-efficacy was found to have a direct significant effect on the social-emotional abilities of children with special needs. Finally, parenting self-efficacy was also found to act as a full mediator in the influence of parental acceptance on the social-emotional abilities of children with special needs.

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