

Original Article

Parental Sense of Competence, Psychological Well-Being, and the Mediating Role of Coping Strategies Among Filipino Parents of Children with Special Needs

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Abstract. Parents of children with special needs experience sustained caregiving demands that may affect psychological well-being and parenting confidence. However, the mechanisms linking these constructs remain insufficiently examined in the Philippine context. This study examined parental sense of competence, psychological well-being, and coping strategies among Filipino parents of children with special needs, with attention to demographic differences and the mediating role of coping strategies. A predictive correlational design was used. Data were gathered from 300 purposively selected parents of children with special needs enrolled in Special Education classes in Biñan and San Pedro, Laguna. Participants completed self-administered measures: the Brief COPE, Ryff's Psychological Well-Being Scale, and the Parenting Sense of Competence Scale. Data were analyzed using descriptive statistics, Kendall's tau-b correlation, Mann-Whitney U tests, and partial least squares structural equation modeling. Overall psychological well-being was moderate (Mdn = 156.00, MAD = 10.00), with high scores in autonomy, environmental mastery, personal growth, positive relations, and self-acceptance but a moderate score in purpose in life. Overall parental sense of competence was moderate (Mdn = 64.00, MAD = 8.00), with high efficacy (Mdn = 35.00, MAD = 4.00) and moderate satisfaction (Mdn = 31.00, MAD = 5.00). Problem-focused and emotion-focused coping were moderately used, while avoidant coping was low. Age was positively associated with emotion-focused coping and negatively associated with parental sense of competence. Female parents reported greater use of problem-focused and emotion-focused coping, but no gender difference emerged in psychological well-being or parental competence. The structural model showed that psychological well-being directly predicted parental competence; only problem-focused coping showed a significant suppressive indirect effect. Findings support interventions that strengthen parenting efficacy, emotional regulation, and inclusive family support. Because the design was cross-sectional and correlational, the mediation results are interpreted as statistical indirect associations rather than evidence of temporal or causal pathways.

Keywords: *Coping strategies; Parental sense of competence; Parents of children with special needs; Partial Least Squares Structural Equation Modeling; Psychological well-being.*

Parenting a child with special needs involves more than ordinary caregiving responsibilities. It requires continuing adaptation to developmental, behavioral, educational, therapeutic, and social demands that may affect the parent's emotional life, family functioning, and confidence in the parenting role. Children with special needs may be present with autism spectrum disorder, Down syndrome, cerebral palsy, developmental delays, learning difficulties, or related conditions requiring additional support and accommodations. These circumstances often require parents to coordinate services, advocate for appropriate educational placement, manage behavioral challenges, and respond to social stigma, all while maintaining the parent-child relationship and family stability.

Within this context, parental sense of competence is a central psychological resource. Bandura's (1997) social cognitive theory explains that self-efficacy beliefs shape how individuals interpret challenges, persist through difficulty, and regulate behavior. In caregiving, parental sense of competence reflects parents' belief that they can perform parenting tasks effectively and feel satisfaction in the parenting role. Prior reviews and empirical studies have consistently linked parental self-efficacy with better parent and child outcomes, while lower self-efficacy has been associated with stress, depressive symptoms, and less adaptive parenting (Albanese et al., 2019; Fang et al., 2021). In families of children with autism and other special needs, parents' active involvement in interventions and their satisfaction with training appear to strengthen self-efficacy and reduce caregiver burden (Kurzrok et al., 2021; Russell & Ingersoll, 2021).

However, Bandura's model is applied here critically rather than as a purely individual explanation of parenting outcomes. Self-efficacy may help explain why some parents persist, organize routines, and feel capable, but caregiving competence among parents of children with special needs is also constrained by school resources, access to therapy, transportation, finances, stigma, family support, and policy implementation. Thus, low parental competence should not be interpreted simply as a lack of individual confidence; it may also reflect systemic barriers that reduce parents' opportunities to experience mastery.

Psychological well-being is also a multidimensional construct. Rather than referring only to the absence of distress, it includes autonomy, environmental mastery, personal growth, positive relations, purpose in life, and self-acceptance. Studies of parents of children with autism and other disabilities have shown that well-being may be shaped by parent factors, child characteristics, social support, and family stressors (Green et al., 2021; De Clercq et al., 2022). The COVID-19 literature further demonstrated that disruptions in routine and access to services can reduce parenting self-efficacy and intensify parental stress, especially for families of children with special needs (Stanković et al., 2022; Xue et al., 2021). These findings indicate that parental well-being and competence should be examined together, particularly in settings where formal support may be limited or unevenly accessible.

Coping strategies provide a plausible mechanism linking psychological well-being and parental competence. Lazarus and Folkman's (1984) transactional model of stress and coping conceptualizes coping as a dynamic response to perceived demands and available resources. Carver's (1997) Brief COPE framework distinguishes between strategies that attempt to change the problem, regulate emotions, or disengage from stressors. Research among parents of children with disabilities suggests that adaptive coping, such as active coping, planning, positive reframing, acceptance, and support seeking, can be associated with better quality of life and lower distress, whereas avoidant coping is often linked to poorer adjustment (Fairfax et al., 2019; Auriemma et al., 2022). More recent psychometric work supports the Brief COPE as a practical measure of coping among parents (Nunes et al., 2021).

In the present study, Lazarus and Folkman's transactional model is operationalized as an appraisal-resource process. Psychological well-being is treated as part of the parent's internal resource base that may influence how caregiving demands are appraised. Coping strategies represent resource mobilization after appraisal: problem-focused coping attempts to modify controllable demands, emotion-focused coping regulates distress and meaning, and avoidant coping reflects disengagement when demands are perceived as overwhelming or uncontrollable. Parental sense of competence is then interpreted as the parent's perceived role confidence in the context of these appraisals and coping responses. This mapping clarifies why coping may statistically intervene between well-being and competence without assuming that all coping styles function adaptively in every caregiving situation.

Intervention research further highlights the value of strengthening parents' internal and external resources.

Acceptance and Commitment Therapy and mindfulness-based programs have shown potential in improving psychological flexibility, parenting stress, and well-being among parents of children with autism (Marino et al., 2021; Li & Chien, 2026). These interventions suggest that parental outcomes may improve when parents are supported not only in child-management skills but also in emotional regulation, values clarification, and adaptive coping. In addition, social support and inclusive service systems remain crucial because parenting confidence can be weakened by financial strain, limited family support, and gaps in educational or therapeutic access.

Despite increasing international evidence, the interaction of parental sense of competence, psychological well-being, and coping strategies remains underexamined among Filipino parents of children with special needs. Local context matters because Filipino parents often rely heavily on family networks, school-based special education services, religious coping, and informal community resources. Moreover, mothers often assume primary caregiving roles, which may shape both coping patterns and interpretations of parental competence. A context-specific analysis can therefore inform family-centered interventions, school guidance programs, and mental health services for parents of children with special needs.

The Filipino context is therefore integrated theoretically through a culturally grounded lens. *Sikolohiyang Pilipino* emphasizes *kapwa*, or shared identity, and relational processes such as *pakikipagkapwa* and *pakikiramdam*, which position coping not only as an individual strategy but also as a family and community process (Pe-Pua & Protacio-Marcelino, 2000). Filipino parenting is also shaped by collectivist family expectations, interdependence, and obligations to the family group (Alampay, 2024). Religious coping, commonly reflected in prayer, acceptance, and meaning-making, may function as a culturally available resource rather than merely an emotion-focused response (Pargament, 1997). This cultural frame complements Bandura's focus on efficacy and Lazarus and Folkman's focus on appraisal by locating parental competence within relational, spiritual, and resource-based caregiving systems.

This study examined the demographic profile, psychological well-being, parental sense of competence, and coping strategies of Filipino parents of children with special needs. It further tested the relationships among age, psychological well-being, parental sense of competence, and coping strategies. It examined whether coping strategies mediated the relationship between psychological well-being and parental sense of competence. The study contributes to practice by identifying parental strengths and support needs to guide psychoeducation, counseling, parent-support groups, and gender-inclusive family interventions.

Research Questions:

1. What are the demographic characteristics of Filipino parents of children with special needs in terms of age, gender, single-parent status, and relationship to the child?
2. What are the levels of psychological well-being, parental sense of competence, and coping strategies among the respondents?
3. How are age, psychological well-being, parental sense of competence, and coping strategies associated?
4. Do problem-focused, emotion-focused, and avoidant coping show statistically significant indirect associations in the relationship between psychological well-being and parental sense of competence?
5. How do Filipino cultural dimensions, including collectivist family support, religious coping, and gendered caregiving expectations, inform the interpretation of coping and parental competence?

Methodology

Research Design

A predictive correlational design was employed to examine associations among psychological well-being, parental sense of competence, and coping strategies. This design was appropriate because the study sought to determine whether psychological well-being and coping strategies were associated with parental sense of competence and whether coping strategies operated as mediating variables. Partial least squares structural equation modeling (PLS-SEM) was used because it is suitable for prediction-oriented models involving latent constructs and multiple indicators (Hair et al., 2022).

PLS-SEM was preferred over covariance-based SEM because the study was prediction-oriented, involved multiple latent constructs with several indicators, and used data that did not fully satisfy normality assumptions. Unlike ordinary regression, PLS-SEM allowed simultaneous assessment of measurement quality and structural

associations among latent variables, including indirect effects. Unlike covariance-based SEM, the main aim was not to confirm an established covariance structure or emphasize global model fit, but to estimate the explanatory and predictive capacity of a theoretically specified model. Consistent with recent guidance, PLS-SEM was therefore used as a composite-based approach suited to complex, prediction-focused models, while recognizing that the correlational and cross-sectional design cannot establish causality or temporal precedence (Hair & Alamer, 2022; Hair et al., 2022).

Participants and Sampling Technique

The respondents were 300 parents of children with special needs enrolled in Special Education classes in Biñan and San Pedro, Laguna. The estimated target population consisted of parents of children enrolled in SPED classes in the two localities. Purposive sampling was used to select parents who had direct caregiving experience and could provide information relevant to the study objectives. Eligible respondents were biological parents or primary caregivers of children with special needs who had been enrolled in a school offering Special Education classes for at least two years. Respondents could be single or non-single parents. The study focused on parents who were hands-on in caregiving and actively involved in their child's growth and education. Because the study used purposive sampling, the sample is not assumed to represent all Filipino parents of children with special needs. Parents who were more accessible through schools, more engaged in caregiving, or more willing to discuss parenting experiences may have been overrepresented. The demographic profile also shows a strong gender imbalance, with mothers comprising most of the sample. Other dimensions of diversity, such as socioeconomic status, educational attainment, employment status, child diagnosis, and severity of support needs, were not used as stratification variables and should be considered in future studies because they may influence coping resources, well-being, and perceived competence.

Research Instruments

Data were collected using self-administered questionnaires. Coping strategies were measured using the 28-item Brief COPE developed by Carver (1997). The instrument assesses problem-focused coping, emotion-focused coping, and avoidant coping, including subscales such as active coping, planning, positive reframing, emotional support, acceptance, religion, self-distraction, denial, substance use, and behavioral disengagement. Nunes et al. (2021) reported measurement invariance and acceptable psychometric properties for the Brief COPE in parent samples. Psychological well-being was measured using Ryff's Psychological Well-Being Scale, which assesses autonomy, environmental mastery, personal growth, positive relations, purpose in life, and self-acceptance (Ryff et al., 2007). Higher scores indicate stronger psychological well-being across the six dimensions. The Parenting Sense of Competence Scale, originally developed by Gibaud-Wallston and Wandersman (1978), measured parental sense of competence. The scale measures perceived parenting efficacy and satisfaction. Recent work continues to support the PSOC as a widely used measure of parenting efficacy and satisfaction, while also emphasizing the importance of careful interpretation across samples and contexts (Gilmore & Cuskelly, 2024).

The PSOC was interpreted through its efficacy and satisfaction dimensions rather than as a universal indicator of parenting quality, and religious coping was interpreted with cultural sensitivity as a possible meaning-making and support resource. Nevertheless, further Filipino cultural adaptation, cognitive interviewing, and measurement-invariance testing are recommended.

Data Gathering Procedure

After the research proposal was approved and permission to use the instruments was obtained, the researcher requested authorization from schools in Biñan and San Pedro, Laguna that offer Special Education classes. Parents were invited to participate voluntarily. The researcher gathered data through printed questionnaires administered in person and online questionnaires distributed via email or Facebook Messenger, depending on respondent accessibility and school arrangements. Respondents received instructions and completed the survey independently.

Data Analysis Procedure

Descriptive statistics summarized respondent characteristics and levels of psychological well-being, parental sense of competence, and coping strategies. Because several variables violated normality assumptions, medians and median absolute deviations (MADs) were used for descriptive interpretation. Kendall's tau-b correlation was applied to examine associations between age and key study variables. Mann-Whitney U tests compared groups by gender, single-parent status, and relationship to the child. PLS-SEM evaluated the measurement and structural

models. Measurement validity was examined through factor loadings, composite reliability, average variance extracted, the Fornell-Larcker criterion, and heterotrait-monotrait ratio. Structural paths and indirect effects were assessed through bootstrapping. Consistent with PLS-SEM recommendations, model evaluation emphasized explanatory and predictive capacity rather than traditional covariance-based global fit indices (Hair et al., 2022).

All structural paths and mediation results were interpreted as associations. The terms direct effect, indirect effect, and mediation are used in the statistical sense of PLS-SEM path modeling and do not imply causal influence. Cross-sectional data provide a single-time-point snapshot and therefore cannot verify temporal ordering among psychological well-being, coping, and parental competence; longitudinal or intervention designs would be needed to test causal mechanisms more rigorously (Maier et al., 2023).

Ethical Considerations

The study observed voluntary participation, informed consent, confidentiality, and the right to withdraw. Respondents were informed of the study objectives, procedures, and data use before participation. The study kept identifying information about parents and children confidential. The study stored data securely, and respondents were informed that aggregated results could be presented and published for scholarly purposes.

Results and Discussion

Participants Characteristics

Table 1 presents the demographic characteristics of the respondents. Most respondents were between 28 and 42 years old, with the largest age group being 28-32 years. The sample was predominantly female and composed mainly of mothers, reflecting the continued centrality of mothers in caregiving for children with special needs. Most respondents were not single parents, although nearly one-third identified as single parents.

Table 1. *Demographic Profile of Respondents*

Characteristic	Category	n	%
Age	23-27	32	10.67
	28-32	58	19.33
	33-37	46	15.33
	38-42	56	18.67
	43-47	38	12.67
	48-54	20	6.67
	55-65	40	13.33
Gender	Female	265	88.33
	Male	35	11.67
Single-parent status	No	204	68.00
	Yes	96	32.00
Relationship to child	Mother	265	88.33
	Father	35	11.67

Note. Percentages are based on N = 300.

The strong representation of mothers is consistent with literature indicating that mothers frequently assume primary responsibility for caregiving, service coordination, and school-related advocacy in families of children with disabilities. This pattern does not diminish the role of fathers; rather, it suggests that research and intervention programs should deliberately include fathers to avoid reinforcing gendered caregiving assumptions. Studies of father involvement and paternal experiences in autism and developmental disability contexts emphasize that fathers may face distinct adjustment demands and may require support structures that are accessible and responsive to their roles (Rafferty et al., 2020).

Psychological Well-Being and Parental Sense of Competence

The respondents showed moderate overall psychological well-being (Mdn = 156.00, MAD = 10.00). Autonomy, environmental mastery, personal growth, positive relations, and self-acceptance were high, while purpose in life was moderate. This pattern suggests that many parents maintained independence, adaptive functioning, personal growth, supportive relationships, and self-acceptance despite the continuing demands of caregiving. However, the moderate purpose-in-life score suggests that some parents may experience uncertainty about future direction or long-term goals. Parental sense of competence was moderate overall (Mdn = 64.00, MAD = 8.00). The efficacy subscale was high (Mdn = 35.00, MAD = 4.00), whereas satisfaction was moderate (Mdn = 31.00, MAD = 5.00). Thus, respondents generally felt capable of performing parenting tasks but did not always experience the same

level of fulfillment or satisfaction in the parenting role.

Table 2. *Descriptive Results for Psychological Well-Being and Parental Sense of Competence*

Construct	Dimension	Mdn	MAD	Interpretation
Psychological well-being	Autonomy	25.00	3.00	High
	Environmental mastery	26.00	3.00	High
	Personal growth	26.00	3.00	High
	Positive relations	26.00	2.00	High
	Purpose in life	24.00	3.00	Moderate
	Self-acceptance	27.00	4.00	High
	Overall psychological well-being	156.00	10.00	Moderate
Parental sense of competence	Efficacy	35.00	4.00	High
	Satisfaction	31.00	5.00	Moderate
	Overall parental sense	64.00	8.00	Moderate

These findings support the view that parents of children with special needs may show resilience and growth while still needing structured support. Green et al. (2021) argued that parental well-being and parental mental health are related but not identical, and parent, family, and child factors may affect each differently. The present results similarly suggest that parents may function well in several well-being domains while still experiencing challenges in meaning, satisfaction, or future orientation. The distinction between efficacy and satisfaction is also important. Parents may feel competent because they have developed routines and caregiving skills, yet they may continue to experience emotional fatigue, unmet expectations, or limited support. This aligns with research showing that parental cognitions, stress, and coping styles are interrelated among parents of children with learning disabilities (Auriemma et al., 2022).

A critical reading of this literature suggests that parental competence should not be equated with an individual parent's attitude alone. The gap between high efficacy and only moderate satisfaction may reflect the difference between knowing how to perform caregiving tasks and feeling emotionally sustained while doing so. In resource-limited settings, parents may become highly skilled through necessity, yet still experience reduced fulfillment because of financial strain, limited respite care, stigma, or inconsistent access to specialized services. This interpretation strengthens the need to combine individual-level psychoeducation with family, school, and community-based support.

Coping Strategies

Respondents used both problem-focused and emotion-focused coping at moderate levels, while avoidant coping was low. At the subscale level, active coping and positive reframing were among the highest strategies, and acceptance and religion were also frequently endorsed. Substance use, denial, and behavioral disengagement were least used.

Table 3. *Descriptive Results for Coping Strategies*

Coping domain	Strategy	Mdn	MAD	Interpretation/Pattern
Problem-focused	Overall problem-focused coping	24.00	5.00	Moderate
	Active coping	7.00	1.00	Frequently used
	Use of informational support	5.00	1.00	Moderately used
	Planning	6.00	1.00	Moderately used
Emotion-focused	Overall emotion-focused coping	30.00	5.00	Moderate
	Positive reframing	7.00	1.00	
	Emotional support	5.00	1.00	
	Venting	5.00	1.00	
	Humor	4.00	1.00	Less frequently used
	Acceptance	7.00	1.00	Frequently used

The coping profile suggests that respondents generally preferred active, constructive, and meaning-oriented strategies over disengagement. This is encouraging because systematic review evidence indicates that coping strategies are associated with quality of life among caregivers of children with chronic illness or disability (Fairfax et al., 2019). The prominence of acceptance, positive reframing, and religious coping may also reflect culturally embedded ways of managing uncontrollable stressors. In Filipino family contexts, faith-based meaning-making and acceptance may help parents tolerate uncertainty while remaining engaged in caregiving. However, the moderate use of emotion-focused coping should not be interpreted as maladaptive. When stressors cannot be changed immediately, emotional regulation may be necessary to maintain psychological functioning.

Interventions should therefore teach flexible coping: problem solving when change is possible, emotion regulation when stressors are unavoidable, and reduced reliance on avoidant strategies. The cultural meaning of these coping strategies should also be considered. In Filipino families, acceptance and religion may be intertwined with pananampalataya, family solidarity, and collective endurance rather than passive resignation. At the same time, cultural expectations to remain strong for the family may discourage open reporting of distress. Therefore, the low use of avoidant coping and high use of religious or acceptance-based coping should be interpreted alongside possible social desirability and culturally shaped expectations of parental sacrifice.

Associations Among Age, Coping, Psychological Well-Being, and Parental Competence

Kendall's tau-b correlations showed that age was not significantly associated with problem-focused coping, avoidant coping, or psychological well-being. However, age was positively associated with emotion-focused coping ($\tau = 0.13$, $p = 0.001$) and negatively associated with parental sense of competence ($\tau = -0.11$, $p = 0.004$).

Table 4. Kendall's Tau-b Correlations Between Age and Key Variables

Variables	τ	p	95% CI
Age and problem-focused coping	0.04	0.38	[-0.03, 0.11]
Age and emotion-focused coping	0.13	0.001	[0.06, 0.20]
Age and avoidant coping	-0.04	0.34	[-0.11, 0.03]
Age and parental sense of competence	-0.11	0.004	[-0.20, -0.03]
Age and psychological well-being	0.05	0.20	[-0.03, 0.13]

Note. Significant results are $p < .01$ for age-emotion-focused coping and age-parental sense of competence.

The positive association between age and emotion-focused coping may indicate that older parents have had more time to develop emotional regulation strategies such as acceptance, reframing, or reliance on support and spirituality. The negative association between age and parental competence is notable because experience does not necessarily translate into greater confidence. As children age, parents may face more complex educational, behavioral, social, and transition-related concerns. In this sense, older parents may feel less competent not because they lack parenting skills but because the demands they face change over time. These findings align with evidence that parenting stress and efficacy are shaped by child needs, parental cognitions, and support resources rather than age alone (Fang et al., 2021; Auriemma et al., 2022).

Group Differences by Gender, Single-Parent Status, and Relationship to the Child

Mann-Whitney U tests showed no significant gender differences in psychological well-being or parental sense of competence. However, females scored significantly higher than males in problem-focused coping and emotion-focused coping. There was no significant gender difference in avoidant coping. Single parents and non-single parents did not differ significantly in psychological well-being or coping strategies. However, single parents reported a slightly higher parental sense of competence at the marginal significance level. Mothers and fathers did not differ significantly in psychological well-being, parental competence, problem-focused coping, or avoidant coping, but mothers scored higher than fathers in emotion-focused coping.

Table 5. Group Differences in Psychological Well-Being, Parental Competence, and Coping

Comparison	Variable	U	p	Interpretation
Gender	Psychological well-being	4777.50	0.77	Not significant
	Parental sense of competence	4797.00	0.74	Not significant
	Problem-focused coping	5982.00	0.005	Females higher
	Emotion-focused coping	6536.50	<0.001	Females higher
	Avoidant coping	4635.50	0.999	Not significant
Single-parent status	Psychological well-being	9047.00	0.29	Not significant
	Parental sense of competence	8411.00	0.05	Single parents slightly higher
	Problem-focused coping	9720.00	0.92	Not significant
	Emotion-focused coping	9023.50	0.27	Not significant
	Avoidant coping	9649.00	0.84	Not significant
Relationship to child	Psychological well-being	4346.00	0.55	Not significant
	Parental sense of competence	3845.00	0.10	Not significant
	Problem-focused coping	3839.50	0.10	Not significant
	Emotion-focused coping	3309.00	0.006	Mothers higher
	Avoidant coping	4353.50	0.55	Not significant

These results indicate that gender and parental role may shape how parents cope more than how competent or

psychologically well they feel. Female parents and mothers may use both practical and emotional coping more often because they are more directly involved in day-to-day caregiving and school coordination. This interpretation is consistent with literature showing that mothers often assume a more intensive caregiving role in disability contexts, while fathers may engage differently or may be underrepresented in parent-support services (Rafferty et al., 2020). The absence of differences in overall well-being and competence suggests that both male and female parents may experience similar psychological outcomes when faced with caregiving demands. Therefore, programs should avoid assuming that only mothers need support. Instead, interventions should encourage shared caregiving, father participation, and family-wide coping skills.

Predictive Model and Mediating Effects of Coping Strategies

The PLS-SEM results showed that psychological well-being had a significant total effect on parental sense of competence ($\beta = 0.378$, $p < .001$) and a stronger significant direct effect ($\beta = 0.500$, $p < .001$). Psychological well-being significantly predicted problem-focused coping negatively ($\beta = -0.257$, $p = 0.001$), emotion-focused coping positively ($\beta = 0.399$, $p < .001$), and avoidant coping positively ($\beta = 0.446$, $p < .001$). Problem-focused coping significantly predicted parental sense of competence ($\beta = 0.266$, $p < .001$), whereas emotion-focused and avoidant coping did not. For indirect effects, only problem-focused coping significantly mediated the relationship between psychological well-being and parental sense of competence ($\beta = -0.068$, $p = 0.002$). The negative sign indicates competitive or suppressive mediation: psychological well-being directly increased parental sense of competence, but the pathway through problem-focused coping reduced part of that positive effect. Emotion-focused coping and avoidant coping showed no significant indirect effects.

Table 6. PLS-SEM Structural Path and Indirect Effect Estimates

Path	β	T	p	95% CI
Psychological well-being → Parental sense of competence (total effect)	0.378	6.370	<.001	[0.257, 0.485]
Psychological well-being → Parental sense of competence (direct effect)	0.500	8.701	<.001	[0.385, 0.607]
Psychological well-being → Problem-focused coping	-0.257	3.470	0.001	[-0.388, -0.099]
Psychological well-being → Emotion-focused coping	0.399	7.926	<.001	[0.303, 0.500]
Psychological well-being → Avoidant coping	0.446	9.525	<.001	[0.359, 0.542]
Problem-focused coping → Parental sense of competence	0.266	4.247	<.001	[0.125, 0.370]
Emotion-focused coping → Parental sense of competence	-0.158	1.390	0.165	[-0.362, 0.082]
Avoidant coping → Parental sense of competence	0.022	0.391	0.696	[-0.086, 0.131]
Indirect via problem-focused coping	-0.068	3.151	0.002	[-0.110, -0.024]
Indirect via emotion-focused coping	-0.063	1.306	0.192	[-0.159, 0.031]
Indirect via avoidant coping	0.010	0.386	0.700	[-0.040, 0.059]

Note. β = standardized path coefficient. Significant indirect mediation was found only through problem-focused coping.

The model's explanatory power was modest to moderate. Reported R^2 values were 0.199 for avoidant coping, 0.159 for emotion-focused coping, and 0.234 for parental sense of competence. Q^2 values were positive for avoidant coping, emotion-focused coping, parental sense of competence, and problem-focused coping, suggesting adequate predictive relevance. In practical terms, the model explains a meaningful but incomplete portion of parental competence, indicating that other factors, such as social support, child symptom severity, financial strain, access to services, marital quality, and parent mental health history, may also contribute.

The significant direct effect of psychological well-being supports the idea that parents who maintain stronger well-being are more likely to perceive themselves as competent. However, the suppressive indirect effect through problem-focused coping requires careful interpretation. Problem-focused coping is typically adaptive, yet in high-demand caregiving contexts, persistent problem solving may also signal that parents are continuously exposed to unresolved stressors. Parents with higher well-being may not rely on problem-focused coping as heavily because they perceive demands as more manageable. In contrast, those who use problem-focused coping frequently may be responding to more complex or urgent caregiving problems.

This interpretation is consistent with transactional stress theory, which treats coping effectiveness as context-dependent rather than universally adaptive (Lazarus & Folkman, 1984). It is also consistent with intervention studies indicating that parents benefit from flexible coping repertoires rather than a single dominant coping style (Marino et al., 2021; Li & Chien, 2026). This finding also illustrates a limitation of applying Bandura's self-efficacy model without considering context. Parents may feel competent after acquiring caregiving skills, but uncontrollable barriers such as financial limits, inaccessible services, or insufficient institutional support can still weaken that competence. From the transactional perspective, coping becomes most meaningful when linked to

primary appraisal of the stressor, secondary appraisal of available resources, and the parent's ability to mobilize family, school, religious, and community support. Thus, problem-focused coping may predict competence when resources are available but may signal ongoing burden when parents are forced to solve problems that exceed individual control. Because the data are cross-sectional, this pattern should be interpreted as an associative suppressor effect rather than evidence that well-being causally reduces problem-focused coping or that coping causally changes competence.

Conclusion

This study provides evidence that Filipino parents of children with special needs demonstrate both resilience and continuing support needs. Respondents reported moderate overall psychological well-being and parental sense of competence, with high levels of psychological strengths such as autonomy, environmental mastery, personal growth, positive relations, and self-acceptance. However, moderate scores in purpose in life and parenting satisfaction show that the emotional meaning and fulfillment of caregiving may remain challenged even when parents feel capable.

The findings also show that parents used adaptive coping strategies more often than avoidant strategies. Active coping, positive reframing, acceptance, and religious coping were especially prominent. These strategies may help parents remain engaged with caregiving demands, but the results also suggest that coping must be flexible. Problem-focused coping was positively related to parental competence but produced a suppressive indirect effect in the structural model, indicating that its role depends on the broader context of parental well-being and caregiving demands.

Age, gender, and parental role shaped selected outcomes. Older parents used more emotion-focused coping but reported lower parental competence. Female parents and mothers used emotion-focused coping more often than male parents and fathers, while overall psychological well-being and competence did not significantly differ by gender. These findings point to the need for interventions that recognize gendered caregiving patterns without excluding fathers or assuming that mothers are the only caregivers requiring support.

The study has practical implications for schools, mental health professionals, special education teams, and policymakers. Parent-support programs should strengthen parenting self-efficacy, provide training in emotional regulation and stress management, improve access to informational and social support, and include both mothers and fathers. Schools offering Special Education programs can integrate regular parent psychoeducation, referral pathways to mental health services, and peer-support groups. Future research may test longitudinal models, include child diagnosis and severity as predictors, compare family support systems, and evaluate intervention programs designed to improve parental well-being and competence.

Limitations and Directions for Future Research

Several limitations should guide interpretation. First, the correlational and cross-sectional design prevents causal inference. The mediation model identifies statistically significant indirect associations, but it cannot establish whether psychological well-being precedes coping or whether coping precedes parental competence. Future research should use longitudinal, mixed-method, or intervention designs to test temporal mechanisms.

Second, purposive sampling limits generalizability. The respondents were parents from Special Education classes in Biñan and San Pedro, Laguna, and parents who were more involved, available, or comfortable answering questionnaires may have been more likely to participate. The findings should therefore be interpreted as context-specific rather than representative of all Filipino parents of children with special needs.

Third, the demographic scope was limited. Gender and parental role were examined, but broader diversity variables such as socioeconomic status, educational attainment, employment, family structure, child diagnosis, severity of disability, and access to therapy or school services were not fully modeled. These factors may shape appraisal, coping resources, and parental competence and should be incorporated in future analyses.

Fourth, the study relied on self-report measures, which may be affected by recall limits and social desirability. Filipino cultural expectations regarding parental sacrifice, family responsibility, and faith-based endurance may influence how parents report coping, well-being, and competence. Future studies may include interviews,

caregiver diaries, teacher reports, or service-use data to triangulate survey findings.

Finally, the instruments require further cultural work. Although the Brief COPE, Ryff scale, and PSOC are widely used and were evaluated statistically in the measurement model, full cultural adaptation and validation for Filipino parents of children with special needs remain important. Future research should conduct cognitive interviewing, local norming, and measurement-invariance testing across gender, socioeconomic groups, regions, and child-disability categories.

Contributions of Authors

Leonida Valeña: conceptualization, proposal writing, data gathering, data analysis

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Conflict of Interests

There is no conflict of interest.

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