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Original Research

The Experience of Parents in Reducing Children's Autism Tantrums in West Java: A Phenomenological Study

Anni Sinaga[1*], Diana Barsasella[2], Dian Yuniar Syanti Rahayu[3], Omay Rohmana[4], Andi Suhenda[5], Sugianto Sugianto[6]

[1] Faculty of Nursing Sciences, Institut Kesehatan Immanuel, Bandung, Indonesia
[2,5] Department of Medical Records & Health Information, Poltekkes Kemenkes Tasikmalaya, Indonesia
[3,6] Department of Nursing, Poltekkes Kemenkes Bandung, Indonesia
[4] Departement of Nursing, Poltekkes Kemenkes Tasikmalaya, Indonesia

ABSTRACT
Background: *In autistic children, temper tantrums can occur in association with other challenging behaviors like sleep problems, selective eating, anxiety, irritability, self-harm, and aggression. Families who have adult autistic children experience burdens in their lives. Poor communication and interaction with the child at home provoke an emotional tantrum. This study aims to explore family experiences in reducing children's autistic tantrums through family support.*

Methods: *This phenomenological study involved seven parents of adolescents with autism. The study was carried out over a period of six months, from September 2022 to March 2023, covering the stages of preparation, participant recruitment, in-depth semi-structured interviews, and verbatim transcription. Data were analyzed using Colaizzi's phenomenological method, which comprised verbatim transcription, identification of significant statements, coding, clustering of themes, and the development of an essential description of the parents' lived experiences.*

Results: *Six themes were constructed from the study: (1) The process of accepting their children with special needs; (2) Parents' expectations of their children; (3) Internal and external support in reducing autism tantrums; (4) Children join with activities; (5) Enforcement of rules in the family; (6) Family isolation.*

Conclusion: *This study highlights the central role of families in caring for children with autism spectrum disorder (ASD), particularly in managing tantrums. Families apply spiritual values, collaborate among members, and use practical strategies such as providing a safe space, allowing calming time, and redirecting children to meaningful activities. The findings emphasize that family-centered approaches can enhance children's adaptive abilities and quality of life while reducing caregiver burden.*

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CONTACT
Anni Sinaga
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annisinaga1@gmail.com
Faculty of Nursing Sciences, Institut Kesehatan Immanuel, Jl. KH.Wahid Hasyim No. 161, Bandung 40234, Indonesia.

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INTRODUCTION

Temper tantrums are typically seen as a normal part of childhood development, usually fading with age. However, they are also considered early signs of disruptive behavior problems and can contribute to the development of behavioral and mood disorders. Despite their significance, little is known about their prevalence (Van den akker et al., 2022).

Adolescents with autism often struggle to express the changes they experience during puberty, which may manifest in forms ranging from social withdrawal to aggressive behaviors. Such aggressive behaviors can escalate into self-injury, violence, and difficulties for themselves, others, and the surrounding environment. Therefore, parents, teachers, and caregivers must recognize the signs and symptoms and develop the skills needed to manage and reduce aggression.

However, many caregivers still lack knowledge of effective strategies, making it difficult to prevent the negative impact of tantrums. Limited understanding of social communication and poor emotional regulation may increase avoidance between adolescents and caregivers, which in turn contributes to aggressive behaviors. This highlights that interventions focusing on strengthening emotional regulation and social communication skills are effective in reducing aggression (Thompson et al., 2025).

Managing tantrums in children with autism spectrum disorder (ASD) is often a major source of stress for families, particularly when the behaviors are frequent or difficult to control. Emotional outbursts, aggression, and communication difficulties add further strain to everyday family life. Many parents and caregivers report feelings of frustration and helplessness due to limited knowledge and strategies for effective management.

When tantrums are intense or recurrent, they may trigger a crisis within the family and diminish overall quality of life. This burden is not short-term, as caring for a child with ASD typically represents a lifelong responsibility for parents (Andreassen et al., 2025; Di Renzo et al., 2022; Lievore et al., 2024). High-frequency tantrums in children with ASD can impose a significant burden on parents, encompassing emotional, physical, and financial domains.

In some cases, this pressure may even lead to marital conflict or divorce and increase the risk of social isolation when communities reject children who display tantrum behaviors and urge parents not to bring them into public spaces. Such circumstances may further worsen the child’s condition, as frustration intensifies, emotional regulation abilities decline, and social stigma exacerbates the psychological distress of families. Consequently, tantrums may last longer or become more severe, potentially escalating into destructive or aggressive behaviors (Lentoor et al., 2023; Okoro & Inyang, 2024; Rizvi & Batool, 2024).

Tantrums provide a distinct window into a child's frustration stemming from developmental challenges. Children are expected to acquire specific life skills at appropriate developmental stages; failing to do so can trigger tantrums. Such behavioral responses arise from the interplay between cognitive processes and social learning mechanisms including observation and imitation, shaped by the surrounding environment. In the context of ASD, these irritability episodes are often characterized as non-goal-oriented emotional outbursts, reflecting underlying frustration and impaired emotional regulation (Konok et al., 2024; Sisterhen & Wy, 2025).

Although numerous studies have examined how families care for children with ASD, there is a significant knowledge gap concerning families who receive limited support. In such circumstances, stigma viewing ASD mistakenly as a form of "madness" coupled with a lack of training for both children and caregivers and inadequate public infrastructure, can severely hinder the child's ability to reach full developmental potential and independence. Families in resource-constrained environments often face concomitant psychological and economic strain. This reality has been corroborated by recent research recognizing how caregiver psychological distress is intensified in low-support contexts (Sánchez Amate & Luque de la Rosa, 2024), how internalized stigma impairs family functioning (Chan et al., 2023), and how lack of social support correlates with caregiver burden (Collins et al., 2025).

Caring for an individual with Autism Spectrum Disorder (ASD) imposes significant burdens on family caregivers, manifesting across physical, emotional, psychological, and financial domains. These burdens are often compounded by challenging behaviors and systemic barriers to service access, factors that limit families' ability to utilize existing supports effectively (Chua et al., 2023). A comprehensive scoping review by Dückert et al., (2023) while published just after 2022, included extensive evidence captured through January 2023 and highlighted multidimensional caregiver burden, namely time-dependence, emotional, developmental, social, physical, and financial burdens, particularly among caregivers of adults with ASD.

Emotional burden emerged as the most frequently reported (emphasizing psychological distress and reduced mental quality of life), while quantitative data on other burden dimensions remain limited. Crucially, no existing interventions to alleviate these burdens were identified (Dückert et al., 2023). Children with Autism Spectrum Disorder (ASD) can create significant stress for their families.

In addition to the emotional burden, families often face substantial financial demands, such as covering costs for therapy staff, accommodation, and caregiving support. Parents of children with ASD may also experience reduced work productivity due to caregiving responsibilities, which increases the overall socioeconomic impact on the household (Järbrink et al., 2023; Khanna et al., 2022). These findings highlight the importance of policies that address not only clinical interventions but also the financial and occupational challenges faced by families raising children with ASD.

Autistic children’s emotional outbursts, often in response to frustration, may manifest verbally or through aggression toward people or objects (Forte et al., 2021). Such challenges continue into adulthood, where higher rates of psychiatric illness, behavioral problems, and even premature mortality are reported (Nagib & Wilton, 2020; Hollocks et al., 2019). Severe intellectual impairment combined with ASD has been linked to greater behavioral difficulties in care home populations (Longuépée et al., 2019). Despite these risks, many autistic children in Indonesia are still cared for primarily by families, where knowledge of effective strategies remains limited.

Current studies highlight isolation or restraint as crisis management strategies, but these require training and resources not widely accessible. While previous studies have explored family caregiving in ASD, there remains limited knowledge of how parents in Indonesia specifically manage tantrum behaviors, especially under conditions of limited social and institutional support. Most evidence comes from high-resource settings, leaving a gap in understanding cultural, religious, and practical strategies families use in contexts like Indonesia. Therefore, this study aims to explore parents’ experiences in managing tantrums among adolescents with ASD, to provide culturally relevant insights for nursing practice and family-based interventions.

MATERIALS AND METHOD

This study employed a qualitative phenomenological design to explore the lived experiences of parents raising adolescent children with ASD. This design was chosen because it is able to deeply explore subjective meanings, perceptions, and how parents deal with challenges in their daily lives. Researchers can explore the essence of experiences that cannot be fully explained through quantitative phenomenological methods (Delve, 2025).

This study was conducted in West Java over a period of six months, from September 2022 to March 2023. The participants consisted of seven parents who had adolescent children with ASD aged 12–18 years. Recruitment was carried out using the snowball sampling technique. The inclusion criteria were parents who lived with their adolescent children with ASD and were willing to participate by signing an informed consent form. The exclusion criteria were parents who did not live with their children or refused to participate.

In this study, the interview process was guided by a topic interview guide consisting of open-ended questions to explore the lived experiences of parents. The guide was reviewed by the academic supervisor and refined according to the literature, but was not formally pilot tested before data collection. The interviews were conducted by the first author, a female researcher with a nursing academic background and prior qualitative research experience. The interviewer was familiar with the context of disability through previous engagement with special schools, which facilitated rapport-building with participants.

After obtaining ethical approval and research permits, the researcher contacted the parents through disability schools, explained the research aims, and obtained informed consent. Setting: Interviews were offered in the researcher’s office but at participants’ request, all interviews were conducted at their homes. Method: One-on-one, in-depth interviews using a topic interview guide. Duration: Each interview lasted around 60 minutes. Tools: Data were recorded using a Sony ICD-PX440 voice recorder and transcribed verbatim. Follow-up: The researcher contacted participants after transcription to clarify incomplete information and presented emerging themes for validation (member checking).

Data saturation was achieved after seven participants, as no new information or themes emerged during the final interviews. The coding process involved line-by-line coding of each transcript, grouping codes into sub-subthemes, then into subthemes, and finally into overarching themes. Saturation was determined when codes became repetitive, and no additional themes were identified.

Data were analyzed using Colaizzi’s phenomenological method and using thematic analysis, following these steps: (1) Familiarization: reading and re-reading transcripts to gain an in-depth understanding; (2) Identifying significant statements: extracting important phrases that reflect participants’ experiences; (3) Formulating meaning: interpreting statements to identify patterns and concepts; (4) Coding: line-by-line coding of each transcript; (5) Theme grouping: codes-sub-subthemes-subthemes-final overarching themes; (6) Validation: confirming themes with participants to ensure accuracy and completeness.

In qualitative research, trustworthiness, dependability, and credibility are maintained through systematic strategies and the involvement of the research team. Trustworthiness is achieved through data triangulation and investigator triangulation, by comparing analytical results across team members and conducting member checking with participants to verify findings (Delve, 2023). Dependability is strengthened by developing an audit trail, which provides detailed documentation of the entire research process so that each step can be reviewed by team members or supervisors. Credibility is ensured through peer debriefing and research discussions using methods such as consensus coding and split coding, where interpretations are compared until collective agreement is reached (Delve, 2025).

Thus, the validity of the research is not determined solely by a single researcher but is reinforced through collaboration and consensus among all research team members (SAGE Publications, 2023). Because the interview data was obtained in Indonesian, the researchers translated the data into English using the forward translation method and then reviewed it through back translation to maintain semantic equivalence. The translation results were discussed with the research team until consensus was reached, thus preserving the original meaning of the participants' statements. This translation process was carried out to ensure the credibility and trustworthiness of the findings in the context of cross-language research (Chen & Boore, 2023; Santos et al., 2023).

Ethical principles were carefully maintained throughout the study. Ethical clearance was obtained from the Research Ethics Committee of STIKES (No. 214/D/KEPK-STIKes/IX/2022). Participants were fully informed of the study aims and procedures, and their right to refuse or withdraw at any stage. Informed consent was obtained from all participants. Confidentiality was protected by anonymizing personal information and restricting data access solely for research purposes. Beneficence and non-maleficence were respected by ensuring that participation posed no harm.

RESULTS

Seven participants were recruited for the interviews. All participants were mothers of children with autism. They were all over 55 years old, of Sundanese ethnicity, with four holding a bachelor’s degree, and two working as pensioners.

The range of their children with ASD is 15-17 years old, five of them are male, all of their children show frequent tantrums, and three of them commonly hit their parents while having tantrums. Two of them have an isolation room in their house; one stays in isolation forever, while one of them can step in and step out of his isolation. All of them visit the doctor regularly, but only three receive regular medicine to control their tantrum. The demographic data of the participants can be seen in Table 1.

Table 1. Demographic Data of The Participants (n = 7)

Variable Characteristics of Parents	Total
Gender	
Female	7
Male	0
Caregivers/parents Age	
25-45 yo	2
46-55 yo	2
>55 yo	3
Tribe	
Sunda	7
Educational level	
High school	2

Variable	Total
Bachelor	4
Master	1
Occupation	
Government employs	1
Teacher	1
Pensioner	2
Handyman/worker	1
Wife household	2
Characteristics of Children with ASD	
Age	
15-17 years	7
Gender	
Male	5
Female	2
Tantrum Behavior	
Hitting parents	3
Not hitting parents	4
Isolation Room	
No	5
Yes	2
Stay in isolation permanently	1
Step in and out of isolation	1
Doctor Visit	
Regular	7
Irreguler	0
Medicine for Tantrum Control	
Yes	3
No	4

Six themes were constructed from participants from September 2022 to March 2023. The themes are accepting their children with special needs, parents' expectations of their children, internal and external support, activities with children, enforcement of rules in the family, and family isolation.

Table 2. Research Theme

Main Theme	Short Description
Accepting children with special needs	The emotional stages of parents in accepting their child's condition, from rejection to full acceptance
Parents' expectations of their children	Expectations regarding children's future development, education, and independence.
Internal-external support	Sources of support from the nuclear family, the extended family
Children's joint activities	Activities parents do to increase bonding, reduce children's stress, and develop skills
Enforcement of rules in the family	Parental strategies for setting consistent rules so that children learn discipline
Family Isolation	A condition where a family withdraws from the

Main Theme	Short Description
	environment due to stigma or the child's behavior.

Figure 1 illustrates the process of the family's experience in caring for a child with ASD. The process begins with the parents' acceptance of their child with special needs, followed by the parents' expectations, the support received, activities with the child, and the enforcement of rules within the family. This series of experiences ultimately leads to the family's isolation as a result of stigma and the child's behaviour.

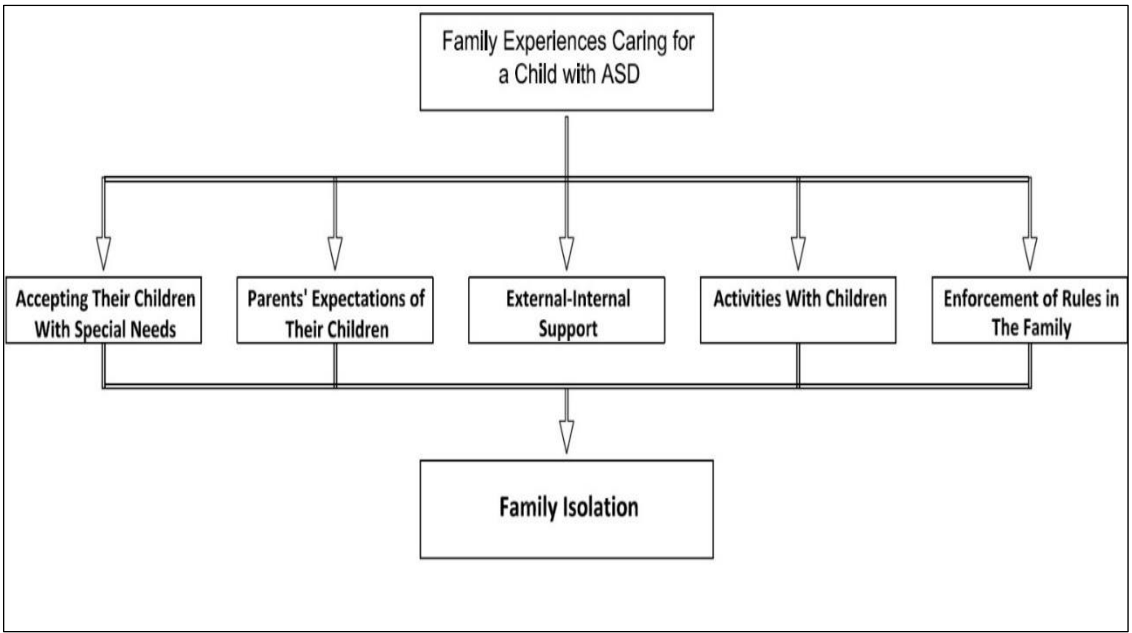

Figure 1. Visual Scheme of Research Theme Results

Theme 1: The Process of Accepting Her Child with Special Needs

The theme of the admission process for their children with special needs was described by 7 participants (seven participants), as can be seen from the following expression. This theme is supported by 5 sub-themes: not accepting when seeing their child's condition, struggling, worrying, low self-esteem syndrome, and thinking it is due to lack of stimulation. The process of accepting children with special needs was reported by seven participants, as stated:

"Till today, yes, I still cannot accept it. There is a time when I see my son tantrum; yes, it may be related to my faith, yes, yes if I have good faith, I am strong again. So, if *I am sick or angry or in my period, and the child is angry or cranky, I feel that I am useless, not disappointed that I do not accept my child, but I feel what I am living for when he should consume the medicine prescribed by the doctor."(P7)*

"Owh this child has obstacles, then they start to understand, both from my extended family and from my husband's side, they have begun to be able to accept it." (P1)

And sub-sub themes: why do I live, I am useless, need special skills and knowledge, and sometimes accepting, sometimes not accepting the child.

"If we are worried, yes, because I used to teach at school, he used to be in Mutiara Bunda, so I know that Bringing a child like this is a child like this, costs It's not easy. Need a

special trick to need special knowledge that's worried."(P1)

Theme 2: Parents' Expectations of Their Children

This theme is supported by 4 sub-themes: children can be independent, can heal like other children, do not hurt themselves or others, and do not destroy, as seen by 7 participants who expressed the following:

"The cub can be independent. In a special room then there are a toilet and a bath we provide water, and later he bathes himself in his special room." (P6)
"If I had more parenting activities with him, for example, I cooked me, yes, Take the pot on the stove, all kinds of things." (P1)

And sub-sub themes: Educate children, train obedience, involve children in daily activities at home, and be flexible. As can be seen from the following expression:

"Flexible, for example, if what, is it if, for example, I am making bed, and then he has to help so, yes he will help us get used to him helping us but slowly, so for example, Zafran is taking what is, the pillow and open the bed sheet."(P1)
"For example, practicing obedience, for example, the little thing, being told to take what, where to store it, so to understand it, that is it... understand commands."(P3)

Theme 3: Internal and External Support in Reducing Autism Tantrums

Internal support was revealed by seven participants that following the child's wishes, handling each other, quality time, and eating together. In child development, initially, speech delay is not realized by parents. The teacher proposed to check the psychiatrist because the child has a speech delay, then the parents brought the child to an alternative, then to the hospital, and then stopped the therapy. Even hitting the child before knowing how to handle the tantrum.

Internal support is supported by 8 sub-themes: following the child's wishes, handling each other, quality time and eating together, taking the child to an alternative place, then to the hospital, and then stopping therapy. Even hitting children before knowing how to deal with tantrums, expressed by seven participants (7) as below:

"*Oh, how to communicate, yes, how to communicate, just follow their language, maybe, Mom, yes, so what is it called... Yes, we like to have difficult communication because they have limited communication skills, but we try to be a part of them, so yes, be a part of them." (P2)*
"Usually, quality time... It's like watching together, we are at home, there is nothing wrong with streaming application subscriptions, usually watching together... even just driving together in the car." *(P1)*

External support is supported by 5 sub-themes: security guards already know the child's condition, are concerned and feel sorry for each other, care for each other, and understand the child's condition. and the sub-sub themes are more compassionate and understanding of their child's condition as revealed below, as expressed by seven participants who expressed that:

"Neighbour's, the people here, you already know that Zafran has special needs. Sometimes, for example, he got lost, the security guard already knows because he already knows, then it's directly delivered here."(P1)

"We just decided on a school, so there is a special school, a close SLB, and supported by psychologists in this try to go to SLB, he said, just go to school, schools in SLB, what is the name... SLB Cileunyihe's been able to, he's been able to walk around, he's been able to say, he's got syllables, there is already Mr... Mother... who comes out until the age of 14."(P2)

Theme 4. Children's Joint Activities

This theme is supported by 3 sub-themes: they embrace it, they love their children because it would be a shame if all this time they were locked up in their rooms, taken for walks, and sub-sub themes: continue to be directed step by step, get involved in doing something, and play children's favorite music. The proof can be seen from the expressions of 7 participants as follows:

"...we come into his room, his father entered his room and asked him, what if he overslept, yes, we accompany him to lie down? If we ask to be hugged, we hug as it is happening now, just not grandiose what can be done." (P7)

"Usually, keep talking if we do not make a fuss for long, okay? So, whatever the problem is discussed, finally a solution..." (P1)

Theme 5. Enforcement of Rules in The Family

This theme is supported by 6 sub-themes, namely parenting with the father as the decision maker, sharing tasks in caring for children, rotating, cooperating, dividing the task of bathing children according to gender, discussing children's problems in the family, and comfortable family relationships. And sub-sub themes: flexibility in caring for children, no rigid rules, and intervention in accompanying children. As can be seen from the following expression:

"Sometimes, if I just follow it… so it's more following the father's decision as the head of the family. Sometimes the father also follows my decision. For example, this is Jafran's school…." (P1)

"Denis is taking medicine because, since the beginning of 2022, he was taken to the Muhammadiyah psychiatric… if Denis is active tantrums, I give [medicine] in the afternoon… because of teen hormones…." (P7)

Theme 6. Family Isolation

This theme reflects the condition in which families tend to withdraw from their social environment due to stigma or the challenging behaviors of their child. Parents described feelings of fear and apprehension about being judged by others, which often led them to limit social interactions. As one parent expressed:

"Sometimes I choose not to leave the house because I'm afraid people will judge me." (P7)

DISCUSSION

Six themes were constructed from the study: (1) The process of accepting their children with special needs; (2) Parents' expectations of their children; (3) Internal and external support in reducing autism tantrums; (4) Children join with activities; (5) Enforcement of rules in the family; (6) Family isolation.

Theme 1 is acceptance of a child with special needs. The findings indicate that parents undergo a long emotional journey before reaching acceptance of their child's ASD diagnosis. Initially, many parents felt confused, anxious, and even inferior when comparing their child with others. Professional referrals provided a turning point, enabling families to better understand the condition.

Acceptance then became the foundation for consistent caregiving practices. Rahmawati, Wahyuni, and Darmawan (2022) emphasized that acceptance is closely related to care quality and family resilience (Rahmawati et al., 2022). Similarly, Shalaby et al., (2023) confirmed that parental acceptance directly contributes to family resilience and reduces parental stress (Shalaby et al., 2023). This suggests that strengthening parental knowledge and emotional preparedness is essential for building long-term caregiving capacity.

Theme 2 is parents' expectations for their child. Despite limitations associated with ASD, parents continue to maintain positive expectations for their children's future. These expectations often focus on independence, participation in daily activities, and engagement with hobbies such as music.

Realistic expectations serve as a motivating factor in caregiving. Mutschler Collins, Schmid, and Stiehl (2025) highlight the role of parental self-efficacy in sustaining hope and reducing stress (Collins et al., 2025), while Alhuzimi (2022) found that optimism and hope among parents were strongly correlated with caregiving quality and overall family mental health (Alhuzimi, 2022). These results reinforce the idea that parents' positive outlook not only sustains their motivation but also contributes to healthier family dynamics.

Theme 3 is internal–external support in reducing autism tantrums. The study also revealed that families primarily rely on internal support, such as adapting communication to suit their child's needs, while external support from extended families and communities remains limited. This lack of social support often increases the caregiving burden.

Nor, Lee, and Tan (2023) identified low levels of social support as a strong predictor of parental stress (Nor et al., 2023), while Aljehany et al., (2023) emphasized that strong community support reduces isolation and improves both family coping and child well-being (Aljehany et al., 2023). These findings underline the importance of building community-based interventions to provide parents with greater social inclusion and support. The internal support reveals that by following the child's wishes, handling each other, having quality time, eating together, providing external support, taking care of each other, and understanding the child's condition.

Children are facilitated with tools that can support their potential, such as playing piano music, singing, exercising, and drawing. This is because knowledge and skills are important for individuals to become competitive and contribute more effectively to social, economic, political, and cultural development. The child's potential can be found through quality time. Also, it could motivate children to be more confident and involved in activities at home. Moreover, it contributes to the child's independence (Noviatun et al., 2022).

External support that assumes adult autistic children are crazy should not happen. The paradigm shifts regarding equal rights, including educational equality and social acceptance. The paradigm of social inclusion builds the paradigm that disability is an existing part of society.

This model focuses on providing support and paying attention to the strengths that can be developed so that people with disabilities can participate in the social community. Understanding disability through a socio-ecological perspective is engaging because each individual has their own uniqueness and potential and should not focus on their disability. Eliminating discrimination and stigma and providing equal opportunities to everyone are the basic principles and objectives of implementing inclusive education (Sunardi, 2017).

Theme 4 is activities with the child. Parents were found to engage in simple but meaningful activities with their children, such as watching television, going on short trips, or participating in daily routines at home. These activities strengthen the emotional bond between parent and child while supporting emotional regulation. Divya, Rajeev, and Aarti (2023) demonstrated that parent-mediated daily life activities improve social communication among children with ASD (Divya et al., 2023).

Similarly, Zhang et al., (2021) found that family leisure activities significantly enhance adaptive skills and emotional regulation (Zhang et al., 2021). Such findings suggest that everyday family interactions can function as informal but effective interventions to promote the child’s development and emotional well-being. Daily social activities such as bathing, which include washing the body, using soap, drying, and dressing, require a series of technical skills that children must gradually master to achieve independence (Irvan et al., 2023).

Theme 5 is enforcement of family rules. The findings showed that rules within the family were enforced flexibly through agreements between parents, adjusted to the child’s needs and condition. Supportive strategies, such as providing hugs as positive reinforcement, were also applied to reduce tantrums and increase emotional security. Collins et al., (2025) stressed the importance of parent training in maintaining consistent but flexible parenting patterns, while research reported that parent-mediated behavioral interventions effectively reduce problematic behaviors and improve children’s sense of security (Zhao et al., 2022). These findings highlight the importance of balancing consistency and flexibility in parenting strategies.

Parents are children's first educators and are recognized as the "main engine" of development for children. The parent-child relationship forms the foundation for the healthy development of children and plays an essential role in encouraging cognitive, language, and socio-emotional development. Children grow better when they have close and high-quality relationships with key family members who can invest time and resources in developing their skills. Prior research found that irritable children can cause impaired interpersonal function; irritable children are more likely to be exposed to negative interpersonal experiences, including harsh parenting (Forte et al., 2021).

Theme 6 is family isolation. Social stigma frequently led families to withdraw from community activities to avoid judgment and discrimination. However, this isolation reduces opportunities for children’s socialization and adds to the family’s psychological burden. Islam, Sultana, and Hossain (2023) found that stigma often drives parents of children with ASD to withdraw from social environments (Islam et al., 2023), while Mpofu et al., (2022) reported that public stigma significantly increases parental depression and stress (Mpofu et al., 2022). These findings emphasize the urgent need for anti-stigma programs and inclusive community-based initiatives to support families raising children with ASD.

In the nursing context, nurses are expected to support the development of these skills through structured and personalized care plans. Nursing interventions can apply an Applied Behavior Analysis (ABA) approach by breaking tasks into smaller steps and using visual supports such as picture schedules, social stories, or visual cues to facilitate understanding and execution of daily routines (Mastermind Behavior, 2025). In addition, home-based floortime interventions have been shown to improve emotional functioning, communication, and daily living skills (Divya et al., 2023). Nurses may also collaborate with occupational therapists (OT) to provide adaptive tools such as shower chairs, dressing aids, or sensory-friendly environmental modifications, thereby promoting the child's independence in daily living activities (Hodis et al., 2025).

The limitations of this study are as follows: not all of the participants adherence to the therapy and stopped the therapy because they thought the therapy did not have much effect on the children's tantrums. So, their ability to provide support for the children is not maximal. They do what they think is useful for the children. Most of the participants the female, so they cannot represent the whole family's responsibility. Further study is needed to find a wider experience from the father and sibling side. The result will provide a suitable intervention model for ASD and its family caregivers.

CONCLUSION

This study concludes that families play a crucial role in caring for children with ASD, particularly in managing tantrum behaviors. In line with the research objectives, the findings indicate that families manage children's tantrums through spiritual values (perceiving the child as a trust from God), collaboration among family members, and practical strategies such as providing a special space, allowing time to calm down, and redirecting the child to simple activities aligned with their interests. Families are also actively involved in identifying tantrum triggers and minimizing their negative impact.

These findings emphasize that family-based approaches are essential in enhancing the adaptive abilities and quality of life of children with ASD while also reducing the emotional burden on families. Recommendations highlight the importance of implementing family-centered care, providing continuous education for parents, and strengthening community and public policy support to enhance the caregiver support system.

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