

## Parental competences in parents of children with disabilities of the association “Autism Community los Cabos, A.C.”

## Competencias parentales en padres de hijos con discapacidad de la asociación “Comunidad Autismo los Cabos, A.C.”

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### Abstract

Parenting skills are the set of skills that allow parents to face the vital task of being parents in a flexible and adaptive way, according to the developmental and educational needs of their children. Objective: to determine the level of parental competence in parents of children with disabilities from the Los Cabos A.C. Autism Community Association. during 2021. Methodology: This research was descriptive with a quantitative approach, with an observational, cross-sectional and retrospective design. Procedure: 14 parents participated. For data collection, the Positive Parenting Scale (E2P) instrument was used, made up of 58 items with a Cronbach's alpha reliability of 0.95 for the total scale; For its application, the instrument was adjusted virtually due to the pandemic caused by SARS-CoV-2. The results obtained show that 43% of the parental skills of the parents of the Los Cabos Autism Community Association A.C. they are in the risk zone, 36% in the monitoring zone and 21% in the optimal zone, also showing greater difficulty in the skills of the bonding area; being the mothers the ones who are more involved in the education of the children.

### Resumen

Las competencias parentales son el conjunto de capacidades que permiten a los padres afrontar de modo flexible y adaptativo la tarea vital de ser padres de acuerdo con las necesidades evolutivas y educativas de los hijos. Objetivo: determinar el nivel de competencia parental en padres de hijos con discapacidad de la Asociación Comunidad Autismo Los Cabos A.C. durante el 2021. Metodología: Esta investigación fue de tipo descriptivo con enfoque cuantitativo, con diseño observacional, transversal y retrospectivo. Procedimiento: Participaron 14 padres de familia. Para la recogida de datos se empleó el instrumento Escala de Parentalidad Positiva (E2P) formada por 58 ítems con una confiabilidad alfa de Cronbach de 0.95 para la escala total; para su aplicación se ajustó el instrumento de manera virtual debido a la pandemia ocasionada por el SARS-CoV-2. Los resultados obtenidos muestran que el 43% de las competencias parentales de los padres de la Asociación Comunidad Autismo Los Cabos A.C. se encuentran en zona de riesgo, el 36% en zona de monitoreo y el 21% en zona óptima, demostrando también mayor dificultad en las competencias del área vincular; siendo las mamás las que se encuentran más implicadas en la educación de los niños.

### Disability, Parenting Skills, Autism

### Discapacidad, Competencias parentales, Autismo

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## Introduction

Parental competencies are considered as the set of previous skills that parents acquire over time, to apply them in the intervention of raising their children, in a reflexive and flexible way, providing children with strengths to improve their adaptation within the social environment. However, having a child with a disability alters the family dynamics, generating strong stress in parents, and parental competencies deteriorate due to inexperience in raising children with a disability.

For this reason, the present research was born from the question "How are the parental competences of parents of children with disabilities of the Asociación Comunidad Autismo Los Cabos A.C. during 2021? In order to answer this question, the key concepts of the topic in question and the purposes pursued are addressed, in addition to providing an approach to previous research on how this topic has been developed and who have been the main people involved.

Likewise, in the theoretical framework section, the documentary material is captured to give meaning to the present document, in which the types of competences and what each one of them considers, as well as parental competences and their components, the theories that involve parental competences, disability and its types, concluding with the autistic spectrum disorder, are set out.

In order to establish the development of the research procedure, the methodology section describes the technical and practical process to fulfil the objectives set out, determining the type of study and the sequence of actions implemented to collect the information, followed by the subsequent framing of the results, where the findings are described, which are organised in tables and graphs, which offer an approach to the skills acquired in parental competencies and the variables to be taken into account.

To conclude with the discussion, where the information collected is contrasted with the theoretical support to explain the reality of the development of these competencies; concluding that a systemic therapeutic approach is necessary where parents are more involved in favour of the children and are supported in different ways.

The aim of this research was to determine the area of parental competence in parents of children with disabilities and its results were aimed at generating information that supports the importance of creating future strategies or intervention projects aimed at parents of the Asociación Comunidad de Autismo Los Cabos A.C. in the development of the competences that will help their children to have a better social development, in an appropriate and healthy way.

## Justification

The acquisition of parental competences is a process that integrates a multitude of factors for its good development, among which are: learning processes, lived experiences, personal capacities as a parent among others, being so, that for many parents it is difficult to achieve parentality and even more when it is about a child with disability.

Therefore, the purpose of the present study was to describe the parental competencies in parents of children with disabilities of the association Comunidad Autismo los Cabos A.C., with the results obtained it is intended to generate viable information to support the need to create programmes, projects or workshops that strengthen and support the development and acquisition of parental competencies for the benefit of parents, families and children with disabilities of the association.

Likewise, this research will lead to new studies in which the continuous and systemic evaluation of the progress of parental competences prevails. All in favour of the child's psychosocial adaptation.

Other benefits obtained from this study is to create awareness on the part of parents about their weaknesses in parenting skills, reaching a self-analysis for the improvement of the dynamics of monitoring at home, it is known that the active participation of the family in the education of children favours cognitive and social development, as well as reinforcing emotional intelligence, thereby reducing stress and anxiety.

**Problem**

Previously, the therapies were given one to one and occasionally the intervention of the parents was required, only for specific objectives, but not for explanation and guidance for them, leaving hidden the primary needs of the interventions, which are self-empowerment, bonding with others and cognitive development in its various branches. Due to this, the following research question is asked: How are the parental competences in the parents of children with disabilities of the Asociación Comunidad Autismo Los Cabos A.C. during 2021?

**Objectives**

**General objective**

- To describe the parental competences in parents of children with disabilities of the Asociación Comunidad Autismo Los Cabos A.C. during 2021 using the positive parenting scale.

**Specific objectives**

- To characterise the socio-demographic data of parents of children with disabilities.
- To identify the types of diagnosis suffered by the children.
- To find out the socio-demographic data of the child with a disability.
- To identify the zone in which the bonding, protective, formative and reflective competences of the parents of children with disabilities are found.
- To determine the zone in which the parental competences of parents of children with disabilities are found.

**Theoretical framework**

*Competences*

As discussed in the previous chapter, competences prepare the individual to face social, working and family life; within this context Sarramona, (as cited in Latorre, 2016) divides competences into basic, key and professional competences according to a series of characteristics as follows.

Competition	Features
<p><b>Core competences</b> These should be easily attainable for all, which can be integrated with the knowledge that has been gained.</p>	<ul style="list-style-type: none"> <li>• No matter the social level.</li> <li>• They must be applicable in everyday life.</li> <li>• Their assessment implies a "low" standard.</li> <li>• They can be applied in a variety of contexts.</li> <li>• They deal with personal values, commitment among others.</li> <li>• Identify whether they are performed adequately and in an optimal period.</li> <li>• They manage to achieve complex objectives mainly by means of learning obtained through the medium.</li> <li>• They are evaluated by actions rather than theory..</li> </ul>
<p><b>Key competences</b> These are competences that are important for the integration of the individual within a society, they are more than knowledge and skills. They perceive the ability to perform complex demands, directing and organising psychosocial resources in specific contexts.</p>	<ul style="list-style-type: none"> <li>- They show integration and automation of knowledge, which allows them to create life plans and projects.</li> <li>- They allow them to interact with diverse groups and relate to them, supporting each other or working in teams.</li> <li>- They allow them to interact with knowledge, such as language, symbols and numbers, information and prior knowledge.</li> </ul>
<p><b>Professional competences</b> These are specific to professional students.</p>	<ul style="list-style-type: none"> <li>- They refer to basic and specific knowledge and skills for a specific job and within a specific context.</li> </ul>

**Table 1** Types of competences and their characteristics  
*Source: (Sarramona, 2007 as cited in Latorre, 2016)*

## Parental competences

Parental competencies have several areas that make them up and are specific according to their applicability; according to Gómez and Muñoz (cited in Vera and Apolo, 2020, p.190) these are divided into:

- **Bonding:** the knowledge, attitudes and practices they carry out on a daily basis to generate a secure attachment and favourable socio-emotional development.
- **Formative:** aimed at development, knowledge, learning and socialisation.
- **Protective:** those that safeguard their rights and integrity as individuals, protecting their needs, physical, emotional and sexual needs.
- **Reflective:** which consists of a self-analysis with the aim of providing feedback on the person's areas of parental competence.

For example, parents who have more developed parental competencies, their children will have more skills in executive functions (Bernal, Rodríguez, González & Torres, 2017, p.172).

Similarly, "it has been proven the relevance of parents being involved in school matters, spending time talking, explaining doubts and listening to their children so that they develop the ability to understand the feelings and ideas of others" (Domínguez, Fortich and Rosero, 2018, p.231); at the same time that they make their responsibilities as parents and the significant influence on the development of phonological awareness prevail (Paredes, 2020, p.93).

## Parenting components

In addition to the aforementioned, each of the competences contains components that make their performance the most optimal and adequate, within the bonding competences are the components of:

- **Mentalisation:** This focuses on the interaction of the infant and the parents in order to create an attachment bond which can be secure or insecure between them, as it implies that the parents are the focus of the infant's intervention, without seeing them as individual subjects (Golanó, Perez and Salamero, 2019, p.93).
- **Parental sensitivity:** Ainsworth and collaborators (cited in Kast, Farkas and Vallotton, 2017) as the ability of parents to be able to identify, interpret what they are trying to say, respond as correctly as possible and visualise what may or may not happen thanks to the child's signals. (p.138).
- **Emotional warmth:** The level of attention, kindness, support, love, affection, compassion that the parent gives to the child, expressed in physical and verbal actions (Acevedo, Ibarra and Canchila, 2016, p.20).
- **Involvement:** This is the active participation of parents in the activities of raising, educating, learning and caring for their children, providing quality, basic responsibility, control and indirect care (Rodríguez, Salas and Vélez, 2018, p.8).

The formative competencies include:

- **Stimulation of learning:** Adequate stimulation provides cognitive, physical, social and other tools, which gives way to learning by having this knowledge, so when parents have the tools to provide early and timely stimulation, they favour the cognitive and interactional development of their children (Martínez, 2020, p.42).
- **Orientation and guidance:** By parents to accompany their children in activities, direct them and enhance their independence progressively, through moulding, matching, modelling, imitation, dialogue, meditation oriented to the development of daily life skills (Fundación ciudad del niño, 2017).

- **Positive discipline:** The parent must ensure that their child leads a dignified and healthy life, must be responsible for creating a good quality of life, help the child to adapt to society by giving them values and attitudes to promote democratic coexistence, for this they must also have contact in the context; according to the Ministry of Education (2021) they mention that this discipline develops principles for the benefit of all, these being:
  - **Principle 1.** All people have the right to be treated with equal dignity and respect.
  - **Principle 2.** The positive approach
  - **Principle 3.** The human being is a social being, oriented towards connection with others.
  - **Principle 4.** Behaviour has a purpose: to belong and to feel important.
  - **Principle 5.** Private logic: Children and adolescents continually make decisions based on how they perceive and interpret their world.
  - **Principle 6.** A sense of community (or social feeling) is the foundation of mental health.
  - **Principle 7.** Autonomy is fundamental to development, as it is the basis for self-efficacy, the feeling of "I am capable".
  - **Principle 8.** The main role of the adult is to encourage the development of children and adolescents.
  - **Principle 9.** Mistakes are learning opportunities.
  - **Principle 10.** focus on solutions (p.14).
- **Socialisation:** The experiences to which the child has been exposed, as well as the quality in the upbringing imparted, will have repercussions in their adolescence and adult life, which is why in order for them to achieve an optimal integration into society, parents should teach them the social norms so that the minor can integrate them, in addition that they can recognise themselves, to facilitate certain social objectives such as self-regulation, delaying impulses and creating roles, mentioned by Musitu and García (cited by Castillo and Saldarriaga, 2019, p.57).
 

On the other hand, in the protective capacities we have:

  - Guarantees of physical, emotional and psychosexual safety: which are to protect against any threat of a sexual, emotional and physical nature (Gómez and Muñoz, 2014, p.9).
  - Care and satisfaction of basic needs: Although there are various theories on the concept of basic needs, with their variables varying according to the culture in which they are performed, they all focus on these points: physical survival or health and personal autonomy, therefore the duty of caregivers is to initially meet these needs and encourage the learning of skills for their development corresponding to their self-empowerment (Bruck and Ben-ariéh, 2020, p.36).
  - Organisation of daily life: The more carefully planned and structured daily routines are, the greater the sense of order and organisation they provide for children, because they anticipate what will happen, involving consistent locations and sequences of activities (Dawson, 2021, p.10).
  - Seeking social support: It is important that in the face of various needs within parenting, whether emotional, instrumental or economic, the corresponding support is sought through various social means such as programmes, social or governmental (Gómez and Muñoz, 2014, p.9).

- In terms of reflective capacities we have:
- Anticipating relevant life scenarios: This means that parents should try to be prepared for difficult moments that may arise during parenting, such as sexual issues, crises, social, emotional, self-help, learning, among others (Gómez and Muñoz, 2014, p.10).
- Monitoring influences on child development: This means that caregivers should be observing the contexts and the neurodevelopmental evolution of the child (Gómez and Muñoz, 2014, p.10).
- Meta-parenting or parental self-monitoring: This is when parents make an evaluation of themselves in how they are raising their children, which causes short or long term changes in the parents' thinking and behaviour, leading to an evolution in the interaction of parents and children (Sood, and Chand, 2021, p.582).

Parental self-care: This is based on parents being in good physical, mental and emotional health, for which they are offered support through various means such as couples therapy, relaxation therapies or exercises, recreational centres, sports facilities, social security, scholarships for children, in order to give parents the tools and knowledge they may require to carry out their parenting work, and to make it as affective and knowledgeable as possible (Unicef, 2017, p.6).

### **Positive parenting**

All of the above skills are part of positive parenting, which is focused on "parental behaviour based on the best interests of the child that is caring, develops the child's capacities, is non-violent and offers recognition and guidance, including setting limits that allow for the child's full development" (Rodrigo, 2015, p.40).

However, apart from parental competencies, according to Balsells, Vaquero, Fernández, Fuentes, and Mateos (2020) two more variables are taken into account, which are:

- Sons' and daughters' needs, which can be evolutionary, educational and differential needs that children have, which change throughout their lives.

- The psychosocial context of the family where they develop, what help or needs the parents present, it is more than anything the impact of the extended family and the environmental factors that affect or interfere in the relationship between parents and children (p.9).

### *Theories involving parental competencies*

From the point of view of resilience, the importance of the interaction of the person with the different contexts is recognised and identified, in order to grow or evolve, giving solutions to new challenges, from the attachment approach, the importance of the creation of bonds and the dynamism that characterises family relationships and interactions is highlighted. On the other hand, the systemic approach recognises that the different members of the family are interconnected, so that any change in one of them has repercussions on the others, and the ecological model places the family as the first microsystem of the ecological environment and therefore the first context of development..

### **Systemic theory of human development**

The systemic theory of human development studies the relationship between different contexts, or ecosystems and the human being, as it takes into account the experiences and time that have passed in his life immersed in them, Bronfenbrenner (1986 and 1987 cited in López, 2017) indicates that.

The family can be considered a context, which gives rise to human development [...] because it experiences, perceives and feels directly, the events generated by interpersonal relationships in which it is involved; from the roles or roles it assumes and the activities that it develops within a daily life. (p.37).

### **Human resilience theory**

Another of the theories that implies the development of competences based on difficulties that in many cases are difficult to overcome is that of Stefan Vanistendael (2014, cited in Granados, Alvarado and Carmona, 2017) which approaches resilience by conceptualising it as.

The capacity of a person or a group to grow in the presence of great difficulties [...] resilience is not fixed, but varies throughout life; it is never absolute; it is built in interactions with the environment [...] it is always in process; and, beyond simple resistance, it builds or rebuilds life. (p.57).

Resilience builds strengths and abilities to adapt to the sudden changes imposed by the process of life and its social environment. In other words, resilience is a creator of competences that will help to overcome difficulties within the internal and external environment of the individual.

#### *Attachment theory*

Another theory that plays a major role in the appropriate growth and development during childhood is the attachment theory developed by John Bowlby (cited by Benlloch, S., 2020), which delves into interpersonal relationships with primary figures such as mother, father and family.

The effect of early experiences and the relationship with the first attachment figure on the child's development [...] within it, we learn to regulate our own emotions since we are not able to do it by ourselves when we are born and it fulfils the functions of maintaining proximity and trying to establish the attachment figure as a secure base, from which the child sets off to explore and returns in search of refuge and comfort, influences both the child's physical and cognitive development, as well as his or her emotional and affective development" (p.171).

This is also implied over the years in parents, who create their own parenting competencies from experiences in the family environment and implement them in a similar way with their children.

#### *Disability*

With reference to what has been described above in a general way, however, in the case of individuals with disabilities, the conditioning factors of growth and development in children are accentuated and aggravated by the fact that they do not have the same capacities as other children.

According to information from INEGI (cited in ISSSTE, 2019), there are different types of disability and it classifies them into four groups according to the main causes:

- At birth (congenital/hereditary).
- By disease.
- Accident.
- Due to old age.

#### **Types of disability**

From the previous classification there is another functional classification (ISSSTE, 2019) which is divided into:

- Visual sensory.
- Auditory sensory.
- Motor disability.
- Intellectual.
- Mental or psychosocial (p.6).

#### **Autism spectrum disorder**

Within the disabilities we find one of the most common, the Autism Spectrum Disorder (ASD) which is distinguished by being a neurodevelopmental disorder, which may present various alterations added to the main causes such as motor difficulties, poor or no language, intellectual disability, intestinal difficulties, perception, among others. (Lampert, 2021, p.5).

#### **Causes of ASD**

Within the causes of ASD there is evidence that demonstrates the involvement of multiple factors, including genetic and environmental factors at early ages, and therefore it is also estimated that the chances of developing ASD increase when considering the following factors (Landrigan, 2010 cited by Lampert, 2021):

- Having a sibling with ASD.
- Birth defects associated with CNS malformations.

- Parents with schizophrenia / psychosis / mood disorder (p.7).

Therefore the DSM-5 (Association, 2013) indicates that the impairments are not best explained by intellectual disability or Global Developmental Delay. Intellectual disability and Autism Spectrum Disorder often coexist, to make the diagnosis of comorbidity of Autism Spectrum Disorder and Intellectual Disability, social communication must be below the general expected level of development (p.29).

### Levels of support for patients with ASD

The levels established by the DSM-5 indicate the amount of help or support the patient requires to perform certain tasks (Association, 2013):

- Level 3: Requires very noticeable help, present severe impairments in verbal and non-verbal social communication skills causing severe impairments in functioning [...], extreme inflexibility to change or other restricted behaviours [...].
- Level 2: Needs significant help, significant impairment in verbal and non-verbal social communication skills [...], difficulty coping with change or other restricted behaviours [...].
- Level 1: Needs help: communication deficits cause significant problems [...] atypical responses [...] difficulty in alternating activities [...] (p.31-p.32).

### Methodology

This is a descriptive study with a quantitative approach due to the measurement of its variables, with an observational, cross-sectional and retrospective design.

### Procedure

The selection of the sample was by convenience, due to the number of elements that make up the universe, requesting the participation of parents in an open manner, which is why parents who are in direct contact with their children were the ones who participated.

For data collection, promotion was carried out with the parents of children with disabilities enrolled in the Asociación Comunidad Autismo Cabos A.C., due to the health contingency caused by the COVID-19 pandemic, it was decided to manage it online through the platform <https://docs.google.com/forms> and telephone calls to explain the study proposal. Parents who agreed to participate in the study were sent the link to the platform.

Subsequently, parents had to read the informed consent form and agreed to it, and then began to answer the instrument online.

### Results

The results found from the analysis of the study and socio-demographic variables, in addition to the areas contained in the Parenting Scale, are represented by means of tables, all based on the objectives set out from the beginning of the research, it should be noted that the analysis carried out was derived from the table of operation of variables. For the specific objective of characterising the socio-demographic data of the parents of children with disabilities, the following results were obtained:

Regarding the sex of the parents who participated in the study, it is observed that 78.6% are women and only 21.4% are men (Table 2), this result reflects that women are the most involved in the upbringing of the child.

Sex	Frequency	Percentage
Woman	11	78,6
Male	3	21,4
Total	14	100,0

**Table 2** Distribution by sex of parents with children with autism of the Asociación Comunidad Autismo Los Cabos A.C.

Source: *Parentality Scale Instrument*

Regarding marital status, 42.9% of the parents live in a union, followed by 35.7% married and 14.3% single (Table 3).

Marital status	Frequency	Percentage
Single	2	14,3
Married	5	35,7
Unmarried	6	42,9
Divorced	1	7,1
Total	14	100,0

**Table 3** Distribution by marital status of parents with children with autism of the Asociación Comunidad Autismo Los Cabos A.C.

Source: *Parentality Scale Instrument*



Of the children registered in the Asociación Comunidad Autismo Los Cabos A.C., 50% are in the age range of 4 to 7 years old and 42.9% in the age range of 8 to 12 years old. It is observed that the increase in the demand of attention is generated from the observation of the parents or diagnosis of the health team (Table 4).

Age ranges	Frequency	Percentage
0-3 years	1	7,1
4-7 years	7	50,0
8- 12 years	6	42,9
Total	14	100,0

**Table 4** Distribution by age range of the children enrolled in the Asociación Comunidad Autismo Los Cabos A.C.  
Source: *Parentality Scale Instrument*

On the other hand, the schooling of children with disabilities reveals that 57.1% are in primary school, while 21.4% do not attend school (Table 5).

Schooling	Frequency	Percentage
Out-of-school	3	21,4
Kindergarten	2	14,3
Kindergarten	1	7,1
Primary	8	57,1
Total	14	100,0

**Table 5** Schooling of children enrolled in Asociación Comunidad Autismo Los Cabos A.C.  
Source: *Parentality scale instrument*

The kinship of the people who participated in the study was 78.6% mothers of the children with disabilities and 21.4% fathers (Table 6).

Relationship	Frequency	Percentage
Father	3	21,4
Mother	11	78,6
Total	14	100,0

**Table 6** Distribution by kinship of children enrolled in the Asociación Comunidad Autismo Los Cabos A.C.  
Source: *Parentality scale instrument*

85.7% of parents affirm that their children have a disability and know their diagnosis, while 14.3% deny it or do not know it (Table 7).

Disability awareness	Frequency	Percentage
Yes	12	85,7
No	2	14,3
Total	14	100,0

**Table 7** Knowledge of disability of parents with children with autism from Asociación Comunidad Autismo Los Cabos A.C.  
Source: *Parentality Scale Instrument*

The disorders present in the children of the Asociación Comunidad Autismo Los Cabos A.C. are 78.6% of ASD, while only 7.1% of ADD (Table 8).

Type of diagnosis	Frequency	Percentage
Autism Spectrum Disorder (ASD)	11	78,6
Attention Deficit Disorder (ADD)	1	7,1
Speech Delay	1	7,1
No diagnosis	1	7,1
Total	14	100,0

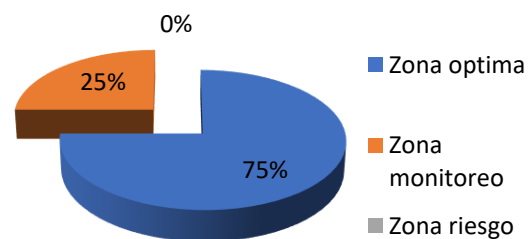
**Table 8** Distribution by type of diagnosis of children registered in Asociación Comunidad Autismo Los Cabos A.C.  
Source: *Parentality scale instrument*

Table 9 shows that the bonding, protective and reflective competencies of the parent of the child aged 0-3 years are in the optimal zone and the formative competencies are in the monitoring zone.

Area	Frequency	Zone
Link	1	Optimum zone
Formative	1	Monitoring zone
Protective	1	Optimum zone
Reflective	1	Optimum zone

**Table 9** Areas of competences in parents of children with disabilities from 0 to 3 years of age of the Asociación Comunidad Autismo Los Cabos A.C.  
Source: *Parentality Scale*

Figure 1 shows that 75% of the parental competences of parents with children with disabilities of the Asociación Comunidad Autismo Los Cabos A.C. from 0 to 3 years old are in the optimal zone and 25% in the monitoring zone.



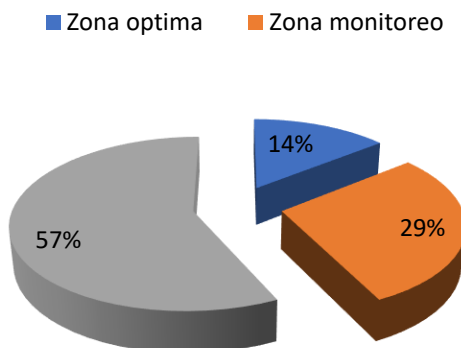
**Figure 1** Parental competences in parents with children from 0 to 3 years old from Asociación Comunidad Autismo Los Cabos A.C.

Table 10 shows that 57.1% of parents of children with disabilities aged 4 to 7 are in the risk zone and 14.3% in the monitoring zone, while in the formative area 28.6% are in the risk and monitoring zones; likewise in the protective area 57.1 and 42.9% are in the risk and monitoring zones respectively; while in the reflective area 57.1% are in the optimal zone and 42.9% in the risk zone.

Area	Zones	Frequency	Percentage
Linking	Risk zone	4	57,1
	Monitoring zone	1	14,3
	Optimum zone	2	28,6
	Total	7	100,0
Formative	Risk zone	2	28,6
	Monitoring zone	2	28,6
	Optimum zone	3	42,9
	Total	7	100,0
Protector	Risk zone	4	57,1
	Monitoring zone	3	42,9
	Total	7	100,0
Reflective	Risk zone	3	42,9
	Optimum zone	4	57,1
	Total	7	100,0

**Table 10** Percentage by areas of competence of parents of children with disabilities from 4 to 7 years old from Asociación Comunidad Autismo Los Cabos A.C.  
Source: *Parentality Scale*

Figure 2 shows that 57% of the parental competencies of parents of children with disabilities aged 4-7 years are in the risk zone, 29% are in the monitoring zone and only 14% are in the optimal zone.



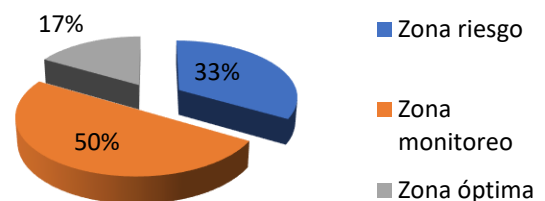
**Figure 2** Parental competencies in parents of children with disabilities from 4 to 7 years old from Asociación Comunidad Autismo Los Cabos A.C.

Table 11 shows that in the areas of parental competencies of parents of children with disabilities between 8 and 12 years of age, 66.7% of the bonding area is in the risk zone; in the case of the formative and protective areas, 50% are in the optimal zone, and 33.3% of the reflective area is in the risk, monitoring and optimal zones.

Area	Zones	Frequency	Percentage
Link	Risk zone	4	66,7
	Monitoring zone	1	16,7
	Optimum zone	1	16,7
	Total	6	100,0
Formative	Risk zone	1	16,7
	Monitoring zone	2	33,3
	Optimum zone	3	50,0
	Total	6	100,0
Protector	Risk zone	1	16,7
	Monitoring zone	2	33,3
	Optimum zone	3	50,0
	Total	6	100,0
Reflective	Risk zone	2	33,3
	Monitoring zone	2	33,3
	Optimum zone	2	33,3
	Total	6	100,0

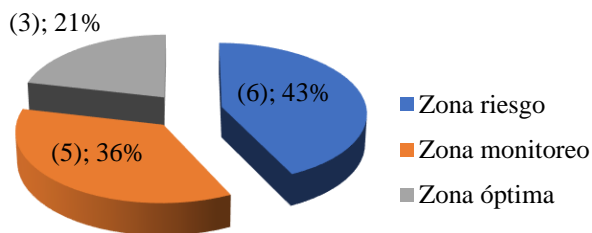
**Table 11** Percentage by areas of competence of parents of children with disabilities from 8 to 12 years old from Asociación Comunidad Autismo Los Cabos A.C.  
Source: *Parentality Scale*

Figure 3 shows that 50% of the parental competences of parents of children with disabilities aged 8 to 12 are in the monitoring zone, 33% in the risk zone and only 17% in the optimal zone.



**Figure 3** Parental competencies in parents of children with disabilities from 8 to 12 years old from Asociación Comunidad Autismo Los Cabos A.C.

The information presented below is to reflect objective 4 to determine the zone in which the parental competences of parents with children with disabilities are located and the general objective. The parental competences of the parents of the Asociación Comunidad Autismo Los Cabos A.C. are 43% in the risk zone and 36% in the monitoring zone.



**Figure 4** Parenting skills of parents from the Asociación Comunidad Autista Los Cabos A.C.

## Analysis and Conclusions

After having gone through the experience in this new modality of distance intervention, working mainly with parents, it was possible to identify some needs to strengthen this process.

Firstly, in order for the patient with a disability to make significant progress, there must be collaborative work between parents and specialists.

Secondly, it is essential to underline the knowledge that parents have about the diagnosis of their children, as this would allow a better link with them and in turn prepare them for the modifications or accompaniment that should be carried out.

Thirdly, it is important to say that one of the benefits of children being understood and supported by the family reduces "inappropriate" behaviours, as they are included in different contexts and learn to cope with them, due to their relationship with other people, coexistence and routine bring about these changes, as well as the fact that parents get involved in a positive way, stimulate their learning, provide emotional warmth and offer guidance but without giving the answers, increases the development of cognitive and social skills.

Fourthly, having an organisation of daily life allows for a quicker adaptation and thus provides the patient with the security and confidence of being in that place.

It is important that when entering an intervention the parents are committed to support at all times, as it is ideal to work directly with the child and the parents, so that they know how to interact, intervene and support their child to develop in the most optimal and natural way.

It is concluded that in the Asociación Comunidad Autismo Los Cabos A.C. there are 43% in the risk zone and 36% in the monitoring zone with 21% in the optimal zone, presenting almost a continuous line in the formative area, where apparently the most important thing is education, but the other sections that are also important are left aside. In addition to this, the main ones apparently involved are the mothers, but to the extent that the fathers commit themselves to the new ways of intervention and evaluate the achievements, better results will be obtained and therefore instead of paying for a greater number of hours of therapy, they will save money and have more tools to intervene with their child.

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