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Mothers of Children with Disabilities: Perceptions of Online Peer Mentoring Support

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Walden University

College of Psychology and Community Services

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April S. Felder

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Walden University
2023

Abstract

Mothers of Children with Disabilities: Perceptions of Online Peer Mentoring Support

by

April S. Felder

MS, Walden University, 2017

BA, Morgan State University, 2014

Dissertation Submitted in Partial Fulfillment

of Requirements for the Degree of

Doctor of Philosophy

Human and Social Services

Walden University

June 2023

Abstract

There has been a trend of increased diagnoses of childhood disabilities in the United States. Mothers who care for a child diagnosed with disabilities typically experience increased parental obligations and maternal mental health deficits that often go undiagnosed or untreated, resulting in adverse events. Researchers found that peer mentoring is an effective, nonclinical resource for addressing these mothers' intervention needs but have not established alternative ways to increase access and delivery. The purpose of this generic, qualitative study was to explore how mothers of children with disabilities perceive online peer mentoring as an intervention resource for stress and coping. Lazarus's transactional model for stress and coping was used as the conceptual framework. Participants were recruited through parent support organizations sharing recruitment flyers via social media. Data were collected from open-ended, semistructured interviews with nine U.S. mothers who were 18-years-old or older, caring for a child living with disabilities. Participants' interview transcripts were analyzed using Braun and Clarke's thematic analysis, resulting in six emergent themes: (a) mothers of children with disabilities experience complex caregiver dualities, (b) chronic stress is significantly linked to mothers' caregiver dualities, (c) general coping mechanisms offer limited support, (d) online peer mentoring improves stress and coping support resources, (e) convenience of online modality outweigh breach of privacy concerns, and (f) online peer mentoring is usually referred by word of mouth. The findings of this study showed that online peer mentoring may be useful in the future development of remote, mental health interventions and increased support services for mothers of children with disabilities.

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Dedication

First, I dedicate this research to my son, Aidan. Thank you for taking me on this "Dandy" walk through motherhood and the life changing journey I never knew I needed. I also extend dedications to my loving and super supportive husband, our two daughters, my Grandparents, and Maunt. Thank you all for being some of the best parts of my story!

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First, I would like to acknowledge my committee chairperson, Dr. Sarah Matthey. Thank you for your time, expertise, guidance, quality control, and cheering me on… all while helping to keep my time to completion goals grounded. To my second committee member, Dr. Tina Jaeckle, university reviewer, Dr. Nicole Hamilton, and former chair, Dr. Tracey Phillips, thank you for your assistance and roles in my dissertation journey. You all are greatly appreciated and this experience was nothing short of amazing.

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Chapter 1: Introduction to the Study

The prevalence of children being diagnosed with disabilities in the United States has significantly increased. According to trends in childhood disability rates, approximately 3 million children from the 18-years-old and under population are living with a disability (U.S. Census Bureau, n.d.). In addition, 1 in 6 children under the age of 9 has been diagnosed with mental, behavioral, and developmental disorders (Centers for Disease Control [CDC], n.d.-e). Because of these childhood disability trends, many families are seeking community-based resources and relying on human and social services agencies for early intervention and family-centered services more than any decade before (Bourke-Taylor et al., 2022; McLellan et al., 2022; Russ et al., 2022; Salomon et al, 2022). More children living with disabilities means more mothers being emotionally, financially, physically, and psychologically impacted by a child's disability diagnosis and prognosis.

Mothers of children with disabilities and special needs should have access to more mental health support options. Unlike mothers of typically developing children, mothering a child diagnosed with medical, intellectual, and developmental disabilities (IDDs) comes with inherent risks for psychological distress, chronic grief, parental burnout, and depression (Davenport & Zolnikov, 2022; Gilson et al., 2021; Hoyle et al., 2021). Due to barriers in accessing clinical support and physicians routinely being focused on the child's intervention needs, maternal mental health issues for this population of mothers often goes undiagnosed and untreated (Bourke-Taylor et al., 2022; Hughes et al., 2022; Salomon et al., 2022). As such, understanding how mothers of children with disabilities perceive online peer mentoring as an intervention might improve support resources and circumvent barriers to mental health help.

In this chapter, I follow this introduction of the study with a discussion of the background information, problem statement, purpose statement, research question, conceptual framework, nature of the study, definition of key terms, assumptions, scope and delimitations, limitations, and significance before concluding the chapter with a summary.

Background

Following the communication of a child's disability diagnosis, it is not uncommon for physicians to support the notion that these mothers' mental health maintenance is the onus of the mothers. While health professionals often know these mothers would benefit from mental health referrals, physicians may not feel professionally inclined or knowledgeable in mental health surveillance, and they may believe the scope of their duties should remain on the child's prognosis (Gilson et al., 2018). Similarly, Tan et al. (2021) and Tacy et al. (2022) found that physicians lacked empathy in communicating children's disability diagnosis and showed limited psychological awareness of parents' ability to process the information. A lack of maternal mental health being addressed at initial diagnosis can be a critical component of how mental health illiteracy and neglect starts for this population of mothers.

An extensive amount of literature exists in reference to the poor mental health and stress experienced by mothers of children with disabilities. Mothers of children in the disability community have been regarded as an at-risk, unique, and vulnerable population

(Gilson et al., 2022; Hagerman et al., 2022; Hoyle et al., 2022). When mothers are informed of their child's disability, abnormalities, or complex care requirements, negative emotions and maternal mental health challenges may arise (Argarwal et al., 2022; Bourke-Taylor et al., 2022; Hagerman et al., 2022; Smith & Gabrielsen, 2022). For example, many of these mothers experience chronic grief, traumatic stress, depression, and feelings of loss similar to mourning the death of a loved one (Bourke-Taylor et al., 2022; Lee et al., 2022; Xiong et al., 2022). However, chronic grief, stress, and mental health challenges are often overlooked and undertreated with this population.

Several barriers exist as to why stress and mental health go undiagnosed and untreated for this population of mothers. For example, stigma, lack of intervention programs, caregiver time constraints, parenting demands, inadequate medical insurance, and racial inequities are some of the common barriers that prevent access to maternal mental health support (Drent et al., 2022; Gilson et al., 2021; Hagerman et al., 2022; Rattan, 2022). Consequently, adverse events (e.g., maternal suicidal ideation, early intervention neglect, and child maltreatment) are prone to take place when mothers of children with disabilities do not receive added support or mental health interventions to address stress and psychosocial dysfunction (Canbas et al., 2022; Graaf et al, 2021; Salomon et al, 2022). Given such, alternative support services might address barriers to mental support and negate stress for this population of mothers.

A lack of support resources and inability to manage stress levels may result in adverse events for these mothers and their families. While adverse events connected to the increased prevalence of this population was already a public health concern, the

COVID-19 pandemic lockdown contributed to increased parental obligations stemming from school closures and interruptions to children’s early intervention services, resulting in additional stress and adverse outcomes for some mothers of children with disabilities and their families (Calear et al., 2022; Olusanya et al., 2022; Wauters et al., 2022; Willner et al., 2022). For example, instances of child maltreatment, foster care assignments, maternal suicide, and filicide in relation to children with special needs has significantly increased in the last 2 years (Columbia University, 2022; Guan et al., 2022; Legano et al., 2021; Lund et al., 2021; Moss, 2019; Shtayermman & Zhang, 2021). Hence, increasing remote access to alternative, peer support services might negate adverse outcomes for this population of mothers and their families.

Research surrounding the topic of this study is limited. There is a gap in the literature regarding the perceptions and developments of mothers of children with disabilities regarding alternative, technology-based peer support and mental health help (Lund et al., 2021; Mikolajczak & Roskam, 2022; O’Donovan et al., 2019). However, I designed this qualitative study to contextualize these mothers’ perceptions of online peer mentoring to address the gap in literature and inform future peer support delivery regarding this population. The results of this study may contribute to positive social change by promoting the creative development, inception, and delivery of online peer mentoring as an intervention for the stress and coping of mothers of children with disabilities and complex care needs.

Problem Statement

Quality of life and care for children living with disabilities is usually dependent upon their mother's psychosocial functioning, resources, and ability to cope with stress. In comparison to mothers of typically developing children, approximately 80% of mothers who provide primary care for a child diagnosed with IDDs have extended parental obligations, and they may experience significantly higher rates of stress, anxiety, depression, and chronic grief (Gilson et al., 2018). When these mental health problems remain unchecked and untreated, the child with disabilities is at significant risks for all forms of abuse, foster care, missed medical appointments, early intervention services neglect, and maladjusted parent-child relationships (Graaf et al., 2022; Olusanya et al., 2022; Salamon et al., 2022). Additionally, maternal suicides and the prevalence of children with disabilities becoming victims of altruistic filicide has also increased due to maternal mental health needs not being met (Canbaş et al., 2022; Frederick et al., 2019; Guan et al., 2022; O'Dwyer et al., 2021). Given such, mothers of children with disabilities need access to alternative interventions that might surmount barriers to mental health help, decrease stress, and lessen adverse outcomes in this population.

Previous scholars have conducted interventional studies that focus on support for children with special needs and disabilities. For example, there is an extensive quantity of literature surrounding collaborative practices, online peer mentoring, and technology-based programs designed to broaden support networks for children living with IDDs (Castro-Kemp & Samuels, 2022; Lindsay & Cagliostro, 2020; Saxena et al., 2020). However, a gap exists in the literature pertaining to online peer mentoring and technology-based mental health interventions designed for the mothers of children with special needs and disabilities (Flynn et al., 2020; Ogourtsova et al., 2021; Yamashita et al., 2022). In this study, I addressed this gap in the literature by exploring the perceptions of online peer mentoring as an intervention resource for stress and coping in mothers of children with disabilities. The results of this study might inform future developments in the delivery of nonclinical, maternal mental health support.

Purpose Statement

The purpose of this generic qualitative study was to explore how mothers of children with disabilities perceive online peer mentoring as an intervention resource for stress and coping. Incorporating online platforms to facilitate peer-led, mental health interventions may lead to less stress, better coping strategies, and increased quality of life for this population of mothers and their families (Dodds & Walch, 2022; Yamashita et al., 2022). The results of the current study contribute to the paucity of literature on the perceptions and preferences of technology-based peer support designed to minimize psychosocial dysfunction for mothers of children diagnosed with IDDs. The findings of a study of this kind can be used by nonprofits, researchers, interventionists, and human services practitioners to develop accessible and tailored support programs for mothers of children with disabilities.

Research Question

How do mothers of children with disabilities perceive online peer mentoring as an intervention resource for stress and coping?

Conceptual Framework

I used the transactional model for stress and coping (TMSC) as the conceptual framework for this generic qualitative study. The TMSC was formulated by Lazarus (1966) as a means to understand how individuals transact stress. According to the TMSC, transactions take place in the form of primary appraisal, secondary appraisal, and coping efforts (Lazarus, 1966). Primary appraisals are assumptions about how severe a stressful encounter is, secondary appraisals are perceptions about resources that might be available to meet the demands of a stressful encounter, and coping efforts are the actual methods used to negate primary and secondary appraisals in efforts to cope or manage stress (Lazarus 1966; Lazarus & Folkman, 1984). The major theoretical proposition of the TMSC is that an individual's perceptions of their resources to address stress will influence their coping strategies, and their coping strategies, in turn, influence their mental health wellness or mental health illness.

The TMSC was appropriate to use as the conceptual framework in this study because the aim was to contextualize participants' perceptions of a psychological resource for stress and coping. Lazarus (1993) explained that a key element to approaching coping processes is to understand that this area of psychopathology is more conceptual than it is clinical. Hence, nonclinical, tailored interventions are needed to address barriers to mental health support for mothers of children with disabilities (Dodds & Walch, 2022; Li et al., 2022; Yamashita et al., 2022). Thus, I used Lazarus's model as the theoretical lens through which to view participants' perceptions of online peer mentoring as the secondary transaction of the TMSC (e.g., participants' perceptions were the appraisal, and online peer mentoring was the resource being appraised to *cope* with stress and increase support services).

Nature of the Study

Due to the constructivist nature of this study, I used the qualitative research method with a generic design. The qualitative research method is appropriate for nonnumerical, textual data collection regarding participants' experiences and perceptions (Coleman, 2022; Kohler et al., 2021; Renjith et al., 2021). In addition, qualitative research approaches are suitable for incorporating health care consumers' voices and viewpoints in the development and implementation of interventions (Hussain et al., 2021; Prosek & Gibson, 2021). The generic qualitative design is appropriate for research inquiries that do not meet the criteria for classic qualitative methods (e.g., grounded theory or case studies; Liu, 2016; Prosek & Gibson, 2021). Hence, I chose the generic qualitative approach because it is a flexible method that allows researchers to combine the strengths of multiple qualitative designs to interpret and make meaning of participants' shared experiences, perceptions, or reflections (see Levitt et al., 2021; Liu, 2016; Prosek & Gibson, 2021). The constructivist nature and perceptual purpose of this study were in alignment with an unrestrictive, generic research design.

I collected data from adult mothers who are the primary caregiver to their biological, minor child living with disabilities. Purposeful sampling was used to obtain participants from online platforms, and data were collected from them via semistructured, in-depth interviews. Purposeful sampling occurs when participants are selected based on preestablished criteria, and semistructured, in-depth interviews are most suitable for generating descriptive information about the participants’ experiences and perceptions (Renjith et al., 2021; Ruslin et al., 2022). I used an inductive approach to conduct a thematic analysis of the data to generate codes and themes that made meaning of participants’ responses (see Kiger & Varpio, 2020; Vears & Gillam, 2022). The generic qualitative approach, purposeful sampling strategy, semistructured interviewing, and thematic data analysis all aligned with the nature and purpose of this study.

Definition of Terms

Coping: Emotion- or problem-based methods used to negate the demands of a stressor (Lazarus, 1966).

Disabilities: Any medical, intellectual, or developmental conditions of the mind and body that cause impairments, activity limitations, and participation restrictions, thereby causing difficulty in independent living, performing daily life skills, or interacting with the environment (CDC, n.d.-b).

Mental health: Emotional, psychological, and social well-being that is connected to thinking, feeling, behaving, cognition, perception, stress, and overall health during every stage of an individual’s lifetime (CDC, n.d.-a).

Mental health intervention resources: Resources (e.g., programs, activities, services, platforms, and/or networks) that are designed to intervene and mitigate mental health problems (Carswell et al., 2018).

Online peer mentoring: Mentorship from individuals with shared lived experiences via the internet or telecommunication systems (Yamashita et al., 2022).

Perceive/perception: Interpreting, understanding, or grasping the meaning and knowledge of something by means of the senses (American Psychological Association, n.d.).

Stress: The body's response to real or imagined imbalances of resources to negotiate life's demands (Lazarus, 1966).

Assumptions

Assumptions are aspects of a study that are believed to be true by the researcher and various consumers of the study; hence, assumptions assist with reliability and beliefs about the data presented in a study (Baskarda & Koronios, 2018; Collins & Stockton, 2018). For this study, I assumed participants would be forthcoming and honest in their responses about their experiences and perceptions of online peer mentoring for mothers of children diagnosed with disabilities.

Scope and Delimitations

Scope and delimitations set parameters for research studies. Identifying the parameters of a study adds quality to the research by outlining the focus and boundaries of the study (see Theofanidis & Fountouki, 2018). The scope of this qualitative study included mothers who were 18 years of age and older, primary caregivers to their biological, minor child with disabilities, and residing in the United States. Regarding delimitations, I did not seek, interview, or involve any children with disabilities, mothers under the age of 18-years-old, mothers who were not primary caregivers to a biological minor, mothers of typically developing children, fathers, other family, friends, practitioners, or physicians. Setting these parameters also excluded overseas residents, mothers who were considered a minor themselves (e.g., under the age of 18-years-old), and mothers of adult children with disabilities.

Although the TMSC was applied as the conceptual framework and contextual lens for this study, I considered using the family adjustment and adaptation response (FAAR) model as a competing theory. Introduced by McCubbin and Patterson (1983), the FAAR model is a multivariate concept consisting of the individual, the family, and the community (Patterson, 1988). Patterson (1988) posited that families balance stressors collectively by going through cycles of adjustment based on the severity ascribed to a crisis and mitigating stress with systematic resources and coping behaviors. The aim of this study was to understand mothers' perceptions of a resource and not the family's perception in entirety; therefore, the FAAR being a family stress model did not align with the purpose of this study.

Another competing conceptual framework considered was social support theory. Social support theory was evolved by Cassel (1976) who posited that psychosocial well-being and mental health can be significantly improved via social relationships. The four categories of social support in the theory are informational support, emotional support, instrumental support, and appraisal support (Cassel, 1976). Although this qualitative study involved peer mentoring, which aligns with social support, this theory did not fully embody the transactional stress component needed to fully frame this generic qualitative inquiry. Because these competing theories could not frame the full scope of this study, the TMSC was the most compatible conceptual framework for understanding how mothers of children with disabilities perceive online peer mentoring as an intervention resource.

Limitations

No study is without limitations. Limitations are the weaknesses found in research designs that can negatively affect outcomes when not addressed (Ross & Zaidi, 2019). As the human instrument, I collected and analyzed data in this generic qualitative study; thus, reflexivity took place to control bias limitations and prevent data interpretation damage (see Berkovic et al., 2020; Reich, 2021). I mitigated researcher bias with reflexive journaling (see Laidlaw et al., 2022; Weatherford & Maitra, 2019). Journaling increased objectivity and influenced mindfulness regarding my feelings. I will provide more information on journaling and researcher bias in Chapter 3.

Limitations are also found in the newness of the flexible qualitative approach employed in this study. With acceptability in the last decade, there is a lack of literature and guidance on how to navigate the structural void of the generic method (Kahlke, 2014; Liu, 2016). However, Kahlke (2014) and Liu (2016) offered the following suggestions for mitigating the limitation of structural void of the generic qualitative method: (a) employ an inductive approach to inform the generic method, (b) ensure theoretical congruence, and (c) rely on guidance from paradigm assumptions. Following their suggestions, I relied on a constructivist nature and methodological assumption to fill structural voids in the use of this method.

Significance

In this study, I contextualized how mothers of children with disabilities perceive online peer mentoring as an intervention resource for stress and coping. Exploring this underdeveloped topic contributes to addressing gaps in the literature about ways to mitigate barriers to support and offer alternative mental health interventions to this vulnerable population of mothers. The knowledge obtained from this study might be used by human services practitioners and researchers to develop nonclinical interventions and creative community-based support solutions. These online peer mentoring and technology-based mental health interventions designed for mothers of children with disabilities can increase the quality of life for these mothers and their families, ease dependence on human and social services agencies, and lessen incidents of adverse events over time.

Summary

The goal of this generic qualitative study was to explore how mothers of children with disabilities perceive online peer mentoring as an intervention resource for stress and coping. Mothers who care for children with disabilities are prone to psychosocial dysfunction that often goes untreated (Gilson et al., 2021). This population of mothers are more likely to experience chronic grief, depression, stress, and adverse outcomes in comparison to mothers who care for typically developing children (Davenport & Zolnikov, 2022; Gilson et al., 2021; Hoyle et al., 2021). With the prevalence of children being diagnosed with disabilities, these mothers may benefit from access to alternative, nonclinical mental health interventions and community-based services (Calear et al., 2022; Olusanya et al., 2022; U.S. Census Bureau, n.d.). Information derived from exploring the understudied topic of online mental health interventions for mothers of children with IDDs might offer insights to developing nonclinical programs.

In this chapter, I presented the background to this study, problem, purpose, research question, conceptual framework, nature of the study, and definition of terms. Assumptions, scope and delimitations, limitations, and significance were also discussed. In Chapter 2, I will provide a review of the literature that justifies the need to research this topic.

Chapter 2: Literature Review

In comparison to mothers of typically developing children, mothers who care for a child with IDDs will likely experience emotional and psychological distress, which often goes undiagnosed and untreated. Scholars have examined the effects of maternal mental health deterioration after a child’s disability diagnosis as well as the need for more accessible mental health interventions that extend beyond a child’s prognosis (Agarwal et al., 2022; Salomon et al., 2022; Smith & Gabrielsen, 2022). Some parents encounter barriers to traditional mental health assistance, and direct service professionals may not meet the high demands of families that seek intervention support resources (Gilson et al., 2018; Gilson et al., 2021; Hoyle et al., 2021). There are few accessible mental health interventions and psychosocial support designed to address barriers for mothers of children with disabilities (Dew et al., 2019; Smith & Gabrielsen, 2022). There is a need to explore the expansion of alternative mental health interventions for stress and coping regarding mothers of children diagnosed with medical disabilities and/or IDDs.

In this literature review, I synthesize information from both seminal and current research on peer support as a mental health intervention for mothers of children diagnosed with disabilities. In Chapter 2, I present the search strategy, conceptual framework of the framework, and a review of the literature on the following topics: prevalence of children living with disabilities, mental health impact of a child’s disability diagnosis, justification for maternal mental health interventions, stress and coping interventions, peer mentoring as an intervention resource, and online peer mentoring versus traditional peer mentoring.

Literature Search Strategy

I conducted an electronic search for literature in Google Scholar, the Library of Congress, and the Walden University Library. Through the Walden University Library, I also accessed the Taylor and Francis Online, SAGE Journals, PsycINFO, and SocINDEX databases. Advanced search settings were used to locate scholarly and peer-reviewed literature published within the past 5 years. I also performed a backward search to locate additional literature. A scoping review was used in relation to online peer mentoring as an intervention resource for stress and coping in mothers of children with disabilities. The keywords and phrases used to search the literature were *mothers of children with disabilities, peer-mentoring, online peer-mentoring, e-mentoring, online support groups, children with intellectual and developmental disabilities, stress, coping, depression, maternal mental health, maternal depression, mental health interventions, maternal grief*, and *psychosocial wellbeing in mothers of children with disabilities.* Accordingly, I occasionally included scholarly articles published more than 5 years ago to provide historical context in this literature review.

Conceptual Framework

The conceptual framework for this generic qualitative study was the TMSC. This model was first introduced by Lazarus (1966) to contextualize the psychological process of an individual’s ability to deal with stressful events and experiences. As indicated by Lazarus, stress is the body’s response to real or imagined imbalances of resources to negotiate life’s demands. The premise of the TMSC is that a series of transactions take place when a person encounters stressful events in their external and internal environment. Lazarus used the TMSC to theorize the following: (a) primary appraisal, an initial cognitive processing takes place in efforts to evaluate and gauge the significance or severity of a stressor; (b) secondary appraisal, an assessment takes place to evaluate the resources available to address or control the stressor; and (c) coping efforts, the actual methods and strategies used to negotiate primary and secondary appraisals in efforts to manage and regulate the stressor. Hence, this framework is based on an individual's (i.e., the perceiver) perception of their readily available means (i.e., cultural, financial, psychological, and social resources) to cope with the internal and external stimulus of stress (i.e., stressors).

Primary Appraisal

Primary appraisal is used to describe the first transaction in processing stress in the TMSC. Primary appraisal refers to the initial evaluation and assumptions about the significance and severity of a stressor in a person's life (Lazarus, 1966). During this initial encounter, an individual makes assumptions as to whether the encounter is harmful, gainful, or relevant (Lazarus & Folkman, 1984). After receiving certain information or initial encounters with stressors, primary cognition of deciding whether a stressor is positive or negative takes place.

Secondary Appraisal

Secondary appraisal is used to describe the second transaction in processing stress in the TMSC. Secondary appraisal refers to an individual's evaluation and perceptions about the resources that might be readily available to cope with stress or control the stressor following primary appraisal (Lazarus, 1966; Lazarus & Folkman, 1984). There are different types of resources that an individual might evaluate during a secondary appraisal: cultural, physical, social, financial, and/or psychological (Lazarus & Folkman, 1984). In contrast to the first part of the TMSC, secondary appraisal is associated with perceptions and evaluations about what means might be readily available to manage stress and meet the demands of stressful encounters (Lazarus & Folkman, 1984). Hence, this area of the TMSC highlights real or perceived deficits in resources to address the demands of the primary transaction.

Coping Efforts

In the TMSC, coping efforts are based on the actual strategies that are applied after the secondary appraisal of stressors and stressful events. Coping efforts refer to the resourceful activities or methods, be it thoughts or action, that are employed to negate the demands of a stressor (Lazarus, 1993). Coping strategies may be emotion based, problem based, or a hybrid of both (Lazarus, 1993). At this point in the TMSC, individuals move from the cognitive process of appraising a stressful situation and shift their focus on resource allocation. Although coping efforts are intended to reduce stress, if the demands of a stressor exceed an individual’s perceived or actual resources, the risk for psychosocial dysfunction is elevated (Lazarus, 1993; Lazarus & Folkman, 1984). Consequently, an individual is more likely to elicit negative and ineffective coping strategies if the perception is that resources are lacking to address the demands of a stressor.

Prior Studies Using the TMSC

Scholars have reported deficiencies in psychological resources and coping strategies as being significant predictors of stress and psychosocial dysfunction regarding mothers of children with disabilities more so than their child with disabilities. Whereas studies and early intervention programs typically focus on a child's disability attributes to determine stress and well-being in the mother, researchers have found that mediating parental stress and depression requires an evaluation of parents' coping strategies and resources regardless of what the child's diagnosis and prognosis might be (Bishop et al., 2019; Mustafa et al., 2020). It follows that TMSC is applicable for framing studies that examine stress and coping resources.

Prior studies have illuminated the applicability of using the TMSC to understand the psychological process of stress and coping in mothers of children diagnosed with IDDs. Bishop et al. (2019) integrated Lazarus's TMSC into the framework of their mixed-method study that investigated parental stress regarding parents of children with a chronic medical issue. Their results revealed that the parents lacked psychological resources for mindfulness and, thus, reported unhealthy levels of stress and psychosocial impairment. Similarly, Li et al. (2019) also applied Lazarus's model to frame their study that examined maternal coping strategies and child adjustment among mothers of children with special needs. Their findings showed that participants' secondary appraisals regarding a lack of psychological resources and limited emotional support were linked to negative child adjustment more so than their financial resources or the child's special needs attributes. Hence, developments in applying the TMSC to frame this topic of study meant focusing on participants' perceived or actual resources available for allocation.

Current researchers have used the TMSC as a theoretical lens to examine parents of children with rare disabilities. Fitzgerald et al. (2021) conducted a qualitative study aimed at understanding adjustment, coping, and well-being in parents of children diagnosed with rare chromosomal irregularities and found that participants' adjustment to their child's rare condition was highly dependent upon parents' perceptions about the severity of the condition and resources available for coping. In addition, Obbarius et al. (2021) framed a cross-sectional study on psychosomatic patients by creating a modified version of the transactional stress concept as a means to test the TMSC for confirmability and confirmed the TMSC as an effective model for predicting depression and psychosocial impairment when perceived stressors outweigh resources. Scholars have confirmed the usefulness of Lazarus's model in framing studies based on resources to mediate stress and influence healthy coping strategies regarding mothers of children with IDDs.

How the TMSC Relates to the Current Study

The TMSC relates to the current study because the aim was to understand participants' appraisal of online peer mentoring as a resource for stress and coping. Mothers of children with IDDs who do not receive mental health intervention for stress and depression associated with parental obligations and demands regarding their child's disability are more prone to psychosocial impairment and unhealthy coping strategies (Bishop et al., 2019). This information highlights the applicability of using Lazarus's model to explore healthier coping options in relation to the resource appraisals of mothers of children with disabilities. The TMSC is based on an individual’s (i.e., the perceiver) perceptions of their readily available means (i.e., cultural, financial, psychological, and social resources) to cope with the internal and external stimulus of stress (i.e., stressors). By this means, Lazarus’s TMSC provided the lens for me to view the participants in this study as perceivers and the phenomenon of interest as their perceptions of online peer mentoring as an intervention resource for stress and coping resource.

For example, the primary appraisal can be related to the first time a physician informs a mother that her child has a disability, and the mother might evaluate and make assumptions about the significance and severity of such information. For the purpose of this study, I viewed the child’s disability and associated parental obligations as the stressors for primary appraisal. The secondary transaction of the TMSC is relatable with a mother’s perceptions and evaluations about what means might be readily available to manage stress and meet the demands of caring for a child diagnosed with a disability. Secondary appraisal and coping were used for framing and analysis of participants’ preferences and perceptions about online peer mentoring as a psychological resource to cope with stress and depression.

Literature Review

Prevalence of Children With Disabilities

While the focus of this research was centered around mothers of children in the disability community, understanding the relative terminology, descriptors, and prevalence of children with disabilities was important to the scope of this study. For example, IDDs is an umbrella term that refers to multiple intellectual and developmental disabilities (e.g., Dandy Walker syndrome, Down syndrome, Prader-Willi syndrome, Fragile X syndrome, autism spectrum disorder, attention-deficit/hyperactivity disorder, spina bifida, cerebral palsy, hydrocephalus, and learning disabilities; National Institutes of Health [NIH], n.d.-a; NIH, n.d.-b; NIH, n.d.-c; NIH, n.d.-d; U.S. Department of Health and Human Services [HHS], n.d.-c; Zablotsky & Black, 2020). In addition, childhood disabilities can include medical conditions, such as cancer and epilepsy (HHS, n.d.-a; Johns Hopkins University, n.d.; National Cancer Institute, n.d.). These IDDs are among the more prevalent diagnoses presented to families of children with special needs and disabilities. To fully understand the extent and prevalence of IDDs, it is important to note descriptors of the IDDs, which typically chronic and manifest in one of the following ways: deficits in cognitive reasoning, limited scholastic skill in comparison to typically developing peers, congenital deformities, abnormal neurodevelopment, psychiatric impairment, mobility impairment, hearing loss, blindness, speech impairment, malformations, and maladaptive behavior (CDC, n.d.-b; Frances et al., 2022; NIH, n.d.-c; Young, 2021). Hence, descriptors of IDDs add context to understanding parents' complex care roles and the functional disadvantages that come with disabilities.

The number of children being diagnosed with disabilities is at an all-time high. Global trends in childhood disability rates show that the prevalence of children living with IDDs has been on a steady incline (Durkin, 2019; Frances et al., 2022; McGuire et al., 2019; U.S. Census Bureau, n.d.; Young, 2021; Zablotsky & Black, 2020). According to the U.S. Census Bureau (n.d.), more than 3 million children under the age of 18-years-old have a disability diagnosis. The CDC (n.d.-e) showed that developmental disorders are prevalent among 17.3% of children under 18 years of age, and that 1 in 6 children with disabilities have cooccurring IDDs. Prior to 2019, children living below the poverty threshold were more likely to be diagnosed with disabilities (U.S. Census Bureau, n.d.; Young, 2021; Zablotsky & Black, 2020). However, current literature showed that disability diagnoses have significantly increased for children both above and below the poverty line (Okwori, 2022; U.S. Census Bureau, n.d.; Young, 2021). Hence, shifts in the prevalence of children being diagnosed with disabilities include increased access to screenings (e.g., ultrasounds, prenatal screening, observations, amniocentesis, chorionic villus sampling), new developments in diagnostic criteria, and access to treatment services (Durkin, 2019; HHS, n.d.-a). The increased prevalence of children being diagnosed with disabilities means more families and mothers having to contend with the stresses of being thrust into complex caregiver roles.

Loss and Grief Impact

There are a range of emotions, psychological distress, and grief that a mother might exhibit after learning that her child has a disability. Brown (2016) was influential in calling attention to how a child’s disability diagnosis is usually met with the same emotions experienced after the death of a loved one. Regardless of whether a child’s disability is communicated prenatally or postnatally, the information is generally perceived as the loss of a “perfect” child (Brown, 2016). Whereas the perceived loss of a typically developing child is equated to the same emotions that are associated with bereavement, the mental impact of a child’s disability diagnosis involves symbolism in mourning that living child as if they had died (Brown, 2016). The loss and grief impact for this population of mothers has been found to be complex, chronic, and recurrent, which typically leads to problematic stress and coping (Brown, 2016; Gilson et al., 2018). These mothers may shift between primary and secondary appraisal to cognitively assess their child's diagnosis and prognosis.

Additionally, the shifting between primary and secondary appraisal regarding the cognitive processing of a child's disability diagnosis and prognosis has been compared to the stages of grief. Kubler-Ross's (1969) five stages of grief (i.e., denial, anger, bargaining, depression, and acceptance) have been used to describe the initial mourning experienced by mothers of children with disabilities. However, scholars have emphasized an additional stage of shock and have highlighted that individuals do not experience grief stages in any order or designated timeframe (Brown, 2016; Corr, 2019). Thus, the parents' stages of grief extend beyond diagnosis, typically recurring in any order throughout the lifespan of that parent-child relationship (Brown, 2016). This means that mothers of children with disabilities may experience cyclic stages of grief, self-blame, and recurrent feelings of loss that span the child's infancy through adulthood per milestones or challenges.

Ambiguous Loss

Grief, mourning, and recurrent feelings of loss associated with mothering a child with disabilities may also be understood in the purview of ambiguous loss theory. Ambiguous loss was coined by Boss (2007) in the late 1970s and conceptualizes losses that are unclear, steeped in uncertainty, and lack closure, thus impeding the coping process. Regarding the types of ambiguous loss, the “good-bye without leaving” premise is best associated with mourning a child with disabilities as if they have died but a death has never occurred (Boss, 2007). Applicably, Lee et al. (2022) used ambiguous loss to explore the lives of mothers caring for children with IDDs and found that ambiguous loss was prevalent in mothers of children with invisible and visible disabilities. Lee et al. reported that

> All the mothers had to deal with ambiguous loss—loss that occurs without closure. Even though they had gone through the initial process of understanding their child’s diagnosis, they had to deal with the loss of their “ideal” child again as the child grew up. The mothers constantly mentioned the nonlinearity of their lives.

Hence, ambiguous loss theory ties into understanding maternal mental health issues associated with loss and recurrent grief impact that extends beyond a child’s initial disability diagnosis.

Justification for Mental Health Intervention Resources

Traumatic Stress

Emergent literature included themes of trauma to explain the chronic stress and anxiety associated with raising children with special needs and disabilities. Researchers have added posttraumatic stress, posttraumatic stress symptoms, and posttraumatic stress disorder (PTSD) to the discussion of mental health issues experienced by parents of children with disabilities (Carmassi et al., 2021; Dodds & Walch, 2022; Xiong et al., 2022; Zimmerman et al., 2022). PTSD is a mental health condition characterized by severe and persistent psychological distress in response to experiencing, witnessing, or being informed of traumatic, painful, or life-threatening events (American Psychiatric Association [APA], 2022; Carmassi et al., 2021; Zimmerman et al., 2022). By this means, the psychosocial impact of being informed about a child’s disability diagnosis is a form of trauma.

Scholars have conducted studies aimed at exploring how parents of children with disabilities explain their parental PTSD. According to Carmassi et al. (2021), parents of children with IDDs have been found to view nothing more traumatizing than the experience of a son or daughter diagnosed with a chronic or life-threatening disability. Zimmerman et al. (2021) examined parents of children with hydrocephalus and found that more than half of the participants reported their child’s neurodevelopmental disability to be the most significant posttraumatic stress event they ever experienced. Xiong et al. (2022) argued that parents who care for children with IDDs are typically exposed to parenting-related traumatic events and the exposure is qualified as PTSD. Using the Parent Trauma Checklist, Xiong et al. found that 94% of participants experienced PTSD and cited witnessing their child undergo medical surgeries or procedures as their parenting-related traumatic event. Dodds and Walch (2022) conducted a qualitative study involving parents of neonatal intensive care unit babies and found that mothers struggled with PTSD years beyond the child's diagnosis and hospital discharge. Dodds and Walch prescribed that contemporary stress reducing interventions are needed to foster healthy coping and negate PTSD in this population of mothers. In conclusion, mothers of children diagnosed with disabilities are at risk for parental PTSD, negative coping skills, and caregiving affliction (Carmassi et al., 2021; Davenport & Zolnikov, 2022; Dodds & Walch, 2022; Xiong et al., 2022; Zimmerman et al., 2022). Quality of life for families of children with IDDs is typically diminished due to parents' unaddressed comorbidities of anxiety, traumatic stress, and PTSD (Carmassi et al., 2021; Davenport & Zolnikov, 2022; Dodds & Walch, 2022; Zimmerman et al., 2020). Parental experiences associated with caring for children with IDDs fall in line with the definition of PTSD and mental trauma, thus justifying the need for mental health interventions.

Barriers to Mental Health Support

Stigma. One of the main barriers to seeking mental health support is stigma. The different types of stigmas associated with mental health neglect include self-stigma, affiliate stigma, and public stigma (APA, n.d., Drent et al., 2022; Eaton et al., 2020). Self-stigma is when an individual internalizes negative attitudes and harbors personal shame about needing mental health help (APA, n.d.; Eaton et al., 2020). While affiliate stigma is shame of mental illness, judgment, and negative attitudes from associates, friends, and family of the individual in need of help, public stigma is contempt of mental health problems and discriminatory attitudes about mental illness from others in the community (APA, n.d.; Drent et al., 2022). Hence, not coming to terms with various stigma can prevent an individual from seeking mental health help.

The effects of stigma are far reaching. Whereas any type of stigma can be debilitating, mental health illiteracy and stigma in parents of children with disabilities further complicates psychosocial wellbeing and hinders ability to carry out complex caregiver duties (Drent et al., 2022; Eaton et al., 2020; Nayak et al, 2022; Niedbalski, 2022). Li et al. (2019) found that stigma was not only a barrier to mental health help, but that self-stigma was significantly linked to low parental self-efficacy and participants' maladjustment to their child with disabilities. Li et al. suggested that policymakers and practitioners focus on community-based interventions to increase mental health literacy and support for these families. Similarly, Chan et al. (2022) examined stigma in parents of children with autism and found that self-stigma decreased parental warmth but influenced hostility per untreated stress and anxiety. Chan et al. suggested that practitioners develop new programs aimed at reducing self-stigma while alleviating stress for this population of parents. Hence, alternative community-based interventions might remove barriers of stigma and increase mental health promotion for mothers of children with disabilities.

Insurance. Another barrier to accessing mental health support is health care coverage. Medical insurance (both private and public) is a complex, yet common predictor of unmet maternal mental health needs (Graaf et al., 2021). In addition to copays and sometimes unaffordable out-of-pocket expenses imposed by private insurers, barriers exist in the form of provider availability and restrictions as to what kinds of treatment insurance will cover (Graaf et al., 2021; Hagerman et al., 2022; Osborn et al., 2019). State and federally funded public insurance programs (e.g., Medicaid and Children's Health Insurance Program) provide full coverage for low-income families, including half of U.S. children living with disabilities; but mothers' Medicaid benefits generally cease while children remain covered (Graaf et al., 2021; Kaiser Family Foundation [KFF], 2021; Maternal Mental Health Leadership Alliance [MMHLA], 2021b). Consequently, a lack of health care coverage is a main contributor of unmet maternal mental health needs.

Minor acts of congress have attempted to address Medicaid's limited terms. Whereas mothers typically lose Medicaid coverage 60 days postpartum, the American Rescue Plan Act of 2021 allowed states to extend mothers' Medicaid coverage up to 12 months postdelivery (MMHLA, 2021b). However, not all states have extended maternal Medicaid, and maternal mental health issues (e.g., stress, major depression, anxiety, suicidality) present and require treatment beyond Medicaid's terms (Graaf et al., 2021; Hagerman et al, 2022; KFF, 2021; MMHLA, 2021b). Because of this, researchers have suggested that policymakers, practitioners, and scholars focus on developing nonclinical and informal support programs to address insurance barriers to maternal mental healthcare (Algeria et al., 2022; Arnold et al., 2022; Graaf et al., 2021; Hagerman et al, 2022; Hughes et al., 2022; Nayak et al., 2022). Thus, nonclinical interventions might mitigate insurance barriers to mental healthcare for mothers of children with disabilities.

Race. Racial disparities can be a systemic barrier to receiving maternal and mental healthcare. For example, depression is significantly undertreated and overlooked in Black mothers, who also encounter maternal mortality rates 4 times the rate of White mothers (MMHLA, 2021a). Similarly, Black and Latina mothers experience twice the rate of mental comorbidities but are least likely to be diagnosed and treated in comparison to White mothers (Howell et al., 2020). Additionally, Rattan (2022) found that structural racism in the health care system flourishes in the form of White physicians being 4 times more likely to take White women's maternity and mental health concerns more serious than Black women’s concerns and complaints. Consequently, a mother’s race can be used as a barrier that blocks access to maternal mental health support at the clinical level.

Scholars have offered evidence-based suggestions to address racial barriers to receiving mental health help. Matthews et al. (2021) argued that pathways to removing racial barriers in maternal mental health will need to include women of color as decision making stakeholders, training practitioners in cultural competence, and development of tailored community-based support programs. Similarly, Alvidrez and Barksdale (2022) found that nontraditional, tailored interventions are in alignment with efforts to remove barriers to mental health support regarding minoritized and demarginalized populations. Correspondingly, Ramos and Chavira (2022) conducted a study and found that nonclinical, technology-based interventions provide the best outlook in addressing racial disparities in maternal mental health. Thus, researching ways to facilitate electronic and nonclinical mental health programs might negate racial disparities.

Adverse Events Regarding Lack of Intervention

Scholars continue to highlight a need for increased access to mental health support resources that might negate the impact of cyclic mourning and stress regarding mothers of children diagnosed with disabilities. In comparison to mothers of typically developing children, researchers have reported that mothering a child diagnosed with disabilities is linked to higher rates of maternal mental health deterioration and adverse events over time (Bell et al., 2019; Gilson et al., 2021; Graaf et al., 2022; Smith & Gabrielsen, 2022). Inattention to the need for support resources to address recurrent grief and stress beyond a child's disability diagnosis often results in psychosocial dysfunction, inability to cope, and a series of mental health issues such as prolonged grief disorder, chronic depression, anxiety disorders, and PTSD (Bell et al., 2019; Carmassi et al., 2021; Graaf et al., 2022; Ragni et al., 2022; Shtayermman & Zhang, 2021). When these mental health issues go undiagnosed or untreated, families of children living with IDDs may experience an array of adverse events.

Maternal mental health in connection with adverse events has become a public health concern regarding children with disabilities. Adverse events such as child maltreatment, filicide, maternal suicide, child protective service involvement, or foster care placement are of greater concern than ever before (Guan et al., 2022; Legano et al., 2021; Lund et al., 2021; Moss, 2019; Shtayermman & Zhang, 2021). As Legano et al. (2021) pointed out, for as many incidents of abuse that are reported, many more are underreported. The severity of a child's disability may hinder the child's ability to advocate for themselves, report abuse, or seek help in these cases (Legano et al., 2021). Correspondingly, Guan et al. (2022) examined the prevalence of autistic children involved in homicide incidents in the United States and found that 63% of the perpetrators in these cases were parents who cited "overwhelming stress" related to caring for an autistic child as a catalyst for filicide. More maternal mental health interventions might prevent children with disabilities from being homicide victims at the hands of primary caregivers.

Suicidality among mothers of children with disabilities has also gained more attention than in previous studies. Researchers described a link between untreated maternal depression and a lack of support programs in connection with suicidality in this population of mothers (Lund et al., 2021; Shtayermman & Zhang, 2021). In view of these findings, Lund et al. (2021) explained that there is an ongoing problem of paraprofessionals and early interventionists not being trained to recognize nor intervene in suspected cases of suicidality among mothers of children with disabilities. Therefore, analyzing psychological resources and implementing long-term intervention might support healthier coping strategies that lessen incidents of child maltreatment and maternal mental health decline regarding children with complex care needs.

Early Intervention for Children With Disabilities

Mothers of children with disabilities who lack mental health interventions to address depression and stress associated with complex parental obligations often have trouble in maintaining the child's early intervention services. Salomon et al. (2022) explained that maternal depression is rarely considered in the development of intervention services designed to improve the quality of life for children living with IDDs. This coincides with a longitudinal study conducted by Smith and Gabrielsen (2022) who found that maternal depression and psychological resource evaluations are consistently excluded in children's early intervention services. The field would benefit from increased literature that incorporates mothers' experiences and interpretations of psychological distress and resources (Ragni et al., 2022; Salomon et al., 2022; Smith & Gabrielsen, 2022). Thus, early intervention services that are put in place for the child's prognosis are only as effective as the mothers' mental ability to accept the child's disability, cope with recurrent grief, and address issues of stress regarding extended caregiver expectations.

Prior Studies on Stress and Coping Intervention Needs

An integral part of mental stability includes the ability to manage stress levels. Ragni et al. (2022) examined parent training interventions to determine which type of interventions were most effective for reducing psychological distress in parents of children with developmental disabilities and found that stress interventions developed with a group structure were most effective for parents in these cases. Comparably, Lopez-Liria et al. (2020) found that group interventions were more effective for stress management regarding mothers of children with disabilities. Although behavioral parenting training interventions have been reported to be efficient in reducing parents' stress levels, coping skills interventions taught through peer group support have been positively significant in long-term stress management for mothers of children with disabilities (Lopez-Liria et al., 2020; Ragni et al., 2022). Reducing maternal stress via interventions based on strengthening coping skills that last beyond temporary treatment were reported to have a positive effect on resilience, and quality of life regarding the child's prognosis (Ragni et al., 2022). Consequently, stress and coping interventions at the group level contributed to ongoing support.

Scholars have highlighted the need for alternative stress and coping resources regarding mothers of children living with disabilities. Gilson et al. (2018) examined mothers of children with disabilities (children with disabilities aged newborn to mid-20s) and found that more than half the mothers in the sample experienced extreme psychological distress and depression. Although 22% of the sample reported having issues of suicidality, 75% of the sample reported a perceived need for professional, yet alternative routes to mental health treatment (Gilson et al., 2018). While the mothers in this study perceived a need for interventions and social support, barriers prevented access to much needed mental health help (Gilson et al., 2018). Similarly, Mostafa (2019) examined stress and coping strategies among mothers of children with an autism spectrum disorder and revealed that more than 50% of the participants reported unhealthy coping strategies (e.g., avoidance and denial) due to a lack of coping intervention options and barriers to traditional options. Barriers to mental health help included socioeconomic variables, sociodemographic factors, lack of mental health literacy, stigma, and time constraints per caregiver duties for the child with disabilities, and isolation (Gilson et al., 2018; Mostafa, 2019). Developments in nontraditional mental health resources might negate barriers to intervention and yield healthier coping for this population of mothers.

Peer Mentoring as an Intervention Resource

Scholars have highlighted the benefits of employing peer mentoring as an intervention resource for stress and coping in mothers of children with disabilities. Bourke-Taylor et al. (2021) examined the efficacy of employing highly qualified peer mentors as facilitators in programs designed for maternal mental health promotion and interventions and found that peer mentoring interventions are most effective when the facilitating mothers undergo competency training based on transformative learning. The benefits of peer mentoring are associated with social support theory. Social support is a theoretical concept developed by Cassel (1976) and posits that social relationships significantly improve psychosocial wellbeing and help at-risk individuals cope with stress. In view of the social support theory, individuals' wellbeing and ability to cope with stressful events are mitigated by nonwork and nonfamily networks that tailored for the support of the stressor (Edwards et al., 2018; Wong & Shorey, 2022). Social support is divided into four categories of support: informal support (guidance, suggestions, and advice) emotional support (caring, sharing, understanding, and empathizing), instrumental support (services, programs, treatment, and tangible assistance), and appraisal support (feedback, constructive criticism, affirmation, and assessments; Edward et al., 2018). Peer-led interventions at the group level have proven to be successful for establishing long-lasting support resources to negate stress and improve coping skills for mothers of children with disabilities.

Examining perceptions of alternative peer-led interventions might negate barriers to long-lasting support. Dew et al. (2019) explored how mothers of children with disabilities experienced peer support programming. Dew et al. found that peer support programs for this population promoted resilience due to mutual understandings of peers' journey and experience with stress. However, reported disadvantages included time constraints due to caregiver obligations and maintaining employment, suggesting the need for more group peer engagement alternatives (Dew et al., 2019). Comparably, these reported disadvantages of classic peer group design are comparable to findings from Gilson et al. (2018) regarding time constraints due to parental obligations and the need for alternative group intervention options. Research on nontraditional peer mentoring formats highlight the usefulness of blending external social supports into the development of alternative, community-based resources for stress and coping in mothers of children with intellectual and developmental disabilities.

Traditional Peer Mentoring Versus Online Peer Mentoring

While traditional peer mentoring has been perceived as being beneficial, further research is needed regarding alternative delivery methods. More specifically, Dew et al. (2019) and Edwards et al. (2018) highlighted the effectiveness of implementing peer mentoring as a resource for stress and coping in mothers of children with disabilities. However, time constraints and complex caregiver duties present a barrier to accessing traditional peer mentoring programs that typically include an in-person meeting component or clinical setting (Dew et al., 2019; Gilson et al., 2018; Jackson et al., 2018). Despite several scholars who have presented the effectiveness of peer mentoring group interventions for this population of mothers, there is a lack of literature on ways to design these support groups with more flexible formats (Jackson et al., 2018). Jackson et al. (2018) found that parents would prefer support program developers to incorporate qualified peer leaders who share a similar parenting background, while offering a flexible participation structure. These findings support the need to research alternative peer mentoring methods that align with the preferences of mothers who care for children with disabilities.

Electronic communication platforms might offer alternative delivery methods to address the need for increased access to stress and coping interventions. Navarro et al. (2018) explored parents of children with complex pain syndrome who were engaged in electronic communication with parents who shared similar experiences and found that the parents had a perceived usefulness of the flexibility afforded via an online format for social support. Similarly, O’Donovan et al. (2019) conducted a study on group-based support interventions regarding parents of children with autism spectrum disorders and found that parents are seeking alternative modes of delivery and tailored intervention content. As indicated by Yamashita et al. (2022), online peer support groups may be an effective route for administering maternal mental health supports. However, there is a limited amount of intervention research aimed at examining online peer mentoring as a resource for mothers of children with disabilities. These studies confirmed that dedicating more research to online peer mentoring for this population of mothers might fill gaps in the literature regarding ways to address barriers to intervention, preferences of flexibility, and increased access to those with shared experiences.

COVID-19 Impact

Although the COVID-19 pandemic lockdown was difficult and life changing for most people across the globe, it was particularly taxing on families of children with special needs and disabilities. While psychosocial dysfunction was already prevalent among mothers of children with disabilities, the pandemic further complicated complex caregiving roles with added homeschooling requirements and the removal of early intervention services (Calear et al., 2022; Mikolajczak & Roskam, 2020; Wauters et al., 2022). Because of this, caregivers’ parental burnout was compounded with formal educators’ duties; thus, deficits in maternal mental health support were highlighted more than ever before (Calear et al., 2022; Mikolajczak & Roskam, 2020; Wauters et al., 2022). Hence, the impact of COVID-19 magnified the severity of stress that mothers of children with disabilities must cope with in comparison to mothers of typically developing children.

The pandemic exposed how mothers of children with disabilities had been suffering in silence with chronic stress, anxiety, and parental burnout per intense parental obligations. Willner et al. (2020) conducted a study during lockdown and found that primary caregivers, typically mothers, of children with intellectual disabilities experienced the least amount of social support; but needed it the most. Similarly, Mikolajczak and Roskam (2022) conducted pandemic related research and found that alternative mental health interventions must be implemented to negate stress and mitigate parental burnout, ergo placing more emphasis on mothers of children with disabilities. Thus, researchers suggested the need to continue using digital technology for mental health promotion and comprehensive care delivery post pandemic (Philippe et al., 2022; Rosli et al., 2022). Consequently, impacts from COVID-19 further justified the need to research perceptions of online peer mentoring for mothers of children with disabilities.

Summary

In comparison to mothers of nondisabled children, mothers who parent a child diagnosed with IDDs will encounter higher rates of stress and depression throughout their motherhood journey. Hence, there are implications for psychosocial impairment when mothers of children with disabilities move from the initial impact of diagnosis and experience prolonged variations of grief (Brown, 2016; Gilson et al., 2021). Despite scholars outlining the importance of including maternal mental health in early intervention, minimal emphasis is placed on early interventions that benefit the mother and child as a family unit in response to the child's diagnosis and prognosis (Salomon et al., 2022). A lack of alternative resources for this population of mothers' stress and coping continues to be a significant predictor for child maltreatment and care plan neglect regarding children with disabilities (Guan et al., 2022; Lund et al., 2021). Developing and integrating online peer mentoring resources for stress and coping into a child's early intervention plan might buffer the domino effect of maternal mental health deficits that are common among this population of mothers.

The development of flexible programs to acknowledge parents' intervention preferences might lead to less child maltreatment and more positive outcomes for these families (e.g., advocacy, demarginalization, and healthy parent-child relationships with increased quality of life). Whereas traditional peer mentoring has been found to be an effective preference for stress and coping interventions among mothers of children with intellectual and developmental disabilities, there is a paucity of literature on the development of alternative ways to offer peer mentoring as an intervention resource. I used a generic qualitative methodology to explore how mothers of children with disabilities perceive online peer mentoring as an intervention resource for stress and coping. In Chapter 3, I will provide a description of the methodology, rationale for the study, my role as researcher, data collection, analysis plan, issues of trustworthiness, and ethical procedures.

Chapter 3: Research Method

The purpose of this study was to explore how mothers of children diagnosed with disabilities perceive online peer mentoring as an intervention resource for stress and coping. This population of mothers are 8 times more likely to experience psychosocial impairments, recurrent grief, and barriers to traditional mental health help (Gilson et al., 2018). Scholars have continued to highlight the detriments of overlooking maternal mental health in early intervention services concerning children with disabilities and the need to implement flexible, long-term, and nonclinical interventions to address these issues (Gilson et al., 2018; Mohammadi et al., 2021; Park & Lee, 2022). Through researching these mothers' perceptions of online peer mentoring, the knowledge produced from the current study might be used in the development of alternative mental health resources regarding mothers of children with disabilities.

In this chapter, I describe the research design and rationale to demonstrate alignment regarding each element of the inquiry. The research question is presented in conjunction with an explanation of the participant selection, sample size, instrumentation, sources of data, data collection procedures, information saturation, and data evaluation procedures. Additionally, Chapter 3 includes a discussion of my role as the researcher and any discovered biases. Furthermore, explanations of trustworthiness and ethical procedures are provided regarding minimizing harm to participants in accordance with Walden University protocol and guidelines to protect human subjects in research.

Research Design and Rationale

The research question that guided this study was: How do mothers of children with disabilities perceive online peer mentoring as an intervention resource for stress and coping? I used the qualitative research method to conduct this study because the quantitative approach to research is based on quantifiable and numerical data, while the qualitative approach is used by researchers seeking to answer “how” and “what” inquiries (see Baskarada & Koronios, 2018; Kohler et al., 2021). In addition, qualitative research has become the most compatible choice for scholars and practitioners seeking to develop and implement real-world interventions (Hussain et al., 2021). By collecting rich, in-depth, contextual data from human subjects, researchers can cocreate knowledge derived from textual interpretations of participants’ perceptions, experiences, and thoughts (Baskarada & Koronios, 2018; Renjith et al., 2021). Conducting research to generate contextual data regarding participants’ perceptions of online peer mentoring was in alignment with the qualitative research method.

I used a generic qualitative design to conduct this study. The rationale for selecting the generic qualitative approach was that this design is based on flexibility in allowing the researcher to interpret and make meaning of participants’ perceptions via the participants’ lens, reflections, and knowing continuum (see Kahlke, 2014; Liu, 2016). Additionally, using a generic qualitative design allows researchers to address the evolution of research inquiries that do not meet the criteria for traditional qualitative methods, such as ethnography, case study, grounded theory, or phenomenology (Kahlke, 2014; Liu, 2016; Prosek & Gibson, 2021). Considering that I was concerned with participants' perceptions and the study did not meet the criteria to be bound by traditional qualitative methods, a generic qualitative approach was the most compatible design to address the research question and purpose of this study.

Role of the Researcher

The role of the researcher is multidimensional. For this generic qualitative study, my role consisted of being the human instrument for collecting and analyzing data, reporting results, and protecting human subjects from research harm. In this role, I also brought personal knowledge to this study through caring for a child diagnosed with neurodisabilities. Given such, my researcher positionality was that of an insider collaborating with other insiders (see Berkovic et al., 2020). This position refers to researchers who conduct their role as the researcher amongst a community, organization, or specific population in which they are a member of (see Holmes, 2020). Collins and Stockton (2022) explained that the duality of presenting oneself as the researcher and interviewer is a complex role, comparable to being an actor on a theatrical stage. In order to negate ethical pitfalls and biases that come with acting as the instrument, researchers must be aware of the assumptions of their researcher role and position (Collins & Stockton, 2022; Holmes, 2020; Taquette & Souza, 2022). I have fully acknowledged the dimensions of my qualitative research role as the human instrument with an insider view.

Acknowledging the researcher's role and position does not automatically suspend bias. The role of a human research instrument with an insider knowledge position entails inherent bias that must be negotiated throughout the duration of a study (Berkovic et al., 2020; Holmes, 2020; Reich, 2021). Hence, researchers' commitment to present their full self, while needing to maintain distance from the self, requires reflexivity to control bias and remain objective (Berkovic et al., 2020; Dodgson, 2019; Holmes, 2020). Scholars have stated that journaling is a reflexive method used to bracket researcher bias (Cummins & Brannon, 2021; Laidlaw et al., 2022; Weatherford & Maitra, 2019). Cummins and Brannon (2021) described reflexivity as being a critical and continual implication of oneself throughout each phase of a qualitative study. Journaling increases clear thinking and promotes objectivity, which supports a constructivist worldview to make meaning of participants' perceptions (Laidlaw et al., 2022). As such, I utilized reflexive journaling methods to bracket potential bias and negotiate researcher positionality. Specifically, I used an electronic and handwritten journal to mitigate bias, track my thoughts, suspend prior knowledge, and remain objective.

Methodology

Participant Selection Logic

The population for this generic qualitative study was mothers of children with disabilities. Participants selected from this population needed to meet to the following criteria: The mothers needed to be U.S. residents; 18 years of age or older; currently functioning in the role of primary caregiver to their biological, minor child who is under the age of 18-years-old and living with disabilities; and had experience with current or previous utilization of a U.S.- based, nonclinical, online peer mentoring service for mothers of children with disabilities. Exclusion criteria included the following: fathers, other relatives, friends, physicians, children, participants from a clinical setting, practitioners, mothers residing outside of the United States, mothers under the age of 18-

years-old, and mothers who care for typically developing children or children over the age of 18.

I applied the purposive sampling technique for this study. Purposive sampling is a recruitment technique used to select study participants that meet the specific criteria deemed necessary to address research questions (Staller, 2021). I accessed participants who met the sampling criteria by networking with stateside organizations, programs, and social media known to offer technology-based peer support to mothers of children with disabilities. I was also prepared to use snowball sampling as an adjunct recruitment option to access additional participants to meet data saturation goals. Snowball sampling is a recruitment technique in which a researcher asks study participants if they know of any other individuals who meet criteria for participation (Chivanga & Monyai, 2021; Staller, 2021). The purposive sampling technique ensured data would be gathered from participants who possessed the knowledge and experience needed to answer questions regarding their perceptions of online peer mentoring for mothers of children with disabilities.

The sample size goal for this study was approximately eight to 12 participants. Guest et al. (2006) suggested having eight to 12 participants to achieve data saturation in qualitative studies. Unlike quantitative studies, qualitative research is based on voluminous, contextual data collection that typically requires a smaller number of participants to reach saturation and information power (Guest et al., 2006; Staller, 2021; Vasileiou et al., 2018). Data saturation and information power are achieved when no new codes, themes, or information emerge with the analysis (Staller, 2021; Vasileiou et al., 2018). Although a goal of eight to 12 participants appeared to be sufficient for data saturation in this study, I stopped seeking and interviewing additional participants when data saturation was achieved with nine participants and no new emerging themes.

Instrumentation

The data collection instrument for this generic qualitative study was an interview protocol consisting of 12 questions and additional probing questions for in-depth data collection (see Appendix A). I elected to use the semistructured interview technique with open-ended questions because this type of instrumentation is in alignment with qualitative methods (see Ruslin et al., 2022). The semistructured, in-depth interview is a hybrid of structure and flexibility that can prompt interviewees to provide rich, descriptive answers, and asking probing questions allowed me to generate additional data as needed (see DeJonckheere & Vaughn, 2019; Ruslin et al., 2022). I administered the interview protocol via phone, with one participant at a time. Each study participant received a copy of the transcript associated with their interview after it was completed.

I created the data collection instrument for this study. The basis for development was the seminal study conducted by Singer et al. (1999). Additionally, I developed interview questions by using current literature (see Dew et al., 2019; Navarro et al., 2018; Yamashita et al., 2022). Lazarus's (1966, 1993) TMSC was also used as the conceptual framework for developing the interview questions. The trustworthiness of these seminal and current studies assisted me in developing the necessary interview questions to address my qualitative inquiry.

The content validity of the instrument was determined by three experts in the field. This procedure was useful in ensuring the content of the interview questions would suffice and align with the purpose of the study (see Elangovan & Sundaravel, 2021; Paredes et al., 2021). The panel's qualifications for the validation of my interview instrument were as follows: Expert 1 is a Ph.D. with an extensive background in mental health counseling, community services, human services, and qualitative research methods; Expert 2 is a M.D. with an extensive background in mental health, community programming, intervention, and family disability service needs, and Expert 3 is a Ph.D. and licensed clinical social worker with an extensive background in counseling, mental health, human services, and working with individuals with autism.

Upon initial review, the panel informed me that the data collection instrument had good foundational questions but required more depth to meet study needs. I was also instructed to make sure participants understood the content of the questions being asked of them and to make use of the probing questions to collect extra information. Their feedback was applied, and I added more in-depth questions, which led to the panel validating and confirming the data collection instrument.

Procedures for Recruitment, Participation, and Data Collection

Recruitment

Recruitment procedures are important in any study. Inadequate participant recruitment may cause study delays or require the development of new recruitment strategies altogether (Bonisteel et al., 2021). Recruiting human subjects in real time (e.g., during scheduled events) while also recruiting via social media (e.g., Facebook) has proven to be successful in recruiting specific populations for research purposes (see Darmawan et al., 2020; Walden University, n.d.-b). Upon receiving written approval from the Walden University Institutional Review Board (IRB; Approval Number 02-24-23-0694190) and permission from stateside organizations known to provide electronic peer support for mothers of children with disabilities, I distributed invitational research flyers to recruit volunteers for this study (see Appendix B).

The research flyers were shared on my behalf via organizations that agreed to distribute and post them online within social media networks (e.g., Facebook groups, online platforms). I emailed a consent form to the prospective volunteers who responded to the recruitment flyer and indicated their wish to participate in this study, at which point they transmitted a reply email that stated, “I Consent.” The informed consent needed to be received before I conducted any phone interviews to gather data from the participants.

Participation and Data Collection

Once informed consent was established, I served as the human instrument for primary data collection. Using a semistructured, in-depth interview protocol consisting of open-ended questions (Appendix A), I conducted and audio recorded phone interviews by using a cellular phone and digital recorder. Choosing to conduct phone interviews versus video conferencing is known to put participants at ease and maximize participant response rates (e.g., some participants might not possess the technology or comfortability needed to participate in web conferencing; Azad et al., 2021; Walden University, n.d.-b). The length of the phone interviews was approximately 25 minutes; however, I was prepared for some interviews to last longer depending on the depth of the data being furnished by the participants.

Participants’ personal data are being kept confidential, stored on a personal and password-protected computer and audio recording device, to be destroyed 5 years from the date of collection per Walden University protocol. I excluded participants’ names and all personally identifiable information from the contents of any analysis and reporting associated with this study. Codes or code names were used to protect participants’ identities and information.

Upon exiting the interviews, I confirmed each participant’s email address in order to deliver a token of appreciation in the form of a $20.00 Visa gift card as a thank you for their time and effort (see Walden University, n.d.-b). I debriefed participants by asking if they had any questions for me, reiterating the purpose of the study they just completed, and confirming that I would be emailing a transcript of the interview for their records and for participant validation so they could offer feedback on any discrepancies or inaccuracies.

Data Analysis

The phone interviews were transcribed into text format for data analysis purposes. I transcribed each interview by using Otter.ai speech-to-text software (see Otter, n.d.). Using transcriptions of the raw data from the interviews, qualitative analysis was context bound by participants’ responses with the use of reflexive thematic coding and inductive reasoning to make sense of participants’ data (see Braun & Clarke, 2020; Kiger & Varpio, 2020). I followed Braun and Clarke’s (2020) suggested data analysis method for this study. Braun and Clarke provided the following six steps for conducting thematic analysis: “1) data familiarization and writing notes; 2) systematic data coding; 3) generating initial themes from coded and collated data; 4) developing and reviewing themes; 5) refining, defining and naming themes; and 6) writing the report” (p. 331).

I engaged each step of data analysis in the following ways. I began with familiarization by writing field notes, listening to audio of the interviews, and re-reading the interview transcripts. During each interview, I collected field notes and made note of any body language cues and the participants’ tone. At the conclusion of each interview, I listened to the audio of each interview a minimum of two times and jotted down additional notes as needed. Interview transcripts were also read a minimum two times for data immersion. I then moved on to systematically coding the data manually and electronically. Tools for manual coding and data analysis included Microsoft Word, Microsoft Excel, pen, pencil, and paper. After familiarization with the data, I inductively and manually coded each interview transcript. I analyzed participants’ responses and extracted words to generate a list of codes within the data. Each interview transcript was also electronically coded for triangulation purposes. After I defined and categorized codes, I generated initial, preliminary themes from them by looked for patterns in the data. The next step was developing and reviewing the themes generated in the previous step. To accomplish this, I reviewed the initial themes to ensure accuracy in reflecting participants’ views and perceptions while also checking that no new themes were emerging from the codes and categories regarding data saturation. I then finalized the themes from the patterned meanings derived from codes and categories to reflect the participants' perceptions and connection to the research question. For the final step of reporting the themes, I composed a written report detailing the results of thematic analysis for this study.

In conjunction with hands-on manual coding, I utilized qualitative data analysis (QDA) software, Nvivo, to code participants' data (see QSR International, n.d.) Electronic coding reduced bias and provided triangulation in data analysis. Using Nvivo added an option for me to generate codes I may have overlooked in the manual coding process (Deterding & Waters, 2021; Mackieson et al., 2018; QSR International, n.d.). However, I was still responsible for creating categories and applying the human analyzation needed to make meaning of the data collection.

Issues of Trustworthiness

Issues of trustworthiness are connected to research rigor and believability in qualitative studies. The terms credibility, transferability, dependability, and confirmability are used to highlight the trustworthiness of the qualitative data that are being presented to consumers of the study (Muzari et al., 2022). Hence, issues of trustworthiness are the qualitative scholar's evaluative measures regarding truthfulness in design, results, and study findings.

Credibility

Credibility is based on ensuring that the qualitative data collection are credible and accurate. Credibility can be achieved through multiple methods, such as triangulation, audio recording oral interviews, participant validation, and validated research instruments (Muzari et al., 2022). Another form of credibility can be provided via member checking with participants to ensure accuracy of researcher’s interpretations (Motulsky, 2021). To ensure credibility of data collection for this study, I digitally recorded the audio from all phone interviews and used participant validation to check accuracy of interview transcripts. I also validated the research instrument with field experts.

Transferability

Transferability refers to the relevance and applicability of a study beyond inception and completion. Transferability is realized by generating rich, explicit, and thick descriptive results; consumers of qualitative research must be able to apply the study results across other contexts, situations, time, populations, and studies (Lincoln & Guba, 1985; Mohajan, 2018; Muzari et al., 2022; Northcentral University, n.d.). By asking open-ended questions from a semistructured instrument, participants can share descriptive, in-depth knowledge in their responses (Ruslin et al., 2022). I achieved transferability for this qualitative study by conducting semistructured interviews with open-ended questions. The interview protocol was designed to generate contextual evidence that consumers could apply across other populations, contexts, or situations (e.g., the interview was designed to collect data that might highlight positive and negative views regarding the topic of inquiry in order to generate rich or descriptive results).

Dependability

Dependability in qualitative studies refers to the future replication of a study. Providing a thorough audit trail with details and descriptive explanations regarding the research methodology, design, data collection, and data analysis can assist others with duplicating the study and replicating the findings (Lincoln & Guba, 1985: Northcentral University, n.d.). I established dependability by maintaining an in-depth audit trail from inception to completion, inclusive of methodology, design, data collection, analysis, and raw data collection to reflect participants’ responses.

Confirmability

Confirmability refers to suspending researcher bias in relation to confirming findings. Several techniques can be used to reduce researcher bias and ensure data analysis and findings are trustworthy reflections of the participants’ knowledge, experience, perceptions, and views (Lincoln & Guba 1985; Muzari et al., 2022; Pratt et al., 2022). For example, triangulation in data collection, triangulation in data analysis, reflexivity, and audit trails are techniques that help researchers remain neutral, objective, and ensure research results are based on the data collected from the participants (Lincoln & Guba 1985; Muzari et al., 2022; Pratt et al., 2022). For this generic qualitative study, I achieved confirmability with triangulation in data analysis (e.g., manual coding and QDA software for coding), and reflexive bracketing (e.g., journaling) to reduce researcher bias.

Ethical Procedures

Ethics are essential to the integrity of any research. Ethical procedures for this qualitative study were guided by the use of Walden University's ethics checklist and will be bound by the terms and conditions of the Walden University IRB approval document. Ethical procedures are realized by responsible conduct of research, such as ensuring issues of trustworthiness, sharing pertinent information with study participants, and engaging in human subjects ethics training (Hite et al., 2022; Muzari et al., 2022; Walden

University, n.d.-a). As such, I earned a certificate from the Collaborative Institutional Training Initiative Program for the completion of ethics training.

Informed consent was established before any data collection took place, and participants needed to agree to have their phone interviews audio recorded for research purposes. Additionally, the basic principles outlined in the Belmont Report were used for ethical guidance (e.g., respect for persons, beneficence, and justice; HHS, n.d.-b.; White, 2021). Hence, participants were assured of their right to stop the interview at any time and for any reason, without explanation.

Summary

This chapter includes a discussion of the research method and procedures that took place to conduct this generic, qualitative inquiry regarding the topic of how mothers of children with disabilities perceive online peer mentoring as an intervention resource. Specifically, I detailed the research design and rationale; my role as the researcher; methodology; instrumentation; procedures for recruitment, participation, data collection, and data analysis; issues of trustworthiness; and ethical procedures. In Chapter 4, I will provide a discussion of the results and a summary.

Chapter 4: Results

The purpose of this generic qualitative study was to explore how mothers of children with disabilities perceive online peer mentoring as an intervention resource for stress and coping. Additionally, the aim of this study was to contribute to the paucity of literature on this population's perceptions and preferences of technology-based peer mentoring and alternative support interventions. The following research question guided this study: How do mothers of children with disabilities perceive online peer mentoring as an intervention resource for stress and coping?

In this chapter, I present the research setting, demographics, and data collection and analysis processes for this study. I also discuss the evidence of trustworthiness via credibility, transferability, dependability, and confirmability. The results are presented before I close with a summary of the chapter.

Setting

I completed this qualitative study during the third year of the COVID-19 pandemic. The setting consisted of my private office space, and I only held interviews in the absence of visitors and other audiences. In addition to adhering to the privacy policy outlined in the consent form, I encouraged participants to complete their interviews in a private area if they wished to maximize privacy on their end.

I conducted all of the interviews telephonically to provide a low-pressure communication option that ensured safety and maximized flexibility for all parties involved. Because interviews were conducted telephonically, I focused on participants' voice inflections and tones versus physical body language. No internal or external factors influenced participants' interview experience during the study as to harm or influence the interpretation of the research results.

Demographics

Generating detailed demographic information was not required to address this qualitative inquiry. Given such, I did not include demographic questions into the data collection instrument for this study. However, all volunteers were required to meet specific inclusion criteria to align with the purpose of the study: Participants were U.S. residents and mothers (i.e., females) aged 18-years-old and over, caring for their minor child living with disabilities.

Data Collection

Before gathering any data, I received Walden University IRB approval granting me permission to conduct this qualitative research. Procedures for participant recruitment and data collection began on March 4, 2023 and concluded on April 4, 2023. Multiple U.S.-based parenting support organizations distributed my recruitment flyer to reach the target population of mothers under study. The flyer was shared via organizations' social media posts, online platforms, and email networks. Because the organizations' only role was to share the flyer on my behalf, letters of cooperation and agreement were not required.

Interested volunteers contacted me via the phone number listed on the flyer. After initial contact, each volunteer furnished me with an email address to use for consent, gift card, and transcript delivery purposes. Once I received a volunteer's consent email, I scheduled an interview with them and instructed them to call me at their designated time.

I asked each participant to allot 30 minutes for their phone interview. I conducted the interviews on a password-protected phone from my personal office while utilizing the semistructured interview instrument. A password-protected digital recorder was used to capture the audio. Each participant was asked the same 12 questions from the instrument. The average length of each interview was approximately 25 minutes, with the shortest interview lasting 15 minutes, and the longest interview lasting 35 minutes.

Data collection concluded with a total of nine participants. Although I sought eight to 12 volunteers, data saturation was apparent after the ninth interview. At the conclusion of each interview, I emailed the participant a token of appreciation in the form of an electronic $20 Visa gift card and then transcribed the interview using Otter.ai speech-to-text software.

Within 1 week of their interview, the participants received an email containing the transcript of their phone interview and were given the opportunity to respond and notify me if there were any errors or misinterpreted text in the transcript. Transcripts were deemed valid and finalized because no participants responded with concerns regarding their transcript. There were no variations in data collection from the procedures presented in Chapter 3, and I did not encounter any unusual circumstances in data collection.

Data Analysis

I performed an inductive, thematic analysis of the qualitative data collected for this study. I applied Braun and Clarke’s (2020) six-step instructions for thematic analysis and data engagement. The first step was data familiarization. After each interview, I immediately listened to the audio recording and looked over any notes that were written while participants were speaking. Once the interviews were transcribed, I listened to the interview audio for a second time while simultaneously reading the electronic transcript to check for speech-to-text accuracy. As an added layer of data immersion, I printed out physical copies of each transcript and re-read the paper formats for a second round of reading. The second step was systematic coding where I manually and electronically coded the data for triangulation purposes. Using the in vivo technique, I manually extracted codes verbatim, line by line, using raw data from the physical copies of the transcripts. Using Nvivo software, I electronically extracted and highlighted codes from the transcripts for an added cycle of coding and capturing data. The third step involved developing categories and initial themes. After I compiled a list of codes for all nine interview transcripts, I noticed patterns and categories began to unfold. I inductively developed preliminary themes as patterns in the data were categorized and organized into a Microsoft Excel spreadsheet to create the codebook. The fourth step was developing and reviewing themes. In this step, I reviewed the initial themes and analyzed the codebook, finding that no new patterns and information were emerging and recognizing that data saturation had been reached. The fifth step was finalizing themes. I finalized and named the themes because no further meanings were generated and information power had been achieved. The final themes were refined to ensure they reflected the participants’ responses in connection to the research question and interview instrument. The final step was reporting the themes. The development of the themes are presented and further discussed in detail in the following paragraphs.

I utilized the in vivo coding technique to ensure the data analysis and theme development was bound by participants’ verbatim reflections, perceptions, and responses to the interview questions. Using the verbatim coding technique along with Braun and Clarke’s (2020) six steps for data analysis, I extracted more than 150 codes, created eight categories, and developed six themes. For example, some main code words were challenge, stressful, PTSD, overwhelming, great help, Zoom meetings, convenience, sharing ideas, remotely, learning, access, impactful, and beneficial. I created eight categories from the codes: motherhood experience, stress defined and related to motherhood experience, general coping mechanisms, benefits and coping via online peer mentoring, modality pros and cons, overall perception, online peer mentoring awareness, and recommendations. From these codes and categories, the following themes emerged from the data:

- Theme 1: Mothers of children with disabilities experience complex caregiver dualities.
- Theme 2: Chronic stress is significantly linked to mothers’ caregiver dualities.
- Theme 3: General coping mechanisms offer limited support.
- Theme 4: Online peer mentoring improves stress and coping support resources.
- Theme 5: Convenience of online modality outweigh breach of privacy concerns.
- Theme 6: Online peer mentoring is usually referred by word of mouth.

Evidence of Trustworthiness

Credibility

I achieved credibility by utilizing multiple methods of validation to ensure the qualitative data collection would accurately reflect the purpose of this study and participants' voices. The content validity of my interview instrument was validated by three, well-established experts in the field. I digitally recorded the audio of all nine phone interviews, and each transcription was subject to participant validation for speech-to-text accuracy.

Transferability

I achieved transferability by utilizing an open-ended interview instrument designed to generate rich, in-depth knowledge from the participants. I collected contextual evidence that highlighted positive and negative perspectives regarding the topic of inquiry. The descriptive results of this study could be applicable for practitioners and consumers to transfer across to other contexts, populations, circumstances, and research studies.

Dependability

I established dependability by maintaining an explicit audit trail for this qualitative study. From inception to completion, I thoroughly detailed the research design, methodology, recruitment, participation, data collection, and data analysis. Dependability was further achieved through remaining consistent with the strategies outlined in Chapter 3 and Walden University's IRB approval document. Hence, I did not experience unusual circumstances, and there were no variations in data collection.

Because of these dependability measures, this generic qualitative study is applicable for future duplication and replication by others.

Confirmability

I achieved conformability by using multiple techniques to ensure the data analysis and findings accurately represented the participants' perceptions and experiences. Primarily, I used journaling to ensure reflexive bracketing in suspending researcher bias. I also used triangulation in data analysis by manually and electronically extracting in vivo codes from the data. In addition, confirmability was realized by having the participants validate the interview transcripts' accuracy.

Results

I used seminal and current literature to create an open-ended interview instrument to collect in-depth, contextual data from participants. Participants' responses to the interview questions were coded, categorized, and resulted in six applicable themes.

Theme 1: Mothers of Children With Disabilities Experience Complex Caregiver Dualities

The participants shared accounts of their motherhood experience in relation to caring for a child with special needs and disabilities. All the mothers acknowledged the challenges they face in relation to caring for and raising a child living with disabilities. For example, P001 said, "It's been a challenge because I never expected this. I was just expecting to be like any other normal mom…I lost a lot of things." P007 said, "Why me? Why do I have to give birth to this type of child I suppose? I suppose it's been really difficult for me as a woman and as a mother." P006 shared that their motherhood experience includes caring for a “medically complex” child with “a dozen different conditions.” P003 stated,

> It requires a lot of care and attention and I’ve showered it on my child. So it’s actually a very stressful time. I’m getting used to it…Having a child with a disability is definitely different from taking care of a child without disabilities. Certainly different from taking care of a child without disabilities. This child requires a lot of attention, a lot of love, and care.

P008 stated,

> It has been an amazing and stressful experience because when you’re caring for or raising a child with a disability it is very, very stressful and difficult. Having a child with special needs it requires special attention and care. The child needs lots of extra attention like it’s time consuming. You have to pay attention to the child’s needs. Be there for the child and all of that…When you have a child that does not have a disability and then one that has disability is very very different. When you have a child that has autism and these kind of things it’s like they have to miss out on things or going places.

All nine participants expressed similar issues of their motherhood experience being challenging, including feelings of loss and always being required to provide more than normal parenting and care for their child. Most participants did not envision their motherhood journey as being in a constant duality of mother and complex caregiver.

Theme 2: Chronic Stress is Significantly Linked to Mothers' Caregiver Dualities

When asked to provide a meaning for the word stress, most participants mentioned exhaustion and worry. P000 said, "Working too much without getting a rest. It could be mentally, could be psychologically, it could be even financially as well as morally." Similarly, P002 said, "Stress means like exhausted. Really tired," and P003 explained, "it means not being able to rest enough. You know, being worried of a lot of things." P001 explained, "I think stress is a prolonged period of psychological discomfort where you have like a lot going through your mind and you are unable to figure out what to do." P007 said, "stress means, like, difficulty. Like you're not doing things where you're supposed to. Like pressure and tension. That kind of things." This prerequisite of defining the word stress was important before asking participants to describe stress in connection to motherhood experiences of caring for a child with disabilities. Additionally, there were common descriptions that stress means not being resourceful in tackling multiple responsibilities.

After sharing explanations and meanings for the word stress, participants described their personal stress in relation to caring for a child living with disabilities. P002 shared they are "taking care of all of the responsibilities," while P004 explained the stress connection as "PTSD. You know, obviously that's a stress disorder" and always being "on high alert." Sharing a description of PTSD in relation to caring for their medically complex child, P004 further stated,

> So like, for instance, my son, I took him to a normal doc, we live about an hour away from his doctors and so I took him to a normal, what should have been a

> normal appointment, just checking in annually, and he had breakthrough seizures and he stopped breathing and so we couldn't make it through our appointment before they said we have to stop and get you admitted to the hospital. And then we ended up being in the hospital for 6 days. And then the following week. It was very stressful.

P003 stated,

> It's very stressful. Because I'm actually a single mom and I'm the only one taking care of my child. And then it requires a lot of work and attention for me to give my child and I'm coping with the fact that I'm also you know, working and running on empty being able to take care of my child and provide for my child. So it's umm always very stressful for me…Having a child with disability needs means you have to pay adequate attention. Sometimes when I'm at work I'm always worried with who's working with my child, because there is no one else to take care of my child. So it's very stressful.

P005 stated,

> Very overwhelming, because I have two children prior to her, neurotypical…And with her, it's not the same so it does give me a sense of frustration. And it's not a frustration on her. It's a frustration that this is how she was born and she can't help it. So it brings a lot with me because I know I have my own personal issues trying to deal with her.

P008 stated,

> Very, very stressful. Just being a mother is stressful. Detriments of being a mother to a child with disabilities has extra stress involved but what can you do? You just have to hang on and be there for the child…You're under this contention and pressure. You're stressed, you're strained cause things that you will have to do for the child at certain particular times. You can't value your time to other things. The child needs extra assistance and care. So you just have to be there for the child and it's very, very stressful cause it's not easy especially if you're a mother that works and all of that. You have to balance and go to work and family and every other thing to take care. When you have a child with disability the pressure is very high.

Consequently, all the mothers described their increased parental responsibilities and complex caregiving duties as catalysts for constant stress.

Theme 3: General Coping Mechanisms Offer Limited Support

Before inquiring about online peer mentoring in regard to stress and coping, I asked the mothers about their general coping methods for stress. P003 said, "I try my best as possible to create a balance between work and taking care of my child. So balancing has helped me to be less stressful. So yea creating a balance." P006 said, "I like to play video games…games that are just completely mindless. I can play them while my son's napping or after he goes to bed at night." P007 said, "Because I've always been really stressed, I try to sleep. I just take a nap when my child is sleeping." To cope with PTSD in relation to caring their child with disabilities, P004 stated, "I had been in counseling for multiple years…And then I took meds. Unfortunately, that financially on us, I was unable to financially uphold those ways of dealing with it. So I had to find new coping mechanisms.” P005 stated,

> I used to drink and I used to smoke and these are things that I'm currently working through as far as not doing so I’ve been free for quite a few weeks. That used to be how I was able to calm myself down. When I just felt overwhelmed, I would just go outside and smoke…Now it's just you know, I watch shows a lot. I do a lot of home cooking and baking. You know crochet you know I just do anything to keep me busy and occupied trying to learn how to cope with her.

However, these self-reliant coping mechanisms proved to be inadequate for negating the participants’ chronic stress and mental complexities associated with their motherhood experiences.

Theme 4: Online Peer Mentoring Improves Stress and Coping Support Resources

All nine participants indicated that connecting with similar mothers via online peer mentoring improved their motherhood experience of caring for a child with special needs and disabilities. P000 said, “That's really helped me with my motherhood experience because through sharing ideas and with the mothers from various organizations, various associations…you get more advice and everything has really been of great help.” Similarly, P002 said, “It actually exposed me to different things. I get ideas and things from different mothers.” P002 further explained, “I got the idea for the IEP program in online group. They helped guide me. It was a good idea about IEP. I found out from them.” P001 shared,

> I've been able to create new friends. Also it is even the emotional load. Because when you get to discussing, when you get that with other people, you actually realize that umm maybe it's not all bad, you're not alone. And yes, it makes you stronger.

P003 stated,

> It has been very helpful because most of the stress coping skills I have learned from them. And I've also learned a lot of things like how to take care of my child from them…Before I got to know about the platform, I had always felt, you know, very stressful taking care of the child…When I came in contact with the platform, I got to interact and to know the experience of other mothers…I then decided on my own to, you know, adopt their methods and so far, it's been working very great for me. And I learned how to, you know, put my child as my priority and no matter his disability.

P004 stated,

> It's helped tremendously, you know, I mean, you feel so alone. It's so sporadic when you find somebody with such medical needs. So being able to have an outlet…I have peers in this world and they might not be right in front of me, but I know that they're there…But a few of us have actually gone even further and there's a handful of us that will just call in the middle of the night, call in the middle of a hospital admission and have somebody like that. So it's been a huge help to not feel alone and to get feedback and ideas and yeah, really made a world of difference on my journey.

P006 explained,

> I've been able to find services and organizations that I didn't know existed. Especially here within my local community, I've been able to find like care providers for my son. I found an organization that does sports that my son’s able to participate in at his skill level…they pair disabled individuals with able bodied athletes who push these chairs for various marathon-like races. And it was because of this my kiddo has a sport he can.

P007 stated,

> Meeting other mothers actually enlightens me on the things I need to do… it’s kind of encouraging or when you meet people that understand what exactly you're going through as a person and try to give solutions to how to solve a particular problem…I get advice, like, don't always get angry…Like don't express it in the child's presence. So the child will not feel as if they are being rejected.

Hence, this theme highlighted how participants gained knowledge, skills, abilities, and resources to cope with stress and parental obligations after becoming online peer mentees of other mothers who care for children living with disabilities.

After sharing how online peer mentoring improved their motherhood experiences, participants revealed their overall perceptions of online peer mentoring as an intervention resource for stress and coping. P000 said, “I think it's very important and it works very well because that is what has really helped me you know, to reduce stress.” P001 said, “I think it is an excellent way of helping mothers of my kind and I think it is very good for keeping spirits up and virtually, because it is helping trauma.” P004 stated,

> My perception is that we only, you know, just the human race in general needs people to connect with. It definitely gives me that. If I only had people to connect with in person, I would have nobody. I would have nobody who understands what we're going through, even a little bit understand what we go through. So the perception to me is that it's just profound…Feel completely bonded with those people…something I never perceived would be a reality. But it's real, and it's there. And, you know, it's really truly amazing.

P006 stated,

> I think it's amazing. Because especially in the case of my son's severe autism nobody can understand what it's like to deal with…And I've been able to go in there about the good, the bad, and ugly of stuff going on with my son and had somebody go hey, I've been there. It's gonna get better or somebody's going yay, good job.

P007 stated,

> I will say so far so good. It has helped a lot of persons it helped me…we are being heard. People have been allowed to share their opinion and also share their experiences with one another and people are allowed to learn too so it has been a helpful platform for me.

Thus, this overarching theme indicated participants’ significantly positive perceptions and views regarding online peer mentoring as an intervention resource for stress and coping.

Although each participant shared favorable experiences and positive perceptions about online peer mentoring for mothers of children with disabilities, it was important to know how they felt about recommending this resource to other mothers. P000 said, “My thought is that I will always recommend that, you know, it seems it has worked for me. And definitely I strongly advise it will work for others.” P006 said, “I've actually very much recommended to other people I know that have kids with very special needs where I have been like, hey, have you heard of this group and I've sent them the link.” Similarly, P007 said, “Yeah, doing that will be very good. So like if I see a mother has a child with a disability, I would. I would definitely recommend online platform.” P002 stated,

> Yes, because it's getting the child help. It will help expose many things regarding the child's disability to the mothers. You know it helps us to learn more. Especially help them learn more on how to take care of the child properly.

P003 stated,

> I would really love to recommend the platform to them because it really helped me. Trust me if it wasn't helpful or it wasn’t impactful, I wouldn’t even be talking about it…something that is impactful, something that is going to help a mother take care of her disabled child very well, and I would ensure it to be great help. So I'm going to recommend it to any mother that I come across with a child with disabilities because it really helps me because of the relationships, information. It has really impacted helping me to take care of my child.

P008 stated,

> It has helped a lot of families. Especially with me because before I got to do the online stuff like seeking for information online all of that was kind of very stressful for me…When I started exploring information and kind of taking part in online group activities, zoom meeting and all of that, it has been very, very easy for me because sometimes the people will just give you the information and make everything easier for you. So this is a very good experience and I would encourage other mothers to try it out if anyone is in need of it.

Essentially, all nine participants shared positive reviews and recommended online peer mentoring for mothers of children with disabilities.

Theme 5: Convenience of Online Modality Outweigh Breach of Privacy Concerns

To further understand online peer mentoring as a resource for this population of mothers, I asked participants how their peer support was delivered. For example, P000 said, “Online group as well as video chatting has really helped” and P001 said, “Well in most of the cases, I love attending like online focus groups. Which I learned a lot from those.” Some participants reported the convenience of online peer mentoring delivery via social media platforms. For example, P005 explained online peer mentoring support had taken place via “posts and comments and things like that in the online groups”, and P006 said, “online groups, and messenger conversations” were successful in the delivery of online peer mentoring.”

Zoom meetings were the most popular technology-based tool used for online peer mentoring among the participants. P003 reported, “Some Zoom meetings. Some online video chats. Where we get to, you know, at our own convenience, safely we can talk and talk on video chats or do meetings.” Similarly, P007 said, “Like Zoom meeting. You can see faces in web app. And you kind of like seeing them seeing their faces while they're talking and your reaction, visual expression and reactions” and P008 said, “Mostly online group Zoom. Zoom meeting”. Going more in depth, P003 further explained,

> I actually prefer this Zoom meeting. You know, everybody is sent the link to the Zoom meeting…First we you know, you speak about the recent developments of your child and every member…say one or two things about your child and his disability and all that…they talk to you, and then the different ways in which we can use information in taking care of your child is being discussed and then at the end of the day, we are being given an exercise on what to do.

Given such, most of the participants reported that Zoom meetings, video chat, and online group options were main modes of delivery.

Additionally, I inquired about what made these modes of delivery a convenient option for online peer mentoring. When asked about convenience, P000 stated,

> I think it's very easier rather than you know, than the in person. For instance, it helps connect people that may not really be in a close proximity. Yeah, I so much love using it because it does help you save the stress of meeting and different people at different times.

P001 stated,

> I do love the focus groups. Primarily because you don't have to travel and you have a great amount of time to listen to everybody. Without the purpose of having to travel back home. I think that is really good. And the fact that in these online

> groups, people speak freely and I think when you get to listen to other people's stories, then you realize that somehow maybe you're better off and you start appreciating.

P003 stated,

> It is remotely. You don’t have to be physical. Like me, I’m a very emotional person and so I’m very shy, so I may not be comfortable sitting with people and talking, talking about my child’s health or discussing my child’s health to them. I actually like that this is being done online. You just have to connect.

P006 stated,

> I can use those anytime day or night. I don't have to worry about leaving the house or trying to like I said before going through the headache of finding someone to watch my son so that I could go to a face-to-face meeting. If I'm stressed about behavioral issues, he's having it takes me 5 minutes to type out a post and within an hour, I've got somebody.

All nine participants reported that online modalities for peer support were convenient due to less travel, remote participation, decreased requests for childcare, comfortability, and connecting with mentors and other mentees that might not be in their vicinity.

It was also important to know of any inconveniences regarding these options for online peer support delivery. P007 said, “Understand, some people ask some questions, and are camera shy…Maybe they ideally don't want us to know that maybe their child is suffering from this particular thing.” Two out of nine participants expressed concerns about possible breach of privacy being an inconvenience. P000 stated,

> What I feel that is not convenient is that sometimes your information may not be more confidential, you know, there could be a breach by either by a third party maybe dropping it in the general group. More people could have access to it. And you know, as a mother sometimes you may not really feel comfortable.

Similarly, P002 said, “Though I have a little bit of trust issues it really helps. Breach of privacy may likely occur. Various means of breach of privacy.” Whereas this theme indicated all nine participants felt the online modalities (Zoom, online group, social media) were convenient, one participant shared that some online peer mentees are camera shy and find it inconvenient when asked to turn their camera on during meetings, while two other participants shared breach of privacy concerns. However, data showed that the convenience factors outweighed any issues of inconvenience.

Theme 6: Online Peer Mentoring is Usually Referred by Word of Mouth

When asked about online peer mentoring awareness, only three participants reported self-discovery. P006 found online peer mentoring by “Literally just putting things into the search bar. Entering in the different medical conditions.” Similarly, P004 stated,

> The first thing I ever did on our journey was look up his main diagnosis that we got when he was still in utero, which is Dandy Walker, and so I started researching Dandy Walker, and I found support groups online…I found out about other groups, and that just kind of, you know, did it. The more involved I was, the more I looked into other people's stories, the more I found, the more people suggested.

P008 stated,

> I like to check out things and make research on my own. I'm the kind of person that always explores the internet to look for information. And when I finally find one, I make sure that I've seen people's feedback and research…So I just explore myself and I got connected.

Given such, P004, P006, and P008 were the only participants who independently became aware of online peer mentoring for mothers of children with disabilities. Also important, these three participants were not specifically searching for online peer mentoring; they inadvertently came across the resource while looking into their child's disability.

In contrast, the other participants were introduced to online peer mentoring for mothers of children with disabilities by word-of-mouth referrals. For example, P000 said, "A friend of mine referred me…I was referred by the mouth of a friend." Similarly, P005 said, "Through my best friend. When my daughter was first diagnosed, she knew of a doctor who had a group online and I joined from there…pretty much just word of mouth." P003 said, "My colleague from work. I had to disclose because at the time I wasn't functioning very well. I had to disclose. And my colleague, her sister, has a child with disabilities and she suggested I make use of the platform." P001 stated,

> I got a link from a nurse in the hospital where I was. It was this nurse who recommended it to me and she gave me a contact which I reached and that is how I got my first entry in online group about mothers of children with disabilities.

This theme showed that most participants were encouraged to try to online peer mentoring for mothers of children with disabilities by others in their networks.

Answering the Research Question via Themes

I discovered six themes from analyzing participants' data. All nine participants responded to all of the questions that were presented from the interview instrument. Every interview question and answer produced a full scope of adequate information for answering the following question: How do mothers of children with disabilities perceive online peer mentoring as an intervention resource for stress and coping?

The first three themes involved participants' descriptions of their motherhood experience and explanations of stress with general coping strategies. Hence, the first three themes addressed the research question because it provided the background for what led participants to becoming online peer mentees of other mothers who care for children with disabilities. Essentially, these themes showcased how and why the participants came to know the topic of the study.

The three remaining themes answered the research question because they were developed from the mothers' descriptions of how they received online peer mentoring, what they gained from their online peer mentoring experience, the conveniences and inconveniences, and how they became aware of online peer mentoring, which qualified the participants to provide perceptions of online peer mentoring for this population of mothers.

In closing, the six themes addressed the research question to complete this qualitative inquiry. All nine participants shared significantly positive perceptions and recommendations for online peer mentoring as an intervention resource for stress and coping in mothers of children with disabilities. Additionally, each participants' perception pointed to increased quality of life via online peer support. There were no variations in data collection, and I did not encounter any unusual circumstances or adverse events. Further interpretation of the results will be discussed in Chapter 5.

Summary

Chapter 4 addressed the results of this qualitative study. In this chapter, I presented the setting, procedures for data collection, procedures for data analysis, and strategies used for achieving evidence of trustworthiness. Six themes emerged from the data analysis. Each theme addressed the research question, supported with adequate information for understanding how mothers of children with disabilities perceive online peer mentoring as an intervention resource for stress and coping.

The first theme to emerge from the data was that mothers of children with disabilities experience complex caregiver dualities. This theme was representative of how the participants felt about their dual roles as mother and complex caregiver to their child living with disabilities and special needs. The second theme, chronic stress is significantly linked to mothers' caregiver dualities, highlighted how each participant defined and encountered persistent stress in relation to their motherhood experience of caring for a child with disabilities. The third theme, general coping mechanisms offer limited support, showed how independent and self-contained coping strategies were limited in addressing the mothers' stress and coping needs. The fourth, and overarching theme, online peer mentoring improves stress and coping support resources, developed from participants' reports of increased quality of life and support resources after experiencing online peer mentoring for mothers of children with disabilities. A fifth theme, convenience of online modality outweighs breach of privacy concerns, developed from all nine participants' reporting that online modes of peer mentoring are preferred, and offer maximum convenience. However, one participant mentioned that some mentees are inconvenienced with camera shyness, while two other participants expressed inconvenience per possible privacy breaches. The sixth and final theme, online peer mentoring is usually referred by word of mouth, described how the participants were introduced to online peer mentoring for mothers of children with disabilities.

In Chapter 5, I will expound on the results of this generic, qualitative study. Specifically, an interpretation of findings, limitations, recommendations, implications, and conclusion will be provided.

Chapter 5: Discussion, Conclusions, and Recommendations

The purpose of this generic qualitative study was to explore how mothers of children with disabilities perceive online peer mentoring as an intervention resource for stress and coping. The data collected in this study contribute to the paucity of literature surrounding the topic of online peer mentoring for mothers who care for children living with disabilities. Additionally, the results of this study may be useful to human services practitioners and maternal mental health interventionists in the development of nonclinical, community-based services and programs for this population of mothers.

The following research question guided this study: How do mothers of children with disabilities perceive online peer mentoring as an intervention resource for stress and coping? Six themes emerged from analysis of the data collection to answer this research question: mothers of children with disabilities experience complex caregiver dualities, chronic stress is significantly linked to mothers' caregiver dualities, general coping mechanisms offer limited support, online peer mentoring improves stress and coping support resources, convenience of online modality outweigh breach of privacy concerns, and online peer mentoring is usually referred by word of mouth. In this chapter, I provide my interpretation of the findings, limitations of the study, recommendations, and implications followed by a conclusion.

Interpretation of the Findings

Theme 1: Mothers of Children With Disabilities Experience Complex Caregiver Dualities

The data used to develop Theme 1 are in alignment with the extant literature discussed in Chapter 2, confirming how the duality of being both mother and complex caregiver to a child living with disabilities complicates the motherhood experience. The participants in this study highlighted that increased parental obligations merged with the role of complex caregiver to their child is significantly different from motherhood experiences that involve typically developing children. In comparison to mothers who care for typical children, mothers of children with disabilities are prone to experience increased parental demands and compassion fatigue (Davenport & Zolnikov, 2022; Fitzgerald et al., 2021). Additionally, functioning as a primary parent and caregiver to a child with disabilities involves parents' perpetual sacrifices of emotional, mental, and physical well-being (Abdullah et al., 2022). I found that all nine participants in the current study experienced similar sacrifices and compassion fatigue in connection to their motherhood experiences.

In further interpretation of motherhood experiences, many participants in this study expressed various feelings of loss associated with caring for their child with disabilities. For example, there were reports of loss regarding prior expectations of being a normal mother, raising a typical child. Additionally, some mothers experienced loss via emotional and mental struggles that happened with the child's age milestones; the participants highlighted that complex caregiving and difficulties associated with disabilities do not necessarily diminish as the child ages. Brown (2016) and Lee at al. (2022) explained that this population of mothers are prone to experience ambiguous loss (e.g., loss without closure, loss without death) and recurrent grief throughout various stages of the parent-child with disabilities relationship. Consequently, I found participants' motherhood experiences to be in alignment with ambiguous loss and recurring grief.

Theme 1 relates to the first transaction of Lazarus's (1966) TMSC, primary appraisal, which involves making assumptions and evaluations when confronted with stressful information or dilemmas. With participants' motherhood experiences representing the stressor (e.g., child's disability diagnosis, increased parental obligations, and feelings of loss), mothers in the current study began the primary appraisal transaction by providing an evaluation of their motherhood experience in connection to caring for a child with disabilities. Hence, I found that all nine participants assumed their experiences and complex caregiver dualities to be significant stressors.

Theme 2: Chronic Stress is Significantly Linked to Mothers' Caregiver Dualities

The findings for Theme 2 are in alignment with the literature reviewed in Chapter 2 positing that mothers of children with disabilities are prone to experience chronic stress and persistent stressful encounters. When compared to mothers who care for children without IDDs and special needs, approximately 80% of mothers who care for children with IDDs experience significantly higher rates of depression, recurrent grief, anxiety disorders, and chronic stress (Gilson et al., 2018). Similarly, I found that all nine participants in the current study identified their motherhood experience as being linked to chronic stress. Several participants reported persistent stress and constantly being overwhelmed with increased parental obligations. Additionally, the role of parents being primary caregivers to a child with disabilities is increasingly being recognized as parental PTSD (Carmassi et al., 2021). Similarly, a participant in the current study reported parental PTSD in connection to their motherhood experience of caring for a medically complex child and constantly being on high alert for life-threatening emergencies.

I found that participants reporting their caregiver dualities as being linked to chronic stress completed the primary appraisal transaction of the TMSC. As an integral part of the initial appraisal in the TMSC, evaluations of stressful information and dilemmas involve identifying the level of severity and difficulty associated with the stressor (Lazarus, 1966). Whereas participants in the current study assumed the factors of their motherhood experiences to be significant stressors, Theme 2 highlighted the severity (e.g., chronic stress) associated with the participants' stressor. Hence, the data used to develop the first two themes of this study were conceptually framed with the primary appraisal transaction from the TMSC.

Theme 3: General Coping Mechanisms Offer Limited Support

Theme 3 coincided with the literature presented in Chapter 2 highlighting that a lack of interventions, resources, and self-contained strategies offer limited support for stress and coping in mothers of children with disabilities. It is not uncommon for this population of mothers to experience unmet stress and coping needs via barriers (e.g., insurance, race, finances, limited nonclinical options) to mental health maintenance resources (Dew et al., 2019; Smith & Gabrielsen, 2022). Hence, I found that participants in the current study engaged in general coping mechanisms of napping, video games, smoking, exercising, and music, which proved to be insufficient for addressing the stress and coping needs associated with their complex motherhood experience. Additionally, I found that some participants had previous access to traditional support via counseling and prescribed medication but then encountered financial barriers to access when they could no longer afford the costs associated, which led to attempts of self-reliant and unsuccessful coping strategies.

I interpreted the findings from Theme 3 to be aligned with the secondary appraisal transaction of the TMSC. Secondary appraisal happens when an individual makes evaluations and perceptions about the resources that might be readily available to address their stressors (Lazarus, 1966). Hence, I found that participants in the current study appraised their general coping mechanisms to be an inadequate and limited resource for negating the chronic stress and mental complexities associated with their complex caregiver dualities.

Theme 4: Online Peer Mentoring Improves Stress and Coping Support Resources

The data used to develop this overarching theme are in alignment with the existing literature presented in Chapter 2 highlighting the benefits of using online peer mentoring as an alternative, nonclinical intervention for mothers of children with disabilities. While traditional peer mentoring has been established as a favorable resource among this population of mothers and practitioners, scholars suggested more research surrounding the topic of online peer mentoring as an alternative intervention (Bourke-Taylor et al., 2021; Dew et al., 2019). Correspondingly, I asked participants to share their overall perceptions of online peer mentoring as an intervention resource for stress and coping.

Each participant in the current study perceived online peer mentoring to be a positive resource and reported results of improvement to their motherhood experience of caring for a child with disabilities. With use of online peer mentoring, many of the mothers indicated becoming more knowledgeable about properly caring for their child and gaining access to unknown resources and organizations that increased their quality of life. Some participants did not know their child qualified for an Individualized Education Plan until becoming an online peer mentee, while others learned about athletic resources, respite options, and special childcare. Additionally, participants in the current study explicitly explained that they gained new and improved stress and coping skills from connecting with other mothers through online peer mentoring (e.g., skills necessary to redirect anger and ensure the child is not feeling rejected).

Additionally, I found social support theory to be significantly attributed to participants’ positive perceptions, reviews, and recommendations of online peer mentoring for mothers of children with disabilities. For example, several participants reported that connecting with similar mothers helped them to not feel alone, become emotionally stronger, recognize trauma, increase understanding, create new friendships, receive useful advice, parent better, and improve mental health status. These findings align with nonclinical support from nonfamilial peers being known to positively influence individuals’ ability to mitigate stress and employ qualitative coping strategies (Edwards et al., 2018; Wong & Shorey, 2022). Consequently, I interpreted the Theme 4 findings to be in alignment with Lazarus's (1993) explanation that a key element to addressing stress and coping needs is to understand that many solutions will be found in conceptual applications versus clinical applications.

Theme 4 also aligned with the secondary appraisal transaction of the TMSC. Conceptually, after accessing online peer mentoring, participants revisited the secondary appraisal of the TMSC to renegotiate their perceptions of resources to cope with complex motherhood stressors. Hence, I found that while participants in the current study appraised their general coping mechanisms to be a limited resource for addressing stress and coping, a reappraisal transaction took place and online peer mentoring was perceived as an adequate intervention resource for stress and coping.

Theme 5: Convenience of Online Modality Outweigh Breach of Privacy Concerns

Theme 5 aligned with literature presented in Chapter 2 highlighting the preferences and conveniences of online peer mentoring to deliver increased support to mothers of children with disabilities. Scholars reported that this population of mothers benefit from peer mentoring as an intervention resource but would like to have access via more flexible formats and remote modalities (Donovan et al., 2019; Yamashita et al., 2022). Similarly, I found that all the participants in the current study reported that they preferred online peer mentoring versus traditional peer mentoring. Specifically, participants reported convenience in using Zoom meetings, social media, and online group platforms, which allowed them to participate without childcare concerns, travel considerations, caregiver time constraints, cost concerns, and proximity issues. I also found that two participants felt inconvenienced by breach of privacy concerns in sharing documents or their child’s business in online groups. However, breach of privacy concerns did not outweigh the convenience of online peer mentoring, and all nine participants in the current study confirmed their preference of being able to remotely experience peer mentoring.

Theme 5 also aligned with the renegotiation phase in the secondary appraisal of the TMSC; hence, I found that convenience factors were also attributed to participants’ positive perceptions and recommendations that online peer mentoring is an effective resource for stress and coping. All nine participants perceived the conveniences of online modalities to outweigh any inconveniences, thus contributing to the positive reappraisal of online peer mentoring as a viable resource to cope with chronic stress in connection to caring for a child with disabilities and special needs.

Theme 6: Online Peer Mentoring is Usually Referred by Word of Mouth

I interpreted the findings of Theme 6 to be in alignment with the literature presented in Chapter 2 highlighting that maternal mental health wellness in connection to caring for a child with disabilities is typically on the onus of the mother. Research showed that health care professionals and practitioners are often aware that this population of mothers would benefit from maternal mental health assistance but may not feel professionally or personally inclined to intervene (Gilson et al., 2018; Rattan, 2022; Tacy et al., 2022; Tan et al., 2021). Similarly, I found that only one out of nine mothers in the current study was referred to online peer mentoring by a health care professional (i.e., while one participant reported a nurse’s referral to online peer mentoring as an intervention, most participants were made aware of the resource by word of mouth from those in their immediate network).

Theme 6 coincides with the TMSC due to participants' initial introduction to online peer mentoring being the start of reappraising resources for stress and coping. Conceptually, the participants in the current study became aware that general coping mechanisms were insufficient to assist with their stressors. After learning of a new resource (i.e., online peer mentoring), the participants reverted back to the secondary appraisal transaction in the TMSC and renegotiated resources. All nine participants positively reappraised online peer mentoring as an intervention resource to cope with chronic stress and complex caregiver duties.

Limitations of the Study

In this study, I served as the human instrument for collecting and analyzing data, protecting participants, and presenting results. Serving in a multidimensional researcher role might have been a limitation because this role presents weaknesses and opportunities for researcher bias to manifest (see Collins & Stockton, 2022; Taquette & Souza, 2022). I also brought a knowing continuum to this study per my lived experience of caring for a child with disabilities. To mitigate bias and remain objective in all facets of my researcher role, I used reflexive journaling for bracketing purposes. Additionally, I controlled researcher bias by keeping an audit trail, using in vivo coding to analyze interview transcripts, and having no prior history and relationships with the participants and organizations.

Limitations are also found in the generic qualitative approach. Because this design is still gaining momentum in the field and does not align with any particular qualitative method and criteria, structural voids were possible. Unlike traditional qualitative research (e.g., ethnographic studies, case studies, and grounded theory), the generic design presents limitations in being unstructured and combining the strengths of traditional qualitative methods versus relying on a single method (Kahlke, 2014). Consequently, I mitigated the limitations of structural voids by relying on an inductive approach; constructivist nature; and use of Lazarus's (1966) TMSC theory as the conceptual lens to frame, guide, and structure the current study.

Recommendations

This generic qualitative study contributed to the paucity of literature regarding online peer mentoring for mothers of children with disabilities; however, further research is still warranted. In continuing to fill this gap, I recommend employing a mixed-methods research design for future studies. Collecting both qualitative and quantitative data via mixed-methods research can generate a deeper analysis of smaller sample sizes and increases the possibility of generalizing findings (Dawadi et al., 2021). Hence, numerical data regarding age and other demographic data might be helpful in the discovery of specific cohorts of participants that share similarities, which contributes to the possibility of generalizations (Dawadi et al., 2021). Whereas I did not collect quantitative and demographical data in the current study, adding the mixed-method approach to replications of this study might inform the field with deeper knowledge regarding the support needs of mothers who care for children with disabilities and use/seek online peer mentoring.

Additionally, I recommend expanding the criteria/population base to mothers of children with disabilities who provide the mentoring to their peers. Examining perceptions from both the mentees and mentors improves outcomes in the development of new mentorship programs or the strengthening of programs already in existence (Williams et al., 2022). Whereas I sought to understand how mothers of children with disabilities perceived being online peer mentees, adding the perspectives of online peer mentors to the replication of this study might further inform the field in the development of online peer mentorships and intervention programs for this population of mothers.

Implications

This qualitative inquiry revealed that mothers who care for children living with disabilities perceive online peer mentoring to be a viable and preferred intervention resource for stress and coping. Specifically, the findings of the current study promote positive social change by informing the field about ways to deliver alternative, community-based, maternal mental health interventions to a population whose support needs are often undiagnosed or overlooked. Hence, a study of this kind has implications to address barriers to traditional clinical support (e.g., stigma, race, insurance, time constraints, mental health literacy, location, and the mental health technician shortage). For example, these findings could be useful to human services practitioners and nonprofit organizations in the development of remote, nonclincal programs to address deficits in maternal mental health support. Online peer mentoring is applicable for improving maternal mental health surveillance, maintenance, and intervention among mothers who care for children living with disabilities and complex care needs.

Conclusion

The purpose of this qualitative study was to collect contextual evidence regarding perceptions of online peer mentoring from mothers who care for children living with disabilities. I found that all nine participants in the study perceived online peer mentoring from similar mothers to be a positive intervention resource for stress and coping. Participants reported that their online peer mentorships significantly increased the knowledge, skills, abilities, and resources necessary for coping with chronic stress. Essentially, participants' online peer mentoring experiences aligned with transformative learning via the social and emotional support of connecting with peers who could share knowledge from firsthand experiences versus secondhand scholarship experiences.

In addition, participants in this study highly recommended online peer mentoring to other mothers and explained how the convenience of online modalities was preferred over traditional, in-person, peer mentoring. Hence, the findings from this study contribute to the paucity of literature surrounding this understudied topic and inform the field on potential ways to deliver maternal mental health support and services to a population of mothers that might not otherwise receive mental health help. All nine participants in the current study reported significantly positive improvements, acceptance, and more joy in their complex motherhood experiences in connection to becoming online peer mentees, resulting an increased quality of life.

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Appendix A: Interview Protocol

Introduction:

Hi, good morning/afternoon/evening. My name is April Felder, and I am a doctoral student at Walden University. The purpose of this phone interview is to talk with mothers who care for their child with disabilities and have experience with online peer mentoring from other mothers who care for a child with disabilities. This interview contains 12 questions and will take approximately 30 minutes to complete. Before we proceed, do you have any concerns or questions for me at this time?

First, I would like to say thank you for agreeing to proceed/talk with me. Your name and any other personally identifiable information will be kept confidential and will not be published with the contents of this study, or any other publications. Please know that you may skip any question you are not comfortable answering, and you may end the interview at any time, for any reason, and with no explanation.

Before we start, I just want to confirm I have your consent email; are you age 18 and over, and live in the U.S.? Although outlined in the consent form, and just to be sure, do I have your permission to record the audio of this phone interview for research purposes only? Great/okay no problem.

Interview Questions:

1. What are your motherhood experiences of caring for a child with special needs or disabilities?
2. What does the word stress mean to you?

3. How would you describe your overall stress, ***if any***, in connection to your motherhood experience? [**SKIP Q4. IF NO STRESS IS DESCRIBED/ASSOCIATED]**
4. How do you cope with your stress, meaning what are some of the ways you manage/deal with your stress?
5. How has connecting with similar mothers/peer mentoring helped you with your motherhood journey/experience?
6. How has your online peer mentoring taken place-for example, Zoom meeting, video chat, an online group?
7. What do you find *most* convenient about using [**insert Q6. response**] for peer support?
8. Anything *not* so convenient about using [**insert Q6. response**] for peer support?
9. What is your overall perception about online peer mentoring as a support resource for stress and coping in mothers of children with disabilities?
10. How did you find out about online peer mentoring for mothers of children with special needs and disabilities?
11. What are your thoughts on recommending online peer mentoring to other mothers of children with disabilities?
12. Is there anything else you would like to share about your motherhood experience or peer mentoring?

Potential Probing Questions:

Can you tell me more about that? How did that make you feel? Why is that? How so? Why or why not? What about your initial feelings?

Closing Remarks:

Thank you again for talking with me today and volunteering for this study. Within one week, you will receive an email transcript of our interview; and if anything is wrong or needs to be corrected, please feel free to reach out to me by email; this step is called participant validation. Do you have any questions, comments, or concerns for me at this time?

In closing, you will receive a token of appreciation in the form of a virtual, $20 Visa gift card. Would you like me to use the same email address that was used for the informed consent?

Appendix B: Recruitment Flyer

Interview Study seeks mothers of children with disabilities who used online peer mentoring

8-12 Volunteers Needed

This is a new study about how mothers of children with disabilities perceive online peer mentoring as a support resource. This study could help care providers and organizations understand how to provide these mothers with additional support services and programs.

About the study:

- 30 minute phone interview that will be recorded for research purposes only
- You would receive a $20 Visa gift card as a thank you
- Participation is privacy protected and confidential, no personal info published

Volunteers must meet these requirements:

- Mothers must be 18-years-old or older
- Caring for their minor child who has disabilities
- Experience receiving online peer mentoring from other mothers
- U.S. resident
- Valid email address

This interview is part of the doctoral study for April Felder, a PhD student at Walden University.
To confidentially volunteer, contact the researcher:
April Felder 407-984-6860