Perceptions on the Roles of Non-Parent Caregivers in Therapy Sessions of Children with Autism Spectrum Disorder

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Abstract

The perceptions of non-parent caregivers (nannies or yayas) in supporting children with Autism Spectrum Disorder (ASD) in the Philippine context remained underexplored. Guided by Role Theory, which explained how roles were shaped by expectations, rights, and obligations, the study explored the perspectives of non-parent caregivers on their roles, rights, and obligations in supporting therapy sessions of children with ASD. Using a qualitative descriptive design, data gathered through in-depth interviews (IDIs) from five purposively selected non-parent caregivers were thematically analyzed. The findings revealed that non-parent caregivers perceived their role as multifaceted, involving high expectations, recognized rights, heavy obligations, and associated risks. Future studies could have focused on developing formal training programs for non-parent caregivers of children with ASD, creating institutional guidelines that included them as stakeholders in intervention planning, examining and supporting their mental health and well-being to prevent burnout, and expanding research to larger and more diverse populations across different regions, backgrounds, and disability contexts.

Keywords: autism spectrum disorder (asd); non-parent caregivers, perceptions, therapy, Davao Oriental, Philippines

I. Introduction

The Problem and Its Scope

Behind many therapy sessions for children with Autism Spectrum Disorder (ASD) are non-parent caregivers who provide consistent support during and beyond professional interventions. Despite the recognized importance of caregivers in sustaining these therapeutic practices (Conrad et al., 2021; Pacia et al., 2022; Musetti et al., 2021), little is known about how non-parent caregivers perceive their specific roles and responsibilities within the therapeutic process.

Globally, individuals with autism spectrum disorder (ASD) and their caregivers commonly experience emotional distress, stress, and anxiety (Hartley et al., 2022; Luo et al., 2026). Therapy access and implementation are further hindered by social stigma (Tathgur et al., 2021), particularly among caregivers from ethnic minority groups who face multiple forms of stigmatization (Pang et al., 2024). Barriers to early detection and intervention are also linked to limited awareness of early signs of ASD (Bivarchi et al., 2021). Moreover, marginalized families are often overlooked in existing research (Elmquist et al., 2023), while in high-income countries such as Canada and the United States, limited service availability, differing beliefs, and highly clinical intervention models continue to impede the implementation of home-based therapy (Breitbart et al., 2025). Meanwhile, in countries such as India and South Africa, gaps in caregiver awareness and limited public services restrict access to early intervention and therapy (John & Hemalatha, 2024). Recognizing these challenges, the World Health Organization (WHO, 2024) emphasizes the need to close service gaps and

promote inclusive environments to ensure that individuals with Autism Spectrum Disorder (ASD) receive appropriate support and improved quality of life.

In the Philippine context, caregivers, particularly non-parent caregivers such as nannies or yayas, often face challenges related to limited knowledge, inadequate information, and the physical and emotional demands of caregiving (Billote, 2024). However, existing local studies have primarily focused on parents and family caregivers of children with ASD. This is reflected in the study by Boling (2024), which identified systemic barriers to ASD services; in Leosala (2023), which examined the early intervention experiences of Filipino parents; and in Sitoy et al. (2024), which investigated parents' participation in communication interventions. Similarly, Soriano (2025) explored the quality of life of family caregivers of children with neurodevelopmental disorders, and Gante et al. (2025) examined coping strategies among parents of children with ASD. Although these studies provide valuable insights into family caregiving, they offer a limited understanding of the perspectives and roles of non-parent caregivers in supporting therapy implementation for children with ASD.

While Bradshaw et al. (2022) emphasize the critical role of caregivers as a standard and essential component of early intervention for children with ASD, Leosala (2023) found that, in the growing body of literature on ASD interventions, most studies have focused on parents and family members as the primary caregivers responsible for home-based therapy implementation. This was further supported by Jurek et al. (2023), who noted that the effectiveness of parent-mediated interventions in ASD is well documented. However, information on caregivers' experiences with these interventions remains limited.
The researcher observed that existing studies primarily focus on the experiences of parents, families, and family caregivers of children with ASD. At the same time, there is a limited body of local literature examining the perspectives and experiences of non-parent caregivers involved in implementing therapy. This lack of research on this key group limits our understanding of therapy implementation in the Philippine context. This gap may lead to ineffective intervention strategies, as current approaches focus primarily on parents and families while overlooking the practical experiences of non-parent caregivers, such as nannies and yayas, who often implement therapy at home. Therefore, exploring their perspectives was essential, as these may differ from or align with those of parents, therapists, and teachers, thereby influencing the effectiveness of ASD therapy support.

Significance of the Study
The results of this research could be significant to various stakeholders such as Special Education (SPED) teachers, students with Autism Spectrum Disorder (ASD), parents, and particularly non-parent caregivers. For SPED teachers, the findings provide insights into how non-parent caregivers could contribute to implementing therapy strategies, thereby improving coordination and consistency between school-based and home-based interventions. For students with ASD, the study might contribute to more effective and continuous support systems that could enhance their learning, behavior, and developmental progress. For parents, the findings offer a clearer understanding of the roles that non-parent caregivers might play in assisting therapy, which could strengthen collaboration and communication among caregivers within the home setting.

This study was aligned with Sustainable Development Goal 10 (Reduced Inequalities) and Sustainable Development Goal 4 (Quality Education). SDG 10 emphasizes the importance of reducing inequalities by ensuring the inclusion and participation of all individuals, particularly those in often underrepresented groups such as non-parent caregivers. Meanwhile, SDG 4 promotes inclusive and equitable quality education and lifelong learning opportunities for all, which extends to the support systems involved in the development and learning of children with Autism Spectrum Disorder (ASD). By exploring the perspectives of non-parent caregivers in therapy settings, this study sought to strengthen collaboration among caregivers, parents, therapists, and institutions, thereby promoting more inclusive and supportive intervention practices. Ultimately, the findings would contribute to improving therapy implementation and the holistic development of children with ASD.

Research Questions

The study aimed to explore the perspectives on the roles, rights, and obligations of non-parent caregivers in supporting the therapy sessions of children with Autism Spectrum Disorder (ASD).

1.How do non-parent caregivers of children with special needs perceive the social expectations placed upon them in their caregiving role?

2.What are the perceptions of non-parent caregivers of children with special needs towards their rights as caregivers?

3.How do non-parent caregivers of children with special needs perceive their obligations as caregivers?

Assumptions

The study assumed that non-parent caregivers (nannies or yayas) played a crucial role in the therapy process of children with Autism Spectrum Disorder (ASD). Their roles, defined by the expectations, rights, and obligations associated with their positions in the social and therapeutic settings, shaped their behavior. These role dimensions were further influenced by how key stakeholders, such as therapists and Special Education teachers, perceived and defined the caregivers' responsibilities. From the lens of Role Theory, these shared understandings clarified expectations and guided caregivers' actions within the therapeutic setting. Ultimately, analyzing these perceptions provided deeper insight into the social functions and relational dynamics that shaped how non-parent caregivers supported children with ASD both in therapy and within the home environment.

Theoretical Lens

The study was anchored on the Role Theory proposed by Bruce J. Biddle, which explains how individuals' behaviors and perspectives are influenced by the social roles they occupy. According to Biddle (1986), roles consist of expectations, rights, and obligations associated with a particular social position. Individuals' actions are shaped not only by their understanding of their roles but also by others' expectations within their social environment.

In the context of the study, Role Theory served as the guiding framework for understanding the perspectives of non-parent caregivers involved in the therapy of children with Autism Spectrum Disorder (ASD). Specifically, the study examined how these caregivers perceived the expectations placed upon them during therapy sessions, the rights they believed they possessed within the therapeutic process, and the obligations they fulfilled to support the child's development and therapy outcomes. Through the lens of Role Theory, the study analyzed how non-parent caregivers interpreted and enacted their roles based on the expectations of therapists, parents, and the broader social context. This framework provided a deeper understanding of how non-parent caregivers perceived and performed their responsibilities in supporting children with ASD both in therapy and within the home environment.

Figure 1 provides a comprehensive visual summary of the relationships between these lens as explored in the study.

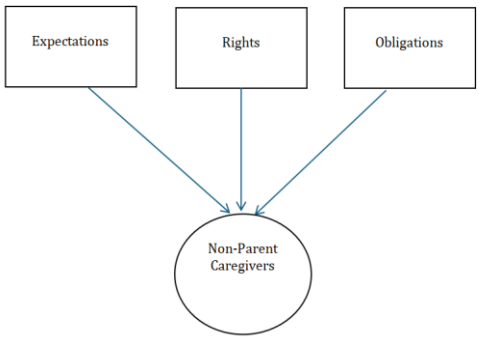

Figure 1. *Conceptual Paradigm of the Study*

II. Methodology

To establish the credibility of this study, this chapter presents the methods employed, including the research design, study locale, sample and sampling, data-gathering technique, and data analysis. I also explain how I adhered to the study's trustworthiness requirements.

Research Design

In conducting this study, I employed a qualitative descriptive design to explore and describe the roles of key stakeholders in the therapy sessions of children with Autism Spectrum Disorder (ASD). The qualitative descriptive approach is appropriate for my study as it provides for an in-depth and straightforward presentation of participants' experiences, meanings, and viewpoints in their natural contexts (Sandelowski, 2000). The approach emphasizes the what, how, and why of their roles and interactions, providing a comprehensive understanding of their shared and differing perceptions.

Locale of the Study

I conducted my study in Mati City, Davao Oriental, Philippines, specifically at the Therapy Center there. This center is considered the ideal locale for the study as it provides specialized services for children with Autism Spectrum Disorder (ASD). The center actively fosters collaboration by engaging families,
teachers, and other stakeholders through activities and programs related to ASD awareness and intervention.

Sample and Sampling Technique

In this study, I employed purposive sampling to select participants based on predefined inclusion criteria (Patton, 2015). The participants consisted of five non-parent caregivers who were directly involved in the therapy of children with Autism Spectrum Disorder (ASD). Each caregiver had at least 2 years of experience in their role, responding to the child's needs both at the therapy center and at home. Additionally, all participants were required to be willing to participate and share their perspectives.

Data Gathering Technique

In gathering the data, I conducted In-Depth Interviews (IDIs) with each participant. An in-depth interview is a qualitative data collection method that involves a one-on-one, semi-structured or unstructured conversation aimed at eliciting detailed information about participants' experiences, perspectives, and meanings (Kvale & Brinkmann, 2015; Taylor et al., 2015). This method provided rich, detailed insights into participants' perceptions of the roles, rights, and obligations of non-parent caregivers. The data collection process followed several systematic steps.

First, the interview guide was validated by three experts to ensure its appropriateness and clarity. After incorporating their recommendations, the revised instrument was resubmitted and formally approved. Second, the researcher submitted the manuscript and a request for approval to the Society of Moral Integrity and Legal

Ethics (SMILE). Third, formal permission was obtained from the head and owner of the therapy center by informing them about the study and requesting access to potential participants through an official letter. Fourth, following institutional approval, informed consent was secured from all participants prior to data collection. Interview schedules were arranged according to participants' availability, and individual interviews were conducted with five purposively selected caregivers. Fifth, in-depth face-to-face interviews were conducted, and participants' responses were recorded using an audio recorder. Finally, the audio recordings were transcribed verbatim, and the transcripts were subjected to thematic analysis. To ensure credibility and transparency, the analyzed results were returned to the participants for member checking. Participants reviewed and confirmed the accuracy of their responses and interpretations, and their signatures were obtained as validation. The verified data then served as the basis for the study's results and discussion section.

Data Analysis

After data collection, the researcher employed thematic analysis, as outlined by Braun and Clarke (2006), to identify, analyze, and interpret patterns in the data gathered from the five participants. The process adhered to Braun and Clarke's six-phase framework.

The first phase involved familiarization and immersion in the transcripts. Audio recordings were transcribed verbatim, and the transcripts were repeatedly read and cross-checked against the recordings to ensure accuracy and fidelity to participants' responses.

The second phase entailed generating systematic open codes across the datasets. The transcripts were examined line by line, and words, phrases, and statements relevant to the research questions were assigned codes. Open coding ensured that the codes emerged inductively from the participants' narratives rather than being imposed externally.

The third phase consisted of reviewing and refining candidate themes. The generated themes were compared with the coded data and the entire dataset to ensure that they accurately represented participants' experiences. Similar themes were merged, themes with limited supporting evidence were revised or discarded, and subthemes were reorganized to enhance clarity, coherence, and credibility.

The fourth phase focused on defining and naming themes. Each theme was clearly articulated, with definitions and descriptions developed to capture its essence and connection to the research objectives. This step ensured that the themes reflected both the participants' lived experiences and the study's analytical aims.
Finally, the researcher produced the thematic report by organizing the themes into a coherent narrative that addressed the research questions. Each theme was substantiated with direct quotations from participants' verbatim accounts. The discussion integrated these findings with existing literature and the theoretical framework, thereby situating the results within broader scholarly discourse.

Trustworthiness of the Study

To navigate this study and ensure the credibility of this qualitative study, I established trustworthiness by following the criteria proposed by Lincoln and Guba (1985): credibility, transferability, dependability, and confirmability. Hence, considering this, I established the trustworthiness.

Credibility. To ensure the credibility of the study, I allowed participants to check and validate the transcribed data and interpretations to verify the accuracy and authenticity of their viewpoints (McKim, 2023).
Confirmability. I maintained self-reflection and used bracketing to set aside personal biases, ensuring that the final interpretations and findings emerged strictly from participants' experiences rather than from subjective preconceptions (Creswell & Poth, 2025; Olmos-Vega et al., 2023).

Dependability. To establish the dependability of this study, a rigorous and consistent protocol was maintained across both the data collection and analysis phases. To ensure systematic transparency throughout the inquiry,

a comprehensive audit trail was carefully maintained, including all primary documentation, evolving methodological decisions, and step-by-step data analysis records (Kakar et al., 2023; Ahmed, 2024).

Transferability. This was achieved by providing rich, detailed descriptions of the participants, context, and procedures, enabling readers and future researchers to assess the applicability of the findings to other settings (Korstjens & Moser, 2022; Hayre, 2021).

III. Results

This chapter presents the themes generated during the study. These are: functioning as an extension, being the primary person responsible for the child's development of daily living and self-help skills, being a critical communication bridge between the school/center and the home, possessing extreme patience to handle daily challenges, being updated on everything that happens to the child, having personal safety, being listened to by the professional team, observing what happens inside the therapy sessions, ensuring the child performs daily routines consistently, maintaining what is forbidden by the therapist, fulfilling their "nanny" role alongside their "therapy assistant" role, enduring physical aggression and bodily harm, and shouldering the emotional weight of professional guilt.

As I began to unpack the perceptions of non-parent caregivers, I found myself standing at the quiet intersection of care and burden, where hope was handed over like a fragile glass. Yet no one asked whether the hand holding it was steady enough.

On Social expectations placed upon non-parent caregivers of children with Autism Spectrum Disorder
In this theme of functioning as an extension of the professional therapy team, I realized how the caregivers were being quietly shaped into something more than what their role originally intended. It was as if they were expected to echo therapists' voices even outside the therapy room, carrying structured interventions into the unpredictable rhythm of the home. I began to see how their everyday actions were no longer just acts of care but reflections of professional expectations they had not been formally trained for. There was a silent transformation happening as if they had become mirrors of therapeutic practice, yet without the same preparation or recognition. In this space, I sensed both their willingness and their vulnerability, as they tried to live up to standards that felt both distant and demanding.

Ga expect silag cooperation nako sa progress sa bata or kana gani sa mga reinforcement na ginahatag nila sa bata dapat mabuhat pud namo sa balay”
(They expect my cooperation in the child’s progress, and that the reinforcements they give to the child should also be implemented at home). (Q1,P1,L3-5-P.1)
Kung unsa man ang ginahatag sila sa amoa dapat ma apply jud nako na nga kuan sa balay” (Whatever they give us, I should really be able to apply it at home). (Q1,P3,L13-15,P.1)
Dako gyud me ug part sa therapy goals sa bata... expected jud na nga ako as yaya magpadayon sa mga routines na ginahatag sa therapist ug sa teacher (We have the biggest part in the child’s therapy goals. It is expected that I, as the caregiver, will continue the routines given by the therapist and the teacher). (Q1,P5,L21-24,P.1)

These responses reflected how they were expected to carry therapy beyond its formal space, becoming extensions of a system that relied on them deeply. And as this expectation settled into their daily lives, it slowly deepened, moving from shared responsibility to something more personal, more consuming.

Within the theme of being the primary person responsible for the child's development of daily living and self-help skills, the responsibility shifted inward, resting heavily on the caregivers themselves. It was as though the child's independence was placed directly in their hands, asking them to nurture it through repetition, patience, and constant guidance. Everyday routines, brushing teeth, getting dressed, and eating properly became quiet

milestones that they had to build patiently. I could almost see the slow unfolding of these moments, where progress was fragile and easily undone. In this role, they were not just assisting; they were shaping the child's ability to function in the world, carrying a responsibility that felt both intimate and immense.

Gikan sa pag ilis, gikan sa pag ligo, gikan sa brush sa ngipon... gina tudluan nako sha nga pag mata sa buntag unsay una buhaton (From changing clothes, bathing, to brushing teeth, I teach him/her what to do first upon waking up in the morning). (P.Q1,P2,L238-241,P.6)
pinaka basic gyud kay self-help skills... pag mata sa buntag sa bata (The most basic are really self-help skills, such as what the child should do upon waking up in the morning). (P.Q1,P4,L46-47,P.2)
home activities maam like mangihi, mag limpyo sa ilang sarili... mag kaon sila nga wala silay mess (Home activities, ma'am, like urinating, cleaning themselves, and eating without making a mess). (P.Q1,P5,L58-59,P.2)

These voices showed how deeply embedded they were in the child's everyday development. And as they shaped these daily routines, another expectation quietly emerged, one that asked them not only to act, but also to connect.

In the theme of being a critical communication bridge between the school/center and the home, I began to see the caregivers as constant messengers, standing between two worlds that depended on each other yet remained separated. They listened, observed, and relayed information, ensuring that nothing was lost in the transition from the center's structured environment to the home's fluid space. It felt like they carried invisible threads, stitching together the child's experiences so that progress remained continuous. Yet, being this bridge required more than just communication; it demanded attentiveness, memory, and emotional presence. I sensed how they held not just information, but responsibility, ensuring that both sides remained connected through them.

Dapat gyud maminaw during feedbacks... ginabalitaan gyud mi kung unsay nahitabo sa ilaha sulod sa classroom (We really needed to listen during feedback sessions because we were informed about what had happened to them inside the classroom). (P.Q2,P1,L64-65,P.2)
naga hatag man sad kog update sa parents maam kung unsay nahitabo (I also provide updates to the parents, ma'am, about what happened). (P.Q1,P2,L161-162,P.4)
Mu estorya gyud dapat during feedbacking labi na ug manguta ang teacher kung kumusta si kuan sa balay (We really need to communicate during feedback sessions, especially when the teacher asks how the child is doing at home).(P.Q2,P3,L71-72,P.2)

These responses highlighted how communication became a central responsibility in their role. And even as they carried messages and maintained connections, one final expectation anchored everything they did.

In the theme of possessing extreme patience to handle the daily challenges, I encountered the emotional backbone of caregiving. Patience here was not gentle or effortless; it was stretched, tested, and rebuilt every single day. I had almost felt how each routine, each behavior, each moment of resistance demanded a deeper well of understanding. It was like holding onto calm in the middle of a storm that did not always pass quickly. And yet, despite the exhaustion, they remained steady, because patience was not optional; it was expected. In their silence, I sensed strength, but also fatigue; the kind that lingered beneath the surface, unseen yet deeply felt.

Taasan gyud akong pasensya maam... kay pag handle sa ilahang daily routine dili gyud lalim (Extend my patience more, as handling their daily routine is not easy).(Q3,P3,L218-219,P.5)
Kay dili man sad sayon bitaw man sa akong part mag atiman ani na bata (Because it is also not easy on my part to take care of this child).(P.Q3,P4,L204-205,P.5)

These responses revealed that patience was not natural; it was something they constantly worked to sustain.

And as I sat with these layered expectations, I began to see how each one quietly shaped their daily realities. From extending professional work to building independence to sustaining communication and enduring emotional demands, these expectations formed a weight that was both invisible and deeply human. From here, I now turned to what lay on the other side of the expectation of their rights.

On the rights of non-parent caregivers in therapy sessions of children with ASD

In the theme of being updated on everything that happened to the child, I encountered a quiet but powerful whisper of a strong desire for their rights as someone who was not just a caregiver but provided deep emotional care for these children, being updated not just by the teachers but also by the parents, which reflected their desire to be recognized as an essential part of the child's support. Upon hearing their desires, I realized that these caregivers did not just see themselves as people whose only role in the child's life was to perform tasks. They also saw themselves beyond this; they saw themselves as someone who cared, who addressed the children's needs, who supported and responded to those needs, and, when always informed, they felt a sense of inclusion and that their role and presence mattered. I could sense that being informed not just by the teacher but also by the parents made them feel trusted and validated, that they are not just a "nanny" but a partner. This voice may not be loud, but it needs to be included. I felt it deeply.

Ako man right gyud nako nga maka estorya always and ma informed bitaw ko, ahmm kanang sa unsay nahitabo sa bata sa classroom sa kanang pag mag feedback na sa hapon (it is my right to always talk and be informed about what happened to the child in the classroom, especially during afternoon feedback sessions. (Q2,P1,L124-126,P.3)
Gina inform pod ko sa ginikanan or sa akong amo maam kung unsay nahitabo labi na sa kanang kuan mag assessment gani ang bata (the parents or my employer also informed me about what happens, especially during the child's assessment).(P.Q3,P4,L201-202,P.5)

These responses highlighted the importance of being informed, as it was not just a simple, selfish preference but a necessity for the caregiver's effective fulfillment of their role. Being recognized and included also allowed the nanny to perform with clarity and consistency in their role. As I reflected on this realization, I began to see rights as deeply tied to dignity as well. And acknowledging these rights also gave them dignity, which would entirely affect the system surrounding the child.

In the context of personal safety, as I sat and listened to the nanny, I felt their often unspoken desire for safety, which should be given greater importance. I sensed their uneasiness and deep, quiet emotional suffering. I realized that these caregivers also needed their right to be understood and their own sense of security acknowledged. Their roles were also inherently vulnerable; their right to feel physically safe was just as important as the care they provided. Their role often required them to handle the child's tantrums, behavior, and unexpected situations. Being provided with a sense of security, where they could perform their role without fear, allowed them to be more present, confident, and effective.

Kanang naa pod ko right nga safe bitaw ko maam kay usuhay bitaw ang bata mamaak, manumbag, ug manipa kay maka stress baya gyud maam ay (I also have the right to feel safe, as the child sometimes exhibits biting, punching, and kicking behaviors, which can be very stressful).(Q2,P2,L129-131,P.3)
Nag wild! Kay gi gisi niya tong papel tapos naga paamak sha so natagbaw me tawag sa iyang kanang teacher kung unsay buhaton (The child became wild, tearing the paper and biting, so we ended up calling the teacher to ask what to do).(Q3,P4,L296-297,P7)
Kana pod tubagon jud me maam sa teacher kay manawag jud ko pag kanang dili na makaya handle ang behavior sa bata gud sa balay (The teacher responds to us, ma'am, and I also call when the child's behavior at home is already difficult to manage).(Q.2,P5,L150-151,P.4)

These responses underscored the importance of safety. I realized it was not just a personal concern but an

important factor in fulfilling their role effectively. These nannies were not just someone, but also human beings who needed support, and this support included feeling safe in giving their care. Their concern was valid and deeply affected not only the fulfillment of their role but also the child's development.

In the theme of being listened to by the professional team, I sensed a joy and spark of happiness reflected in their eyes as they shared that being listened to by the teacher was not simply a recognition but a sense of accomplishment, as their voices were heard, their insights were considered, and their observations were noted. Being heard also gave weight to their experiences with their everyday encounters with the child. Being heard and having their feedback felt so fulfilling for them, as it also provided an outlet for their thoughts and problems. I saw in their faces the appreciation of being listened to. These voices mattered in a shared space between professionals.

Ganahan ko ni teacher maam kay gina paminawon ko, tapos kanang mangutana ko tubagon sad ko ug tarong (I like this teacher, ma'am, because I am listened to, and when I ask questions, they are properly answered).(P.Q3,P1,L191-192,P.5)
Kana pod maam kanang paminawon akong feedback sa bata gud sa balay kay para si teacher maam makabalo pod ana (my feedback about the child's behavior at home is also considered, ma'am, so that the teacher is informed as well).(Q.2,P3,138-139,P.4)
Naga paminaw man sad si teacher sa akoa, labi na kung na stress ko wala ko kabalo unsay buhaton (The teacher also listens to me, especially when I am stressed and do not know what to do). (P.Q3,P5,L206-207,P.5)

These responses showed that listening was not merely a passive act but an essential part of teamwork. Being heard not only provided a sense of recognition but also empowered caregivers to contribute more meaningfully to the child's overall development. This highlighted that listening, though it may seem like a small act, played a significant role in fostering greater collaboration, understanding, and shared responsibility.
While observing what happened in the therapy sessions, I sensed a complex mix of emotions as they discussed their hopes and desires. Allowing the nanny to observe the therapy room provided them with a unique experience—one filled with amazement, curiosity, confusion, surprise, and admiration. Being physically present in the therapy or classroom, not just outside the center waiting for hours quietly and patiently as the child walks out from the room, was a different feeling from when they saw and experienced what actually happens in that room. For them, simply being there was not the full extent of their role; observing firsthand helps them better understand what the child went through. The knowledge and experience shaped them to better fulfill their role beyond the therapy room. Supporting and caring for these children also required their commitment, and witnessing the children's actual experiences may have given them a clearer picture of what the children can and cannot do. I could feel these experiences reshaping their role beyond just giving care to being part of the larger process of child development. Those moments were not just simple experiences; they taught these caregivers that they were assets to the child's growth, not just bystanders.

Right pod nako kay kanang maka observe gud ko sa sulod sa session, kanang makita gyud nako unsay ginabuhat nila didto maam (It is also my right to observe during the session, ma'am, so that I can really see what they are doing there).(Q2,P4,L140-141,P.4)
Naga estorya gyud me kay magkita ramn me kay ako man always maghatod sa bata nya hulatan naman sad nko didto sa center (We really talk because we always see each other since I'm the one who always brings the child, and I also wait there at the center). (P.Q2,P5,L271-273,P.7)

These responses reflected that observing was not just seeing with your eyes; it also reflected someone's determined commitment to being part of the process. This desire reflected a genuine connection to the child. These processes did not just teach a lesson but may also reshape their thinking about their role and their rights as a nanny beyond mere caregiving. Being involved and actively participating in the child's development empowered their rights and gave them a sense of fulfillment.

On Obligations of non-parent caregivers in therapy sessions of children with ASD

In the theme of ensuring the child performed daily routines consistently, I truly felt the caregivers' deep sense of responsibility, which went far beyond just providing care. I could sense a quiet and almost tender regret in their voice as they shared the weight of this obligation. They clearly understood the challenges when routines fell apart. For them, their obligation went beyond a simple daily routine; they were the bridge that carried the child's progress at the therapy center into life at home. These simple, everyday moments are essential to the success and effectiveness of the therapy. They stood as a pillar for the child to build habits, regulation, and stability. The nanny's role in ensuring this continuity requires not just determination but patience and love towards the child. What stood out to me was the unwavering patience and love behind their efforts. Whether it's feeding, hygiene, communication, or other routine tasks, these acts, often unnoticed by others, reveal the caregivers' heartfelt commitment. They were not just supporting the child during therapy hours; they were supporting the child's whole world.

Ipadayon permi gyud maam ang pag assist sa bata sa balay kay para pag next balik sa center sa ilahang session mabuhat iya ang mga ginapabuhat sa therapy (Continue assisting the child at home so that the next time we return to the center for the session, the child will be able to do the tasks given in therapy).(P.Q2,P2,L68-70,P.2)
Isa gyud ana mapadayon jud ang routine sa bata sa balay, naa man ginahatag sila teachers nga mga activity kana isa gyud tabangan gyud nako ang bata ana (One important thing is to maintain the child's routine at home. The teachers provide activities, and I make sure to really assist the child with those tasks). (Q2,P4,L224-226,P.5)
Pag abot jud sa balay naga continue gyud me sa activity kung unsa to instruction nga gihatag si teacher... dapat gyud like everyday gyud sha himoon (When we get home, we continue the activity based on the teacher's instructions….it should really be done every day).(P.Q1,P5,L254-257,P.6)

These responses implied that responsibility did not rest solely with them. It was a shared journey that required close cooperation with teachers and therapists. Their role was to make sure these routines continued seamlessly, helping the child regulate and feel secure across different environments. It was a quiet, powerful dedication that truly shaped the child's growth and well-being.

In keeping with the therapist's prohibition, I sensed the nannies' strong determination to follow the rules set for the child. Yet, when our eyes met, I noticed a flicker of hesitation and guilt. It was as if they were caught in a tug-of-war between adhering to professional instructions and responding to the child's demands. I could feel the quiet conflict they carry, wanting to be affirmed in what the teachers and therapists have affirmed, yet sometimes feeling powerless, as if giving in was the only option. As the child continues routines at home, it is not merely about everyday small tasks. It also includes discipline and behavioral regulation. Caregivers are also tasked with continuing what is allowed and, most importantly, maintaining what is not. However, as some caregivers are not solely focused on the child but are also juggling tasks at home, there are moments when managing the child becomes overwhelming, and they end up giving in. These forbidden things refer to eating sweets, using gadgets at home, and excessive screen time. These simple but very powerful "nos" are often the reason for breaking apart the routine. When routines fall apart, this creates challenges not just for the nannies but also for the child.

Kanang mga gina instruct nila nga bawal, like bawal mag kaon ug candy ang bata, ahm dapat e kuan gud follow gyud na (Like what they instruct, such as things that are not allowed, like when they say the child should not eat candy, that rule should really be followed). (Q1,P3,L15-16,P.1)
Mo maintain jud sa unsay gina bawal sa therapist nga dili jud mabuhat sa balay kana bitaw bawal ug tam is... Kana murag kaylangan jud nako buhaton na pag bawal bawal gyud (We should strictly follow what the therapist prohibits at home and make sure it is not done, such as not giving sweets…if it is forbidden, I must

really enforce that rule at home).(Q3,P5,L229-232,P.6)

These responses affirmed that obligations are more than just words; they are vital tools for maintaining consistency and discipline. The commitment the nannies showed in following the rules, alongside the pressure they faced, was not simple. It required their constant effort and resilience as they navigated various challenges.

In the theme of fulfilling their "nanny" role alongside their "therapy assistant" role, I realized how heavy the weight of the nannies' obligation is. They were not just a single responsibility but a dual one. As they carried out this task quietly every day, I felt their role was not just one cog but extended beyond the parts to make a whole machine. Their obligation did not just entail comfort; it extended beyond care, requiring them to attend to the child while also working with professionals inside and outside therapy. Being a "nanny" meant providing assistance and acting as an assistant to fulfill the therapist's expectations. These tasks were not easy at all; it was like working while still balancing consistency. As they spoke about this, their shoulders seemed to carry a tension between care and compliance. Their eyes and voices shook as they described how these obligations sometimes became confusing. When these obligations were unclear at the same time, it might cause quite an emotional conflict. I could feel their uncertainty and pressure as they wanted to do things properly. Still, they ended up confused about what this responsibility was and where it began and ended.

Nalibog gyud mi kung aha taman ang among responsobilidad kay gibilin naman sa mga ginikanan ilang mga responsibilidad... daghan sugo sa center na buhaton sa balay nga reinforcement unya naa man pod mi trabahuon nga uban pag abot sa balay sa among amo (We were confused about where our responsibilities really end, since the parents have already left many of their responsibilities to us. There are many tasks from the center that need to be reinforced at home, but we also have other work to do once we arrive home from our employer).P.Q3,P1,L86-91,P.2-3)

Busy pod me kay naa pod koy isa ka bantay pa na iyang igsoon. So napasagdan lang nako sha mag watch sa TV (We are also busy because I am taking care of another child, her sibling, so I just let her watch TV).(P.Q3,P2,L281-283,P.7)

These responses revealed how vital clear boundaries and well-defined responsibilities were for caregivers, not just as guidelines, but as anchors that helped prevent emotional turmoil. When their roles and obligations were unclear or unsupported, it could create a heavy burden of confusion and fatigue, wearing down their spirits and making their work feel overwhelming.

Emerging: Risks

In the theme of enduring physical aggression and bodily harm, I saw how these caregivers showed care toward the child, yet their deep and silent suffering often went unnoticed. As the nanny shared these emotional experiences, a quiet battle unfolded. It was not easy and was incredibly difficult. They were expected to fulfill their duties while also managing the aggression and harm that some children may cause. Being a caregiver came with risks, including the risk of enduring physical harm. I realized that these experiences highlight how important it is to support these nannies not just in carrying out their tasks but in doing so with confidence. They need to be able to respond calmly to challenging situations, without panic or fear of injury. During these difficult moments, their connection with teachers and therapists could be a crucial source of support, helping them manage and get through these quiet yet challenging times.

Mamaak, manumbag, ug manipa... mag wild dayon siya, nya mambuak ug mga gamit (Bites, punches, and kicks… he/she becomes wild right away and starts breaking things).P2-L130-134-P3

Nag wild! Kay gi gisi niya tong papel tapos naga paamak sha so natagbaw me tawag sa iyang kanang teacher kung unsay buhaton (He went wild! Because he tore the paper, and then he was stepping on it, so we kept calling his teacher to ask what to do).(P.Q.3,L296-297,P.7)

These responses proved that expectations also came with risks. Their roles were tied to real-life challenges, and while fulfilling their duties, these caregivers must also navigate unpredictable and difficult moments amid their quiet and peaceful demeanor. This made their role emotionally and physically demanding and taxing.
As the interview drew to a close, the theme of shouldering the emotional weight of professional guilt became apparent. I noticed a subtle shift as they tilted their heads, reminiscing and reflecting on those experiences. Their narratives revealed the deep struggle and quiet guilt they carried, and how being responsible affected not only the child but also the expectations and trust placed in them by teachers and therapists. This unspoken heaviness in their hearts tugged at mine as well. When situations at the therapy center did not go as planned, such as being unable to move to the next phase of the activity, going back in circles, and seeing no improvement in the child when routines were interrupted, and behaviors became difficult to regulate, the challenge of managing these moments could weigh heavily on the caregivers. They often felt a strong sense of guilt, believing they were falling short in fulfilling their responsibilities as they should. Though their words might not openly express these feelings, I could sense their hesitation, silent reflection, and the pauses they took as they shared these stories.

Dili diay sila ka padayon sa uban activity kung dili mahuman kay wala man nako na atiman sa balay (They are not able to continue other activities if it is not completed because I was not able to attend to it at home).(P.Q3,P1,L278-279,P.7)
Looy pod diay akong alaga kay naa to time wala me kaayo nakapadayon sa balay sa iyang activity... So nakonsensya pod ko kay ing ana diay ang mahitabo... nibalik daw sa uno (I also feel sorry for my child because there was a time when we were not able to consistently continue the activity at home, so I felt guilty because that is what happens… it went back to the beginning).(P.Q3,P2,L280-285,P.7)
So kung dili na nako ma apply sa balay, mag problema gyud pod ko maam (If I am not able to apply it at home, I really will have a problem, ma'am).(P.Q1,P4,L55-56,P.2)
Wala development gyud maam, kanang imbes na develop daw murag ni samot daw kay nag ka problema naman pod sha ug lain (There is no real development, ma'am. Instead of improving, it seems like it got worse because other problems have already arisen).(P.Q3,P5,L298-299,P.7)

These responses revealed the emotional weight their role carried, an immense burden one must bear. This realization led me to reflect deeply on the fact that caring also entails accountability. I came to understand that the professional guilt they experienced was not just a burden but a true expression of genuine concern for the child's well-being.

IV. Discussions

In this chapter, I discuss the study's findings. I presented the implications for practice and the study's future direction.

Elaboration of Findings

This section presents and discusses the study's findings.

Social Expectations Placed upon Non-Parent Caregivers of Children with ASD

In my study, I found out that the social expectation placed on non-parent caregivers is to function as an extension of the professional therapy team, to be the primary person responsible for the child's development of daily living and self-help skills, to be a critical communication bridge between the school/center and the home, and to possess extreme patience to handle the daily challenges.

The findings of this study align with those of Bradshaw et al. (2021), who emphasized that caregiver participation is essential in maintaining consistency between therapy sessions and home environments. Similarly, Sun (2022) found that structured training frameworks effectively equip non-family caregivers with clinical prompting strategies. Meanwhile, Bagatell et al. (2023) highlighted that occupational therapists

should support caregivers in planning interventions that promote meaningful participation in therapy.

It also harmonizes with Landa et al. (2025), who found that caregiver-implemented interventions significantly improve child outcomes when caregivers consistently apply therapeutic strategies at home. This finding reflects the present study's observation that caregiver involvement in ASD interventions enhances children's progress. Furthermore, this supports Crank et al. (2021), who suggest that interventions are more effective when implemented in natural environments, including home routines, where children have more opportunities for skill practice and generalization.

Besides this, consistent communication between caregivers and professionals may help improve therapy outcomes. This supports the claim that caregiver involvement and implementation of intervention strategies influence children's communication outcomes (Quinn et al., 2021). Similarly, caregiver involvement is critical in enhancing the acquisition of socio-communication skills among children with ASD (Mukewa & Wairungu, 2024). Likewise, Liao and Ganz (2021) emphasized that caregiver involvement plays a vital role in fostering communication development in children with ASD. However, they also emphasized the need to provide appropriate support to culturally and linguistically diverse caregivers.

While caregivers are expected to fulfill these roles, my findings also highlight that they must do so with extreme patience, which may further enhance their efficacy. This finding aligns with Edmunds et al. (2025), who argued that caregiver self-regulation is a critical component of effective caregiver-mediated intervention. This is also supported by Wan et al. (2026), who claim that improvements in caregivers' abilities not only enhance rehabilitation outcomes but also strengthen caregiver self-efficacy, creating a virtuous cycle.

On the contrary, my findings contradict Khamenkan et al. (2026), who highlighted that these high social expectations often lead to significant caregiver burden and psychological stress. Bradley et al. (2023) found that when caregivers operated under higher levels of stress, they tended to spend less time with the children and were less likely to engage with or enjoy the children's company.

Consequently, these factors can cause caregivers to experience multidimensional burden, highlighting the need for comprehensive and culturally sensitive support intervention (Prommersberger et al., 2026). Overall, when caregivers are trained and supported, it tends to improve outcomes for both the caregiver and the child (Brookman-Frazee et al., 2021).

Rights of Non-Parent Caregivers in Therapy Sessions of Children with ASD

My findings reveal that rights in therapy sessions for children with ASD, as perceived by non-parent caregivers, are rights to be updated on everything that happens to the child, to be treated with respect by both parents and therapists, to have personal safety, to be listened to by the professional team, and to observe what happens inside the therapy sessions.

I found that my result is consistent with Chan et al. (2023), who discovered that effective parent involvement in autism therapy requires active participation in sessions, ongoing communication with therapists, and inclusion in decision-making and intervention processes, as caregivers were most helpful when they were involved during therapy and supported therapy activities both inside and outside sessions.

Moreover, it affirms the findings of Schmidt et al. (2025), who report that caregivers often felt dismissed by professionals but strongly desired to be listened to, informed, and validated, emphasizing that "information is power" for understanding their child's condition and navigating services.

However, my findings contradict those of van Niekerk et al. (2023), who reported that a large proportion of caregivers experience moderate to high levels of burden and stress, rather than empowerment, in their caregiving role. This perspective aligns with the findings of Targan et al. (2023), who state that caring for

children with Autism Spectrum Disorder (ASD) poses special challenges that may result in caregiver burden, anxiety, and depression. Similarly, Duker et al. (2022) reported that caregivers experience emotional burden and difficulty navigating complex healthcare systems, contributing to a high caregiving burden and reduced quality of life. Considering these difficulties, it is not surprising that caregivers of individuals with ASD report heightened stress levels and diminished satisfaction throughout the process (Patel et al., 2022). Ultimately, caregivers of children with ASD need strong support from family and society to help them cope effectively (Levin & Machado-Gonzalez, 2025). Furthermore, improving systemic services and awareness will enhance the well-being of individuals with ASD (Ashrafun et al., 2025).

Obligations are non-parent caregivers in sessions of children with ASD

A closer examination of my findings emphasized that non-parent caregivers' obligations in supporting therapy sessions include ensuring the child consistently performs daily routines, maintaining what the therapist forbids, and fulfilling their "nanny" role alongside their "therapy assistant" role.

This finding supports the study by Romano et al. (2022), which underscores that caregivers play a crucial role in implementing structured and consistent routines and reinforcing therapist-guided interventions at home, noting that strict adherence to therapist recommendations significantly improves outcomes for children with ASD. Similarly, aligned with Hatherly et al. (2023), who found that while routines are highly beneficial to reduce caregivers' stress, their practical success depends heavily on the child's developmental profile and the caregiver's capacity. Furthermore, this finding supports the assertions of Rudrabhatla et al. (2024), who emphasize that caregiver-mediated interventions require caregivers to consistently apply therapeutic strategies in daily routines, including reinforcing skills and maintaining intervention practices outside clinical sessions.

However, the current finding opposes the study of Ros-DeMarize et al. (2023), who reported that caregiver engagement in therapy implementation is often inconsistent, due to difficulties in sustaining intervention practices at home while managing multiple roles. A primary reason for this is the caregiver's lack of fundamental understanding of their role clarity. As Ferretti et al. (2025) noted, the lack of role clarity and perceived clinical hierarchy may frequently contribute to caregiver frustration and uncertainty. Tabatabaei et al. (2022) observed that although intervention programs are designed to teach caregivers how to implement clinical strategies (skill-building), families often reported not having fully mastered these clinical skills.

Implications of Study

The findings of this study imply that non-parent caregivers play a vital role in supporting the therapy of children with Autism Spectrum Disorder (ASD). Their responsibilities extend beyond basic caregiving, as they serve as partners in implementing therapeutic strategies, maintaining routines, and facilitating communication between the home and therapy settings.

The study highlights the need for greater recognition, inclusion, training, and support for non-parent caregivers to strengthen collaboration among caregivers, parents, and professionals, ultimately contributing to more effective therapy outcomes and improved development for children with ASD.

Implication for Practice

The findings of this study may be utilized as a basis for best practices in therapy centers and institutions that involve non-parent caregivers in the care and management of children with Autism Spectrum Disorder (ASD). The results can help therapy centers better understand caregivers' perceptions, experiences, and needs. With a deeper understanding of these perspectives, centers and institutions can provide more appropriate support and guidance, enabling caregivers to understand better and perform their roles.

Furthermore, the findings promote stronger collaboration between therapists and non-parent caregivers through the implementation of effective communication and support strategies. Therapy centers and

institutions may also incorporate the study's findings into their orientation programs and basic caregiver training to better prepare non-parent caregivers for their involvement in therapy sessions and home-based intervention activities.

Challenges

Several challenges were encountered during this study. First, participant availability posed a significant challenge, as most non-parent caregivers had demanding work schedules and spent much of their time in their employers' homes, making it difficult to coordinate interviews. Second, time management was a challenge because the study was conducted while regular teaching responsibilities and academic workloads were ongoing. Balancing work-related duties and research activities required careful scheduling and planning. Lastly, financial constraints were encountered throughout the research process, particularly in covering expenses related to data collection, transportation, communication, and other research-related requirements.

Future Directions of My Study

My study could be extended in several directions. First, future research may explore the development of proper and formal training programs specifically designed for non-parent caregivers of children with ASD. This will establish a clear scope and boundaries for their role. Second, another study could explore institutional guidelines for including non-parent caregivers as stakeholders and making them part of the intervention planning process, granting them training and decision-making power. Third, a study could also focus on the well-being and mental health of non-parent caregivers and develop intervention programs to prevent emotional and physical burnout. Fourth, future researchers could explore the perspectives of multidisciplinary professionals involved in the therapy and intervention of children with ASD, such as occupational therapists, speech-language pathologists, psychologists, special education teachers, and behavior therapists. Such studies may examine the areas of convergence and divergence in their perceptions regarding the roles, responsibilities, and contributions of non-parent caregivers in therapy settings. Lastly, the study could expand its scope by including diverse contexts and larger samples, such as different regions, different backgrounds, and different disabilities.

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