

# The Effectiveness of Positive Parenting Program (triple P) on Mental Health of Parents of Hearing Impaired Children

Guita Movallali<sup>1</sup>, Marzieh Dousti\*<sup>2</sup>, Soraya Abedi-Shapourabadi<sup>3</sup>

<sup>1</sup> Assistant Professor Pediatric Neurorehabilitation Research Center. University of Social Welfare & Rehabilitation Sciences (USWR), Tehran, Iran.

<sup>2,3</sup>M.A. in Psychology and Education of Exceptional Children, University of Social Welfare and Rehabilitation Sciences, Tehran, Iran.

Received: January 27, 2015

Accepted: March 31, 2015

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## ABSTRACT

The purpose of the present study is to examine the effectiveness of positive parenting program on mental health of parents with children with hearing impairment. **Method:** In this quasi-experimental study with pre-test and post-test design with control group, 30 mothers with hearing impaired children were selected from the Center for Supporting the Hearing Impaired People and participated in 8 sessions of a two-hour weakly training program. Mothers in both experimental and control group completed the General Health Questionnaire (GHQ) before and after the program. Data were analyzed by analysis of co-variance. **Findings:** The Results showed that the group training positive parenting program caused significant reduction ( $P < 0.001$ ) in Somatic symptoms, anxiety, interpersonal relationships, and mental health improvement among mothers. **Conclusion:** Positive parenting training is an effective program that can enhance mental health of mothers with hearing impaired children. .

**KEYWORDS:** Hearing impaired children, Positive parenting program, Mental health.

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## 1- INTRODUCTION

Family is the first and the most durable factor that is identified, if not in all societies, in most of them at least, as a component and foundation of personality and child's later behaviors; and even many psychologists believe that the root of many personality disorders and mental illness must be searched in familial upbringing. Mothers, among family members, is the first individual that communicates with the infant, therefore, she has the most important role in upbringing of psychological and emotional traits of the child and accounts the center of health or illness (Bloom Quist, 2004).

Once an exceptional child enter the family system, the whole family functions are disarranged and eventually the mental health of members of that family, especially the mental health of parents is disturbed and everyone blames the other and they may reproach each other. Also, the birth of an exceptional child and his presence in any family may be accounted an undesirable and challenging event that probably entails tension, disenchantment, feeling of sadness and despair (Michae'ili, 2009). By the birth of a child with special needs, the family's psychological functions disarrange; and this, in turn, influences, in macro level, on the mental health, dynamics, and purposefulness of family, and in micro level expressing, conflict reconciling, independency, leisure and recreation, structure and organization, socializing with individuals around, unity, problem controlling and solving (Kimeyayi, Delavar, Shafiabadi, Sahebi , 2007).

When families with mentally disable children compared with normal families, not only the parents of such children have lower mental health than the normal families, but they have significantly higher level of anxiety, depression than normal groups and have more Somatic symptoms, as well. The social performance of the former group- i.e., parents with mentally disable child- is disrupted in comparison with the normal group (Mehrabi, 2007). Faust and Scior (2008) suggest that all the parents of children with special needs have psychiatric problems and many of them have been entangled in intense feeling of sadness and relapsing grief, feeling of despair and helplessness, long ago and experienced disorientation, loss, and much distress.

Some other negative consequences concerning children with special needs for parents may include losing self-esteem, having dual contrasting sensations, depression, humiliation, and low mental health (Roose, 2005) and chronic depression (Behpazuh & Ramezani 2005), that all of these factors may directly and indirectly decrease the mental health.

Existence of a disable child may have some irrecoverable effects on mental health conditions of family. Parents may severely suffer from having a child with special needs and show some indications of depression, anxiety, aggression, fear, and shame, or even wish to die (Albourzi and Bashash, 1996).

In a study under the title of comparing between mental health of mothers with exceptional children and general health of mothers with healthy children, Narimani, Aghamohammadian, Rajabi (2007) concluded that generally, there is significant difference between general health of mothers with exceptional children and general health of mothers with normal children. There is also significant difference in terms of mental health, i.e., depression, anxiety, psychiatric, and aggression, however, no difference was observed in term of Somatic symptoms, compulsiveness, and paranoid thoughts. Group comparisons indicated that existence of a mentally disable child effects on mother's mental health more than the existence of a deaf or blind child.

Furthermore, the additional roles imposed on parents by the birth of a child with disability brings about much stress for them. Phoenix, Woollett, and Lloyd (1991) suggested that mothers of deaf children have higher level of depression than parents with normal children. The deaf children's mothers report the problems of these children more, and exaggerate their children's difficulties, and have negative interactions with their children. Indeed, once the parents confront with their child's disability, usually after learning the emotional impact and accepting the child's disability, they will get involved feelings such as sorrow, grief, feeling guilty, or frustration, and these parents gradually become isolated. Therefore, we can not provide appropriate supportive services and necessary interventions for stabilizing and strengthening mutual relations between the child and parents that is essential for ultimate growth, till we have not understand a variety of stresses the parents and child-carers endure (Meinzen-Derr, Lim, Choo, Buyniski, Willey, 2008; Movalleli and Neamati, 2009).

Today, family training is essential for all families, especially for children with special needs. In this issue, designing and formulating family-oriented educational programs is of importance. In educational programs for family, in addition to increase awareness and skill-training, provide a ground for parents to interact and their relations with common problems. Parents through exchanging their experiences, help each other better identify children's problems and try to solve them (Parand & Movallali, 2011). By implementing proper educational programs, it's possible to develop positive feelings and attitudes among parents. The nature of group education for parents can, itself, have a positive effect in decreasing stress and increasing the level of social supports for parents, because aggregating of individuals in groups and interacting with those who involve with common problems, will be influential in decreasing the negative temperament and thus increment of the level of social support. Also, becoming aware of mechanisms for proper behavior with child may avoid emerging behavioral problems and negative effects of these difficulties on the relations between the child and parents and their mental health.

Summarization of research literature indicates that mothers with deaf children have lower mental health than mothers of normal children. Although existence of a disable child may impose damages and irrecoverable effects on family's mental health, however, these effects are considerably mitigable and recoverable. However, compensating or reducing these effects requires scientific knowledge

about them. Thus, it's possible to educate those who carry the utmost emotional onus of children on their shoulders, that is, mothers of children with hearing damage and reflecting its results to involved bodies and concerned organizations, so as to find ways to resolve their problems. On the basis of this, the present study has been implemented to examine the effectiveness of educational program for positive parenting on mental health of mothers with children with hearing loss.

## 2- METHOD

### 2-1. Subjects:

In present empirical study the pretest-posttest design with control group was used. The research population consists of all mothers with 7-12 years old child (with age mean of 7,9 years) with hearing loss, were the clients of institute for support child with loss of hearing. A sample that was comprised of 30 mothers with child who were clients of institute were selected by using available sampling technique. The participants filled the written subscriptions to take part the research and completed the general health questionnaires and attended the 8-session educational program of positive parenting (a session of 2 hours in a week). Two weeks after the eighth session, the participants mothers again answered the questionnaires.

2-2. Instruments: Data collection was done through using the General Health Questionnaire (GHQ).

2-2-1. General Health Questionnaire (GHQ):

We measured maternal mental health using the

General Health Questionnaire (28-item).GHQ-28 is probably the most popular screening tool for rapid screening of adults suffering from various forms of mental disorders. This instrument is a 28-item measure of emotional distress, which is divided into four subscales :somatic symptoms (items 1-7), anxiety (items 8-14), social dysfunction (items 15-21), and severe depression (items 22-28). The GHQ-28 is a widely used questionnaire and is internally consistent with  $\alpha=0.85$ . (Goldberg, et al,1978.).This questionnaire has been translated into Farsi and has been validated in some studies. Noorbala et al. found that it had a high internal consistency (0.82 to 0.86) for Farsi speakers. Sensitivity and specificity values for GHQ-28 were %84 and 93.8%, respectively and the estimated interclass correlation between the test-retest scores was 0.85. Response options were scored using a 4-point scale from 0 (not at all) to 3 (much more than usual)(Malakouti, Fatollahi, Mirabzadeh, Zandi,2007).

### 3- RESULTS

**Table 1. Descriptive indices of Mental health (GHQ) components for control and experimental group in pre test and post test situation**

Variable	Pre test				Post test			
	experimental group		control group		experimental group		control group	
	M	SD	M	SD	M	SD	M	SD
Somatic symptoms	10.73	2.71	13	4.27	8	2.39	12.07	3.95
Anxiety/insomnia	16.07	3.39	15.40	4.01	12.67	3.39	14.93	3.69
Social dysfunction	8.60	2.69	6.93	2.91	6.07	2.6	6.13	2.44
Severe depression	13.60	3.73	14.07	3.08	9.73	3.77	12.93	2.96
GHQ-28 total scale	49	9.55	48.73	7.01	26.4	8.57	45.40	6.45

As observed in table1, there were not much differences among the general health indicators in pretest in experimental and control groups, and they are similar, however, it is observed that after mothers being trained, means scores in groups.

**Table 2. The Results of one factor analysis of covariance for the effects of mental health (GHQ) components in experimental and control groups**

Dependent variable	Source	SS	dF	MS	F	P
Somatic symptoms	Group	26.88	1	26.88	44.143	0.001
	Error	14	1	0.609		
Anxiety /insomnia	Group	36.35	1	36.35	29.60	0.001
	Error	28.24	1	1.228		
Social dysfunction	Group	5.67	1	5.67	3.13	0.09
	Error	41.66	1	1.81		
Severe depression	Group	35.78	1	35.78	30.77	0.001
	Error	26.74	1	1.163		
GHQ-28 total scale	Group	395/709	1	395/709	174.521	0.001
	Error	52.15	1	2.26		

/insomnia", (P <0 .001, F<sub>(18,1)</sub>= 29.60), "interpersonal relations", (P <0 .09, F<sub>(18,1)</sub>= 3.13), "depression", (P < 0.001, F<sub>(18,1)</sub>= 30.77), and general indicator of "general health", (P < 0.001, F<sub>(18,1)</sub>= 174.521). in other words, positive parenting program enhanced mental health in experimental group.

As seen in table2, are significantly different between experimental group- that have been under the educational program of positive parenting- and the control group- that have not received any kind of education, in terms of some indicators such "Somatic symptoms", (P , 0.001, F<sub>(18,1)</sub>= 44.143), " Anxiety

### 4- DISCUSSION

The obtained results showed that attending in educational for positive parenting has been influential on improvement of parents' mental health, so that the amount of Somatic symptoms, anxiety, interpersonal relations, depression have been significantly decreased among mothers of children with hearing loss, after participating in a course of positive parenting program (P < .001), that matched with previous findings. For instance, numerous studies denote the influence of the effects of positive parenting program on mental health (Rogers, et al., 2003; Spijkers, et al., 2010). These studies showed that the positive parenting program has been effective on mothers' mental health. Parents are educated the ideal methods of parenting and interacting with the child through attending in educational workshop, and this leads the child difficulties and relational difficulties between parents and the child being decreased. This, also, eventually decreases the difficulties concerning mothers' mental health. Increment of parents' information and awareness, in its turn, may decrease mothers' worry and anxiety, and in addition, may correct their wrong and inefficient beliefs and attributes. These corrections, ultimately, groun to raise mental and social health of these mothers, as well (Jafari, et al., 2010).

Parand and Movalleli (2011) in an investigation, studied the effectiveness of stress management education on psychological health of 41 parents of children with loss of hearing. The results of their study indicated that the educational program decreased the psychological problems of parents of children with hearing loss.

Movalleli, Tajrishi, Fouroghiyan (under publication) studied the effect of cognitive-behavioral therapy on depression of mothers with deaf children in a group consisting of 33 mothers of deaf children. The findings of this investigation indicated that the amount of depression among mothers of deaf children have been decreased significantly (P < 0.05) after they attended in cognitive-behavioral therapeutic sessions comparing their depression amount before attending in these educational sessions.

Parents of children with hearing loss use much of communicating with other parents of children with hearing loss and know that they are very useful, promising, and informative for other parents. Much of the information and experiences that may not be provided with, by experts, would be easily available through communicating with other parents. Companing with parents and talking with them, makes their older children notice that how the future of their children will be; and rectify, too much extent, the anxiety concerned facing with the uncertain future. Generally, these parents

develop deeply friendly and family connections with each other that is very constructive for their children, as well (Most, Zaidman-Ziat, 2001).

Considering the findings of the present study, it seems that educative dimension may be the most important and perhaps the most difficulty-generative factor concerned child's problem that the farthest responsibility of which is placed on mothers' shoulders (Klanick, 1988), especially in our culture that mothers [often] spend much of their time at home. Therefore, the educative responsibility and her frequent failures in educating the child might lead to aggression, and because of this feeling of guilty of mother, this aggression orientates toward inside, and eventuates in mothers depressive reactions. From the other side, because of mother's close consciousness about the possible difficulties and dangers that might involve the child with hearing loss and threaten him, the mental health of mothers of children with hearing loss expect to be reduced.

Therefore, considering the effectiveness of the positive parenting program, it is recommended that some educational programs are provided so as to enhance the mental health of mothers of children with hearing loss. For it appears that adopting the effective and efficient therapeutic methods and organizing appropriate educational workshops can accommodate necessary advises for parents, especially for mothers of children with loss of hearing to confront with these failures, and, make them aware, to some extent, to similarity between their and others' familial experiences, and make the acceptance the child's disability easier, and consequently improving their mental health.

There were some limitations in implementing this study, including that it was done only with group of mothers with children with hearing loss. It is suggested that the future investigations will be done with groups with other disabilities (such as special learning disability, deafness, blindness, behavioral and emotional disorders, and etc.), as well, so as it is possible the results be generalized for other disabilities.

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