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# Interventions on parenting styles of hearing parents parenting children with a hearing loss: a scoping review

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## ABSTRACT

Many studies on parenting styles with children with disabilities exist; however, few investigate parenting styles of hearing parents whose children have a hearing loss. The aim of this review is to explore the limited previous literature on interventions targeting this phenomenon. Data was extracted from search engines, Ebscohost (Academic Search Complete, MedLine, PsycARTICLES, SocIndex, Greenfile, Masterfile Premier), Science Direct and Springer Link. Just five studies were found to address issues relating to parenting styles in this demographic, which is surprisingly few. Studies reviewed in this paper were conducted in the United Kingdom Israel, Germany and South Africa. These five articles describe interventions that provide hearing parents with specific knowledge and skills to parent children with a hearing loss. The findings of those studies are explained here, with the purpose being to provide direction for much needed further research into this topic.

## Introduction

Parenting is multifarious because the challenges and rewards are embedded in both the relationship between the parent and the child (dyad) and individual characteristics of each (Sams, 2012). Parenting incorporates discipline, nurturing and child engagement, which is transactional and developmental (Locke & Prinz, 2002; Sams, 2012). Baumrind (1971) alludes to parenting as seeking a balance of behaviour by conforming to social standards while at the same time encouraging individuality. Parenting forms the basis of any social development for any child, as it is where the child is nurtured, learns to socialize and finds his/her sense of belonging.

An effective way of examining parenting is through the concept of parenting styles (Darling, Flaherty, & Dwyer, 1997) which convey the parents' attitudes

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towards their children. Parenting styles have been studied extensively (Baldwin, Mcintyre, & Hardaway, 2007) and are understood to be normative patterns of behaviour and tactics that parents use to influence a child's behaviour (Jago et al., 2011; Wentzel, Baker, & Russell, 2009). Darling and Steinberg (1993) describe parenting styles as a constellation of parents' attitudes communicated towards the child, creating an emotional climate in which parents' behaviours are expressed. Classic works by Freud (1933) and more recent studies (such as Gadeyne, Ghesquiere, & Onghena, 2004; Kordi & Baharudin, 2010) provide evidence that parenting styles (behaviour and attitude) are important determinants of several aspects of children's outcomes such as school achievement.

For more than fifty years researchers have sought to understand how different parenting styles determine child development outcomes (Carr & Pike, 2012; Kerr, Stattin, & Özdemir, 2012). Early works (such as Baldwin, 1948; Becker, 1964; Rogers, 1960; Schaefer, 1959; Symonds, 1939) examined a variety of two-dimensional parenting styles including responsive/unresponsive, democratic/autocratic emotionally involvement/uninvolvement control/non-control parenting and restrictiveness/permissiveness. Studies conducted by these early researchers revealed that parents who provid their children with warmth, responsiveness, independence and firm control, had children with higher levels of competence and social interaction (Spera, 2005).

Parenting styles of parents with children with a disability has been a focus of several studies (Gau et al., 2010; Gau, Chiu, Soong, & Lee, 2008; Howe, 2006; Woolfson & Grant, 2006). Parenting a child with a disability may necessitate parents to adjust their parenting styles to accommodate the child (Sams, 2012; Woodgate, Edwards, Ripat, Borton, & Rempel, 2015). Parents may often hold different views and attitudes towards their child with a disability which could influence their parenting style (Elhageen, 2004) resulting in altered parenting styles which could affect the quality of the parent-child dyad (Raya, Ruiz-Olivares, Pino, & Herruzo, 2014).

Parenting styles of those with children with a hearing loss have been investigated in relation to academic achievement and self-confidence (Marschark, 2007). However, the impact of child hearing loss has not been fully explored in terms of the parent child dyad and in relation to parenting styles of hearing parents parenting children with a hearing loss (Antonopoulou, Hadjikakou, Dagla, & Maridaki-kassotaki, 2015).

Although 90–95% of children with hearing loss are born to hearing parents (Fitzpatrick, Stevens, Garritty, & Moher, 2013; Garcia & Turk, 2007; Lederberg, Schick, & Spencer, 2013), very little is known about parenting styles in those families. What is known through investigations of parental perspectives and experiences of parents with children with a hearing loss, is that parents' want support (Henderson, 2015). Lam-Cassettari, Wadnerkar-Kamble, and James (2015) identified a gap in understanding the importance and challenges of the parent-child relationship between hearing parents and children with hearing

loss. Yet, others cite parental involvement in early childhood interventions as a powerful influence on parenting styles in terms of specific knowledge and skills needed when parenting a child with a hearing loss (DesJardin, 2003). Several studies have observed that hearing parents whose children have a hearing loss often used parenting styles which are punitive, intrusive, less flexible, use physical discipline and more directive during interaction (Knutson, Johnson, & Sullivan, 2004; Spencer & Meadow-Orlans, 1996) as well as displaying less reciprocity (Harrigan & Nikolopoulos, 2002; Spencer, 2004). This may illustrate that raising a child with a hearing loss may require parents to adjust or alter their parenting styles and skills which would affect the quality of the parent child relationship (Raya et al., 2014; Sams, 2012; Woodgate et al., 2015). According to these authors, when parents are reciprocal to their children hearing loss needs and are more flexible in their interactions / parenting styles, positive outcomes could be expected for both the parent and the child.

Intervention programmes are usually intended to support and enhance parents' parenting competencies, for parents to feel competent and confident when experiencing child problems (McWilliam & Scott, 2001; Reedtz & Klest, 2016). For example, Haslam, Mejia, Sanders, and de Vries (2016, p. 2) recognize that 'parenting programs are interventions that aim to improve child and family outcomes by equipping parents with effective parenting skills'. Similarly, Eyberg, Nelson, and Boggs (2008) assert that parenting training should be the desired approach for treating children. These programmes highlight the role of parents' involvement as vital to the child's progress, because they are seen as interactive partners of children, as well as important contributors of opportunities and social activities for their children (Reedtz & Klest, 2016; Zaidman-Zait, Most, Tarrasch, & Haddad, 2017).

To what extent intervention programmes do provide support for parenting styles is unexplored. Against this background, a scoping review was undertaken with the aim of identifying and evaluating previous research on interventions offered that focussed specifically on parenting styles, particularly where parents are hearing and the child has a hearing loss.

## Method

### Research strategy

Unlike a systematic review where the research question is highly focussed and where the study selections are based on defined study designs, the main aim of a scoping review is to; (1) to examine the extent and range of research done on the topic (2) to summarize and disseminate the research findings and (3) identify research gaps in present literature (Arksey & O'Malley, 2005; Levac, Colquhoun & O'Brien 2010). This scoping review sought to accumulate as much evidence as possible about interventions focussed on parenting styles

of hearing parents whose children have a hearing loss. An electronic search was conducted across nine databases (Ebscohost, Academic Search Complete, MedLine, PsycARTICLES, SocIndex, Greenfile, Masterfile Premier, Science Direct, Springer Link). The following search terms were used: interventions, programmes, hearing parents, parenting, parenting styles and children with a hearing loss. Although an initial search yielded 339 items, just twelve of them were found to have investigated interventions relating to parenting styles in the specific circumstance of hearing parents of children with a hearing loss. The search term 'intervention' produced many articles on early identification and universal hearing screening interventions which was not applicable to this study and reduced the number of articles considerably.

All twelve articles were fully reviewed in a supervised process. With that further review, it was found that in fact only 4 articles from that broad search addressed relevant issues relating to the specific topic under investigation. Through the interactions with a specialist in the area on intervention programmes for hearing parents with children with a hearing loss, a further single article addressing parenting styles where the parents as well as the children were hard of hearing was included. Given the very small number of articles identified as relevant to this topic, the study was continued by reviewing the few articles in greater depth than would have been possible if a vast number of relevant studies were identified.

### Inclusion and exclusion criteria

Articles met the inclusion criteria if they focussed on:

(1)  articles written in English;
(2)  hearing parents;
(3)  children with a hearing loss; and
(4)  interventions central to parenting styles

### Data extraction

A data extraction sheet (Table 2) was designed and populated with relevant information: author, year of publication, country, population sample and size (age and gender), intervention duration, intervention, who the intervention reached, the efficacy of the intervention, the adoption, implementation and maintenance of the interventions.

In Figure 1, the stages undertaken in the scoping review, leading to the final five articles identified, are illustrated.

A RE-AIM framework (Glasgow, Vogt, & Boles, 1999) was applied to appraise the five articles and systematically break down the evaluation of each intervention into their Reach, Effectiveness, Adoption, Implementation and Adoption dimensions. The RE-AIM framework allowed the effectiveness of interventions reported in the articles to be explored (Frantz & Chandeu, 2011).
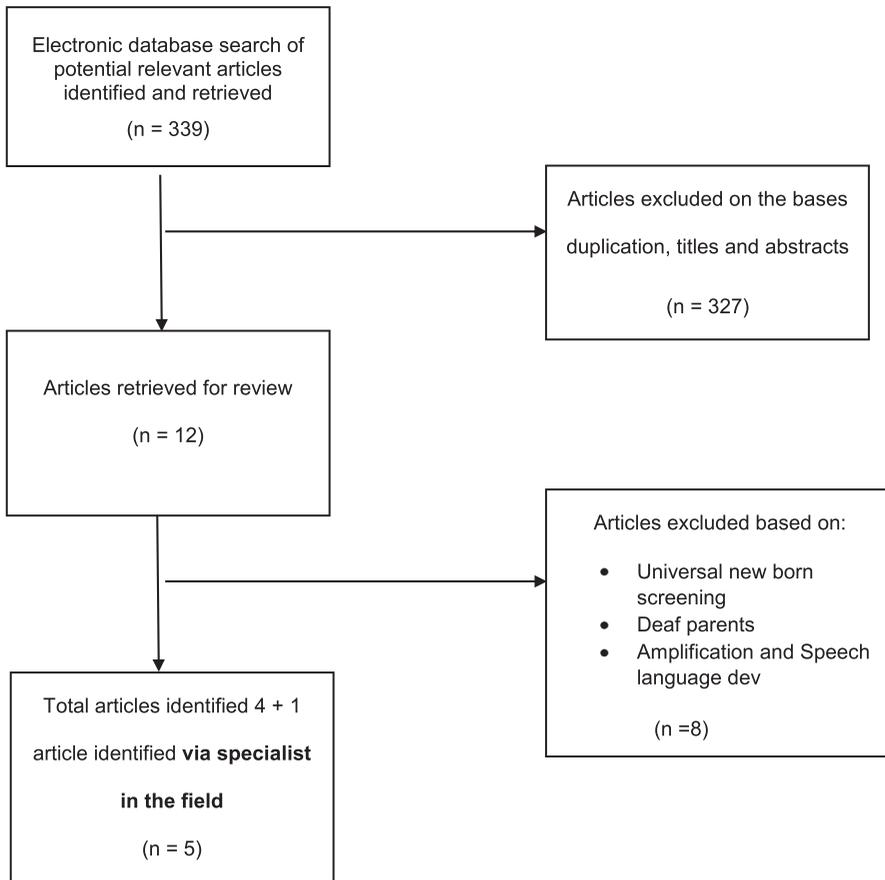
**Figure 1.** Study selection process.

The analytical process of applying the RE-AIM framework require questions (see Table 1) to be applied to the evaluation of each of the five articles under review.

The interventions reported in these five studies were implemented in Israel (Feigin & Peled, 1998), the United Kingdom (Garcia & Turk, 2007; Lam-Cassettari et al., 2015), Germany (Reichmuth, Embacher, Matulat, Am Zehnhoff-Dinnesen, & Glanemann, 2013) and South Africa (Storbeck & Pittman, 2008) with no reporting on countries in two interventions. Three interventions reported on their study designs. One involved a cross-exploratory/case study (Garcia & Turk, 2007), one a short-term longitudinal design (Lam-Cassettari et al., 2015) one a descriptive research design (Storbeck & Pittman, 2008). The total sample of participants was difficult to ascertain, as the groups were mostly described and not the total number of actual participants e.g. groups of ten.

The results of the scoping review are presented in two sections.

First, the interventions adopted in each of the five studies is summarized and presented in table form. Secondly, the review of the five studies according to the RE AIM framework is presented.

**Table 1.** RE-AIM appraisal tool.

| RE-AIM Dimensions | Definitions | Questions/examples of measure |
|---|---|---|
| Reach | This definition affects the target population who would use the intervention. | • Does the article report on the representativeness of the target population?<br>• Does the article indicate who the program is intended for (inclusion and exclusion criteria)<br>• Does the article report on participation rate? |
| Efficacy | The impact is defined based on the program relevance, importance, limitations and specified primary and multiple outcomes | • Did the program achieve the intended objectives?<br>• Do they report on the limitations of the intervention?<br>• Reports on at least one outcome of the intervention<br>• Reports on attrition |
| Adoption | This dimension defines the setting where the programme is initiated, the evaluation and adoption of the intervention, access to the intervention who delivered the intervention | • Is the setting clearly described?<br>• Does the evaluation report on the adoption of the intervention by the participants or the organization?<br>• Reports on who delivered the program |
| Implementation | It defines the extent to which the intervention was delivered | • The duration and frequency of the intervention being described<br>• The staff/participants of the organization/intervention been involved in delivering the program? (cost implications)<br>• Reports on intended and delivered interventions |
| Maintenance | It defines the long term sustainability of the intervention | • Does the article report on long term effects of the intervention (after 6 months)<br>• Do they report on the indicators used for intervention follow-up? |

## Summary of interventions

Table 2 provides a full comparison between each of the interventions adopted within the five studies reviewed. A summary of those interventions is provided in this section.

A group intervention model reported by Feigin and Peled (1998) did not specifically describe parenting styles but focuses on improving the communication and interaction between parents and their child who has a hearing loss. It focussed on the parents' individual experiences, their feelings and conflicts as individuals and couples, which included how they coped with their children's difficulties. The group sessions provided parents with the opportunity to speak about the difficulties of raising a child with hearing loss and also provided them with skills and tools, as well as re-enforcing mutual support for hearing parents. The article did not provide the total number of participants, or rate of participation in the programme, but only stated that groups had an average of 10 participants, which largely consisted of the mother's participation, with the occasional participation of fathers, or couples. The parent's ages ranged from twenty-five to fifty years who came from diverse socio-economic and

**Table 2.** Summary of the interventions.

| Ref | Author | Study design | Population and sample size | Country | Duration | Reach | Efficacy | Adoption | Implement | Maintenance |
|---|---|---|---|---|---|---|---|---|---|---|
| 1 | Feigin and Peled (1998) | | 10 participants, mainly mothers, ages 25–50. Children ages: 2 years old | Israel | Groups meet for 15–90 min every other week. | Mostly mothers attended. The participants were between 25 and 50 years old. Came from diverse socioeconomic and educational backgrounds. No report on the participation rate. | The goals and objectives were met. The pilot programme highlighted the community's involvement. The aim of the programme was to improve parent adjustment. No reporting on the limitations of the group intervention. No attrition rate reported. | The setting is the MICHA Centre that cares for pre-school deaf children from infancy to grade 2. This study is evaluated and accepted by participants. Two experienced social workers worked with the parents. The programme will hopefully become part of all therapeutic and educational programmes. | The study reports on 15 sessions of 90 min each but does not report on frequency of attendance of participants. 2 social works conducted the group sessions. Delivery of the intervention was successfully implemented. No cost implications were discussed | No follow-up was reported, but recommendation is made that the intervention become part of family therapeutic and educational frameworks, focussing on communication skills to enhance family interaction |
| 2 | Garcia and Turk (2007) | Exploratory /Annotation and case study | Hearing parents. Children ages: 4–15 years old. 1 Participant in the pilot phase | UK | Consists of 12 sessions, each of 2 h duration, the group ran for 13 weeks with sessions taped. | Hearing English speaking parents of deaf children between the ages 4–15 years. Other inclusion criteria: child having an ICD-10 diagnosis of a conduct, oppositional defiant or hyper- kinetic disorder or autistic spectrum disorder with or without additional comorbidity; | Outcome was positive, suggesting that modified Webster-Stratton approaches may well be of use in deaf children of hearing parents. No attrition rate was reported. The limitations of the intervention was not reported on. | This was a pilot project which included two trained facilitators per session and clinicians. Participants evaluated the intervention. Setting: National Deaf Services Children and Young Persons Clinic. The programme needs to be adjusted to include other criteria to suit the deaf child | This pilot phase focussed on one participant. The staff were involved in delivering the program. The intended intervention was reported on. | The study reports on the long term effects and indicators for intervention follow-up. |
| 3 | Reichmuth et al. (2013) | | Four to six families. Children ages: 3–18 months | Germany | The total time of all sessions comprises 26½ h. sessions in weekly intervals flanked by one individual | Parents of children with moderate to profound hearing loss. Exclusion: parents need to have sufficient language skills i.e. speak German and oral | Objective was achieved and reports on the outcome i.e. The report does not report on the limitations of the | The setting is described as the duration of the programme in the clinic with on-going evaluation. The MPP is conducted by a certified | The programme consists of six group sessions and two single training. Staff are trained and certified to r | The study reports on the long term effects of the intervention: e.g. Positive effects on the parental responsiveness |

**Table 2.** Continued.

| Ref | Author | Study design | Population and sample size | Country | Duration | Reach | Efficacy | Adoption | Implement | Maintenance |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | preparatory and one closing counselling session for each family. Additionally, there is one refresher single training session when the child becomes 24–30 months. | language, sufficient hearing,, no interpretation services are provided | interventions. No report on attrition. | MPP-trainer who have to complete a certified 5-day MPP trainer-course. | deliver the intervention. The study reports on the intended and delivered interventions. | towards their infants. It does not mention the indicators used for follow-up interventions. |
| 4 | Lam-Cassettari et al. (2015) | Short-term longitudinal | 14 families with hearing mothers of Deaf children ages: 3 yrs and 4 months as well as 1 year and 4 months | UK | Three sessions of video interaction guidance intervention | The intervention does not report on the representation of the target population. The only exclusion criterion was children who were not at a paralinguistic stage of development and could produce more than 50 signed/spoken words as reported by the parent. Participants were compensated for their travelling cost. | The intended objective was achieved i.e. to examine the effect of a family-focussed psychosocial video intervention program on parent–child communication in childhood hearing loss. It does not reports on the limitations of the intervention. It reports on the outcomes. No report on the attrition rate. | Pilot study use observational and self-report measures to show there is a need for a video feedback intervention programme. | The intervention used video feedback of parent–child interactions to increase responsiveness to a child's communicative cues, and promote attuned behaviour between parent and child | This study examined the quality of parent–child interaction and parental self-esteem pre-lingual childhood deafness. |
| 5 | Storbeck and Pittman (2008) | Descriptive research design | 32 Deaf infants and 32 families | South Africa | 12 month programme offering families weekly home-based support. | Parents of deaf children. Does not talk to inclusion or exclusion criteria | The intervention achieved its intended objective. Parents rated the service offered by HI HOPES as excellent and good. | The setting is clearly described as all the provinces in SA. Evaluation is done by the participants. Deaf mentors and interventionist implement the intervention. | The duration is explained with weekly visitation. Staff are trained to deliver the program and reports on the intended delivered interventions | The report speaks to the long term effects of the intervention and |

educational background. The ages of their children were pre-school children from infancy to the first grade.

The Webster-Stratton Parenting Programme adapted for children with a hearing loss and other emotional, behavioural and developmental problems, reported by Garcia and Turk (2007) had the aim of enhancing the quality of family functioning. Through the interaction and communication between parent and child, a significant decrease in children's behavioural problems was observed. The design of the intervention was to improve parenting skills and provide parents with peer support. A pilot phase was reported on first, focussing on one child with a hearing loss and their parent with the aim of exploring whether the approach used in the intervention could be justified further with more comprehensive evaluative research. The article continues on to report on the group intervention (13 families), who participated in the next phase of intervention.

The Muenster Parental Programme (MPP) aimed to empower parents to communicate with their children to build parent confidence (Reichmuth et al., 2013). The intervention focussed on empowering parents to communicate with their child (focussing on those aged 3–18 months) by allowing them to become responsive intuitive parents; thereby building confidence in their own parental resources. Only mothers were participants in the study, but fathers did accompany mothers and children to a single training and counselling session that made up the intervention. Between four and six participants made up a group, but never less than three, or more than eight. Responsiveness and intuitive parenting styles were seen to promote the child's language, cognitive, emotional and social development.

The effect of a family-focussed psychosocial video intervention programme on parent-child communication was described by Lam-Cassettari et al. (2015). Although this intervention did not describe parenting styles, it has much to offer with the understanding of how parents' would parent in terms of sensitivity, responsiveness and involvement leading to an increase in parents' self-esteem after the intervention. This intervention used observational and self-report measures to show the effect of family-centred interventions. It is suggested that the intervention which examined the quality of parent – child interaction, can provide hearing parents with support who in turn can provide the best support for the development of their child with a hearing lost Lam-Cassettari et al. (2015).

A home based intervention was described by Storbeck and Pittman (2008). This intervention, the first South African home-based intervention project (Hi-Hopes) aimed to ensure families were fully informed and supported to enable them to make choices in the best interest of their child. The programme seeks to account for cultural and linguistic diversity (South African has eleven official languages). Thirty-two families with their infants participated in the intervention that included a mentorship by staff members who are deaf.

## Summary of the findings according to the RE-AIM framework

### Reach

The representativeness of the target population was reported as adequate in most of the interventions. However, the review indicated that mothers' participation was higher although fathers attended occasionally (Feigin & Peled, 1998; Lam-Cassettari et al., 2015). One intervention deliberately focussed on 1 participant (Garcia & Turk, 2007) as it explored the possibility of adapting its intervention to be used for children with a hearing loss.

Parents' participation rate varied per intervention for example, in one intervention 13 families were originally approached; however only a few agreed to participate citing financial and practical difficulties, including distance, which eventually left the intervention with a sample of 3 participants (Garcia & Turk, 2007). The parents' age groups varied from 20 to 50 years old across studies. Parents came from diverse socioeconomic and educational backgrounds ranging from high school to academia.

### Efficacy

The efficacy of the interventions was reported for all the interventions in terms of whether their stated goals were met. The limitations of each intervention were reported on in only two interventions i.e. in one intervention the potentially limited generalizability of the significant results obtained was recognized and in the other, participation, as well as problems experienced by participants, was viewed as possible limitations. In all the interventions, at least one outcome was observed and expanded on to reveal how the interventions could be of future benefit to hearing parents.

### Adoption

Adoption refers to the target staff and various types of settings such as work sites, health departments, organizations or communities (Brace et al., 2015) that adopt these interventions. In four of the interventions (Feigin & Peled, 1998; Garcia & Turk, 2007; Lam-Cassettari et al., 2015; Storbeck & Pittman, 2008) the setting of the intervention is mentioned. The adoption of the intervention is addressed in three interventions, with the ongoing evaluation of the intervention referred to in two interventions (Reichmuth et al., 2013; Storbeck & Pittman, 2008). In these two interventions, the participants evaluated the effectiveness of the intervention and underscored the importance of continued support. In addition, Reichmuth et al. (2013) do not indicate its adoption and suggest that the intervention could become part of/adopted by the state-funded special pedagogic interventions in Germany. The importance of the

positive outcomes of the interventions is underscored in all five interventions e.g. the intervention with parent groups of preschool children with hearing loss (Feigin & Peled, 1998) as well as the intervention effectiveness and the anticipation of it being part of further therapeutic and education frameworks. Similarly, the results of Garcia and Turk's (2007) intervention on the applicability of the Webster-Stratton Parenting Programmes to families and their children with a hearing loss with emotional and behavioural problems, as well as autism, provide evidence that it has a place in the therapeutic management of behavioural, emotional and developmental challenges facing this type of client. Similarly, the intervention of Lam-Cassettari et al. (2015) on enhancing the parent-child communication and parental self-esteem with a video feedback intervention reveals the positive outcome of the programme, but not its adoption. Equally Storbeck and Pittman's (2008) pilot programme revealed the advantages of a family-centred intervention, which promotes a holistic approach that values parents' education and support. All five programmes refer to experienced staff members who were involved in the delivery of the programmes, i.e. social workers, trained facilitators, certified therapist, deaf mentors and accredited interventionist.

## Implementation

Reporting on the duration and frequency of the intervention was consistent in all five articles however, the frequency of the attendance of the participants is not articulated in some of the articles. Information was provided on the number of sessions and the duration of the sessions. The delivery of services by staff and peers was described in all five articles, with Storbeck and Pittman (2008) providing demographic details on the staff and peers, to accommodate the diversity of the participants participating in the intervention. In addition, Storbeck and Pittman (2008) describe the different roles of staff participating in the implementation of the intervention. Feigin and Peled (1998) and Reichmuth et al. (2013) provided clear and concise details of the group intervention programme in terms of its group implementation as well as the staff who were to deliver the intended intervention. Conversely, the article by Garcia and Turk (2007) reporting on a video application, made it difficult to discern whether the intervention was implemented with hearing parents, or one hearing parent of the boy on whom the case study was eventually conducted.

High positive participation satisfaction with the interventions was recorded in all the articles, which could suggest that the participants were satisfied with the delivery of the interventions by the staff. This could suggest that the interventions were effectively delivered by staff, who seemed to be well trained in the various interventions e.g. social workers (Feigin & Peled, 1998), experienced certified trainers working with hearing parents (Reichmuth et al., 2013) and mentors

who are deaf and parent advisors (Storbeck & Pittman, 2008). Two of the articles, Garcia and Turk (2007) and Lam-Cassettari et al. (2015) mentioned staff as interventionists, however, there is little to suggest what their specific tasks were, especially as these were video recording interventions. The majority of the interventions took place through group work. The aims of the groups, as well as the composition, structure and content of the sessions, were outlined.

## Maintenance

This dimension provides an account on the sustainability of the participation in the interventions and whether specific elements improved or restricted the sustainability of the intervention (Brace et al., 2015; Gaglio & Glasgow, 2012). Storbeck and Pittman (2008) reported on a pilot project which eventually led to an evidence-based intervention programme that has since been implemented in order to effectively address the needs of families whose children are deaf. The articles of Garcia and Turk (2007) and Lam-Cassettari et al. (2015) did not address the long-term effects of the intervention, or report on the indicators used for intervention follow-up. However, their articles do underscore the importance of further comprehensive and widespread research into the effectiveness of early interventions for children with a hearing loss

The article of Reichmuth et al. (2013), on the Muester Parental programme, which has been implemented since 2009 with on-going evaluation, ideally has become a comprehensive intervention programme module for families with children who has a hearing loss. Of significance is that all the articles made sustainable recommendation for these interventions to become an integral part of future intervention.

## Discussion

The aim of the scoping review was to evaluate previous research on interventions focussing on parenting styles that targeted hearing parents of children who have hearing loss. The review had no specific timeframes attached and the articles were sourced from various databases, as previously mentioned in this study. The RE-AIM framework was explorative in nature, as it explored the effectiveness of the interventions (Frantz & Chandeu, 2011).

Although the interventions do not specifically address parenting styles, the review has highlighted a number of important challenges and strengths that clarify the significance of intervention programmes for hearing parents of children with a hearing loss (DesJardin, 2003). The participation in all the family interventions reviewed, appeared to not only benefit the parents, but also improved the outcomes for their children who have a hearing loss (DesJardin, 2003; Yoshinaga-Itano, 2003)and in particular enhance communication skills which is a strong emphasis in most of the interventions.

In addition, the articles reveal that through these interventions, parents believed they had acquired more strength and coping skills which helped them to relate to their child with a hearing loss as their child firstly, and secondly, as their child who has a hearing loss, allowing them to act as parents (Feigin & Peled, 1998). A common theme throughout the articles was that the parents valued the contact with other parents who were experiencing similar challenges and considered this interface very supportive (Jackson, 2011; Zaidman-Zait, 2007). Evidence from these interventions indicates that there was a shift from merely providing services to families, to actually supporting parents (McWilliam & Scott, 2001). Consequently, parents were provided with information that reinforced their self-esteem and confidence in their abilities to raise a child with a hearing loss (Bemrose, 2003; Young, 2003). These programmes provided parents with the specific knowledge and skills for them to parent their young children who have a hearing loss (DesJardin, 2003), and in addition, underscored the importance of supporting parents as they are the most important carers of the child (Hintermair, 2000, 2006; Jackson, 2011).

All the interventions suggested that the parents demonstrated responsive parent behaviours towards their children with a hearing loss with the assistance of qualified and trained staff. Through responsive parenting, the parents were able to expand their interactions with their children, enhancing the parents' own beliefs in their parenting skills and abilities, while, simultaneously, providing them with a sense of empowerment and enjoyment. The interventions could be seen as powerful interventions in relation to parenting styles, providing support in terms of specific knowledge and skills. These interventions may suggest that hearing parents may have to adjust their parenting styles in order to accommodate their children who has a hearing loss.

It could be argued that the strength of all these articles rests in the implementation of the group sessions, which appeared to provide positive outcomes for the parents. The group sessions appeared to reinforce existing good parenting skills and acknowledged the effects that child hearing loss has on the family, parents and parent-child relationships. Support groups play a significant role in increasing parents' social network and reinforcing their self-confidence (Luterman and Ross (1991). It also serves as a strong healing and educational tool for parents provide parents with the opportunity to share their feelings, concerns on issues that they were experiencing (Flasher & Fogle, 2003).

Significantly, the study samples included more female participation than they did males (Feigin & Peled, 1998; Lam-Cassettari et al., 2015). This was consistent with literature as it has been observed that generally, mothers participated more in intervention programmes than fathers. A study conducted by Zaidman-Zait et al. (2017) on mothers' and fathers' involvement in intervention programmes for children who are hard of hearing observed that mothers were notably more involved than fathers were in their children's interventions. Mothers were in regular attendance, displayed a higher interest than fathers, and were

more willing to engage with the professionals assisting in the interventions. Specialized interventions targeting fathers should be developed with the goal to promote positive social-emotional outcomes for children who have a hearing loss (Calderon & Greenberg, 2003).

## Conclusion

The results of the review advance the argument that intervention programmes for hearing parents with children who have a hearing loss are essential, and has the potential to promote support and positive outcomes for both parent and child. The results also reinforce the need for more research to explore the limited previous literature on interventions targeting this phenomenon. The findings revealed that the effective delivery of programmes with competent staff can be beneficial to the effectiveness and maintenance of these pro-grammes. This scoping review also highlights the limited research and publi-cations in the area of parenting styles of hearing parents with children who have a hearing loss. Therefore, a strong recommendation is made that the implementation of the RE-AIM framework be considered as an effective practice tool to facilitate consistent and useful information when reporting on interventions.

## Disclosure statement

## Notes on contributors

*Ronel S. Davids* is currently a PhD student in Social Work. She is employed as an Associate lecturer at the University of the Western Cape in the Social Work Department.

*Prof. Nicolette V. Roman* has a PhD in Psychology, is rated as an established researcher nation-ally, in South Africa, a Full Professor and is Director of the Child, Family and Community Studies Unit in the Faculty of Community and Health Sciences at the University of the Western Cape. Her research focuses on the parent-child relationship to strengthen families published both locally and internationally. Professor Roman published two international books. She is a member of the Family Services Forum in the Western Cape, in South Africa.

*Prof. Catherina J. Schenck* is Professor in the Department of Social Work at the University of the Western Cape since 2012. Previously she was Professor in Social Work at Unisa for 25 years. She is also a NRF rated researcher. Extensive research have been conducted on people in the informal economy in South Africa.

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