

Social Support for Parents of Deaf Children: Moving Toward Contextualized Understanding

Brenda T. Poon^{*1}, Anat Zaidman-Zait²

¹University of British Columbia

²Tel-Aviv University

Received September 20, 2012; revisions received August 12, 2013; accepted August 13, 2013

In light of claims that social support needs to be defined within specific context, we conducted a metasynthesis to identify ways that social support has been studied and contextualized in research focused on hearing parents of children with hearing loss. A literature search of published articles was conducted to identify research studies related to support and hearing parents of children with hearing loss. Our search yielded 108 items from Psycinfo and 154 items from Web of Science; 26 studies met our inclusion criteria. Our analyses involved summary and integration of information regarding research methods, guiding theoretical frameworks, and findings in relation to diverse support contexts. We found that it is the multidimensionality of social support and its specific functions, individually and in combination, that are particularly relevant in informing family-centered service provision. Further understanding of the multidimensional and dynamic nature of support could occur through investigation of diverse functions of support within and across ecological contexts. Findings from this study contributed to a descriptive framework that can be used to explore the multidimensionality of support; facilitate use of methods that assess specific support functions; and also inform the development of interventions that are responsive and match the needs of parents.

The effects of social support on families of children with hearing loss are pervasive and wide reaching. Research consistently shows that families with strong social support systems are able to handle challenges more effectively than families with few supports (Dunst & Trivette, 1994) and, in particular, that there are positive

contributions of social support to the coping and well-being of hearing parents of children with hearing loss (e.g., Asberg, Vogel, & Bowers, 2008; Hintermair, 2006; Zaidman-Zait, 2007). The positive contributions of social support depend, in part, on parents' specific needs and challenges associated with raising a child with hearing loss, as well as their ongoing relationship with various support providers. Whereas the experience of parenting a child with a disability can lead to positive parent outcomes, such as new insights into family priorities and a renewed sense of purpose, early childhood deafness also presents unique and long-term challenges for hearing parents. Some of the challenges include increased caregiving demands, finding and obtaining early intervention services, modifying communication strategies, medical and educational decision making, working with professionals across a range of disciplines, learning about technological supports, working with the child to enhance developmental outcomes, and dealing with additional financial pressures (Lederberg & Golbach, 2002; Quittner et al., 2010; Zaidman-Zait, 2008).

Beyond the caregiving, teaching, and search for services, there are also personal ramifications of having a child with a significant disability. One reported consequence is parents' experience of high levels of parenting stress, specifically stress that is directly associated with the unique challenges faced by hearing parents of deaf children (Quittner, Glueckauf, & Jackson, 1990; Quittner et al., 2010). For social support to be facilitative in counteracting parents' experiences of

*Correspondence should be sent to Brenda T. Poon, Human Early Learning Partnership, School of Population and Public Health, 440-2206 East Mall, University of British Columbia, Vancouver, British Columbia V6T 1Z4, Canada (e-mail: brenda.poon@ubc.ca).

stress, support that is received must match the *support needs*, that is, the support that is expected or desired (Logsdon, Birkimer, Ratterman, Cahill, & Cahill, 2002). A “family need” has been defined as “... a family’s expressed desire for services to be obtained or outcomes to be achieved” (Bailey & Blasco, 1990, p. 196). Family needs emphasize the participatory component of family-centered services and the need for an early intervention framework to be sensitive to the diverse needs and contexts of families. Researchers have documented various support needs for families of children with hearing loss, including parents’ high need for obtaining multifarious information with regard to treatment, educational, and communication options available for their children (Jamieson, Zaidman-Zait, & Poon, 2011; Most & Zaidman-Zait, 2001); the need for receiving social support and participate in parent-to-parent networks (Jackson, Traub, & Turnbull, 2008; Meadow-Orlans, Mertens, Sass-Lehrer, & Scott-Olson, 1997; Zaidman-Zait, 2007), the necessity to establish a mutual and collaborative partnership with professionals (Ingber & Dromi, 2009), as well as parents’ continuing need for a family-centered approach to service provision (Jamieson et al., 2011).

The centrality of support needs to the conceptualization of “social support” is also reflected in its definitions. Social support has been defined and measured in numerous, diverse ways; however, one broad conceptualization is that social support, which we conceptualize as synonymous to “support,” encompasses “acts that reflect responsiveness to another’s needs” (Cutrona, 1996, p. 10). In the context of supports for families of deaf or hard-of-hearing (D/HH) children, such acts of support are typically described in relationship to one of two broad frameworks: (a) stress and coping theory or (b) family-centered care. The first framework related to stress and coping has a rich theoretical and empirical tradition that centers on conceptualization of social support as a coping resource that buffers the effects of stressors. Social support may serve a protective function by buffering the effects of a stressful encounter and also by facilitating coping (Cassel, 1976; Cobb, 1976; Stewart, 1993). Its role, though, is likely not limited to acting as a coping resource. Social support may also interact with stress processes to assist a person to cope with a stressful encounter (i.e., coping assistance;

Thoits, 1995). In responding to stressors, people may try to manage the demands of a situation that are perceived to be taxing by using coping strategies, which are behavioral or cognitive attempts to manage the situation that is viewed as stressful (Thoits, 1995).

The second framework regards social support in relationship to family-centered care, which is a method and philosophy of service delivery that emphasizes a partnership between parents and service providers in making decisions about goals and activities (Hostler, 1994) and other core principles, such as a focus on family strengths, respect for family diversity and values, encouragement of family decision making and empowerment, and professionals’ open and collaborative communication with families (Bailey, Raspa, & Fox, 2012, p. 217). Family-centered care is increasingly adopted in early intervention programs and community-based service organizations across North America and other countries (Hostler, 1994). According to the family-centered care framework, social support is a component of desired professional practices while working with families of children with hearing loss. The professional practices and skills encompass both relational and participatory components (Dunst & Trivette, 1996). Relational components include professional skills (e.g., active listening, empathy) and set of beliefs about parenting capabilities and competencies. Participatory components include practices that are individually tailored, flexible, and responsive to concerns and priorities of each family and provide families with opportunities to collaborate with professionals and to be actively involved in the child’s intervention (Bruder & Dunst, 2008; Epps & Jackson, 2000; Murray, Salomon, & Mathers, 2000; Sass-Lehrer, 2002).

Support has often been discussed in relationship to either one framework or the other, separately and distinct, even though, conceptually, “support” in both frameworks is consistent with a common underlying definition: “...acts that reflect responsiveness to another’s needs” (Cutrona, 1996, p. 10). Drawing from conceptualizations of support in each of the two frameworks separately, while informative, may be enhanced if understood in a more integrated way. Integrating conceptualizations of support across the two frameworks could expand the study of support into new, unexplored, or understudied areas of investigation, and, also,

facilitate the development and selection of measures of support that make clear distinctions between social support concepts rather than use a global concept of social support (Barrera, 1986) and that are suited to the *context* of support under study. Greater specificity and contextualization in its definition is needed, coinciding with use of methods that reflect the theoretical bases and multidimensionality of social support and also the various social contexts of support, including both formal and informal relationships.

The *multidimensional* nature of social support contributes to its complexity in measurement, with challenges in achieving specificity in defining and operationalizing the dimension(s) of support under study. The multidimensionality of social support is well documented with numerous definitions presented in the literature and 30 definitions identified within a recent review; a single definition of social support is not universally applicable to the diverse contexts in which social support occurs (Williams, Barclay, & Schmied, 2004). Recent work in the broader area of social support emphasize that social support must be conceptualized within the specific context of the population studied to be meaningful for research and practice (Coffman & Ray, 2002; Williams et al., 2004). In our view, integrating conceptualizations of support across the stress and coping and family-centered care frameworks is a critical aspect of developing a contextualized understanding of support for hearing parents of D/HH children. This also involves understanding the context of the particular life situations that pertain to specific support needs to capture more completely the individual's experience (Logsdon & Usui, 2006). To our knowledge, no previous work has studied the conceptualizations of support in each of these frameworks alongside one another. An integration of contributory pieces from each framework may greatly inform and enrich the development of a more comprehensive and cohesive understanding of support for families of D/HH children.

Objectives

This article presents the findings of a metasynthesis of research studies that investigated social support experienced by hearing parents of D/HH children. We had two primary objectives: First, to review in a systematic

manner recently conducted research of social support among hearing parents of D/HH children and identify and summarize social support concepts underlying the components of the two frameworks—namely a stress and coping framework and a family-centered care framework and, second, for descriptive purposes, to use this knowledge to build an integrated, unified framework that is contextualized to the relationships and experiences of support for hearing parents of children with hearing loss and takes into account its unique scenario, consequences, challenges, and needs (Williams et al., 2004). A contextualized approach to defining social support is posited to improve "...clarity in research, and results in interventions or practices that are useful" (Williams et al., 2004, p. 942). A metasynthesis approach was used to identify support aspects of these frameworks that have been studied in past research and to identify ways that each framework could potentially further inform the other and enrich our ways of understanding supports and support needs for hearing parents of D/HH children.

Method

Selection of Studies

We used the following databases for our search: Psycinfo and Web of Science. To ensure that the search included articles relevant to a range of hearing losses and types of support, we used Boolean logic and wildcards in our search strategy: ("deaf*" OR "hard of hearing*" OR "hearing loss*") AND "parent*" AND "support*." Our search terms were purposefully broad in order to maximize rather than restrict our chances of finding pertinent articles. The date parameters for our search was limited to articles published from the year 2000 to 2011. Our electronic search yielded 108 items from Psycinfo and 154 items from Web of Science.

We cross-referenced the items with articles in each of the authors' bibliographic databases, as well as articles that were identified through hand searching relevant journals. Each author independently reviewed the article abstracts and selected research articles that met the following inclusion criteria: (a) articles must be based on empirical research, (b) the population under study must involve hearing parents of children with hearing loss, and (c) the articles must be written

in English. The first inclusion criterion was used to narrow the search to research papers with “support” explicitly described as part of the study objectives or outcomes. We also wanted to ensure that our focus was on studies previously peer-reviewed for quality and that would consistently include references to theory, method, and data, which are all critical components of a metasynthesis. In terms of exclusion criteria, review papers were not included. After each author delineated the research papers that met the inclusion criteria and checked for errors or omissions, the selections were cross-referenced and compared for consistency.

Twenty-six studies met the inclusion criteria. Of the included studies, 18 involved a quantitative research design, 6 were qualitative, and 2 were mixed methods. Sample sizes ranged from 9 (Jackson et al., 2008) to 152, with the exception of five studies (Hintermair, 2000, 2004, 2006; Mikkelsen, Nielsen, & Rasmussen, 2001; Pipp-Siegel, Sedey, & Yoshinaga-Itano, 2002), where sample sizes were larger ($n = 184\text{--}607$). The ages of the children of the parent participants ranged from 0 to 29 years, with one case where the ages were not specified (Neuss, 2006). In 14 studies, the average age of the participants’ children was under 6 years. The country of origin for the studies varied with seven from the United States; four from Israel; three from Canada; three from Germany; three from the United Kingdom; and one each from Belgium, Turkey, Finland, Denmark, South Africa, and Australia.

Analysis of the Primary Research Studies

In analyzing and synthesizing the theory, methods, and findings of the body of research related to social support and families of children with hearing loss, we drew from a metastudy approach in the tradition of Paterson, Thorne, Canam, and Jillings (2001). Metastudy includes analytic phases of metadata analysis, metamethod, and metatheory, where individual primary research reports are studied and compared with other reports and also reviewed as a body of research (Dubouloz et al., 2010). Metadata analysis involves comparative analysis of the findings from primary research studies that have a common focus or set of properties to facilitate extension of knowledge about the particular phenomenon under study (Paterson et al., 2001).

Metamethod involves a comparative analysis of the research designs and methods implemented in primary research studies to investigate how the interpretation and use of diverse research methods have influenced the research findings and shaped understanding of a particular phenomenon (Paterson et al., 2001). Metatheory involves a critical exploration of the theoretical frameworks or lenses that direct researchers not only in development of their research questions, but also in their research design and interpretation of research findings (Dubouloz et al., 2010; Paterson et al., 2001). The culmination of these three analytic processes forms the bases for the fourth phase—metasynthesis, where the objective is to integrate the insights acquired from the three prior processes to extend and build theoretical approaches that contribute to further understanding and new knowledge of the phenomenon under study (Dubouloz et al., 2010; Paterson et al., 2001).

Findings

We independently reviewed the articles and extracted information from each study regarding theoretical framework, research approach and design, suitability of the article, and social support dimensions. All 26 studies were reviewed; we did not exclude studies based on any preset quality criteria, given that our aim was to identify, describe, and summarize the range of theories, methods, and data in studies of support for hearing parents of D/HH children. In this way, consistent with a metastudy approach, our objective was to *describe*, integrate, and provide insights about the field of research in this area of study, including the broad range of approaches, theories, and data (Paterson et al., 2001) used to investigate support for hearing parents of D/HH children.

The two researchers compared and contrasted the studies then categorized each according to its characteristics (e.g., guiding theoretical frameworks, support measures utilized) and support dimensions until the two researchers reached agreement. The studies reviewed tended to focus on one or more of the following aspects of social support: whether the support was formal or informal, perceived or received social support; or whether the focus was on unidimensional (i.e., “general” aspects of social support measured)

or multidimensional (i.e., “specific” dimensions of social support measured) support. The results of our appraisal of the studies, which are organized by types of research design (i.e., quantitative, qualitative, mixed) then by year of publication, are summarized in [Supplementary Table 1](#).

Metatheory

As we expected, social support as a coping resource and the family-centered services framework were the two predominant theoretical frameworks in the studies reviewed. Social support as a coping resource and, more generally, stress and coping theory, was referenced as a primary guiding framework in 8 of 26 studies reviewed. At the same time, 7 of 26 studies drew from a family-centered services framework for conceptualizing social support for hearing parents of children with hearing loss. It is important to note, though, that in the majority of studies, a family-centered services framework was not the sole guiding lens for conceptualizing support. It was typically in combination with other frameworks, such as social support as a coping resource or family needs. This is suggestive that the family-centered services framework contributes a partial rather than comprehensive perspective for understanding support for parents of D/HH children. In the studies reviewed, for instance, a family-centered services framework provided insights into parents’ perceived support from formal support sources, such as early intervention professionals, but was not referred to in relationship to investigation of parents’ informal sources of support (e.g., spouses or extended family) or the composition and size of parents’ support networks. In our review, there were also six studies where a theoretical framework was not stated explicitly but suggestive of influences from a family-centered services framework, support as a coping resource, and family needs. Understanding family needs is strongly tied to the family-centered services framework. According to this framework, services should be attentive to the diversity of families in terms of cultural identity, geographic location, ethnic/racial background, and the specific needs of the families ([Darling & Gallagher, 2004](#), p. 98). There were 3 additional studies reflecting a mix of other frameworks, such as family

systems ([Goldenberg & Goldenberg, 1998](#); [Turnbull & Turnbull, 1990](#)) and bioecological systems theory of human development ([Bronfenbrenner, 1986](#)).

Metamethod

Ways that social support has been measured varied considerably among the studies reviewed. In the quantitative studies, five studies included existing measures, such as the Social Support Questionnaire ([Crnic, Greenberg, Ragozin, Robinson, & Basham, 1983](#)) or the Family Support Scale ([Dunst, Jenkins, & Trivette, 1984](#)), that aimed to capture the construct of overall social support and were based in research and theories of stress, coping, and social support; specifically viewing social support as a coping resource. These studies obtained information with respect to sources of support without differentiating between formal (professionals, agencies) and informal (friends, extended family) sources of support, thus limiting knowledge about their possible influences. An additional three studies that adopted the same framework focused solely on informal social support sources. An important finding was that although some measures evaluated specific functions of support (e.g., emotional support, instrumental support), they were not distinguished in the analysis.

In eight studies, constructs related to social support from the perspectives of family-centered services and stress and coping were utilized. Only two studies used well-established measures that were designed specifically from a family-centered approach. These included My Views on Services (MVOS) questionnaire ([Young, Gascon-Ramos, Campbell, & Bamford, 2009](#)) and the Family Orientation of Community and Agency Services questionnaire ([Bailey, 1990](#)). For example, [Gascon-Ramos, Campbell, Bamford, & Young \(2010\)](#) used the MVOS questionnaire to identify parents’ perspectives of the timeliness and availability of services, the content (quantity and satisfaction) and process of intervention, and the overall impact of the intervention. In other studies, questions regarding parents’ views and experiences of support services, including their evaluation of support needs, formal support received, and quality of family-centered services, were embedded within measures that were developed specifically for the objectives of the study and tailored to the experiences of D/HH

children and their families. Limited information, if at all, was presented regarding their validity and reliability (e.g., Mikkelsen et al., 2001; Minchom, Shepherd, White, Hill, & Lund, 2003; Sorkin & Zwolan, 2008). These measures were typically not designed to measure social support per se or constructed based on social support theories but created to meet the objectives of the study and tailored specifically to the context of hearing loss.

In studies that incorporated qualitative or mixed methods approaches, social support was typically not the primary focus of the studies. Instead, support was explored as one component of either an exploration of parents' perspectives and experiences of parenting and services or their support needs. In-depth, semistructured parent interviews were often used to probe parents retrospectively regarding their experiences. Overall our findings reflect the diversity of measures and if established measures were used, there were few cases (e.g., Inventory of Socially Supportive Behaviors; Barrera, Sandler, & Ramsay, 1981) with reported psychometric properties.

Metadata

For the metadata analyses, we compared and contrasted the findings of the studies, with primary emphasis on the contextual aspects of social support (Lucas, Baird, Arai, Law, & Roberts, 2007). The findings related to three contexts of social support: situational, intrapersonal (perspective), and interpersonal relationship (Sarason, Pierce, & Sarason, 1990). [Supplementary Table 2](#) summarizes the three contexts of support for hearing parents of D/HH children in relationship to their key contextual features and also relevant findings from the reviewed studies. The situational context involves the event (e.g., job loss) that elicits a response from the interaction or relationship participants. The intrapersonal context includes "... the provider's and recipient's unique, stable patterns of perceiving self, important others and the nature of the personal relationships" (e.g., feelings of self-worth, perception of being loved and valued) that influences support responses and provision (Sarason et al., 1990, p. 500). Interpersonal context includes "...the distinctive qualitative (e.g., interpersonal conflict) and quantitative (e.g., network

size, density) features of both specific relationships and the larger social networks in which social support takes place" (Sarason et al., 1990, p. 502). Interpersonal context includes the responsiveness and sensitivity to the support needs of one individual from another.

Metasynthesis of the Analyses

Although our summary and synthesis spans across the 26 studies, we typically obtained focused and in-depth information about support for hearing parents of D/HH children from those studies that included one or more of the following characteristics: In the quantitative studies, there was inclusion of well-established and well-validated measures of support, measures that reflected the multidimensional and multifunctional nature of social support, a reasonable sample size to conduct the analyses (i.e., 30 or more participants), strong bases in one or more theoretical frameworks in relation to support, and goodness of fit between the measurement approach and the theoretical framework. A common study limitation was the inclusion of parents of children with a wide age range. Also, studies that only used one or two broad-based questions about support or focused on a single function provided very narrow information about social support. In the qualitative studies, studies were particularly informative when they had a clear methodological approach, were based on prospective or recent retrospective data, provided depth of information related to parents' perspectives and experiences of support services, and stemmed from or were discussed in relationship to a theoretical framework related to support.

After conducting the metasynthesis, we integrated key aspects of our findings into a descriptive framework, which is representative of ways that we conceptualized, summarized, and integrated the concepts of social support across the stress and coping and family-centered care frameworks and social support contexts for parents of D/HH children. The culmination of the metadata, method, and theory analyses indicated that when viewed alongside each other the family-centered services framework and the social support as coping resource framework each contribute to approaches to understanding and interpreting the contexts of support for hearing parents of D/HH children. Interestingly,

stress and coping theory and a family-centered services framework were typically not described directly in relationship to one another in the studies reviewed, though our analysis revealed that there were specific aspects of support within a stress and coping theoretical framework that were consistent with a family-centered services framework. That is, these two frameworks are not mutually exclusive in their conceptualization of support for families of D/HH children.

One aspect of consistency was in the common recognition of the situational context for hearing parents D/HH children. Studies that drew from both frameworks referred to situational contextual factors that influenced the support process, such as the diagnosis of a child's hearing loss, the nature of the diagnostic process itself and associated demands, the intensity of parents' emotions postdiagnosis, parents' shifts into new roles, and parents' involvement in changing activities and relationships. A common thread in the studies reviewed was the attention to demands and stressors associated with the situational context; whereas a less common approach was to investigate support in non-stressful situations (i.e., secure base support involving support for an individual's personal growth, autonomy, and exploration; Feeney & Thrush, 2010). Also, the time frames in studies typically involved cross-sectional, point-in-time measurement of support, possibly owing to research interests in service delivery approaches and gauging parents' needs and views of services at particular points in time, such as program entry and exit, rather than *processes of experiencing support* per se.

Across the studies reviewed, the personal context, including parent, child, and family factors, were deemed as influential on parents' views and utilization of support. Parents' support needs were central in both frameworks, though with more studies that focused on professional sources of support in relationship to family-centered services. Across studies drawing from both frameworks, there were few studies that investigated parents' needs, perspectives, or experiences of support from informal support sources, which reflect relationships with relatives, friends, and neighbors in one's home or community (Rodrigo, Martín, Máiquez, & Rodríguez, 2007) as well as those supports created through participation in voluntary organizations, clubs, and political and civic organizations (Cowen,

2000). This is a notable gap, given that recognition of the value of informal support systems is a core principle of a family-centered approach (Bailey et al., 2012). Consistent involvement from family and friends in providing informational, tangible, and emotional support has been found to facilitate parents' coping with parenting their D/HH child (Zaidman-Zait, 2007).

In terms of points of distinction, there were two main differences in ways of approaching the study or conceptualization of support that emerged from the metasynthesis. First, and not surprisingly, "support relationships with service and programs" and "support functions in relationship to parents' needs" (the goodness of "fit") were central aspects of the interpersonal context of support for hearing parents of D/HH children in many of the studies drawing from a family-centered services framework. These aspects were typically investigated through needs assessment surveys or as part of evaluation of programs to investigate parents' sense of satisfaction with services. With respect to support functions, informational and emotional support from professionals served particularly important support functions, especially in relationship to formal sources of support. These studies typically provided limited information about the structure of parents' social networks and the diverse supports and support functions across the range of sources—both formal and informal—and also provided limited information about the dynamic and transactional aspects of support, which was an evident gap across all the studies reviewed.

Second, although quite limited across all the studies reviewed, the inclusion of multiple functions of support, beyond the informational and emotional functions, was much more prevalent in studies informed by the support as a coping resource framework than in those informed by a family-centered services framework. These aspects of social support (e.g., emotional support, instrumental support, informational support) were rarely differentiated in studies evaluating the associations between social support and parental stress, life satisfaction, and well-being. Understanding social support as a multidimensional construct with distinct functions has strong implications for support conceptualization within a family-centered services framework, because differentiation of support functions and their sources can provide direction for intervention (Guralnick, Hammond,

Neville, & Connor, 2008). Differentiation also facilitates the development and selection of measures of support that make clear distinctions between social support concepts, rather than relying solely on a global concept of social support (Barrera, 1986) or providing only an overall support score. These distinct functional dimensions link support and stress and therefore greatly inform understanding of support as a coping resource (Guralnick et al., 2008).

References to and measurement of families' needs were common across the studies reviewed, which is consistent with conceptualizations of support in both frameworks. Studies of families' needs tended not to emphasize the importance of matching support needs with support functions, which is a core concept in studies of social support as a coping resource within a stress and coping theoretical framework. From this perspective, social support is most beneficial when the support is responsive (Cutrona, 2012) and when the support given by a support provider corresponds or "matches" with the *needs* or *goals* of the support recipient (Cutrona & Russell, 1990). Also less common were investigations of family support goals for hearing parents of D/HH children, even though goal setting and empowerment as outcomes of support are integral aspects of a family-centered services framework. Specifically, the concept of "goals" is embedded in the professional practices and skills in a family-centered services framework (Dunst & Trivette, 1996) that involve taking actions targeting desired goals and outcomes (Bruder & Dunst, 2008; Epps & Jackson, 2000; Murray et al., 2000; Sass-Lehrer, 2002). It is also embedded in recent theoretical work in social support where there is increasing recognition of the important role of support not only in times of insecurity and stress but also in times of goal pursuit (Cutrona, 2012).

Discussion

With the multiple definitions of social support, its multiple dimensions, and the call to contextualize social support (Williams et al., 2004), a primary objective for this metastudy was to describe, summarize, and integrate recent research about ways that support for hearing parents of D/HH children had been conceptualized and theorized, methods used to study support, and types of data focused on support and support contexts.

Stress and coping theory and family-centered care were two primary guiding frameworks in conceptualizing support for hearing parents of children with hearing loss. For this reason, we felt that a key aspect of contextualizing support in this body of research would be by describing and comparing ways that support has been conceptualized across both of these frameworks.

A main proposition of our paper is that each guiding theoretical framework can inform the other when viewed alongside each other and that integrating ways of conceptualizing and studying social support under these frameworks would help to expand the study of support into new or understudied areas of investigation, and, also, facilitate studies of support that make clear distinctions between social support concepts (Barrera, 1986). Stress and coping theories, for example, contributed understanding of key support influences and relational processes involving formal and, in some cases, informal sources, whereas family-centered services tended to focus on formal supports in studies involving parents of deaf and hard-of-hearing children. Both theoretical perspectives refer to the concept of responsiveness to another's needs (Cutrona, 2012); however, other aspects such as goal setting and empowerment as outcomes of support have typically been highlighted more within a family-centered services than in social support theories.

In the context of family-centered early intervention programs, Turnbull et al. (2007) argue there is a need to develop a conceptual framework of the types of supports and services that programs serving families of children with disabilities should have the resources to provide. They call for a synthesis of research that relates *specific types of family supports* with family outcomes across the child's life course—from early childhood to young adulthood. Specific to the context of families of D/HH children, the descriptive framework that we developed as an outcome of our metasynthesis provides an initial springboard for conceptualizing types of supports and their functions that influence parent and family well-being. We also took this one step further in our study by emphasizing the importance of understanding the various contextual levels—situational, intrapersonal, and interpersonal—in which support is embedded. In this way, we highlight the value of ecological approaches and theory (Bronfenbrenner & Morris, 2007; Bronfenbrenner, 1986) for conceptualizing and

investigating its multidimensionality, the broad range of informal and formal supports, and their specific functions that span various environments, including the individual child level, family, neighborhood, relational community, and programs and services spheres of influence.

Future Directions for Research

In terms of future research, our study indicated that there are a number of strong and promising foundations to build upon, including studies with well-validated, established measures that reflected multidimensional aspects of support and were based in theoretical frameworks of support. For example, stemming from a family-centered care framework, there was an instance (Gascon-Ramos et al., 2010) of a validated measure, My Views on Services (Young et al., 2009), that captured in-depth information about family needs and experiences in relationship to specific supports offered by intervention services. From the theoretical framework of stress and coping, one study (Asberg et al., 2008) used the Inventory of Socially Supportive Behaviors (Barrera et al., 1981), which includes measures of multiple functions of support. Outside the reviewed studies with parents of D/HH children, there are also other well-validated measures that assess multiple aspects of support, such as the Measure of Processes of Care (King, Rosenbaum, & King, 1995), which is a well-established measure of parents' perceptions of the behaviors of service providers that may be used to inform understanding of support for hearing parents of D/HH children.

Based on our metasynthesis, we suggest that future studies of support for hearing parents of D/HH children continue to draw from theoretical frameworks of support and incorporate methods that capture the multidimensionality of support and its relational and transactional aspects across contexts and sources of support. Understanding transactional qualities of social support interactions may contribute to a family-centered services framework though identification of diverse and specific ways that social support promotes, and, in some cases, unintentionally undermines family involvement and well-being (e.g., unhelpful support). Understanding support interactions in greater depth, including the extent that communication in interaction is perceived as supportive,

may also yield new insights into helpful and unhelpful sources of support in parent-professional interactions (Poon, Jamieson, Buchanan, & Brown, 2008).

In our view, further empirical information is needed that is reflective of multiple functions of support, assesses on a longitudinal basis the fit between families' needs and a range of specific support functions, and also investigates influences on parent and family outcomes. Support functions were typically studied with the perspective of parents as support recipients. There was a paucity of research that involved investigation of the conditions for and nature of parents of children with hearing loss actively seeking support from other people. Family outcomes of supports, with the exception of parents' perceived adequacy of supports, is an understudied area not only in the contexts of hearing parents of D/HH children but also for families of children with disabilities more broadly (Bailey et al., 2012).

Implications for Family-Centered Service Provision

In terms of practical implications, information regarding the specific functions of social support can also be valuable in guiding the design of social support interventions for parents of children with hearing loss. In a recent study (Guralnick et al., 2008), a distinction was made between specific functions of social support in predicting levels of child-related and parenting-related stress among mothers of children with developmental delays. Findings demonstrated that parenting support (i.e., support to provide advice or caretaking and help) during early childhood predicted lower levels of both parent- and child-related stress following children's transition to elementary school 2 years later. In contrast, general support (i.e., primarily emotional support and validation) had different and less widespread effects on parental stress. In a qualitative study, three types of psychological support (i.e., emotional support, instrumental support, and cognitive support) were linked to self-perceptions and enabling beliefs of individuals with chronic disabilities at periods of transition (King, Willoughby, Specht, & Brown, 2006).

From a family-centered services and intervention perspective, how different social support functions have differential impacts on various family outcomes and how that may change over time would contribute to

development of an intervention framework and design of early intervention programs that are sensitive to the timing and types of support needs for diverse families. For example, a guidance support function is consistent with family-centered approaches that aim to promote parental involvement and self-efficacy; whereas an emotional support function is consonant with parental well-being. This suggests, then, that when designing and evaluating interventions for hearing parents of D/HH children, not only could there be consideration of the objectives of the intervention and the theoretical model from which it is based, but also the various functions that social support plays in diverse contexts (Cohen, Gottlieb, & Underwood, 2001).

The results of our study also indicated that there were variable views regarding the adequacy of support services provided to families, with services perceived as more or less capable of addressing parents' support needs. It may be important, then, for practitioners to understand who would stand to benefit the most and least from social support, because variation in outcomes of support may be owing to differences in participants' initial risk status, social skills, or network relationships (Cohen et al., 2001). One method for ensuring that these contextual factors are considered when planning support strategies with parents is to conduct baseline and follow-up support network assessments, which involve careful review of features of parents' social environment, personal characteristics, and particular unmet support needs (Gottlieb, 2000), p. 197). Gottlieb and Wagner (1991) indicated that social support is dynamic and changing over time. A person's history of supportive and unsupportive experiences would influence that person's perception of support in the present (Turner, 1999). These assessments would be used as part of an evidence-based approach to help tailor services to the support needs of parents rather than trying to fit parents to a pre-existing set of services (Gottlieb, 2000).

Study Limitations

Although we purposefully kept our search terms broad to facilitate identification of a range of studies related to support for hearing parents of D/HH children, there may be a number of relevant studies missed that would have represented a broader range of support contexts.

For example, the studies reviewed did not equally represent support contexts reflective of the diverse mix of communication modes used; received support may vary depending on communication mode used by the child. Also, numerous studies reviewed included a wide range in children's ages with varying degrees of recency from diagnosis of hearing loss, and, as mentioned previously, cross-sectional, single point-in-time data collection. Therefore, although the concept of changing stressors, supports, and support needs was incorporated into our framework as an aspect of the situational context, we were unable to capture in any depth with the data available the extent that parents' support needs and perceived and received support changed over time and with the developmental stage of the child.

Conclusion

Overall, our metasynthesis highlights the important role of social support for hearing parents of D/HH children. Social support, frequently noted as an integral part of the coping experiences of parents of D/HH children, was also often embedded within a broader framework of family-centered service provision, with primary emphasis on perceived support from professional sources and more limited attention on diverse types of support functions. A contextualized approach to understanding support for hearing parents of children with hearing loss, including an approach that draws upon the guiding frameworks of family-centered care and longstanding research in stress and coping, would contribute to our understanding of the complexity and multidimensionality of social support, and also greatly inform the development of strategies for investigating and applying knowledge of support functions in family-centered service provision for families of D/HH children.

Supplementary Data

Supplementary Tables are available at <http://jdsde.oxfordjournals.org/>.

Funding

Michael Smith Foundation for Health Research; Social Sciences and Humanities Research Council of Canada;

Azrieli Foundation Postdoctoral Research Fellowship to A.Z-Z.

Conflicts of Interest

No conflicts of interest were reported.

Acknowledgments

The authors thank Chih-Wei Hsu and Jannie Wing-sea Leung for their assistance in manuscript preparation. The authors also thank Professor Alys Young and the peer reviewers of the manuscript for their helpful comments and suggestions.

References

- Asberg, K. K., Vogel, J. J., & Bowers, C. A. (2008). Exploring correlates and predictors of stress in parents of children who are deaf: Implications of perceived social support and mode of communication. *Journal of Child and Family Studies, 17*, 486–499. doi:10.1007/s10826-007-9169-7
- Bailey, D. B., & Blasco, P. M. (1990). Parents' perspectives on a written survey of family needs. *Journal of Early Intervention, 14*, 196–203. doi:10.1177/105381519001400302
- Bailey, D. B. (1990). *FOCAS: Family orientation of community and agency services*. Chapel Hill: Carolina Institute for Research on Infant Personnel Preparation.
- Bailey, D. B., Raspa, M., & Fox, L. C. (2012). What is the future of family outcomes and family-centered services? *Topics in Early Childhood Special Education, 31*, 216–223. doi:10.1177/0271121411427077
- Barrera, M. (1986). Distinctions between social support concepts, measures, and models. *American Journal of Community Psychology, 14*, 413–445. doi:10.1007/BF00922627
- Barrera Jr., M., Sandler, I. N., & Ramsay, T. B. (1981). Preliminary development of a scale of social support: Studies on college students. *American Journal of Community Psychology, 9*, 435–447. doi:10.1007/BF00918174
- Bronfenbrenner, U. (1986). Ecology of the family as a context for human development: Research perspectives. *Developmental Psychology, 22*, 723–742. doi:10.1037/0012-1649.22.6.723
- Bronfenbrenner, U., & Morris, P. A. (2007). The bioecological model of human development. In *Handbook of child psychology*. New York City, NY: John Wiley & Sons. Retrieved from <http://onlinelibrary.wiley.com/doi/10.1002/9780470147658.chpsy0114/abstract>
- Brown, P. M., Bakar, Z. A., Rickards, F. W., & Griffin, P. (2006). Family functioning, early intervention support, and spoken language and placement outcomes for children with profound hearing loss. *Deafness & Education International, 8*, 207–226. doi:10.1002/dei.203
- Bruder, M. B., & Dunst, C. J. (2008). Factors related to the scope of early intervention service coordinator practices. *Infants & Young Children, 21*, 176–185. doi:10.1097/01.IYC.0000324547.54693.18
- Cassel, J. (1976). The contribution of the social environment to host resistance. *American Journal of Epidemiology, 104*, 107–123.
- Cobb, S. (1976). Presidential address-1976. Social support as a moderator of life stress. *Psychosomatic medicine, 38*, 300–314.
- Coffman, S., & Ray, M. A. (2002). African American women describe support processes during high-risk pregnancy and postpartum. *Journal of Obstetric, Gynecologic, & Neonatal Nursing, 31*, 536–544. doi:10.1111/j.1552-6909.2002.tb00078.x
- Cohen, S., Gottlieb, B. H., & Underwood, L. G. (2001). Social relationships and health: Challenges for measurement and intervention. *Advances in Mind-Body Medicine, 17*, 129–141.
- Cowen, E. L. (2000). Community psychology and routes to psychology wellness. In J. Rappaport & E. Seidman (Eds.), *Handbook of community psychology* (pp. 79–99). New York, NY: Kluwer/Plenum.
- Crnic, K. A., Greenberg, M. T., Ragozin, A. S., Robinson, N. M., & Basham, R. B. (1983). Effects of stress and social support on mothers and premature and full-term infants. *Child Development, 54*, 209–217. doi:10.2307/1129878
- Cutrona, C. E. (1996). *Social support in couples: Marriage as a resource in times of stress* (Vol. 16). Thousand Oaks, CA: Sage.
- Cutrona, C. E. (2012). Recent advances in research on social support in couples. In P. Noller & G. C. Karantzas (Eds.), *The Wiley-Blackwell handbook of couples and family relationships* (pp. 392–405). Hoboken, NJ: Wiley-Blackwell. Retrieved from <http://onlinelibrary.wiley.com/doi/10.1002/9781444354119.ch27/summary>
- Cutrona, C. E., & Russell, D. W. (1990). Type of social support and specific stress: Toward a theory of optimal matching. In B. R. Sarason, I. G. Sarason, & G. R. Pierce (Eds.), *Social support: An interaction view* (pp. 319–366). New York, NY: Wiley.
- Darling, S. M., & Gallagher, P. A. (2004). Needs of and supports for African American and European American caregivers of young children with special needs in urban and rural settings. *Topics in Early Childhood Special Education, 24*, 98–109. doi:10.1177/02711214040240020501
- Dubouloz, C.-J., King, J., Paterson, B., Ashe, B., Chevrier, J., & Moldoveanu, M. (2010). A model of the process of transformation in primary care for people living with chronic illnesses. *Chronic Illness, 6*, 282–293. doi:10.1177/1742395310383340
- Dunst, C. J., Jenkins, V., & Trivette, C. M. (1984). Family support scale: Reliability and validity. *Journal of Individual, Family, and Community Wellness, 1*, 45–52. Retrieved from <http://www.icpsr.umich.edu/icpsrweb/childcare/resources/18167>
- Dunst, C. J., & Trivette, C. M. (1994). What is effective helping? In C. J. Dunst, C. M. Trivette, & A. G. Deal (Eds.), *Supporting and strengthening families: Vol. 1. Methods, strategies and practices* (pp. 162–170). Cambridge, MA: Brookline Books.
- Dunst, C. J., & Trivette, C. M. (1996). Empowerment, effective helping practices and family-centered care. *Pediatric Nursing, 22*, 334–337, 343.
- Epps, S. E., & Jackson, B. J. (2000). *Empowered families, successful children: Early intervention programs that work*. Washington, DC: American Psychological Association.
- Feeney, B. C., & Thrush, R. L. (2010). Relationship influences on exploration in adulthood: The characteristics and

- function of a secure base. *Journal of Personality and Social Psychology*, 98, 57–76. doi:10.1037/a0016961
- Gascon-Ramos, M., Campbell, M., Bamford, J., & Young, A. (2010). Influences on parental evaluation of the content of early intervention following early identification of deafness: A study about parents' preferences and satisfaction. *Child: Care, Health and Development*, 36, 868–877. doi:10.1111/j.1365-2214.2010.01092.x
- Goldenberg, H., & Goldenberg, I. (1998). *Counseling today's families* (3rd Ed.). Pacific Grove, CA: Brooks-Cole.
- Gottlieb, B. H. (2000). *Using and misusing social support to promote human health welfare?* Edmonton: Centre for Health Promotion Studies, University of Alberta.
- Gottlieb, B. H., & Wagner, F. (1991). Stress and support processes in close relationships. In J. Eckenrode (Ed.), *The social context of coping* (pp. 165–188). New York, NY: Plenum Press.
- Guralnick, M. J., Hammond, M. A., Neville, B., & Connor, R. T. (2008). The relationship between sources and functions of social support and dimensions of child- and parent-related stress. *Journal of Intellectual Disability Research*, 52, 1138–1154.
- Hintermair, M. (2000). Hearing impairment, social networks, and coping: the need for families with hearing-impaired children to relate to other parents and to hearing-impaired adults. *American Annals of the Deaf*, 145, 41–53. doi:10.1353/aad.2012.0244
- Hintermair, M. (2004). Sense of coherence: A relevant resource in the coping process of mothers of deaf and hard-of-hearing children? *Journal of Deaf Studies and Deaf Education*, 9, 15–26. doi:10.1093/deafed/enh005
- Hintermair, M. (2006). Parental Resources, Parental Stress, and Socioemotional Development of Deaf and Hard of Hearing Children. *Journal of Deaf Studies and Deaf Education*, 11, 493–513. doi:10.1093/deafed/enl005
- Hostler, S. L. (1994). *Family-centered care: An approach to implementation*. Charlottesville: Kluge Children's Rehabilitation Center, University of Virginia.
- Ingber, S., & Dromi, E. (2009). Demographics affecting parental expectations from early deaf intervention. *Deafness & Education International*, 11, 83–111. doi:10.1002/dei.257
- Jackson, C. W., Traub, R. J., & Turnbull, A. P. (2008). Parents' experiences with childhood deafness: Implications for family-centered services. *Communication Disorders Quarterly*, 29, 82. doi:10.1177/1525740108314865
- Jamieson, J. R., Zaidman-Zait, A., & Poon, B. (2011). Family support needs as perceived by parents of preadolescents and adolescents who are deaf or hard of hearing. *Deafness & Education International*, 13, 110–130. doi:10.1179/1557069X11Y.0000000005
- King, G., Willoughby, C., Specht, J. A., & Brown, E. (2006). Social support processes and the adaptation of individuals with chronic disabilities. *Qualitative Health Research*, 16, 902–925. doi:10.1177/1049732306289920
- King, S., Rosenbaum, P., & King, G. (1995). *The measure of processes of care: A means to assess family-centred behaviours of health care providers*. Hamilton, Ontario: Neurodevelopmental Clinical Research Unit, McMaster University. Retrieved from <http://www.canchild.ca/en/childrenfamilies/mpoc.asp>
- Lederberg, A. R., & Golbach, T. (2002). Parenting stress and social support in hearing mothers of deaf and hearing children: A longitudinal study. *Journal of Deaf Studies and Deaf Education*, 7, 330–345. doi:10.1093/deafed/7.4.330
- Logsdon, C., Birkimer, J. C., Ratterman, A., Cahill, K., & Cahill, N. (2002). Social support in pregnant and parenting adolescents: research, critique, and recommendations. *Journal of Child and Adolescent Psychiatric Nursing*, 15, 75–83. doi:10.1111/j.1744-6171.2002.tb00328.x
- Logsdon, M. C., & Usui, W. M. (2006). The postpartum support questionnaire: Psychometric properties in adolescents. *Journal of Child and Adolescent Psychiatric Nursing*, 19, 145–156. doi:10.1111/j.1744-6171.2006.00062.x
- Lucas, P. J., Baird, J., Arai, L., Law, C., & Roberts, H. M. (2007). Worked examples of alternative methods for the synthesis of qualitative and quantitative research in systematic reviews. *BMC Medical Research Methodology*, 7, 4. doi:10.1186/1471-2288-7-4
- Meadow-Orlans, K. P., Mertens, D. M., Sass-Lehrer, M. A., & Scott-Olson, K. (1997). Support services for parents and their children who are deaf or hard of hearing: A national survey. *American Annals of the Deaf*, 142, 278–293. doi:10.1353/aad.2012.0221
- Mikkelsen, U. J., Nielsen, P., & Rasmussen, S. (2001). Support services in Denmark for parents of children who are deaf or hard of hearing—a national survey. *Scandinavian Audiology*, 30, 116–119. doi:10.1080/010503901750166862
- Minchom, S., Shepherd, M., White, J., Hill, J., & Lund, P. (2003). Service needs of hearing-impaired children and their families: Report of a survey of parental attitudes. *Deafness and Education International*, 5, 93–107. doi:10.1002/dei.145
- Most, T., & Zaidman-Zait, A. (2001). The needs of parents of children with cochlear implants. *Volta Review*, 103, 99.
- Murray, C. J. L., Salomon, J. A., & Mathers, C. (2000). A critical examination of summary measures of population health. *Bulletin of the World Health Organization*, 78, 981–994. doi:10.1590/S0042-96862000000800008
- Neuss, D. (2006). The ecological transition to auditory-verbal therapy: Experiences of parents whose children use cochlear implants. *Volta Review*, 106, 195.
- Paterson, B. L., Thorne, S. E., Canam, C., & Jillings, C. (2001). *Meta-study of qualitative health research: A practical guide to meta-analysis and meta-synthesis*. New York, NY: Sage.
- Pipp-Siegel, S., Sedey, A. L., & Yoshinaga-Itano, C. (2002). Predictors of parental stress in mothers of young children with hearing loss. *Journal of Deaf Studies and Deaf Education*, 7, 1–17. doi:10.1093/deafed/7.1.1
- Poon, B. T., Jamieson, J. R., Buchanan, M., & Brown, D. K. (2008). Parent-screener discourse in a newborn hearing screening program. *Infants & Young Children*, 21, 160–173. doi:10.1097/01.IYC.0000314487.00324.96
- Quittner, A. L., Glueckauf, R. L., & Jackson, D. N. (1990). Chronic parenting stress: moderating versus mediating effects of social support. *Journal of Personality and Social Psychology*, 59, 1266–1278. doi:10.1037/0022-3514.59.6.1266
- Quittner, A. L., Barker, D. H., Cruz, I., Snell, C., Grimley, M. E., & Botteri, M.; the CDaCI Investigative Team. (2010). Parenting stress among parents of deaf and hearing

- children: Associations with language delays and behavior problems. *Parenting, Science and Practice*, 10, 136–155. doi:10.1080/15295190903212851
- Rodrigo, M. J., Martín, J. C., Máiquez, M. L., & Rodríguez, G. (2007). Informal and formal supports and maternal child-rearing practices in at-risk and non at-risk psychosocial contexts. *Children and Youth Services Review*, 29, 329–347. doi:10.1016/j.chilyouth.2006.03.010
- Sarason, I. G., Pierce, G. R., & Sarason, B. R. (1990). Social support and interactional processes: A triadic hypothesis. *Journal of Social and Personal Relationships*, 7, 495–506. doi:10.1177/0265407590074006
- Sass-Lehrer, M. (2002). *Early beginnings for families with deaf and hard of hearing children: Myths and facts of early intervention and guidelines for effective services*. Washington, DC: Laurent Clerc National Deaf Education Center, Gallaudet University. Retrieved from <http://education-advocacy.com/Resources/LeClerc-2002-Early%20Beginnings-DHH%20Children.pdf>
- Sorkin, D. L., & Zwolan, T. A. (2008). Parental perspectives regarding early intervention and its role in cochlear implantation in children. *Otology & Neurotology*, 29, 137–141. doi:10.1097/mao.0b013e3181616c88
- Stewart, M. J. (1993). *Integrating social support in nursing*. Newbury Park, CA: Sage.
- Thoits, P. A. (1995). Stress, coping, and social support processes: Where are we? what next? *Journal of Health and Social Behavior*, 35, 53–79.
- Turnbull, A. P., Summers, J. A., Turnbull, R., Brotherson, M. J., Winton, P., Roberts, R., ... Stroup-Rentier, V. (2007). Family supports and services in early intervention: A bold vision. *Journal of Early Intervention*, 29, 187–206. doi:10.1177/105381510702900301
- Turnbull, A., & Turnbull, H. R. (1990). *Families, professionals, and exceptionality: A special partnership* (2nd Ed.). Columbus, OH: Charles E. Merrill.
- Turner, R. J. (1999). Social support and coping. In A. V. Horwitz & T. L. Scheid (Eds.), *A handbook for the study of mental health: Social contexts, theories, and systems* (pp. 198–210). New York, NY: Cambridge University Press.
- Williams, P., Barclay, L., & Schmied, V. (2004). Defining social support in context: A necessary step in improving research, intervention, and practice. *Qualitative Health Research*, 14, 942–960. doi:10.1177/1049732304266997
- Young, A., Gascon-Ramos, M., Campbell, M., & Bamford, J. (2009). The design and validation of a parent-report questionnaire for assessing the characteristics and quality of early intervention over time. *Journal of Deaf Studies and Deaf Education*, 14, 422–435. doi:10.1093/deafed/enp016
- Zaidman-Zait, A. (2008). Everyday problems and stress faced by parents of children with cochlear implants. *Rehabilitation Psychology*, 53, 139. doi:10.1037/0090-5550.53.2.139
- Zaidman-Zait, A. (2007). Parenting a child with a cochlear implant: A critical incident study. *Journal of Deaf Studies and Deaf Education*, 12, 221–241. doi:10.1093/deafed/enl032