

Parental Training Program for Parents of Deaf/Hearing Impaired Children

Abinitha.M¹, Baby Shari. P. A.²

¹Research Scholar, Department of Psychology, University of Calicut, Kerala

² Professor, Department of Psychology, University of Calicut, Kerala

Abstract: Deafness, hearing impairment, or hearing loss is a partial or total inability to hear. Hearing impairment directly affects acquisition of speech and language development. Hearing impaired children miss sensory stimulation which is a requirement for speech development. This impairment has fatal influence on the total development of the personality in all its social, emotional, intellectual and locomotive aspects (Bosteels, Van Hove & Vandebroek, 2012).Due to the rapid changes in the body, mind and social interactions around, adolescents face many crises in life which is a normal phenomenon. But for a deaf or hearing-impaired person it will be very crucial to overcome this crisis. The role played by a parent in upbringing a hearing impaired person is directly influencing the confidence he or she acquire to develop a positive self-concept and friends to move on. The attachment between parents and adolescent, their interactions, feedback, support, providing encouragements and creating a feeling that 'I am here with you'- are contributing effectively to the healthy development. So it becomes a little extra important in the case of deaf or hearing impaired adolescents. So the present study attempted to explore different parenting styles and to develop a parental training program for parents of deaf/ hearing impaired adolescents.

Keywords: deaf/hearing impaired adolescents, parental training proramme, and parenting

I. INTRODUCTION

Just having a child doesn't make a person a parent. When science has developed into the 20th century and has a bundle of information on how to upbring a child, rearing scientifically is not a luxury, but a basic need on necessity. Studies in Psychology brings out a lot of new strategies and information's, related with child behavior and its direct relation to parenting. Other than keeping those information's as scientific jargons in journals, it can be directly implemented in to real life. Parenting is not seen in one way, but in multidirectional way. At least parent and child influence each other, so that it could be bidirectionally viewed.

Up to the age of 18 years, a parent has to guide and up bring their offspring in usual sense. But, when it becomes a matter of challenged children's, it may even extend longer and the parental concern will usually be high. How far a child develops in to a self-dependent adult by this time is a matter of question toward the scientific upbringing.

Hearing impairment or deafness is a hidden disability. The parent may not able to identify this disability early like visual impairment, mental retardation or cerebral palsy. So this disability in the infant goes unnoticed for an unreasonably long time (Narayanaswamy, Kansara & Rangasayee, 2006). The moment a parent understand that their offspring is deaf, will really be a shocking one. Mostly parent will feel high level of conflict in the beginning, but due to that, they will try to overcome the conflict through either not accepting their child which lead to rejection or over protecting their child. Sanchez-Escobedo (2006) reported that one of the main characteristics in parents of children with disabilities is the excessive overprotection. This over protection hindering the child in decision making skills and the coexistence with other people. (Cited by Raya., Ruiz-Olivares., Pino, & Herruzo, 2013).

The presence of a deaf/ hearing impaired child in a family may affect all areas of family life (Luterman, 1987). Parenting a deaf/ hearing impaired child is a complex activity; when parents raise a hearing child, they may rely on learned parenting skills from their own experience or their peer's experience, but when they raise a deaf/ hearing impaired child they often do not have a model to follow (Antonopoulau, Hadoikakou, Stampoltzis, Nicolaous, 2012).

Studies reported that rigid, intrusive, didactic, and unsupportive parenting styles are associated with poor adjustment among deaf/ hearing impaired children. Quittner (1991) found that mothers of deaf/ hearing impaired children report significant difficulty with parenting, have more problems establishing discipline, and feel less competent than parents of hearing children. Schlesinger and Meadow (1972) noted that parents of deaf children tend to employ a relatively narrow range of discipline practices, relying more heavily on corporal punishment, and report greater uncertainty as to appropriate discipline techniques compared to parents of hearing children.

Deaf/ hearing impaired children may have more difficult temperaments (Prior, Glazner, Sanson, & DeBelle, 1988) and may not be as great a source of positive reinforcement for their parents as hearing children (Quittner, 1991). Communication problems between deaf/ hearing impaired children and their parents may disrupt parenting. Certain studies reported that use of the inadequate communicative strategies in the family environment is related with behavior problems in children, this situation is even worse when there is a presence of children with hearing impairment in family. (Barker, Quittner, Fink, Eisenberg, Tobey & Niparko, 2009; Van Eldik, Treffers, Veerman & Verhulst, 2004) (cited by Raya., Ruiz-Olivares., Pino, & Herruzo, (2013).

Quittner and her colleagues (1990, 1991) found that hearing parents of deaf/ hearing impaired children felt more stress than parents of hearing children. Considerable evidence suggests that parenting stress affects parent child relationships and important child outcomes. Higher levels of parenting stress have been related to poorer social and emotional development and higher rates of behavior problems in both deaf and hearing children (Crnic & Low, 2000; Hintermair, 2006; Lederberg & Everhart, 2000) (cited in Quittner et al., 2010).

The parents of any child have the responsibility to meet the needs of their child and prepare an appropriate environment for their child's healthy growth and development. The parent of a disabled child, however, in addition to these responsibilities is also burdened with additional responsibilities, such as teaching the skills and practicing the habilitation programs. For this reason the parents of disabled children requires additional parenting related needs (Emerson, 2003; Roberts & Lawton, 2001)

In the present study parenting styles of deaf or hearing impaired children/ adolescents were attempted to explore. This was like an exploration to see how the status is and variety is. Later it was extended to an attempt to fill the gap of scientific information available and direct implementation. But here the information was transacted on a training set up, created like a social laboratory. The participants were parent of deaf or hearing-impaired adolescents. After and during the training, process of interactions and feedbacks were analyzed to study the effectiveness of the program.

II. OBJECTIVES OF THE STUDY

- (i) To explore parenting styles and strategies adopted by parents of deaf or hearing impaired children/ adolescents
- (ii) To design a training package/program for parents of deaf or hearing impaired children/ adolescents on effective parenting.
- (iii) To conduct small group intervention training program.
- (iv) To analyze feedbacks and process of interaction during training so as to refine the program and to finalize it.

III. METHOD

Sample: Phase I: It is an exploration phase. The sample consisted 65 parents of deaf/ hearing impaired adolescents. The purposive sampling was used to select the sample from the population.

Phase II: The sample consisted 20 parents who having deaf / hearing impaired children/ adolescence. Convenience sampling method was used for selecting the sample.

Tools: In order to collect the necessary information from the samples regarding the variable under study, following tools were used. 1) Multidimensional Parenting Scale (Chuhan & Khokhan, 1985) (Malayalam adaptation by Baby Shari & Sudhesh, 2008). It measure parental behavior in terms of ‘mothering’ and; fathering” for the two ends of the 7 dichotomous dimensions both in positive dimensions and in negative dimensions. The positive dimensions sub factors are love, encouragement, acceptance, independency, democratism, dominance, progressivism and the negative dimensions include the sub factors hate, discouragement, rejection, dependence, autocratism, submission and conservatism 2) Socio Demographic Data Schedule, 3) Training modules with simulation, exercise and games which were designed for effective parenting from different sources such as books, internet, discussing with experts etc. It was includes both group activities and individual activities. 4) Self Report

Validity and Reliability of the Study: Validity and reliability of the study was assured by assessing credibility, dependability, transferability and cofirmability of the data.

Procedure Phase I: The investigator met the parents in a small groups from their school settings and explained the aims and objectives of the study. Multidimensional Parenting Scale was administered. Instruction as given as “Read it carefully & note your degree of agreement that first comes to your mind. Choose only one of these that suits to best and put a tick mark on it do not leave any statement without being answered”. After completion the scale was collected and scored. **Phase II:** The parenting intervention program was designed and conducted for the group arranged at the Department of Psychology, Calicut University. Parents (either father or mother) consent was sought to include them in the study. The program started with an initial introduction about the objectives of the program. The investigator had introduced herself and later rapport was established. Personal Data Schedule was given first and data was collected. Then a self-report of subjects about expectations about the program collected. Immediately after this the training simulations, exercises and games are administered as follows,

No	Activity	Objectives	Materials	Time	Method Adopted
1	Ice breaking	To make the trainee to interact with one another, group formation and personal interaction	Paper cards for group	30 minutes	Interaction & introduction
2	Parenting- An Introduction	To know about parenting and to share information about parenting	slides	45 minutes	Interaction & Discussion
3	Expectation About this program	To know the need of participants		20 minutes	Interaction
4	Ground rules	To develop ground rules for the program	Board and pen	20 minutes	discussion

5	Parenting of differentially-abled children	To understand parenting of differentially-abled children, to know the problems faced by parents	checklist	45 minutes	Discussion
6	Energizer (fruit salad)	To make the trainee active & alert between sessions and to release boredom	paper	15 minutes	
7	Parenting adolescence	To gain knowledge about adolescent, their changes & development during this period, to understand how to become a healthy parent of adolescent	checklist	45 minutes	Check list analysis & discussions
8	Parenting styles	To understand different types of parenting styles and how these styles affect children's development, how these styles of parenting help to the children to be independent in decision making, problem solving and critical thinking	Conversation, diary, letter	1 hour	Content analysis and discussion
9	Energizer	To activate trainee in between sessions		10 minutes	
10	Effective communication:- 'Do as I instructed'	To understand the need of a effective communication		30 minutes	Analysis & discussion
11	"Draw as u instructed'	To know the role of non verbal communication in effective communication, and its role in communication with deaf children	Picture	30 minutes	Open discussion & brainstorming
12	Parenting stress	To explore the parenting stress of parents of deaf children	questionnaire	1 hour	Analysis and discussion
13	Energizer	To release boredom			
14	Coping pattern	To explore different coping patterns used by parents, to gain knowledge about healthy coping pattern	Situations case study	1 hour	Case study and situation analysis, discussion
15	Problem solving	To understand alternate solution for problem solving	Case study / role play	1 hour	Case study / story analysis

16	Role of family	To understand role of family in the development of their children, self-awareness		1 hour	Role play, Situation & case study analysis
17	Relaxation	To understand the use of relaxation technique in uncomfortable situation		25 minutes	

IV. RESULTS AND DISCUSSIONS

To explore the parenting styles of parents of deaf/ hearing-impaired children Multi-Dimensional Parenting Scale was used. It helps to assess fathering and mothering which have both positive and negative dimensions of behavior. The mean scores and standard deviation of each sub factors of positive and negative dimensions are given in Table 1

Table 1: Mean and Standard Deviation (SD) of Positive and Negative Dimensions of Multidimensional Parenting Styles

Positive Dimensions	Mean	SD	Negative Dimensions	Mean	SD
Love	56.37	8.64	Hate	60.33	12.23
Encouragement	55.38	6.62	Discouragement	57.50	5.79
Acceptance	54.76	5.61	Rejection	64.58	12.41
Progressivism	54.21	6.62	Conservatism	61.23	8.98
Democratism	57.63	6.47	Autocratism	53.54	9.08
Independency	47.47	7.99	Dependency	60.49	8.36
Dominance	53.16	9.69	Submission	61.56	9.97
As a whole	55.75	7.25	As a whole	64.83	12.08

Among the positive dimensions, the highest mean score was for democratism (57.63, SD=6.47). This indicates that the parent permits freedom to their children and allow the child to be independent and the parent is always liberal to assign duties for the children. The parent takes care of their children with respect as an individual than a problem child. The next highest mean score was for the sub factor love that is 56.37 and SD was 8.64. This means that parents are expressing their affection towards their children. They express their care and love through their words and deeds irrespective of their behavior. The affection expressed by the parent is strong and intense. The least mean score was for the sub factor Independency (47.47). This reveals that the parents provide less freedom for the child through parenting behavior. They adopt autonomous parenting behavior in order to do the expected behavior. The mean score of other sub factors such as encouragement, acceptance, progressivism, dominance was 55.38, 54.76, 54.21, and 53.16.

From the table 2 it is found that scores of negative dimensions are exceeding positive dimensions. The highest mean score of negative dimensions was for rejection and score is 64.58, which indicates the negative and antagonistic attitude of parents towards their children. The participants tend to avoid their children through negligence, withdrawal of care etc. This may lead to an autocratic interaction between parent and child. The next highest score was for submission and it was 61.56. The parent can also be submissive in the role of parenting. The lowest mean score was for autocratism (53.54). This shows that the parent exert power and control over their children. They use punishment in order to avoid negative behavior. The mean score of other sub factors were conservatism (61.23), hate (60.33), dependency (60.49), and discouragement (57.50).

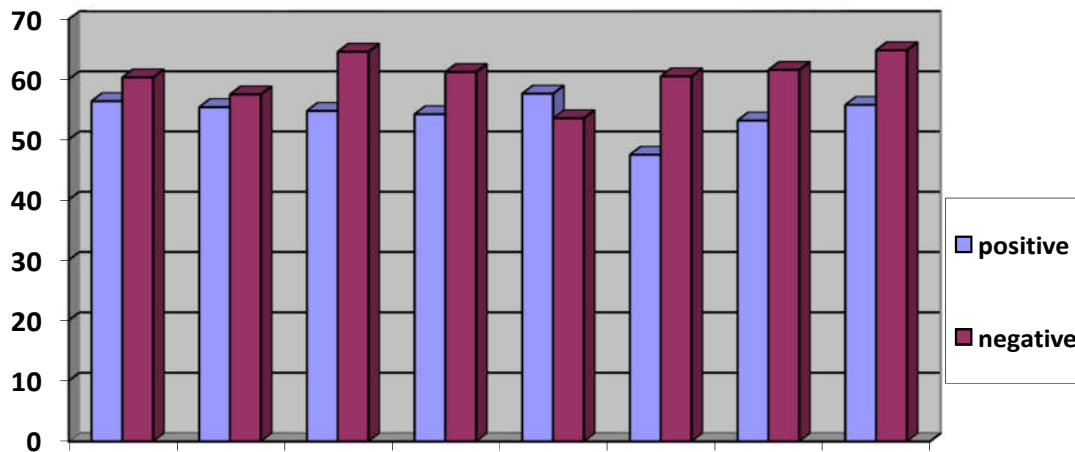


Figure 1: Graph Indicates the Mean Z Score for the Total Sample for Each Subfactor in the Positive and Negative Dimensions

From the figure 1 it can be seen that negative dimensions are comparatively larger than positive dimensions. . It indicates that parents show negative behavior or parenting than positive towards controlling their children. Comparison of different sub factors is also possible through this.

Parenting as a whole

Parenting behavior is studied here using two dimensions namely positive and negative dimensions of parenting. According to the Multi- Dimensional Parenting Scale different types of parenting can be studied, as it includes non-deviant and deviant parenting. Deviant only in negative dimension, deviant only in positive dimension and fully deviant are included in the deviant category. Table 3 gives the details.

Table 2: Categorization of Parenting Dimensions

Non Deviant Positive –Above40 Negative-Below 60	Deviant only in Negative Dimensions Positive –Above40 Negative- Above 60
Fully Deviant Positive – Below 40 Negative- Above 60	Deviant only in Positive Dimensions Positive – Below 40 Negative-Below 60

In this sample, investigators could find that the group falls into two styles of parenting, namely Non Deviant parenting and Deviant parenting. Out of 65 parents 22 are in Non-Deviant group and 43 are in the deviant category. In the deviant category all of them were in partially deviant group that is all deviant parents were deviant only in negative dimensions, which shows that these parents have positive behavior score above 40 but negative behavior score above 60. The specific feature observed was that the majority of the sample were in the category of Deviant in Negative Dimensions of parenting. No one else falls under Fully Deviant and Deviant only in positive dimensions. This result is also showing another interesting findings that these parents are not reluctant to express love and acceptance and also encourage their children, but at the same time they reject, hate, and discourage their children also tend to on conservative principle.

Analysis of intervention

Introducing activities of training was called as ice breaking. This helped the participants to get acquainted with fellow trainees, to decrease their anxiety of new situations and get into a rapport with the trainer and the group. By the end of the activity, a readiness to learn and enjoy the further activities could be attained.

In further session disclosure of the purpose of training was done and specificity of the topic was made. This program was specific to parents of adolescents with hearing impairments so each word of the title was explained, defined and doubts was facilitated. Expectations of the participants were brought out through facilitation and it helped to avoid over expectation and clear out the real strategies, methods to be adopted. Ground rules were also generated through brainstorming so that participants could never violate the rules they prescribed. They gave main emphasis to confidentiality and respect, as they learn from others experiences.

Handout like questionnaire, true/ false statements were not only self-reflective, but also used for doubt clarification. This had also paved opportunity to learn from fellow participants. They reported that they feel quite comfortable that, the problem they face due to the developmental stage, adolescence is only a normal phenomenon (all were sharing similar issues). Networking among the participants could be observed as a by product too. They begin to share experiences and suggest coping strategies during small group interactions.

Energizers worked not only as a refreshing event, but also like an interaction facilitator. The participants reported that they need some opportunity like this for relaxation. They asked some more time for enjoyment and reported that they learn to relax and identify the importance of play. A few parents say that while interacting with their children with having impairment they also in need of some funny target at times, so that humor can be used as coping. It can be either purposeful play or instant humor.

Specific changes and signs of risky behavior during adolescents were brought in the training through a handout and related discussions. Interactions during discussions worked deeper than a personal interview. Even matters they hide in a personal interactions with the investigator could be confidently discussed in the small group situation, where response of each participants worked as a stimulation for another trainee to react or respond. Writing of key points on the board enhanced certain points for discussion or doubt clarification.

Parenting style assessment was an individual activity. No comparison among the participants were allowed but rather what is meant by deviant and non-deviant parenting was explained. Later they were facilitated to share experience related to negative and positive parenting dimensions, along with the consequences they see. Final concluding remarks included in the view that parenting is unidirectional. Adolescent also take an equally important role in the same. The chances for overprotection, feeling of rejection, expressions of concerns through gifts and materials etc. were disclosed through examples where the chances of child getting into manipulating the parents also cited.

Communication, its significance, styles, effectiveness etc. were dealt with through games and interactions. The reluctance to adopt an effective style for the time was shown through their own time examples. The significance of leadership, initiating communication, recognition, encouragement, reinforcement, praising and reward, facial expression and gestures, being open, asking for opinion, expressing the financial difficulties and limits, etc. was discussed finally. Skill development in participants was facilitated.

Stress experienced due to parenting and the coping strategies used to overcome their stress were explored using questionnaires and case studies. Most of them told that they were experiencing more stress than parents of normal children. They also shared the situations when they experienced more stress and sadness e.g.; when school denied admission to their child because of deafness, problems they faced in their families, in social situations others staring like marriages, parties etc. The coping strategies they adopted and even worse conditions they faced were shared without any guidance. Relaxation was trained as a strategy to manage stress. Each of the training group did this relaxation very sincerely and reported that they were fully relaxed after the exercise. They felt weightless, fresh mind and relaxed, as per the report. They had certain doubt related to timing, food pattern, and continuity etc. which was cleared during further discussion. Different management techniques were included in the program.

With the help of an incomplete story the skill of problem solving was introduced .A lot of contradictory solutions arose in the group which helped the participants to think different ways to solve a single problem. Alternative thinking, thinking critically and creatively etc. were pointed out. Certain topics were discussed such as rigidity in problem solving, sticking on to the past experience styles etc. Which may be leading complexities. It was concluded that irrespective of the thinking and comments of others the parent should be dealing with his/ her issues, and at the same time providing emotional and social support to the offspring who is an adolescent as well as the hearing impaired. The group gave the feedback that many skills they could understood is also applicable in parenting hearing adolescents too.

Role of family and its effect on adolescent development is discussed with the help of role play. Need of social support, assertiveness, issues like gender discrimination, ageism, lack of empathy etc. were evident in the discussions while evolved after the role-play. The need for identifying positive behavior, facilitation and reinforcement, influence the parent can take etc. were also discussed.

Throughout the program parenting was introduced not as a single entity or starting point but interrelated to many other social factors. Through it was a program for a special group, the main concentration on the psychological aspects parenting. Feedback revealed that the participants could attain skills related to parenting of hearing impaired and adolescents.

Findings

- 1) Parents of deaf/ hearing impaired children/ adolescence adopt positive as well as negative dimensions of parenting behavior to a great extent.
- 2) Mainly two types of parents are seen in the sample, that are Non deviant and Deviant only in negative dimensions and majority of parents belong to negatively deviant parenting.
- 3) Ice breaking can be used to get start an interaction in training and make the participants feel ease. Their anxiety can be reduced and interaction can be made smooth. The presence of likeminded people and similarity in issues help the group to feel homogenous.
- 4) Creating awareness about parent, parenting adolescents, parenting hearing impaired and parenting adolescents of hearing impaired make the participants to have clarity about the role they are playing.
- 5) Discussing personal issues and crisis in the group helped to develop togetherness, 'we' feeling, social support and security in the training sessions. A need for communication and interaction were also developed. Observing similarity in issues helped for better management.
- 6) Opening up of the expectations of the participants helped to avoid misconceptions, and higher expectations which couldn't be dealt with in the training. It provided clarity and authenticity about the content of the training. It was limited to psychological aspects of parenting hearing impaired adolescents only.
- 7) Generating ground rules were effective in managing group. It was better to generate the rules in the beginning session and later the group, than directing them by the trainer. The chances for breaking rules related with listening, timing, responses and interactions were very less, if the ground rules were generated from the trainees. Respecting the feelings of others worked effectively, when some of the participants found difficulty in emotional control while sharing their negative experiences related with child rearing of their offspring with disability. The empathy to be expressed by the trainees was also crucial.
- 8) While making clarity about the role of parenting, myth about disabled children's parenting was addressed. Scientific perspectives were adopted in further discussions, through the analysis of each aspect in-group discussion. Causes of some of the problematic behavior also could be discussed.
- 9) Energizing activities, that could be used in between major training activities help to avoid boredom.
- 10) 'Adolescent Behavior Questionnaire' as well as 'Warning Signs of Adolescence' – were two handouts used. They contained the statements about adolescents which may be either facts or misconceptions. They generated very good discussions, arguments and comments among the trainees, to bring out clarity to the stage their offspring's undergo. These also helped to relate the age to the scientific care of their disabled child, so that their scientific awareness can be enhanced.
- 11) The discussion generated awareness that their offspring who is deaf or hearing- impaired is in need of attention and care, but it is not an overprotection. Their developmental stage (Adolescence) demands certain specific attitude from parents and their development in to an adult can be well accepted. This will also help to generate self-acceptance in the adolescents.
- 12) Awareness about different parenting styles, in an indirect manner, generated criticisms, comments and opinions they together concluded on the most effective type and strategies. This also supported for an attitude change in a safe and supportive environment.
- 13) Parenting style is influenced by many factors like child behaviors, culture, presence/ interactions of significant others, power structure, types of family, financial position, past experiences, reinforcements and so on. So it is not introduced as a unitary entity, but socio culturally related.

- 14) Effective communication and interpersonal relationships are the two major skills associated with parenting deaf or hearing impaired adolescence. When the offspring has difficulty in receiving or generating verbal communication, it doesn't avoid the parents to communicate. They have to engage in whatever mode/ media available, try to communicate and behave in a gentle manner, to their offspring. Adolescents learn from their parents and also try to model them.
- 15) Need for verbal communication and sharing of personal status really help the parents of hearing impaired to understand better coping strategies, feel the commonality of the issues and effective management. There is also a need for networking which may help to experience power.
- 16) Debate about certain topics also is beneficial in the training of parents.
- 17) Communication between hearing parent and hearing impaired child is complex and difficult, but some of the strategies and media used by the hearing impaired like sign language, gestures, facial expressions and nonverbal communication may be learned by the parents for the easiness in communication. Such effective strategies can be easily shared if there is a network among parents.
- 18) Awareness about the stressors help to get clarity and use effective strategies in coping. .
- 19) Zig zag type of communication was found to be effective during training.
- 20) Trainer to one participant communication where the participant talks from the real experience created enough listening and concentration from other participants, like an over hearing.
- 21) Story completion method was found to be effective in problem solving skill. The imaginative capacities could be used for completion, but later on the total story could be analyzed. Social, cultural and moral restrictions adopted by parents in controlling adolescents were revealed. It can be brought out through indirect method.
- 22) Adult learning strategies, like indirect methods and participating approach worked well in the training of parents.
- 23) The feedbacks received were, criticism and analysis of feedbacks helped to modify the program.
- 24) The participants suggested for a three days program and a similar program for the care takers and teachers of their offspring's school. They also denoted that there is a need to teach the society about how to empathize with a person with disability.
- 25) Participants suggest that role of family in adolescent behavior and adolescent's issues could be included in the training program in an indirect way. The ripple effect could be understood by the parents, so that it may lead to facilitation of positive behaviors and friendly approach to the adolescent offspring.

V. CONCLUSION

Parents of deaf/ hearing impaired children/ adolescents adopt positive as well as negative dimensions of parenting behavior to a great extent. Mainly two types of parents are seen in the sample, that are Non deviant and Deviant only in negative dimensions and majority of parents belong to negatively deviant parenting. Through the parental training program the participants understood that the problems they are facing while dealing their hearing impaired adolescents is common deaf/ hearing impaired children/ adolescents is common for all parents even though uniqueness is seen. Giving awareness/ training to parents about the roles they are playing in the life of an offspring along with their children stage of development and problems and challenges of these stage was very helpful for them to up bring their offspring into a fully potential individual. Also this type of training was giving chance for self-disclosure of their concerns, stresses and problems; awareness and skill development in parental practices suitable for their children are expected to enhance the positive mental health of their hearing impaired adolescents.

Reference

- Antonopoulau, K., Hadoikakou, K., Stampoltzis, A., & Nicolaous, N. (2012). Parenting styles of mothers **with** deaf and hard of hearing children and hearing siblings. *Journal of Deaf Studies and Deaf Education*, 306-317.
- Bosteels, S., Van Hove, G., & Vandenbroeck, M. (2012). The roller-coaster of experiences: becoming the parent of a deaf child. *Disability & Society* 27 (7) , 983-996.

- Emerson, E. (2003). *Mothers of children and adolescents with intellectual disability: social and economic situation, mental health status, and the self-assessed social and psychological impact of the child difficulties*, *Journal of Intellectual Disability Research*, 47(4-5), 385-399. DOI:10.10461j.1365-2788.2003.00498.x
- Luterman, D. (1987). *Deafness in the Family*. San Diego, CA: Hill Press.
- Narayanaswamy, S., Kansara, J. & Rangasayee, R. (2006). *DSE (HI)-Manual: Family, Community & Hearing Impaired Child*. New Delhi: Kanishka Publishers, Distributors
- Prior, M.R., Glazner, J., Sanson, A. & DeBelle, G. (1988). *Research note: temperament and behavioural adjustment in hearing impaired children*. *Journal of Child Psychology and Psychiatry*, 29(2), 209–216. DOI: 10.1111/j.1469-7610.1988.tb00705.x
- Quittner, A.L. (1991). *Coping with a hearing – impaired child, a model of adjustment to chronic stress*. In J.H. Johnson & S.B. Johnson (Eds.). *Advances in Child Health Psychology*. (pp. 206-223). Gainesville: University of Florida Press
- 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.
- Quittner, A.L., Barker, D.H., Cruz, I., Snell, C., Grimley, M.E., Botterim, M. & the CDaCI Investigative team (2010). *Parenting stress among parents of deaf and hearing children: association with language delays and behavior problems*. *Parenting: Science And Practice*, 10, 136-155.
- Raya, A. F., Ruiz-Olivares, R., Pino, J & Herruzo, J (2003). *Parenting style and parenting practices in disabled children and its relationship with academic competence and behaviour problems*. *Procedia – Social and Behavioral Science*, 89, 702 – 709.
- Schlesinger, H., & Meadow, K. (1972). *Sound and Sign: Child Deafness and Mental Health*. Berkeley, CA: University of California Press.