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# Effectiveness of Solution-Focused Brief Therapy on Resilience, Coping Self-efficacy and Attitudes of Mothers with Hearing-Impaired Children

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## Abstract

**Background:** Family members, especially parents with children with special conditions (for example, hearing impairment), face various challenges.

**Objectives:** The main aim of the present study was to determine the effectiveness of Solution-focused brief therapy (SFBT) on resilience, coping self-efficacy, and attitudes of mothers with hearing-impaired children.

**Methods:** For this study, a total of 40 mothers of eligible hearing-impaired children in Neyshabur, Iran, were selected simple by random sampling and again randomly divided into two intervention groups (n = 20) and control group (n = 20). For the intervention group, SFBT was implemented in seven sessions (one session per week), but for the control group, no intervention was performed. This study was an applied and quasi-experimental research using a pretest-posttest design. Each of the study groups was assessed three times, including pretest, posttest, and follow-up after the posttest. The collection tools included the Connor Davidson Resilience Scale (CD-RISC), coping self-efficacy scale (CSES), and Parental Attitude Scale Towards Children with Special Needs (PASCSN). Finally, the raw results obtained were analyzed by SPSS version 24 software.

**Results:** The findings of the present study showed that the level of resilience was significantly different between the experimental and control groups, indicating that SFBT had a significant effect on resilience, coping self-efficacy, and attitude of Mothers with Hearing-Impaired Children ($P < 0.001$).

**Conclusions:** Based on the findings, it can be concluded that SFBT can have a positive effect on the resilience, coping self-efficacy, and attitude of mothers with hearing-impaired children. These approaches help mothers focus on practical and effective solutions and feel more in control of their situation in the face of challenges.

*Keywords:* Hearing-Impaired Children, Mothers, Solution-Focused Brief Therapy, Resilience, Coping Self-efficacy, Attitudes

## 1. Background

The World Health Organization (2020) estimates that nearly 9% of hearing loss worldwide occurs in children, and in the United States, permanent hearing loss is diagnosed in 1 to 3 out of every 1,000 births (1). Reports of the incidence of hearing-impaired children with other disabilities have been variable (2). However, general estimates suggest that 25 to 40% of children with hearing loss have one or more co-morbid disabilities (3).

Understanding the many underlying challenges faced by parents caring for children who are deaf or hard of hearing with other disabilities can help pediatric audiologists provide quality services for this population. How audiologists understand and collaborate with parents of children who are deaf or hard of hearing with other disabilities can influence how they manage their hearing care, which in turn can lead to positive intervention outcomes (4).

The challenges of accepting, adapting to, and managing hearing loss have been shown to affect individuals and their families emotionally throughout the lifespan (5, 6). Effective coping with these challenges may lead to mental health, whereas ineffective coping may create problems that hinder life satisfaction or even lead to mental disorders. It has also been reported that

higher coping resources in parents of children with hearing loss reduce parental stress levels (7-9).

The concept of coping self-efficacy is derived from self-efficacy, a central self-regulatory mechanism that motivates human behavior. An individual's self-efficacy allows them to influence their social environment through their beliefs about what they can achieve. Coping self-efficacy refers to confidence in their ability to effectively cope with threatening problems or (10, 11).

Although coping self-efficacy beliefs have been identified as potential mediators between stressful situations and outcomes (12), and research has shown that coping self-efficacy increases resilience, reduces distress symptoms, and maintains emotional well-being (13, 14), challenges and stress for parents can lead to lower coping self-efficacy (15).

On the other hand, research has indicated that life stresses and challenges can negatively impact the development of resilience (16-18). Improving parental resilience can enable parents to better manage the adversities associated with caring for children with special needs. Therefore, it can be beneficial for both themselves as caregivers and for their children (19). So, improving the resilience of family members, especially mothers of children with hearing problems, can be beneficial for both the caregivers and their children.

Parental knowledge and attitudes about hearing loss are also important in the diagnosis and treatment of this condition. Parents show reactions when they are informed about their child's problem (20). It has been shown that parental knowledge and attitudes about hearing problems play an important role in determining the success of timely diagnosis and treatment. Furthermore, parents with low levels of knowledge tend to have less positive attitudes towards such programs (21, 22).

Solution-focused brief therapy (SFBT) is a psychological treatment method that is mainly based on creating solutions and solving problems. This method does not ignore present problems and the reasons for their creation in the past, but the main focus in this approach is on the resources and present conditions of the person and hopes for the future. This type of approach to solution-focused therapy can help the person look forward and move towards his or her goals by using his or her strengths (23, 24).

## 2. Objectives

The main aim of the present study was to determine the effectiveness of SFBT on resilience, coping self-efficacy, and attitudes of mothers with hearing-impaired children.

## 3. Methods

### 3.1. Sampling

The statistical population of the present study included all mothers of children with hearing impairment in Neyshabur, Iran, who had referred to the Institute for the Deaf and the Hearing Rehabilitation Center located in Neyshabur in 2024. To select the samples, a total of 40 eligible mothers of children with hearing impairment were selected by simple random sampling. Then, the selected samples were again randomly divided into two intervention groups (20 people) and control group (20 people).

### 3.2. Inclusion and Exclusion Criteria

Inclusion criteria for selecting mothers included having at least a high school diploma (for reading and writing), age between 25 and 50 years, no psychological disorders (such as depression, borderline personality disorder, and obsessive-compulsive disorder, etc.), and no physical problems. While missing more than two sessions during the treatment period, unwillingness to participate in the study, and receiving pharmacological or non-pharmacological treatment outside the study (arbitrary use or even with a psychiatrist's prescription) were among the exclusion criteria.

### 3.3. Data Collection Procedure

This applied and quasi-experimental research was conducted using a pretest-posttest design for an experimental group and a control group. Each group was assessed three times, including the first assessment with a pretest, the second assessment with a posttest, and the third measurement in the follow-up phase.

Solution-focused brief therapy (intervention) was implemented by an audiologist who is proficient in deaf rehabilitation issues and a deaf treatment facilitator for the experimental groups, but no intervention was applied to the control group. Seven face-to-face intervention training sessions were held for the intervention group, one session per week, lasting approximately three months. Immediately after the intervention for the experimental group, a post-test was administered to both groups. Then, two months after the post-test, a follow-up test was administered to assess the durability of the treatment effects for the intervention group.

### 3.4. Data Collection Tools

Several data collection tools were used in the present study, the details of which are mentioned below.

#### 3.4.1. Connor Davidson Resilience Scale

This tool was developed by Connor and Davidson and has 25 items (questions) with a Likert scale ranging from zero (never) to five (always) (25). The connor davidson resilience scale (CD-RISC) has five subscales including "perception of personal competence", "trust in personal instincts and tolerance of negative affect", "positive acceptance of change and safe relationships", "control" and "spiritual influences". Connor and Davidson (2003) reported the Cronbach's alpha coefficient of the CD-RISC scale as 0.89. Also, the test-retest reliability coefficient at a 4-week interval was 0.87 (25). In addition, Bigdeli et al. (2013) reported the internal consistency of this tool based on Cronbach's alpha as 0.9 (26). Campbell-Sills L, and Stein also standardized the original resilience scale by selecting 10 items from 25 items and standardizing it on a sample size of 511 people. The construct validity of the new resilience scale was based on confirmatory factor analysis, with factor loadings between 44 and 93 percent for each of the ten questions, indicating a desirable and acceptable construct validity for the CD-RISC (27).

#### 3.4.2. Coping Self-efficacy Scale

This scale was first developed by Chesney et al. and aims to assess positive and constructive coping across various dimensions (28). This questionnaire has 26 questions and three dimensions including "stopping unpleasant emotions and thoughts", "problem-focused strategies", and "receiving support from family and friends". Chesney et al. found the reliability of the scale to be 0.80, 83, and 0.91 for the three aforementioned dimensions using Cronbach's alpha (28). The coping self-efficacy scale (CSES) is self-reported and the scoring method for the scale is a three-point Likert scale. In a study conducted by Bahramiyan, the construct validity of the questionnaire was confirmed using factor analysis in the three mentioned scales. The reliability of this questionnaire was also evaluated using Cronbach's alpha, which was 0.8, 0.63, and 0.71 for the aforementioned subscales, respectively, and this coefficient for the entire questionnaire was 0.88 (29).

#### 3.4.3. Parental Attitude Scale Towards Children with Special Needs

This scale was first designed by Govender (30) and has 24 questions and five dimensions including "affection and acceptance", "affection and acceptance", "failure", "hopelessness" and "overprotectiveness". This scale was designed for children with intellectual disabilities, but since the content and format of the items are quite general, it can also be used for different groups of children with special needs. The range of options of this scale is a five-point Likert type and ranges from "strongly agree" (score 5) to "strongly disagree" (score 1). Asghari Nekah and Blghan Abadi calculated the reliability of this scale using the Cronbach's alpha coefficient, which was obtained as 0.80 for the total score of the scale. Also, Cronbach's alpha coefficients for the subscales of acceptance and affection, shame, failure, hopelessness, and overprotectiveness were reported to be 0.61, 0.82, 0.72, 0.66, and 0.75, respectively. In addition, the validity of the scale was also based on intra-scale correlations, with a strong positive correlation between the total attitude score and its five subscales ($P < 0.001$) (31).

### 3.5. Statistical Analysis

The raw results obtained were analyzed by SPSS version 24 software. Initially, using descriptive statistics, frequency, mean, and standard deviation parameters of the data were presented. Then, using inferential statistics, the data were analyzed by Analysis of variance with repeated measures at a significant level ($\alpha = 0.05$) to determine the effectiveness of the intervention method due to the pre-test, post-test, and follow-up test (three measurements).

## 4. Results

The study findings showed that the mean ± standard deviation of the age of the intervention group and the control group was 39.2 ± 2.1 and 39.3 ± 0.8 years, respectively. Of the 40 participants in the study, the frequency of individuals with a diploma, bachelor's, and master's degree education levels was 7 (17.5%), 18 (45%), and 15 (37.5%), respectively. The mean ± standard deviation of the main study variables (including resilience, coping self-efficacy, and attitudes of mothers with hearing-impaired children) in the experimental and control groups based on different stages of the study is presented in Table 1. The findings from the multivariate analysis of covariance (MANCOVA) statistical tests in the post-test and follow-up stages for the experimental and control groups indicate that these groups differ significantly from each other in at least one of the dependent variables ($P < 0.001$) (Table 2). There was a significant difference in the scores of the

**Table 1.** The Mean ± SD of the Main Study Variables in the Experimental and Control Groups Based on Different Stages of the Study

| Variables | Pre-test | Post-test | Follow-up |
|---|---|---|---|
| **Resilience** | | | |
| Exp-G | 36.50 ± 2.11 | 39.30 ± 2.16 | 39.65 ± 2.10 |
| Con-G | 36.90 ± 2.11 | 37.05 ± 2.09 | 37.25 ± 2.11 |
| **Stopping unpleasant thoughts and emotions Stopping unpleasant thoughts and emotions** | | | |
| Exp-G | 58.00 ± 1.70 | 60.20 ± 1.82 | 60.50 ± 1.85 |
| Con-G | 58.15 ± 1.72 | 58.20 ± 1.78 | 58.35 ± 1.76 |
| **Problem-oriented coping** | | | |
| Exp-G | 36.40 ± 1.07 | 38.80 ± 1.14 | 39.20 ± 1.14 |
| Con-G | 36.75 ± 1.10 | 37.10 ± 1.09 | 37.30 ± 1.07 |
| **Getting support from family and friends** | | | |
| Exp-G | 20.90 ± 1.116 | 23.30 ± 1.32 | 23.70 ± 1.32 |
| Con-G | 21.10 ± 1.20 | 21.25 ± 1.23 | 21.30 ± 1.22 |
| **Lack of acceptance and affection** | | | |
| Exp-G | 22.50 ± 0.83 | 20.25 ± 0.90 | 20.15 ± 0.92 |
| Con-G | 21.75 ± 0.77 | 21.55 ± 1.03 | 21.45 ± 1.05 |
| **Shame** | | | |
| Exp-G | 10.90 ± 0.496 | 9.10 ± 0.47 | 9.00 ± 0.46 |
| Con-G | 10.75 ± 0.49 | 10.80 ± 0.57 | 10.60 ± 0.57 |
| **Failure** | | | |
| Exp-G | 11.45 ± 0.49 | 10.05 ± 0.57 | 9.55 ± 0.51 |
| Con-G | 11.40 ± 0.44 | 11.35 ± 0.60 | 11.05 ± 0.52 |
| **Despair** | | | |
| Exp-G | 10.95 ± 0.59 | 9.30 ± 0.66 | 9.20 ± 0.61 |
| Con-G | 11.05 ± 0.57 | 11.10 ± 0.66 | 11.15 ± 0.59 |
| **Extreme story** | | | |
| Exp-G | 23.45 ± 1.27 | 22.20 ± 1.22 | 21.50 ± 1.20 |
| Con-G | 24.40 ± 1.16 | 24.55 ± 1.15 | 24.20 ± 1.13 |
| **Coping self-efficacy** | | | |
| Exp-G | 115.30 ± 3.80 | 122.30 ± 4.12 | 123.40 ± 4.14 |
| Con-G | 116.00 ± 3.97 | 116.55 ± 3.99 | 116.95 ± 3.98 |
| **Attitudes of mothers with hearing-impaired children** | | | |
| Exp-G | 79.25 ± 3.04 | 70.90 ± 2.98 | 69.40 ± 2.89 |
| Con-G | 79.35 ± 2.24 | 79.35 ± 2.70 | 78.45 ± 2.53 |

Abbrevitions: Con-G, control group; EXP-G, experimental group; SD, standard deviation.

dependent variables between the intervention and control groups ($P < 0.001$), indicating that the SFBT intervention was effective on the aforementioned variables (Table 3).

## 5. Discussion

The findings of the present study showed that the level of resilience was significantly different between the experimental and control groups, which means that SFBT had a significant effect on the resilience of mothers with hearing-impaired children. In this regard, the results of the present study were similar to the findings of other studies, including Cepukiene and Pakrosnis (32), Froerer et al. (33), and Gingerich and Peterson (34). In explaining this finding, it can be stated that resilience becomes important when problems and events occur, and some events can cause severe psychological stress and tension to the individual. In such situations, resilience helps the individual to cope with negative emotions and fears resulting from these experiences. People with higher resilience usually have a greater ability to manage stress and find effective solutions. These people can learn from their past experiences and move towards improvement and growth instead of drowning in negative emotions. Resilience also helps them to prevent the long-term negative effects of traumatic events and return to their normal lives.

**Table 2.** The Results of Multivariate Analysis of Covariance on Resilience Scores, Coping Self-efficacy, and Attitudes of Mothers with Hearing-impaired Children in the Experimental and Control Groups at Post-test and Follow-up Stages

| Source of Change | Value | F | Hypothesis (DF) | Error (DF) | P-Value | Test Power |
|---|---|---|---|---|---|---|
| **Post-test step** | | | | | | |
| Pillai's trace | 0.819 | 12.263 | 6 | 106 | 0.001 | 0.409 |
| Wilks's lambda | 0.182 | 23.263 | 6 | 104 | 0.001 | 0.573 |
| Hotelling's trace | 4.479 | 38.073 | 6 | 102 | 0.001 | 0.691 |
| Roy's largest root | 4.478 | 79.107 | 6 | 53 | 0.001 | 0.817 |
| **Follow-up step** | | | | | | |
| Pillai's trace | 0.828 | 12.471 | 6 | 106 | 0.001 | 0.414 |
| Wilks's lambda | 0.173 | 24.309 | 6 | 104 | 0.001 | 0.584 |
| Hotelling's trace | 4.767 | 40.516 | 6 | 102 | 0.001 | 0.740 |
| Roy's largest root | 4.766 | 84.191 | 6 | 53 | 0.001 | 0.827 |

Abbreviation: DF, degree freedom.

Various factors such as social support, coping skills, and positive attitude can affect the level of resilience of individuals. Therefore, strengthening these factors can help improve resilience in individuals and make them more resistant to life challenges (35). Solution-focused brief therapy allows for the shortest possible time to reach the desired goal. In other words, SFBT is a fast track to resolving problems and achieving appropriate solutions (36). Solution-focused brief therapy is a therapeutic approach that focuses on identifying and strengthening the individual's resources and capabilities. This type of therapy can have positive effects, especially for mothers of hearing-impaired children. Finally, it can be said that SFBT can significantly enhance the level of resilience of mothers of hearing-impaired children. By creating a sense of control, increasing hope, developing problem-solving skills, strengthening social relationships, and providing a safe space for expressing emotions, SFBT can help mothers cope better with their challenges and improve the quality of life for themselves and their children (34-36).

The findings of the present study showed that the level of coping self-efficacy was significantly different between the experimental and control groups. In other words, SFBT had a significant effect on the level of coping self-efficacy of mothers with hearing-impaired children. A search for similar previous studies showed that the findings of this study were consistent with the results of research conducted by Cepukiene and Pakrosnis (32), Froerer et al. (33), and Gingerich and Peterson (34). Mothers of children with hearing impairments face specific challenges that can affect their mental health and quality of life. One effective way to enhance coping skills in these mothers is through the use of SFBT. This type of therapy focuses on strengths and existing resources and helps mothers find solutions to their problems. This type of therapy helps mothers identify their own strengths and abilities and use them to solve problems. Mothers who have participated in solution-focused therapy programs feel better about their abilities and are able to cope more effectively with the challenges of their child. This can lead to improved quality of life for families and also have a positive impact on children (37). Ultimately, SFBT can improve both the mental state of parents and strengthen family relationships and also improve the overall quality of life of families.

The results of the present study showed that SFBT caused a significant change in the attitudes of mothers of hearing-impaired children, which is consistent with the findings reported in studies by Cepukiene and Pakrosnis (32), Froerer et al. (33), and Gingerich and Peterson (34). In explaining this finding, it can be stated that positive or negative attitudes of parents towards children with special needs cause emotional states in the child, parents, and other family members. In addition, mothers' attitudes directly and indirectly affect the pursuit and receipt of educational, counseling, and rehabilitation services by those mothers. Some studies show that parents' attitudes play an important role in how children are raised, the development of their talents, and the formation of their attitudes. Parents with positive attitudes can create a supportive and nurturing environment for their children, which contributes to the child's psychological and social development (38). Providing awareness to parents of children with special needs, along with changing their attitudes, is a fundamental step in changing parental behavior. This awareness can include information about the children's specific needs, effective parenting methods, and the importance of

**Table 3.** Results of the Bonferroni Test for Pairwise Comparisons of Mean Scores of Research Variables

| Variables | Study Groups | Mean ± SD | P-Value | Lower Band | Upper Band |
|---|---|---|---|---|---|
| **Resilience** | Con. G -Exp. G | -2.647 ± 0.350 | 0.001 | -3.511 | -1.872 |
| **Coping self-efficacy** | Con. G -Exp. G | -6.497 ± 0.706 | 0.001 | -8.242 | -4.752 |
| **Negative parental attitude** | Con. G -Exp. G | -8.376 ± 1.159 | 0.001 | -11.242 | -5.511 |

emotional support. By increasing knowledge and changing parents' attitudes, they can help improve the quality of life and development of their children, and ultimately, create a positive and constructive environment for the child's talents to grow and flourish (38, 39). During the SFBT process, individuals learn to find exceptions and positive aspects of their lives and are encouraged to focus on solutions rather than problems. In SFBT sessions, individuals also learn to plan to enhance the desirable and positive features of their lives (39). Therefore, it can be expected that the attitudes of mothers with hearing-impaired children will become more positive after the SFBT process.

### 5.1. Limitations

One of the limitations of the present study was that the samples were selected only from the city of Neyshabur, Iran, so the results may not be appropriate for other cities with different cultures and demographic characteristics. In addition, the use of a self-report instrument was another limitation of the present study. Therefore, errors common to self-report instruments such as questionnaires are also possible in this study.

### 5.2. Conclusions

The results of the present study showed that SFBT can have a positive effect on the resilience, coping self-efficacy, and attitude of mothers of hearing-impaired children. These approaches help mothers focus on practical and effective solutions and feel more in control of their situation. By strengthening resilience, mothers can more easily adapt to the challenges and pressures of raising a hearing-impaired child. Also, increasing coping self-efficacy allows them to respond to problems with more confidence and benefit from their strengths. Ultimately, these changes can lead to improved attitudes in mothers and help them create a supportive and positive environment for their children.

## Footnotes

**Authors' Contribution:** E. M. Participation in study design, Data collection and data analysis; A. A. Participation in study design, writing and revision of original and revised manuscript; S. M. A. Participation in study design, supervision, investigation, methodology, project administration, data curation.

**Conflict of Interests Statement:** Authors confirm that there are no relevant financial or non-financial competing interests to this study.

**Data Availability:** The dataset presented in the study is available on request from the corresponding author during submission or after publication.

**Ethical Approval:** The study protocol was approved by the Ethics Committee of Mashhad Branch, Islamic Azad university, Mashhad, Iran (Ethical code: IR.IAU.MSHD.REC.1403.099 ).

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