

# Fatherhood Research Bulletin

Bulletin 35





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## NEWS from the Australian Fatherhood Research Network

### Symposium on fatherhood research in Australia: What are we up to? Where to from here?



In 2004, as part of the Fatherhood Research Report, the Engaging fathers Project at the University of Newcastle's Family Action Centre brought together researchers to assess the state of knowledge about Australian fathers. The report *Fatherhood Research in Australia* was the first comprehensive account of published research on the subject of fatherhood in Australia. The report found that while 'fathers

and family separation' had received considerable attention questions surrounding father's role in maintaining their families, or how they influence the development of infants and children remain largely unanswered for Australian populations; this was especially the case for marginalised groups such as Indigenous, gay and young fathers. Research was also meagre on fathers facing special difficulties because of their own physical or mental disability, family poverty or substance abuse and the effects of fathering on conditions that may be suffered by children also had not been well studied.

At that time, only a limited number of researchers considered fathers to be a significant component of their research activities. Since 2005 a groundswell of interest in fathers, both in Australia and internationally, has led to increased recognition of the gaps in our understanding of male parenting.

In 2016 researchers from across Australia were invited to come together to discuss, plan and collaborate. The aim was not only to consider the evidence that is currently available from the journal articles and books produced by Australian researchers on the topics of fathers and fatherhood but to compare perspectives and plans and to seek to build collaborative approaches to primary, applied and translational research projects.

Symposium Participants: Dr Jennifer Baxter, Dr Titia Benders, Dr Elaine Bennett, Mr James Brown, Mr Matthew Burn, Dr Liz Comrie-Thomson, Mr Paul-Auguste Cornefert, Dr Elisabeth Duursma, A/Professor Richard Fletcher, Mr Gilles Forget, Dr Rebecca Giallo, Professor Alan Hayes, A/Professor Frances Kay-Lambkin, Dr Liana Leach, Dr Jacqui Macdonald, Dr Chris May, Dr Silke Meyer, Professor Phil Morgan, Professor Jan Nicholson, Ms Cate Rawlinson, Dr Maria Reboredo, Dr Elisha Riggs, Ms Maryanne Robinson, Dr Mellanie Rollans, Ms Holly Rominov, Professor Jane Scott, Dr Jennifer St George, Ms Rebecca Wright, Ms Jaime Wroe, Dr Karen Wynter.

See the Fatherhood Research Symposium Report <http://www.newcastle.edu.au/research-and-innovation/centre/fac/research>



Symposium Convenor:  
Richard Fletcher  
Symposium Chair:  
Frances Kay-Lambkin, Jan Nicholson, Jennifer Baxter, Rebecca Giallo, Jennifer St George, Cate Rawlinson, Karen Wynter, Philip Morgan, Symposium staff:  
Chris May, Jaime Wroe, Jody Crouch, Shirley McIlroy



## ON THE WEB

### The best thing about being a disabled dad or a dad to a disabled child?

19 June 2016 | Jennifer Urwin | 1 Comment

We put a shout out on our online community and social media, to find out what the best things about being a disabled dad or dad to a disabled child are. You didn't disappoint.

Happy Father's Day to all you legends!

**Hughie on Facebook:** "I have an inspirational 11 year old boy who faces daily challenges but always has a smile on his face. He never lets his disability stop him from having fun and reaching his goals.

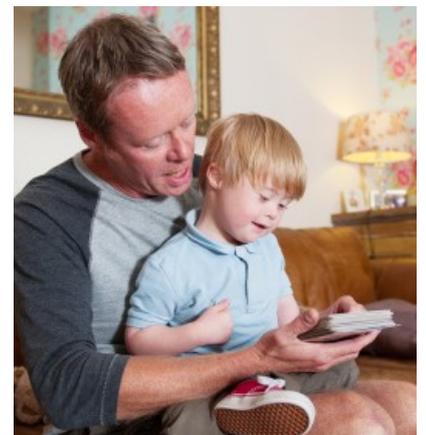
He's also supported by his little brother who is just amazing with him. Proud to be their dad. You are both amazing and love you all the world."

**Zec on our community:** "My daughters are now 21 and 23 but I'm gramps to Oscar who's 20 months old. Since he could sit up he's loved sitting on my lap in the wheelchair. People seem fascinated when we go round the supermarket with him sat on my lap. Now he tries to push me in the wheelchair and he moves it.

The best thing is that he doesn't bat an eyelid at me in a wheelchair, to him it's just what gramps does and why wouldn't he."

**Charlismaisdad on our community:** "The best thing about being a dad to CharliMai is seeing her achieve milestones, and to see how much she gets out of life."

**FoodFatigue on our community:** "For me it's raising and seeing that my daughter doesn't bat an eyelid when seeing other people with disabilities. She's developed a great empathy and it's great to see."



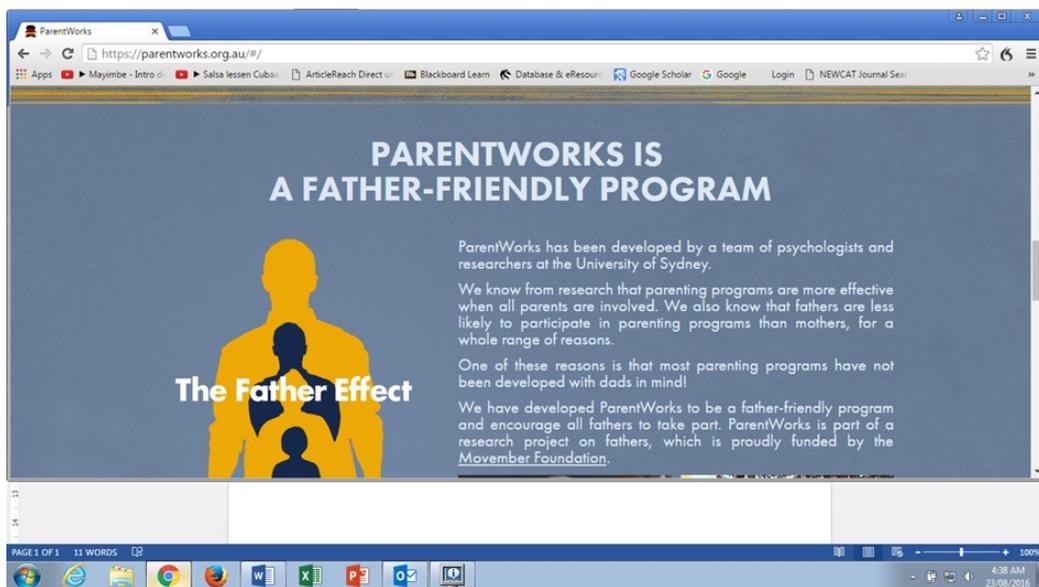
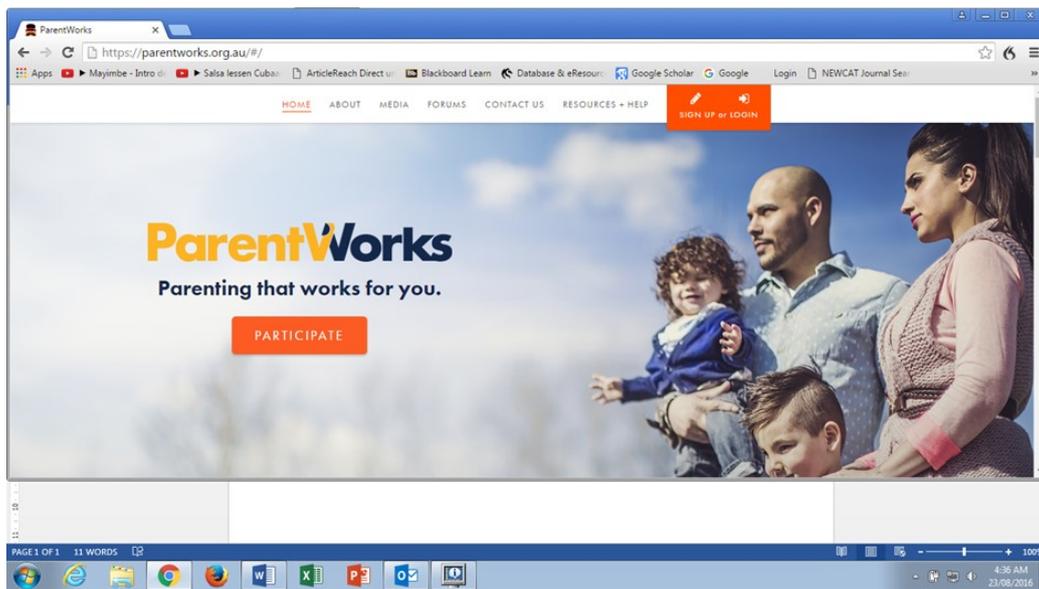
17/08/2016 The best thing about being a disabled dad or dad to a disabled child? | Scope's Blog

<https://blog.scope.org.uk/2016/06/19/thebestthingaboutbeingadisableddadordadtoadisabledchild/2/3>

## ON THE WEB

### Parentworks

*FRB comment: With a substantial grant (\$2.6 million) from Movember this project hopes to change the way that parenting programs include fathers. The online parenting program specifically aims to address the fathers' role in their sons' behaviour. The program was launched last month with the aim of reaching 1 million fathers.*



<http://sydney.edu.au/news-opinion/news/2016/08/22/what-dads-want--australian-first-online--father-friendly--paren1.html>

## PROGRAMS AND FATHER INCLUSIVE PRACTICE

### New Zealand service for fathers with postnatal distress



**Above.** Evan Hutchinson, who had post-natal depression in 2010, and partner Nicole Hunt with seven-month-old baby, Laila. PHOTO/JOHN BORREN

Father and Child have supported dads with post-natal issues for nearly 20 years, all over New Zealand by telephone and personal support. We attend dads nights as part of 'Mothers Helpers' support groups.

We usually chat with the dads about their situation, offer some understanding and support. We may suggest ways dads can help by playing heaps with baby or sorting a 'date night' with their partner, sometimes we might mention a few things we suggest not to do. Most times it helps dad to cope and get through those tricky first few weeks or months, understand subtle changes in the relationship and that he had hormone changes too!

Our Auckland Support Worker Brendon Smith is also part of the [PADA \(http://pmh.nz/\)](http://pmh.nz/) team, presenting on training days around the country on how best to engage and support dads, as part of the family and mother support by Maternal Mental Health Teams and support groups like Mothers Helpers.

Anna Whyte of the Bay of Plenty Times has just written a great article covering the topic... she quotes experts from the Mental Health Foundation, they say PND affects around ten percent of fathers. Currently neither they, nor the DHBs or MSD offer any information or support for fathers.

Read the article here:

<http://fatherandchild.org.nz/2016/08/sad-dads-bop-times-article-post-natal-depression/>

Contact Brendon Smith <brendon@fatherandchild.org.nz>

## CONFERENCES

*FRB comment: Conferences are an important way to build awareness of ongoing research into fatherhood and to encourage researchers to build effective networks. The Australian Association of Infant Mental Health Conference which was held last year 29-31 October in Sydney and the 2016 International Marcé Society Frontiers in Perinatal Mental Health – Looking to the Future Conference to be held in Melbourne and the Wollongong conference on the Future of Fatherhood show the extent of interest and development in the research on fatherhood.*

### **Australian Association of Infant Mental Health (AAIMHI) 2015 National Conference - November 2015**

#### **And father makes three: family inclusive practice.**

This conference, which was held in Sydney, drew clinicians and researchers from around Australia. The papers offer a snapshot of ongoing work to include fathers in our work with families.



All of the presentations below can be downloaded from the conference website <http://aaimhiconference.org/program.php>

**Keynote - Carl Warren, Director, Beyond Behaviour - Fatherhood, it is not about being perfect it is about being present**

**Invited address T2 - Professor Karen Thorpe, Centre for Children's Health Research, Queensland University - Reflections from the field: Researching men's experiences and inputs into children's care 1990-2015**

**T5 - #15 Holly Rominov, Australian Catholic University - Fathers' perceived support needs, barriers and facilitators to accessing mental health and parenting support in the perinatal period: a qualitative study**

**T5 - #20 Dr Rebecca Giallo, Murdoch Childrens Research Institute - Barriers to help-seeking for mental health support among fathers of young children**

**T5 - #29 Julie Ferguson, St John of God Raphael Centre, Blacktown - Engaging fathers in a secondary level Perinatal & Infant mental Health service: How have we done it?**

**T2 - #24 Christopher Kings & Dani Ryan, Deakin University - Perceptions of the role of fatherhood and the desire to have children by men in the peak age for transition to parenthood**

**T6 - #10 Dr Stacy Blythe, University of Western Sydney - Neonatal Abstinence Syndrome and the father-infant dyad**

*Continues next page*

**Keynote - Dr Richard Fletcher, Senior Lecturer, Family Action Centre, University of Newcastle - Digital Dads: using internet and mobile phone technology to link 'hard to reach' new fathers with information and support**

**Invited address T6 - Julie Quinlivan, The University of Notre Dame - Protect and heal - using knowledge of the impact of family violence on young children to guide management**

**T5 - #23 Christine Carey, Perinatal Mental Health Service - Grand Pacific Health - Blokes with Bubs: Involving fathers in a perinatal mental health service**

**T3 - #7Brendon Smith, Father and Child Trust NZ - Supporting vulnerable teen dads**

**Invited address T5 -Associate Professor Campbell Paul, Royal Children's Hospital Melbourne - Engaging babies and opportunities for engaging fathers and co-parents in the newborn period: the role of the newborn behavioural observation (NBO)**

**T4 - #18Larissa Rossen, The National Drug and Alcohol Research Centre, UNSW - Predicting mother-infant and partner-infant emotional availability at 12-months of age: The role of early bonding, substance use and mental health**

**T1 - #30 Dr Nick Kowalenko, NSW Institute of Psychiatry - Holding the Father in Mind: perinatal and infant mental health training in Australia**

**Invited address T5 - Julie Quinlivan, The University of Notre Dame - Engaging fathers in perinatal services - findings from the Australian Fathers Study**

**T4 - #9 Jamie Wroe, University of Newcastle - Understanding negative thought experiences in recent fathers**

**T5 - #44 Lynaire Doherty & Tawera Ormsby, Ohomairangi Trust - Indigenous fathers speak out – including fathers in the Mellow Parenting - Hoki ki te Rito-Oranga Whanau and Mellow Bumps programmes in South Auckland, NZ**

**Keynote - Professor Sarah Schoppe-Sullivan, Director, Crane Center for Early Childhood Research and Policy, USA - Fathers as coparents**

**Keynote - Craig Hammond, Senior Coordinator-Indigenous Projects, Family Action Centre, University of Newcastle - Stayin on Track - supporting young Aboriginal men in their transition to fathering through a user developed website**

**T5 - #14Lucinda Wedgwood, Karitane - Family inclusive therapy: working together with fathers, mothers and children using Parent Child Interaction Therapy**

**Invited address T4 - Dr Nick Kowalenko, Chair and Faculty of Child & Adolescent Psychiatry, RANZCP - When father makes three, there's so much more we begin to see!**

**T5 - #17 Debbie Brewis, QEC Early Parenting Centre - PlaySteps enhancing the father /child relationship**

**T2 - #8 Dr Noemi Scheuring, Heim Pal Children's Hospital, Budapest, Hungary - Comparing reports of fathers and mothers about problems in pregnancy, delivery, and early care - Results of the large sample "For Healthy Offspring " project in Hungary**

**T6 - #41 Dr Rebecca Gray, Engaging and motivating male clients through their role as fathers: findings from program evaluations at Relationships Australia NSW**

**2016 International Marcé Society Conference  
Frontiers in Perinatal Mental Health – Looking to the Future**



**26 - 28 September Melbourne**



**Symposium – Focus on Fathers**

Chair Dr Luke Martin Australia's first mental health and wellbeing campaign for new fathers: **Planning implementation and progress of the Healthy Dads project**

Dr Selina Nath - **The influence of paternal depression on their children's emotion regulation**

Holly Rominov - **Fathers' Perinatal Mental Health: An Important and Neglected Topic**

Dr Paul Florsheim - **Can A Co-Parenting Support Program for Young Expectant Couples Improve Fathers' Adjustment To Parenthood?**

Dr Karen Wynter - **Factors Associated with Poor Father-to- infant Attachment at 6 Months Postpartum: A Community Study in Victoria, Australia**

Dr Pamela Massoudi - **The course of depressive symptoms in Swedish fathers during the first postnatal years**

Dr Tiago Miguel Pinto - **Attachment and co-parenting mental representations in fathers during the transition to parenthood**

Dr Fallon Cook – **Associations between unsettled infant behaviour, paternal depressive symptoms and anger: a community cohort study**

**Symposium - Supporting Fathers' mental health**

Nine Glangeaud Freudenthal - **What research has taught us, in regard to fathers' perinatal mental health?**

Dr Francine de Montigny - **The Father Friendly Initiative in Quebec : Enhancing health professionals' competencies**

Associate Professor Richard Fletcher - **SMS 4 Dads in Australia**

Dr Matthew Roberts - **The Dad Bridge: fatherhood as motivator in clinical practice with men and their families**

Associate Professor Richard Fletcher - **Adapting behavior change paradigms for delivering support to new fathers via mobile phones**

Dr Tiago Miguel Pinto - **Fathers' depression and paternal adjustment and paternal attitudes during the transition to parenthood**

Mark Williams - **Fathers and Perinatal Mental Health**

Dr Sheehan Fisher - **Mother and Father Psychobiology in Relation to Parenting and Infant Stress**

**Plenary - Channi Kumar Lecture**

Professor Rhonda Marriott - **Innovation in Perinatal Mental Health Programs: mental health assessment and intervention programs for indigenous expectant and new mothers and fathers**

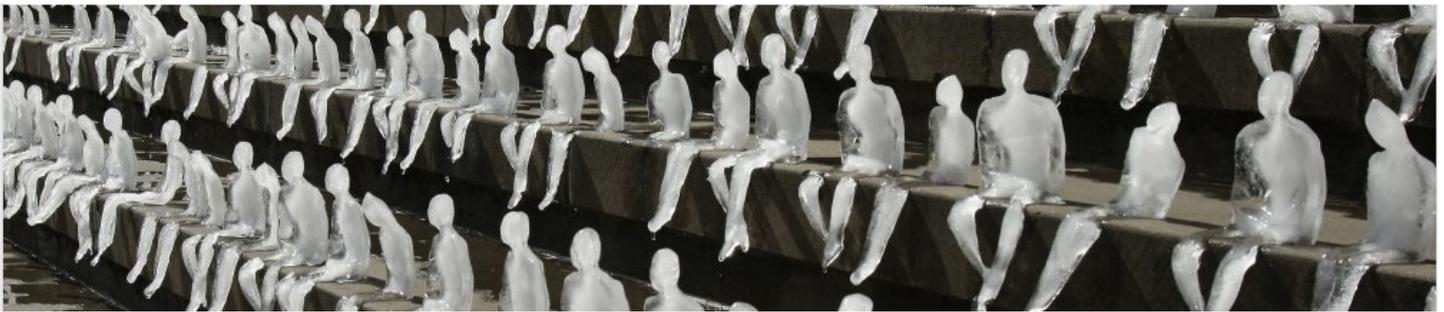
**Workshops - Engaging Fathers & Couples**

Dr Paul Florsheim - **The Young Parenthood Program: Interpersonal Skill Building for Young Expectant Mothers and Fathers**

Dr Nick Kowalenko **Looking to the Future; how much easier treating perinatal depression when father makes three**

Davina Sanders - **Does an online wellbeing program (Baby Steps) prevent perinatal distress in first-time fathers and mothers?**

**The Future of Fatherhood: What's next in fathering practice and research?**



The Centre for Research on Men and Masculinities (University of Wollongong) is hosting a two-day conference titled **The Future of Fatherhood: What's next in fathering practice and research?** This conference will bring together researchers, practitioners, and those interested in fathering to explore fathering practice and research. What will the future of father research look like? What impact do fathers have? How can fathers be engaged in children's lives? How do particular groups of men negotiate and experience parenting? How does fathering intersect with masculinity? How is fathering shaped by political, cultural, or institutional forces?

The conference will be held on November 7-8, 2016 on the campus of the University of Wollongong. Abstracts close on September 9.

For more information, go to <http://www.uowblogs.com/cromm/conference/>.

## RESEARCH

### Fathers and disability

*FRB Comment: Knowledge of the importance, and unique contribution, of father involvement has overwhelmingly stemmed from studies with typically developed individuals. Disabilities is an important area that doesn't get much coverage. Our February, 2015 issue of the Fatherhood Research Bulletin featured some insight into the issues. Whether it be a father or his child diagnosed with a disability, there is limited knowledge about this important parenting population. Recent research in the UK by **Potter** and a systematic review conducted by **Davy, Mitchell and Martin** have illustrated the importance of services engaging with fathers of people with a disability. **Potter** conducted a series of qualitative interviews and discusses paternal contribution in the education of children with autism. Another important characteristic of this parenting population is a greater risk of experiencing psychological distress and adverse social outcomes. A large population-based cohort study by **Reiter and colleagues** found fathers with epilepsy were at greater risk than men without epilepsy to experience depression, low self-esteem and other psychopathologies. Research by **Zeytinoğlu and colleagues** indicates that fathers of not typically developed infants experience elevated levels of distress. Collectively, the articles highlight the importance of engaging with fathers, either with a disability or those with a*



#### **‘It’s the most important thing – I mean, the schooling’: father involvement in the education of children with autism**

Father involvement in education has been shown to result in a range of positive outcomes for typically developing children. However, the nature of paternal involvement in the education of children with disabilities and especially autism has been under-researched and is little understood. This study aimed to explore the nature of the involvement of 25 UK fathers in the education and their children with autism, aged up to 19 years through the use of semistructured interviews. Findings showed that fathers were highly engaged both directly and indirectly across several dimensions of their children’s education and schooling. Key areas of indirect engagement were involvement in administrative processes necessary for securing an appropriate educational placement; facilitating daily access to school and general support of children’s progress through attendance at school-based meetings and events. Direct support for learning occurred through homework assistance and working on school-related goal. Findings are discussed in relation to diversity and generative models of fatherhood. Implications for greater father inclusion in the education of children with autism are explored with reference to a gender-differentiated approach.

Carol Potter. (2016). 'It's the most important thing – I mean, the schooling': father involvement in the education of children with autism. *European Journal of Special Needs Education*, 1–17. <http://doi.org/10.1080/08856257.2016.1194573>

## Fathers of people with an intellectual disability: A review of the literature



The aim of this article is to review the literature related to fathers of people who have an intellectual disability (ID). Electronic databases and citation tracking were used to collate data using key terms such as fathers, adults with an ID, learning disability, mental handicap and developmental disability. Relevant articles were analysed and compared for commonality and difference. Eight themes emerged from the literature: response to diagnosis, varied response to ID, concern for the future, work, roles and relationships, impact of fathers upon child development, fathers and service providers, fathers' needs and coping strategies. This review of the literature presents areas of similarity and divergence and highlights the lack of information that relates specifically to fathers of adults. There are clear messages to service providers to support the inclusion of fathers and the need for further research in this area is indicated.

Davys, D., Mitchell, D., & Martin, R. (2016). Fathers of people with intellectual disability A review of the literature. *Journal of Intellectual Disabilities*, 1744629516650129. UK group

## Psychiatric Comorbidity, Social Aspects and Quality of Life in a Population-Based Cohort of Expecting Fathers with Epilepsy



**Objectives:** To investigate psychiatric disorders, adverse social aspects and quality of life in men with epilepsy during partner's pregnancy.

**Method:** We used data from the Norwegian Mother and Child Cohort Study, including 76,335 men with pregnant partners. Men with epilepsy were compared to men without epilepsy, and to men with nonneurological chronic diseases.

**Results:** Expecting fathers in 658 pregnancies (mean age 31.8 years) reported a history of epilepsy, 36.9% using antiepileptic drugs (AEDs) at the onset of pregnancy. Symptoms of anxiety or depression were increased in epilepsy (7.0% and 3.9%, respectively) vs. nonepilepsy (4.6% and 2.5%, respectively,  $p = 0.004$  and  $0.023$ ), and so were new onset symptoms of depression (2.0% vs. 1.0%,  $p < 0.031$ ) and anxiety (4.3% vs. 2.3%,  $p = 0.023$ ). Low self-esteem (2.5%) and low satisfaction with life (1.7%) were more frequent among fathers with epilepsy compared to fathers without epilepsy (1.3% and 0.7%, respectively,  $p = 0.01$  and  $0.010$ ). Adverse social aspects and life events were associated with epilepsy vs. both reference groups. Self-reported diagnoses of ADHD (2.2%) and bipolar disorder (1.8%) were more common in epilepsy vs. nonepilepsy (0.4% and 0.3%, respectively,  $p = 0.002$  and  $0.003$ ) and nonneurological chronic disorders (0.5% and 0.5%, respectively,  $p = 0.004$  and  $0.018$ ). A screening tool for ADHD symptoms revealed a higher rate compared to selfreported ADHD (9.5% vs. 2.2%,  $p < 0.001$ ).

**Conclusion:** Expecting fathers with epilepsy are at high risk of depression and anxiety, adverse socioeconomic aspects, low self-esteem, and low satisfaction with life. Focus on mental health in fathers with epilepsy during and after pregnancy is important. The use of screening tools can be particularly useful to identify those at risk.

Reiter, S. F., Veiby, G., Bjørk, M. H., Engelsen, B. A., Daltveit, A. K., & Gilhus, N. E. (2015). Psychiatric Comorbidity, Social Aspects and Quality of Life in a Population-Based Cohort of Expecting Fathers with Epilepsy. *PloS one*, 10(12), e0144159.

## Fathers of Children Born With Cleft Lip and Palate: Impact of the Timing of Diagnosis



**Introduction:** Cleft lip and/or palate (CL/P) affects not just the child born with the condition but also the child's parents. Prior research has been primarily cross-sectional, quantitative, and focused on mothers' emotional, social, and care experiences. Fathers' experiences have been neglected despite the important role fathers have in their child's well-being and development. The purpose of this study was to examine how the timing of a child's diagnosis (prenatal vs. postnatal) affects how fathers cope and adapt.

**Method:** We conducted a descriptive qualitative study with a convenience sample of 17 fathers and used thematic content analysis to code the interviews. The sample included 10 fathers who received a prenatal diagnosis and 7 who received a postnatal diagnosis.

**Results:** The following 4 major themes emerged: (a) first hearing the diagnosis, (b) taking care of a baby with cleft, (c) future concerns, and (d) reflections. Course of treatment, feeding, and social stigma were reported as major sources of stress for all fathers.

**Discussion:** All fathers should be routinely assessed by CL/P treatment teams

and included in support services. Some fathers whose babies were diagnosed at birth experienced self-blame, suggesting the importance of screening this group of fathers for distress at birth. Findings underscore the importance of family centered approaches to care that include both mothers and fathers in treatment planning, interventions, and future research.

Zeytinoğlu, S., Davey, M. P., Crerand, C., & Fisher, K. (2016, April 21). Fathers of Children Born With Cleft Lip and Palate: Impact of the Timing of Diagnosis. *Families, Systems, & Health*. Advance online publication. <http://dx.doi.org/10.1037/fsh0000198>

## A father's perspective on research and needs

*FRB comment: Asking fathers what they want from services is not straightforward. Often fathers have little knowledge of what services offer so are not really in a position to ask for anything specific. As well, fathers are less likely to be invited into research projects relating to infants or children because of the assumption that 'the primary carer' is the appropriate participant and because fathers are thought to be 'too busy'. US fathers surveyed by Davison and colleagues disagreed with 'too busy' and 'mothers don't encourage them' as reasons instead voting overwhelmingly for 'not asked'. The paper by Albanese-O'Neill and colleagues, also from the USA, used a more sophisticated method for discovering fathers' needs. The interviews revealed more detailed descriptions of what the fathers would find helpful in supporting their child with Diabetes.*

## Fathers' Perceived Reasons for Their Underrepresentation in Child Health Research and Strategies to Increase Their Involvement



**Abstract Purpose** Examine fathers' perceived reasons for their lack of inclusion in paediatric research and strategies to increase their participation. **Description** We conducted expert interviews with researchers and practitioners (N = 13) working with fathers to inform the development of an online survey. The survey—which measured fathers' perceived reasons for their underrepresentation in paediatric research, recommended recruitment venues, and research personnel and study characteristics valued by fathers—was distributed online and in-person to fathers.

*Continues next page*

Assessment Respondents included 303 fathers. Over 80 % of respondents reported that fathers are underrepresented in paediatric research because they have not been asked to participate. Frequently recommended recruitment venues included community sports events (52 %), social service programs (48 %) and the internet (60 %). Compared with white fathers, more non-white fathers recommended public transit (19 % vs. 10 %,  $p = .02$ ), playgrounds (16 % vs. 6 %,  $p = .007$ ) and barber shops (34 % vs. 14 %,  $p \leq .0001$ ) and fewer recommended doctors' offices (31 % vs. 43 %,  $p = .046$ ) as recruitment venues. Compared with their families, and the credibility of the lead organization were valued by fathers. Conclusion Fathers' participation in paediatric research may increase if researchers explicitly invite father to participate, target father-focused recruitment venues, clearly communicate the benefits of the research for fathers and their families and adopt streamlined study procedures. residential fathers (100 % resident with the target child), more non-residential fathers recommended social services programs (45 % vs. 63 %,  $p = .03$ ) and public transit (10 % vs. 27 %,  $p = .001$ ) and fewer recommended the workplace (17 % vs. 40 %,  $p = .002$ ) as recruitment.

Davison, K. K., Charles, J. N., Khandpur, N., & Nelson, T. J. (2016). Fathers' Perceived Reasons for Their Underrepresentation in Child Health Research and Strategies to Increase Their Involvement. *Maternal and Child Health Journal*, 1-8.

## Educational Needs and Technological Preferences of Fathers of Youth With Type 1 Diabetes



**Purpose** The purpose of this study was to identify the educational needs and technological preferences of fathers of youth aged 6 to 17 years with type 1 diabetes (T1DM).

**Methods** Participants completed 2 surveys and 1 in-person semistructured interview. Survey data were collected via Qualtrics; interviews were recorded and transcribed. The quantitative data were analyzed with SPSS 22.

**Results** Thirty fathers/stepfathers of youth 6 to 17 years old with T1DM participated in the study. Participants reported high levels of unmet diabetes-related educational needs, including needs in fundamental areas of diabetes management such as treatment of hyperglycemia, hypoglycemia, and calculating and adjusting insulin doses. A majority of participants identified educational needs in more nuanced aspects of diabetes management, indicating a need for more information about insulin pumps and continuous glucose monitors, managing diabetes at school, and finding help for diabetes challenges.

All participants used smartphone technology, and most expressed interest in receiving diabetes education via mobile technology.

**Conclusions** The findings contribute to our understanding of the educational needs of fathers of children with T1DM and provide preliminary support for the acceptability of delivering diabetes education via mobile technology. The incorporation of patient and caregiver perspectives into the development of mHealth diabetes education applications may increase engagement and improve health outcomes.

Albanese-O'Neill, A., Schatz, D. A., Bernhardt, J. M., & Elder, J. H. (2016). Educational Needs and Technological Preferences of Fathers of Youth With Type 1 Diabetes. *The Diabetes Educator*, 0145721716628649 .

## ONGOING RESEARCH

### Midwives and fathers in New Zealand

*Kia ora*

*Our names are Tricia Thompson & Emma Bilous; we are midwives and lecturers at Otago Polytechnic School of Midwifery. We would like to invite you to take part in our research project looking at what midwives do to facilitate the father bonding with his baby during pregnancy.*

#### ***Purpose of the research***

*When fathers form an early bonding relationship with their baby evidence shows that this positively influences the future of that child. As midwives in Aotearoa/New Zealand provide continuous care to 92% of pregnant women they are in a position to potentially facilitate or influence this bonding relationship. **This research project aims to explore this potential by interviewing fathers during pregnancy about their views of how of their relationship with their growing baby is formed and the influence of midwifery care on this relationship.***

*As a pilot project this research will take place in Taranaki. We wish to interview participants who meet the following criteria:*

- the participant must be a male who is the partner of a woman who is currently pregnant*
- the participant's partner must be in the last three and a half months of pregnancy (between 24 weeks gestation and until labour and birth)*
- the participant must be a first time father*
- the participant must be able to converse in English*

*Should you choose to participate in the research you will be asked to attend an interview with a researcher which will take about one hour. This will be held at a mutually agreed neutral location such as a community room. Immediately prior to the interview consent will be sought for the interview to be digitally recorded and each participant will choose or be given a pseudonym to maintain confidentiality. All publications and presentations arising out of this research will use this pseudonym.*

*The data generated at the interviews will be transcribed by a researcher or a transcribing typist who has signed a confidentiality agreement. The interview transcript will then be returned to you to review and to add or delete any comments. It will then be returned to the researcher and data analysis will commence.*

*The data collected will be securely stored in a locked cupboard in a locked office at Otago Polytechnic for five years, when it will be destroyed by shredding. Only the researchers, research supervisor and the transcribing typist will have access to the data. You may request a copy of a summary of the final results of the project.*

*You can decline to participate at any time up until you return the transcript to the researchers for analysis. You can also decline to answer any question, or ask for the digital recording to be paused or turned off at any stage during the interview. Should you wish to, you are able to bring a support person to the interview. Should anything arise during the interview that causes you distress, the research interviewer will provide you with the contact details of a local social worker/counselor who has been engaged for this purpose.*

*If you have any questions about the project please feel free to contact the researchers, who can be reached during office hours on 0800 762 786, Tricia Thompson 021 705 649, [tricia.thompson@op.ac.nz](mailto:tricia.thompson@op.ac.nz) or Emma Bilous 021 705 681, [emma.bilous@op.ac.nz](mailto:emma.bilous@op.ac.nz) or the research supervisor: Christine Griffiths 021 736 545, [christine.griffiths@op.ac.nz](mailto:christine.griffiths@op.ac.nz)*

## The Triple B Study

*FRB comment: Larissa Rossen, presented some of the findings from the Triple B Study that relate to fathers at the AAIMHI Conference in October 2015. See the link to her paper **Predicting mother-infant and partner-infant emotional availability at 12-months of age: The role of early bonding, substance use and mental health** is in the Conferences section of this Bulletin.*

The Triple B Study being conducted by the National Drug and Alcohol Research Centre, UNSW is an innovative new Australian study of approximately 1600 families. The project is a longitudinal birth cohort which examines a wide range of biopsychosocial factors that relate to the health and development of Australian children and families. Importantly, the project has a key focus on examining the impacts of alcohol, tobacco and other drug use in pregnant women and their partners during the prenatal period on infant development and family functioning. The results of this study will inform public health and treatment initiatives that improve the health and well-being of Australian children and families.



### **Comment from Larissa Rossen**

The findings presented in this paper form part of a large-scale Australian cohort study examining the effects of substance use in pregnant women and their partners during the prenatal period on infant development and family functioning. For this study, information pertaining to mothers and partners were collected at 8-weeks postnatal and parental Emotional Availability (EA) was coded at 12-months from dyadic interactions during a 20-minute free play observational video recording. The importance of EA lies in emotional signalling and receiving in the relational interaction. We know the quality of an infant's relationship with his/her primary caregiver sets a critical context for healthy development, however most research in the area of EA has investigated the mother's 'receptive presence' to the child's emotional signals. Whilst most research on EA to date has concentrated on mother-child dyads, factors that promote EA have not been comprehensively assessed in both mothers and their partners. It is surprising that few researchers in this area have considered the partner's role, despite partners playing an increasingly active role in family life over the past 20-years. We were interested in the father's contribution to the relational interaction. That is, we wanted to examine the extent to which the mother and partner's individual factors (bonding, mental health and substance use) were associated with their relationship to their child at 12-months of age. Then, we wanted to examine the mothers and partners factors combined and whether there was any change on the parent-infant relationship at 12-months of age. In particular, we wanted to investigate whether the presence of fathers mediated the mother's relationship with her child, and in which ways the father's wellbeing (i.e. good mental health and low-risk substance use) might impact on both his and his partner's relationship with his child.

*FRB comment: Jill Domoney, researcher and PhD student at Imperial College London is visiting the Fathers and Families Research Program at The University of Newcastle as part of Churchill Fellowship. She was asked to prepare a brief description of father-related research being undertaken at Imperial College and to describe her developing interest in fatherhood research.*

## Fathers and Co-parenting in the Perinatal Psychopathology and Offspring Development

pPOD (Perinatal Psychopathology and Offspring Development) is a group of researchers based primarily at Imperial College London and the University of Oxford, England who work to understand how best to prevent mental health problems in children, with a focus on the perinatal period. The research covers a broad span of topics from developing and testing new interventions to biological research investigating how different experiences affect development.



In relation to fathers, a number of recent studies include data from the Oxford Fathers Project. This is a longitudinal cohort study following families over the first two years of the child's life and visiting them at home at 3 months, 1 year and 2 years. Parents are filmed interacting with their child as well as completing various measures of functioning and mental health, including depression and anxiety in parents, and behavioural, emotional and cognitive development in the child. Recent work includes developing a coding manual for triadic family interactions, looking at the impact of paternal anxiety on child outcomes, and investigating cognitive outcomes based on early father-child interactions. Keep an eye on the pPOD website for more about these studies ([www.ppod.org.uk](http://www.ppod.org.uk)).

Another key focus of pPOD's work is around co-parenting and couple focused interventions. A recent paper by members of pPOD gives an overview of why couple focused approaches are so important in the perinatal period: [https://www.researchgate.net/publication/295919883\\_The\\_power\\_of\\_couple-focused\\_approaches\\_in\\_the\\_perinatal\\_period](https://www.researchgate.net/publication/295919883_The_power_of_couple-focused_approaches_in_the_perinatal_period). Alongside this, the group has developed and begun evaluating a co-parenting intervention aimed at families where there are early signs of behavioural problems in the child. The original intervention, 'Video-feedback intervention to promote positive parenting and sensitive discipline' (VIPP-SD), developed at the University of Leiden, uses video-feedback to increase parents' observational skills, their knowledge and awareness of the development of their child, their capacity to empathise with their child, as well as their ability to use sensitive responses and discipline when interacting with their child. It has a good evidence base for increasing maternal sensitivity and positive discipline strategies in a range of populations. VIPP-Co (Video-feedback intervention to promote positive parenting and sensitive discipline for Co-parents) is an adaptation of this in which both parents are filmed with their child and provided with feedback. In the early stages of the intervention this is done separately, and during the later stages, parents are filmed together and given feedback together, with specific messages being given around working as a team and supporting each other. Pilot work indicated that this was acceptable to parents and that the couple element of the intervention was useful, and therefore a randomised control trial is now underway to evaluate the effectiveness of this adapted intervention. The trial is called 'Healthy Start, Happy Start' and over 100 families have already taken part. You can read more about it here: <http://www.ppod.org.uk/healthy-start-happy-start.html>. As part of this work, a large number of professionals have been trained to deliver the intervention, laying the foundations for the potential future roll out of the programme, and further adaptations are already underway to evaluate the VIPP-Co approach for different populations.

You can follow the group's activities on the blog ([www.ppod.org.uk/blog](http://www.ppod.org.uk/blog)) or by following them on Twitter @pPODresearch

## My interest in fatherhood research

Jill Domoney, Clinical Psychologist, Perinatal and Parent-Infant Mental Health Service, Chelsea and Westminster Hospital, London

My interest in fatherhood research started in 2009 when I got a job at the University of Oxford in England, Department of Psychiatry, working on the Oxford Fathers Project with Paul Ramchandani. The project followed families over the first two years of the child's life, visiting them at 3 months, 1 year and 2 years, filming parents interacting with their child and taking various measures of functioning and mental health. The focus of the OFP was to look at the impact of paternal depression. There is a wealth of research evidence showing the impact of maternal depression on child outcomes, with mother-child interactions being a key mechanism in this association, and the OFP sought to investigate if paternal depression had similar outcomes. My role at the time was the two-year data collection, as well as analyzing some of the earlier data, which suggested that the quality of fathers' interactions with their 3-month old infant had an impact on the child's behavior at 1 year, with more withdrawn interactions being associated with more troubling behaviours.

In 2010 I left Oxford to begin my clinical psychology training in London, but continued my involvement with the OFP through my doctoral thesis, exploring associations between father-child interactions and child behavior across the first two years. Towards the end of my training I elected a specialist perinatal placement where I was able to gain clinical experience of working with mothers with mental health problems. Since qualifying in 2013 I have worked both in perinatal research and as a clinician in a Perinatal and Parent-Infant Mental Health service in a London hospital.

While much of my research has been around fathers, I rarely see dads in my clinical work. All our referrals are for women and the service is available during working hours. Therefore, while we know about some of the effects of paternal depression, there is little opportunity to treat in the clinic. Despite this, many women talk about the challenges of changing relationships across the perinatal period, concerns about levels of paternal involvement and worries about differences in attitudes to parenting as key factors in their levels of distress.

Taking into account some of these factors there are now a number of programmes being developed which are aimed at the couple relationship with a focus on co-parenting skills. More fathers are attending antenatal appointments and wanting to be involved postnatally so, while men may rarely attend perinatal services for individual difficulties, targeting the couple relationship is a good way to support both mothers and fathers through this period.

Alongside my clinical job, I'm currently an intervener on a project based at Imperial College London. This is a randomized control trial of a co-parenting video-feedback intervention in which parents are filmed with their child in a variety of situations in the home and then the therapist provides feedback, pointing out key moments of sensitivity and connection. This is delivered across 6 home visits. During early visits the parents are filmed and given feedback separately, and later in the intervention they are filmed and given feedback together, with key messages being given around co-parenting. For me, the interesting aspect of this intervention is what happens when the parents come together – how do they respond as a couple in front of the child and how do they manage differences that come up? Do they support each other or are they competitive? What is the child learning about relationships through their interactions with this couple?

In October I'll begin a new role at King's College London, evaluating an intervention for families where there is domestic violence and a pregnancy (Healthy Relationship, Healthy Baby). This intervention includes individual and group therapy for each parent as well as video interaction guidance postnatally. This whole family approach is a powerful way to target a wide number of factors which impact on child outcomes. Alongside this project I will be embarking on a PhD investigating the associations between the couple relationship and child outcomes where I hope to be able to bring together some of these ideas, using both my clinical and research experience to help lay the ground for future intervention studies.



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