Fatherhood Research Bulletin

Australian Fatherhood Research Network Bulletin 45, February 2019

'DAD - a film about autism and fatherhood'

The Bulletin is produced by A/Prof Richard Fletcher (editor), Dr Elaine Bennett, Dr Elisabeth Duursma, Dr Jacqui MacDonald, Dr Eileen Dowse, Dr Jennifer StGeorge & Associate Prof Campbell Paul and Miranda Cashin. We acknowledge the support of The Family Action Centre, Faculty of Health and Medicine, The University of Newcastle.
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The third Australian Fatherhood Research Symposium will break new ground with a conference style day followed by a day of workshops, networking and policy development. Poster sessions throughout will showcase research and innovations.

**Keynote speakers for Day 1**

**Prof John Aitken**  
*The Science of Fatherhood – toxins, trends and treatments*  
The 2012 New South Wales Scientist of the Year says the 'urgent need' to develop better contraception is demonstrated by the 46 million abortions performed worldwide every year due to people falling pregnant unintentionally. In Australia one in five pregnancies are aborted each year, equalling around 70,000 terminations, many in the under 19 or over 40 age groups.  
A world-first female contraception developed by Professor Aitken's research group that simultaneously paralyses sperm and protects from sexually-transmitted diseases is currently undergoing safety trials. In addition to this potentially revolutionary contraception for women, Professor Aitken and his research team are chasing the holy grail – a male contraceptive pill. "Male reproduction is much more complicated. You’re not trying to stop the ovulation of one egg a month. You’re trying to stop the production of a thousand sperm a second”.

**Professor Paul Ramchandani (via live video link)**  
*Fathers play and depression*  
Paul Ramchandani is LEGO® Professor of Play in Education, Development and Learning at Cambridge University, UK. He leads a research team investigating the role of play in children’s early development. He also works as a Consultant Child and Adolescent Psychiatrist in the UK National Health Service. Paul has been one of the most influential researchers in the area of fathers’ mental health. While he was a child psychiatrist in London he led a major research group at Imperial College investigating fathers depression and family wellbeing. His 2005 paper in The Lancet on paternal depression and child development has been cited more than 700 times. In his current role he is investigating how fathers’ play impacts on children’s development.

**Emma Walsh**  
*Normalising the conversation about men taking parental leave*  
Emma is the founder and CEO of Parents At Work which provides parental leave and return to work programs to major corporations.
In 2017, as part of a global initiative to advance parental leave equality for fathers and to encourage organisations to adopt a shared parental leave approach in Australia, Parents At Work commissioned ‘Swedish Dads’ photographer, Johan Bävman to take a series of ‘Aussie Dads’ photographs. The exhibition was launched in Australia at the Opera House last year as part of a wider Global Parental Leave Equality Campaign to initiate policy and cultural change in workplaces and to normalise the conversation around men taking parental leave.

Themes for Day 2

Father inclusive practice forum

Jan Nicholson, the Roberta Holmes professor for the Transition to Contemporary Parenthood Program at La Trobe University, and advisory group member to the Longitudinal Study of Australian Children will facilitate an interactive session to answer the following questions:

- What are the key indicators of father-inclusive practice within your sector/service? How do you/will you know that this is what you have achieved?
- What are the ongoing barriers to fathers’ meaningful participation? Within these, which are the top 3 most intractable challenges? What are things that we are consistently unable to shift?
- What are the 3 most important things that you/your organisation/sector can do to improve father-inclusive practice? What success stories have you witnessed?

The session will produce a discussion paper on the current challenges in father-inclusive practice in Australia, successful strategies and the key barriers that need to be addressed in the future. Attendees will receive a summary and the outcomes will be written up as a discussion paper for publication.

Updates on the AFRC working groups

Data and Analysis Working Group
Will report on their cross-cohort analysis of paternal postpartum sleep problems and mental health.

Intervention Research Working Group
Will report on the focus groups on fathers and infant sleep being conducted in QLD, NSW and VIC.

Science Communication & Policy Group (SCPG)
Will report on the development of social media for advancing the goals of the AFRC.

Systematic Review working group
Will report on progress with the review of research examining fathers and infant sleep

The Paternal Perinatal Depression Initiative working group
Will report on progress advocating for screening and treatment for fathers’ mental health.

The Symposium venue has a maximum capacity of 100. Go to the Symposium web page to register http://mappresearch.org/fatherhood-symposium-2019/

The Symposium will be held at Deakin Downtown: Level 12 / Tower 2, 727 Collins Street Melbourne Victoria 3008
ON THE WEB

‘DAD’ fathers of children with autism

Autism Awareness Australia has released a new short film that follows the stories of twelve fathers with children on the autism spectrum. Launching the film Autism Awareness Australia chief executive Nicole Rogerson said “When children are diagnosed with autism, the support structures in place are often tailored towards mothers – but where does that leave the Dads?”

“Sharing stories and experiences is how we learn and support one another – but there are few resources out there to support Dads of children on the autism spectrum, who we know often have very different experiences to Mums.

“That’s why we brought together a group of Dads of all different ages and vastly different backgrounds to tell their stories—stories of success, of struggle and of family.

Dads featured in the film include neurosurgeon Professor Brian Owler, ex-Australian Rugby representative, Titans NRL captain Mat Rogers and broadcaster Ian Rogerson.

Richard Peake, who is also in the film and whose youngest son Liam was diagnosed with autism early on, said he was hopeful that initiatives like ‘DAD’ documentary will create a broader more positive dialogue in society around autism.

“Being a dad to an autistic child doesn’t’ come with instructions,” he said.

“It can often be a lonely place. Not many, if any, of your mates or male family members can relate. There is no one to bounce ideas off. “I hope the film shows Dads like me that it doesn’t have to be quite so lonely, and actually talking about “it” can only help you and your child.”

‘DAD’ was launched in November 2018. The full film can be viewed for free at https://dadfilm.com.au/

A dad and his son at a Coldplay concert

For a unique, social media perspective on the topic of ‘Dads and children with autism’ go to the Today link below to see the effect of a dad posting a video of his young son at a Coldplay concert in Mexico City.

The video he posted shows his son in the crowd, listening to the last two minutes of the band’s live performance of "Fix You."
His son cries, wipes his eyes, covers his face and jumps up and down with his dad as the music swells. Seeing this, the dad kisses his son's cheek as Coldplay's lead singer Chris Martin sings, "See it stream / down your face / when you lose something / you cannot replace."

The YouTube video went viral, with more than 2 million views. Coldplay responded on Twitter, to its 17 million followers calling him "hijo hermoso" (beautiful boy).


Invisible Practices: Working with fathers who use violence

Practice Guide

The Invisible Practices project looked at what skills and organisational supports are necessary to allow Child Protection practitioners, specialist Domestic and Family Violence practitioners, justice services and family services practitioners to work well with fathers who use violence.

Invisible Practices was an action research project that involved a whole-of-family approach called the Safe & Together™ Model. The project harnessed practice led knowledge at five geographic sites in Australia. In each area, an interagency community of practice was established, and these were supported by consultants from the Safe & Together Institute. This practice guide is based on the learnings that emerged from the projects.

For more information about the project, see the Invisible Practices project webpage. https://www.anrows.org.au/node/1307

PROGRAMS AND FATHERS INCLUSIVE PRACTICE

Working Better Together in Aotearoa

Aotearoa New Zealand is a relatively small, spread-out country. Father support is different to men’s support. Examples of good ‘Man’ or ‘Dad’ Specific Support exists - But only for certain ‘stages of dad’ and in different cities.

Three charities exist which focus on fathers: Greatfathers.org.nz, Kidzneeddadz.org.nz, and Fatherandchild.org.nz. These charities exist in separate cities, offering different specific expertise, but overlapping.
Greatfathers mainly aims to get dads involved early - ante-natal classes and new baby support, they have representatives in Taranaki and Wellington, they produce DVDs, intro flyers with SKIP and an A5 Booklet for young dads, plus they have a great website inc Toolbox for new dads.

KidzNeedDads has mainly aimed at separating dads, mainly out of Tauranga and Wellington, they have set up a supervised contact service in Tauranga and have a representative in Napier.

Father and Child have tried to fill the gaps, especially around Dads and Paternal Mental Health, Paternal Postnatal Depression or separations, occasionally teen/young dads, parenting difficulties and blended family strategies. Father and Child has offices in Christchurch and Auckland - including a weekly support group, plus they produce ‘Why Dads?’ Booklets for expecting couples and ‘New Baby’ Magazines.
Contact: Brendon Smith at brendon@fatherandchild.org.nz

CLINICAL PSYCHOLOGIST – PERINATAL / FATHER SPECIALIST Part Time Private Practice

Do you share our passion for providing excellent, collaborative, integrated, holistic perinatal health and wellbeing services? If so, we would like to hear from you!

An exciting opportunity is available for experienced Clinical Psychologists specialising in Father’s mental health, to join our multidisciplinary clinic. This is a subcontractor position and you will require your own ABN. We offer on-site parking and a supportive working environment in an ambient, modern, light filled space. This position will particularly suit a candidate looking for evening or Saturday sessions and wanting to work 1-2 days a week.

The successful applicant will have the opportunity to:

• Provide individual therapy to parents, particularly fathers/fathers-to-be from the pre conception phase through to primary school years
• Provide parent-infant/child dyadic therapy
• Develop and facilitate groups - fathers and parent-infant
• Expand individual and group services to engage fathers

The successful applicant will possess:

• Strong knowledge of evidence based psychological therapies
• The ability to provide comprehensive assessments, formulations and treatment plans
• A passion for promoting fathers mental health and experience working with men / fathers
• Experience in engaging fathers and supporting fathers mental health
• The ability to provide individual and parent-infant dyadic therapy informed by attachment theory

FRB comment: This position has now been filled. We include this position advertisement to illustrate a father-specific position description.
Fathers Playgroup
The Salvation Army Children and Parenting Support Service in association with Melton Council has organised the playgroup for fathers and male carers that will run on Saturdays 10:00 AM - 12:00 PM, starting 9th February.

The group will be facilitated by a male staff member at Arnold Creek Children’s & Community Centre.
Contact Capss Shaun on 0455521154

POLICY

Fathers in policy 2018 – 2019

New South Wales: Support for New Parents and Babies

In November 2018 the Legislative Assembly of New South Wales Committee on Community Services released its report on Support for New Parents and Babies in New South Wales. Submissions advocating for improved support for fathers came from Child and Family Health Nurses Association NSW, Perinatal Anxiety & Depression Australia, the Family Action Centre and The Royal Australian and New Zealand College of Obstetricians. The committee found that “Child and family health services and parenting programs can exclude new fathers” and recommended “That NSW Health updates parenting information and services to recognise and promote the role of fathers in parenting” and “That NSW Health expands programs for new fathers more widely across the state and explores other options for engaging this cohort.”

The Chair Mr Kevin Conolly MP included the following in his foreword and summary:

We were told the role of fathers isn't adequately recognised and there aren't enough father specific services, such as baby care classes. We heard about a program for new fathers, developed by the Family Action Centre at the University of Newcastle, which has succeeded in engaging dads. We believe that programs like this should be more widely available. We also recommend that NSW Health reviews services for parents, with the aim of involving fathers more and recognising their role in parenting.

For the NSW inquiry go to https://bit.ly/2AHnoeR
Victoria: Inquiry into Perinatal Services

The Victorian Inquiry Into Perinatal Services by the Family and Community Development Committee of Parliament Victoria also included specific recommendations on fathers’ mental health. The committee heard from practitioners and service providers.

In light of the increased pressures on the MCH Service and workforce, the Committee recommends an examination of the model of the MCH Service, with consideration to providing a more holistic approach encompassing the mental, social, emotional, and physical health of the family. Further recommendations in the chapter support this through specific initiatives such as greater support for fathers, and funding for programs that promote antenatal support for vulnerable families. Their recommendations included:

- The Victorian Government fund the expansion of perinatal mental health programs for fathers. The Department of Health and Human Services collaborate with key stakeholders and service providers to identify and develop best practice programs to support the mental health of fathers in the perinatal period.
- The Victorian Government review and enhance the programs provided by the Maternal and Child Health Service to engage and support fathers.

For the VIC inquiry go to https://www.parliament.vic.gov.au/fcdc/inquiries/inquiry/422

Australia: Men’s Health Strategy

In October 2018 the Commonwealth Department of Health released the draft National Men’s Health Strategy 2020-2030 for public consultation. The draft includes this statement:

Fatherhood is a key life stage for many Australian men and requires a stronger emphasis within health strategy, to ensure better experiences and health outcomes. Almost 10% of fathers in the postnatal period report symptomatic or clinical levels of psychological distress. Similarly, over the early parenting years, fathers were 1.4 times more likely to experience psychological distress than the Australian male population.9; 26 These factors have important consequences for the health of both individual men and their children. Depressed fathers exhibit poorer parenting behaviours, lower likelihood of child engagement, and increased likelihood of parenting stress and child neglect, than fathers without depression.

However, the Goal, objectives and action areas did not include a focus on fathers. Several organisations, including the Fatherhood Research Consortium, have made submissions advocating specific actions to address fathers’ health. The final strategy will be released in early 2019.

For the National Men’s Health Strategy go to https://bit.ly/2WFm0D5

International: NHS England to offer mental health screen for new dads

NHS England announced on December 2 2018 that new and expectant fathers will be offered a mental health check when the mother has mental illness.

The move described by the NHS as a ‘landmark’, partners of pregnant women and new mothers who are themselves suffering from anxiety, depression or more severe disorders such as psychosis will be automatically offered a comprehensive mental health assessment and sign-posted to professional support if needed.

Simon Stevens, chief executive of NHS England said: “At what should be one of the happiest moments of our lives, caring for a partner suffering mental ill health when a new baby arrives is a difficult and often lonely experience.

Continues next page
Alongside the backup and friendship of other new parents in NCT and other groups, the NHS has a role to play in helping support the whole family. These days dads and partners are rightly expected to be more hands on and NHS mental health services also need to step up and support families at times of extreme stress and anxiety.”

Claire Murdoch, NHS England’s national mental health director said: “Any form of mental ill health during pregnancy, labour or early parenthood is a huge concern and it doesn’t just disrupt life for mums but also for dads, partners and the wider family. The NHS has made huge strides forward in improving mental health care for new mums and ensuring their partners are properly supported too is the next logical step.

Dr Giles Berrisford is associate national clinical director for perinatal mental health for NHS England said: “Mental illnesses are cruel and they seem doubly cruel when they affect parents making that transition into family life. The expansion of perinatal mental health services with specialised community and inpatient beds helps to ensure mums with severe perinatal mental illnesses receive the help they need, when they need it. It is essential to support those people who care for these mums the most – their partners. This targeted support will help to achieve this.”


An insider perspective on the NHS England decision to screen fathers for depression

Mark Williams is an advocate for attention to fathers’ mental health across mainstream and social media. He co-founded International Fathers Mental Health Day and the #Howareyoudad campaign to have WHO recommend screening dads and partners for their mental health. He provides his perspective on the landmark move by NHS England to provide support for dads and partners, of mothers with perinatal depression. Mark spoke to the Fatherhood Research Bulletin about the lead up to this landmark decision.

With suicide being the biggest killer in men under 45 in the United Kingdom and over half a million male suicides globally each year, the news that NHS England will screen dads is news I have been welcoming after years of calling for such recognition alongside other campaigners.

The commitment in the NHS Long Term Plan would have helped me as a father back in 2004. I had my first ever panic attack after Michelle, my wife, went through a traumatic birth which I witnessed, thinking the love of my life was going to die. Michelle went on to have severe postnatal depression which, in hindsight, should have led to a stay in a mother and baby unit as she wasn’t safe and needed support from the crisis team.

After months of uncertainty, giving up self-employed work to look after my wife and son, and with a new mortgage to pay, I too was getting depressed. My personality totally changed during the postnatal period – I became angry and started drinking to cope. The only good thing was I was able to start to bond with my son because I was at home looking after my family rather than being back in work within two weeks.

I couldn’t tell anyone how I was feeling, particularly Michelle because I didn’t want it to impact further on her mental health. I felt I had to “Man Up”, as society would tell us, and I was worried our baby would be taken away if both of us were known to have depression. I was avoiding situations, became lonely, paranoid and even broke my hand punching the sofa while having suicidal thoughts just four months after my son Ethan was born.
So much had happened in a short space of time, but I suffered for years until I was also needing help from community mental health services. Michelle’s depression also came back after looking after me, and again reached the point she needed the crisis team.

Today, Michelle works in mental health, running drop-in centres, and as an advocate from the charity that helped me. My son is the most educated teenager in his school about mental health issues, and knows he can talk to use if he is struggling.

I believe that supporting all parents for their mental health will lead to far better outcomes, not least because the number of relationships that sadly end through such pressures is high and this can be prevented. I know fathers do go into other services after the postnatal period and normally get help only when they’re at crisis point. Many new fathers like me are never diagnosed with depression or Postnatal PTSD as screening is rarely used, but things are

And because we know this is a global concern, the landmark move from the NHS will even help our #Howareyoudad campaign to make sure The World Health Organisation recommends screening dads and partners for their mental health wherever they are.

I believe the NHS Long Term Plan is leading the way and other countries will now follow. We still have a long way to go but I am excited to say this is the game-changer, not just in the UK, but for dads around the world.

Contact: Mark Williams fathersreachingoutpmh@gmail.com

PPDI and addressing paternal perinatal mental health

2019 might be the year when policy and service recognition of the importance of fathers’ perinatal mental health takes a step forward. We may see a readiness to identify paternal distress and begin the development of referral and treatment modalities that suit fathers. I am writing to ask if you would be interested in playing a part in developing a national approach to paternal perinatal mental health.

Promising indications of a shift in awareness are the references to fathers in both the Victorian and NSW parenting inquiries of 2018 (1,2), the development of a national not-for-profit fathers’ group support organisation (3), industry-led agitation for improved paternity and shared care leave (4), and the funding of SMS4dads projects across QLD, VIC and SA (5). Overseas, NHS England recently announced screening fathers’ mental health (6) setting a precedent for high-income countries. In Australia, the establishment of the Australian Fatherhood Research Consortium offers, for the first time, the possibility of a credible, ongoing voice to advocate for new fathers (7).

The Paternal Perinatal Depression Initiative (PPDI) revisited

In 2013 and 2014 the Paternal Perinatal Depression Initiative (PPDI) called for a national approach to identify and assist fathers who may be experiencing high levels of stress, anxiety or depression (8). The PPDI proposed the SMS4dads text-based messaging program be developed to connect new fathers to parenting and mental health support.

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Development of the PPDI was boosted by the large grants offered by Movember in November 2013 to develop male-specific mental health initiatives. As well as SMS4dads, the PPDI proposal mapped out screening, treatment and professional development for health staff initiatives to create a father-inclusive service environment. Over 100 academics, researchers and clinicians joined the PPDI.

Where we are now

Over the last four years, the SMS4dads project has developed and achieved a measure of recognition among services and policy advisors. The SMS4dads program has the advantage of high acceptability among health staff and evidence of sustained engagement and positive effects from fathers. However, even a national rollout of SMS4dads would not achieve the goals set out in 2014 for a national approach to the detection and support for highly-stressed fathers.

What we can do

In 2019, it may be possible to move past calling for ‘attention to fathers’ to advocate for systemic interventions tied to a program of research. We can argue for effective screening and referral for new fathers alongside a program of research to fill out the gaps in our understanding of how to identify and support the fathers who are struggling to be the father they wish to be. See the article “Men get postnatal depression too, and as the mother’s main support, they need help” in The Conversation https://bit.ly/2rnzW5V

The task will require many individual efforts as well as co-ordinated proposals. It will involve advocacy: speaking at conferences, making submissions, writing letters to politicians, NGO Board members and academic journals across a range of professions.

An invitation:

The reconstituted PPDI will be a working group of the Australian Fatherhood Research Consortium (http://mappresearch.org/fatherhood-consortium). Membership is open to everybody with no joining fee.

There will be two main ways to be engaged.

- **Join the PPDI Steering Group**
  
  If you elect to be on the steering group, you will be invited to teleconference/Zoom meetings approximately once per month where strategies will be discussed and tasks planned. It is expected that from this meeting groups will plan to submit letters or commentary to different journals or websites. The role of the steering group is to help co-ordinate the actions to avoid duplication and to facilitate co-operation and learning across areas.

- **Join as a corresponding member**
  
  If you elect to be a corresponding member you will be informed of progress and be invited to contribute to letters and to the materials that will be developed and, if you wish, to journal submissions or presentations at conferences etc.

The tasks will be taken up by those who have the capacity, time and energy to undertake them. It is expected that progress will be uneven and that individuals will contribute where they are able.

So please join me in making 2019 the year when father’s mental health was recognised and acted on.

Please go to the Australian Fatherhood Research Consortium website http://mappresearch.org/fatherhood-consortium and join up!

If you’d like to be involved as part of the Steering Group drop me an email and we’ll be off and running!

Richard Fletcher

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References

https://www.facebook.com/dadsgroupincorporated/
www.sms4dads.com
http://mappresearch.org/fatherhood-consortium/

RESEARCH

Fathers’ experiences of raising children with Autism Spectrum Disorder (ASD)

FRB Comment by A/Prof Elaine Bennett, Director of Research, Ngala. The following four studies consider different aspects of fathers raising children with ASD. The psychological impact on the family can be considerable and the co-parenting relationship needs to be strong in order to adapt, grow and change. The studies reinforce that positive social supports and available services engaging the whole family, are crucial. The interesting article for me was on the dads experiences of playing with their child with ASD, and how they adapt.

The first study looks at the wellbeing of fathers and found that fathers’ experienced raised levels of parental stress as well as depressive symptoms when parenting a child 2-6 years with ASD. The strain of the experience on their relationship and family wellbeing was discussed with strategies for adaptation (Paynter et al., 2018). The second study (Lashewicz et al., 2018) explores the question of high divorce rates generally and with the added dimension of a child with ASD, how does this impact on a relationship? Although media reports of high divorce rates in ASD families are common population studies (eg. Freedman, et al. 2012) found no higher risk. Perceptions of fathers in this study focused on the strengths that a well-functioning relationship can bring to keeping a marital partnership strong, despite the many stressors and challenges. The third study (Mitchell & Lashewicz, 2018) described stories from fathers on their experiences of play with their child with ASD and how they redefined expectations of their children in the context of play. Through a strengths-based lens fathers described ‘quirky play’ and how they adapted, accepted and supported their child through play. The fourth study (Hickey et al., 2018) looked at types and sources of positive and negative social exchanges experienced by mothers and fathers of children with ASD. Negative social exchanges were associated with depressive symptoms in fathers. All studies highlight the need for engagement and better tailored support of fathers and families with young children with ASD.

Recognising the ‘forgotten man”: Fathers’ experiences in caring for a young child with autism spectrum disorder

Background Despite decades of research on family adaptation in relation to caring for a child with an autism spectrum disorder (ASD), the wellbeing of fathers remains poorly understood.

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Method

The present study sought to investigate experiences of fathers of young children with ASD aged between 2½ and 6 years attending an ASD-specific early intervention centre. Eighteen fathers initially completed a mailed questionnaire and 8 of these fathers were then interviewed by telephone. The questionnaire included standardised measures assessing constructs of the double ABCX model of family adaptation. The interview used open-ended questions to understand the experiences of fathers’ involvement in caring, sources of support, and coping strategies.

Results

Fathers experienced elevated levels of parental stress and elevated depressive symptoms. Interviews deepened understanding of fathers’ personal experiences of each component of the double ABCX model.

Conclusions

Findings from this study provide further insight into the fathering role and demonstrate the utility of the double ABCX model as a framework for exploring their experiences. The need for further research to explore practical implications to better support fathers is discussed.


Fathers raising children with autism spectrum disorder: Stories of marital stability as key to parenting success

Using media reports of high divorce rates among couples of children with ASD as a point of departure, our purpose in this paper is to examine how married fathers of children with ASD understand their marriages relative to the demands of ASD and in the context of media reports of elevated divorce rates among parents raising children with ASD. We begin with a review of select literature pertaining to the impact of ASD on marriages and we include a brief account of popular media portrayals of the influence of having a child with a developmental disability, and ASD in particular, on marriages. We then describe our qualitative examination of narrative interview data from 26 married fathers raising children with ASD aged 2–13 beginning with our theoretical anchoring in social comparison to focus our attention on how fathers compare themselves with media accounts of elevated divorce rates among parents of children and also with other hypothetical family configurations. Our findings are evidence of fathers’ strong and strengthened commitments to marriages and we illustrate a re-purposing of inflated portrayals of divorce rates to shore up fathers’ sense of their own effectiveness as husbands and fathers.


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Quirky kids: fathers’ stories of embracing diversity and dismantling expectations for normative play with their children with autism spectrum disorder

Anchored in critical disability studies, we used a narrative methodology to study fathers’ stories of play interactions with their children with autism spectrum disorder (ASD). Three narratives convey how father–child interactions unfold and how patterns of interaction respond to, redefine and resist societal norms. Narratives of action demonstrate fathers’ responses to societal norms, while narratives of adjustment depict how fathers have redefined expectations of their children in the context of play. Narratives of acceptance demonstrate fathers’ attunement to, and acceptance of, their children’s preferred play interests and a resistance to play norms. We argue that fathers’ stories represent a step towards emancipating play for children with ASD in that fathers’ appreciation of their children’s quirky play accentuates the relational and social capabilities of children, thus countering deficit interpretations of the abilities of children with autism more broadly.


Positive and negative social exchanges experienced by fathers and mothers of children with autism

When faced with child-related challenges associated with autism spectrum disorder, positive and negative social exchanges may be critical to parents’ psychological well-being. This study examined the types and sources of positive and negative social exchanges reported by mothers and fathers of children with autism spectrum disorder and their association with parental depressive symptoms in 176 families of children (5–12 years; 85% male) with autism spectrum disorder. One-way repeated measure multivariate analyses of variance and multilevel modeling were used. Results indicated that informational was the most frequent type, and one’s spouse was the primary source, of both positive and negative social exchanges. Fathers reported fewer positive, and also fewer negative, social exchanges with family, friends, and health professionals than mothers. Positive and negative social exchanges with one’s spouse were most strongly associated with depressive symptoms. Findings have implications for interventions designed to foster optimal outcomes in families of children with autism spectrum disorder.

The effects of fathers’ interactions with toddlers

FRB comment by Jennifer StGeorge Senior Lecturer, Program Convenor Family Studies, The University of Newcastle.

In Brown et al (2018), the findings are surprising, and some potential reasons for this are given. The researchers measure the effect of fathers’ involvement on toddlers’ attachment security, which varied according to what dad did and when. Broadly, attachment security was greatest when fathers were involved in play on the weekends and in caregiving on the working days, and not vice versa. Fathers’ sensitivity was not related to any of these involvement measures, although separately strongly related to attachment security, suggesting that the caregiving and play had dimensions other than sensitivity that also contributed to the child’s attachment security. It is challenging to interpret these results, as the results are almost saying, Dads, don’t play on workdays, only caregive; on non-workdays, do both… The authors suggest that fathers’ awareness of effective family functioning, and the child response to this, may be one reason why the fathers’ caregiving and play differ in their effect. This interpretation seems a ‘long bow’ to draw as it suggests a rationalising that may be unlikely in toddlers. However, surprising findings stimulate us to think outside the box, and to think of other hypotheses we could use to test this idea. What hypotheses might you suggest?

In McHarg, et al., (2019) the authors find that there is very little difference between mothers and fathers when they talk with their toddler about a crying baby. Both parents elicited similar levels of toddlers’ emotion labelling and attention to the crying baby, however, the surprise was that girls displayed stronger empathic concern for the baby when they were with their father than with their mother; (although boys and girls had similar levels of empathy, this parent-specific association did not hold for boys). Again, the interpretation needs to cautiously survey possible reasons for this difference. The authors suggest that toddler girls gave more empathy because they may not have seen fathers engaged in soothing behaviours as frequently as they had seen their mothers so engaged. It is hard to think of a 3-year-old compensating for her father’s lack of modelling. What might be other reasons for this particular statistical association? Have you seen this in your own practice and what reasons do you ascribe to the behaviour?

In the final paper by Jeong and colleagues (2019) the authors report a parenting intervention in Pakistan that educated mothers on sensitive and responsive caregiving over a two-year period. To determine the mechanisms for the success of the intervention, they tested the effect of mothers’ and fathers’ stimulation (a set of 6 activities such as reading, talking, or playing) on children’s cognitive and socioemotional development at 4 years of age. The surprising part of this report however, is that although fathers were not involved directly in the intervention, only mothers, the researchers tested the effects of BOTH parents’ level of stimulation (as reported by the mother). Perhaps not unsurprisingly, mothers’ stimulation enhanced both cognitive and socioemotional development, while fathers’ stimulation only influenced socioemotional development. However, across the almost 4 years of the study, there was a positive influence of paternal stimulation on maternal stimulation - in other words, fathers’ parenting influenced mothers’ parenting, even though mothers were participating in the intervention. (Mothers also influenced fathers, but to a lesser extent). Again, another surprising finding that needs a cautious interpretation although family systems theory and ecological theories are helpful in understanding this complex interplay of influences. It is also encouraging to see that the intervention’s strategies could diffuse directly and indirectly through the family network.

So in these three papers, there are more questions than answers, which could be science as usual. Just a normal day at the office.
Associations between father involvement and father–child attachment security: Variations based on timing and type of involvement. Journal of Family Psychology

This study examined associations between father involvement and father–child attachment security, and whether those associations differed as a function of timing (workday and non-workday) and/or type (accessibility, caregiving, and play) of involvement. Eighty father–child dyads participated when children were approximately 3 years old. Fathers completed a time diary interview assessing the various forms of involvement, and attachment was assessed using the Attachment Q-Set (Waters, 1995) following 90 min of father–child observation in the home. On nonworkdays, father involvement in play predicted greater attachment security and involvement in caregiving was marginally associated with greater attachment security. On workdays, father involvement in caregiving was related to greater attachment security, whereas father involvement in play was related to less attachment security. Results were independent of observed paternal sensitivity and relevant demographic covariates. Findings highlight the differential impact of father involvement for the father–child attachment relationship depending on when involvement occurs and what types of activities fathers engage in. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Crying babies, empathic toddlers, responsive mothers and fathers: Exploring parent-toddler interactions in an empathy paradigm

The ability to display caring responses to another child’s distress is a key aspect of early empathy that is facilitated by parental socialization. However, existing studies typically involve lab settings and focus on toddlers’ unsupported responses to adult simulations of distress, raising questions about their ecological validity. Framed within the New Fathers and Mothers Study, the current study involved 156 British toddlers (Mage = 24.35 months, SD = 0.73) who were filmed at home with either their mother or father (87 mothers and 69 fathers) in a novel paradigm involving a lifelike crying baby doll. Capitalizing on the inclusion of both fathers and mothers, a key question concerned effects of parent–toddler dyad gender composition on both global ratings of toddlers’ displays of empathic concern and more specific indicators, including toddlers’ attentional, emotional, and behavioral responses. Whereas parental responses did not differ by either child or parent gender and appeared to be closely attuned to child behavior, toddlers’ responses showed effects of both (a) child gender, evident in higher rates of emotion labeling in girls than in boys (even when controlling for language ability), and (b) parent gender, evident in higher levels of empathic concern for girls observed with fathers than for those observed with mothers. These findings are discussed within the context of empathy development and parental socialization.

Maternal and paternal stimulation: Mediators of parenting intervention effects on preschoolers' development.

This study examined mothers’ and fathers’ developmentally stimulating parenting practices (i.e., engagement in play and communication activities) as mediators through which an early parenting intervention improved later cognitive and socioemotional development of 1302 4-year-old children in rural Pakistan. Maternal and paternal stimulation were both reported by the child’s mother at 12, 24, and 48 months. Preschoolers’ cognitive skills were directly assessed using standardized tests and socioemotional development was based on maternal ratings. Controlling for sociodemographic factors and children’s prior levels of development, results revealed that both maternal and paternal stimulation significantly mediated intervention effects on children's longer-term cognitive and socioemotional development. Greater indirect effects were found through maternal than paternal stimulation. Additionally, more stimulation by one parent positively predicted later changes in his or her partner’s stimulation. Implications for targeting both mothers’ and fathers’ parenting behaviors in early childhood interventions and further unpacking these family processes are discussed.