**Symposium Title:** Fathers Of Children with Intellectual Disability (ID) and Autism Spectrum Disorder (ASD): Group Risk, Predictive Factors, and Coping Strategies

**Chair:** Richard Hastings¹

**Discussant:** Jason Baker²

**Overview:** Typically, research in relation to the impact of raising a child with a disability has focused on mothers (Braunstein et al., 2013). A long-standing view that fathers spend less time caregiving for a child is thought to have contributed to the lack of investigation into how raising a child with a disability affects paternal outcomes, which has implications for both theory and those who work with fathers of children with disabilities. Researchers in the field, informed by a family systems perspective, are starting to recognize the key role that fathers play within their families and conduct family research which specifically examines father data. In this symposium three papers will explore the needs of fathers with Intellectual Disability (ID)/Autism Spectrum Disorder (ASD) and possible coping strategies. The first paper will present the findings from a secondary analysis of UK population-based data on fathers of children with and without intellectual disability (ID). It will discuss the comparisons made between fathers of children with and without ID on psychological wellbeing (life satisfaction, work-life balance, general health) and parenting measures (parenting competency and parent-child closeness) and factors found to predict these outcomes. The second paper will address the mental health outcomes of fathers of children with Autism Spectrum Disorder (ASD) in Australia based on data drawn from the Longitudinal Study of Australian Children (LSAC). Comparisons of fathers of children with ASD to fathers of children without disabilities, and potential paternal mental health risk and protective factors will be presented. The third paper will address the coping strategies of fathers of children with ASD, exploring adaptive coping strategies which moderate the relationship between child symptom severity and parental mental health in both non-Hispanic White and Hispanic fathers of children with ASD. Each presentation provides a novel contribution to the field, drawing upon large samples, and discussing implications for family systems theory and practice.

**Paper 1 of 3**

**Paper Title:** The Psychological Wellbeing of Fathers with and without a Child with Intellectual Disability: A UK Population-Based Study

**Authors:** Emma Langley¹, Vasiliki Totsika¹, Richard Hastings¹

**Introduction:** Theoretical frameworks such as Family Systems Theory (FST) recognise that fathers are an integral part of the family unit (Seligman & Darling, 1997). The birth and care of a child with a disability is understood to affect every member of the family, including the father, yet very few studies have explored fathers’ wellbeing in light of this knowledge (Braunstein et al., 2013; MacDonald & Hastings, 2010). Our first aim was to understand whether fathers of children with ID had different psychological wellbeing outcomes when compared to fathers without a child with ID on measures of individual wellbeing (life satisfaction, work-life balance, general health) and parenting measures (parenting competency and parent-child closeness). Our second aim was to explore whether the presence of a child with ID was still a significant predictor of paternal wellbeing when controlling for a number of variables identified as significant correlates of wellbeing.

**Method:** The present study analyzed secondary data from the third wave of the Millennium Cohort Study (MCS), a UK population-representative longitudinal birth cohort study tracking the lives of approximately 19,000 British children born in the UK between 2000 and 2001. The analysis included 256 fathers with a child identified as having ID and 10,187 fathers without a child with ID. Fathers completed measures about their life satisfaction and work-life balance. They also completed measures on

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general health, parenting competency, and parent-child closeness, which subsequently were dichotomized. The behavioral and emotional outcomes of the cohort child (measured using the Strengths and Difficulties Questionnaire; SDQ) and the measure of income poverty (above or below the 60% national equivilized median income), were completed by the cohort child’s mother or grandmother. Analyses were weighted to account for the MCS sampling strategy and item non-response.

Results: Independent t-tests showed differences on the life satisfaction measure with fathers of children with ID reporting lower levels of life satisfaction compared to fathers without a child with ID ($p=.014$). No differences were found on the work-life balance outcome ($p=.656$). Chi Square tests revealed that there was a significant difference on the general health outcome ($p<.001$), with fathers without a child with ID more likely to report ‘good’ rather than ‘poor’ levels of general health. There were no significant differences between the two groups of fathers on measures of parenting competency ($p=.405$) and parent-child closeness ($p=.358$). The regression analyses revealed that child behavioral and emotional problems were a significant predictor of all of the outcome measures. Conversely, child ID status was not significant within any of the models. Father demographic variables such as employment predicted life satisfaction ($p<.001$), general health ($p<.001$) and parenting competency ($p=.049$), while father age predicted work-life balance ($p=.009$), general health ($p<.001$), and parenting competency ($p=.004$) outcomes. Father education was predictive of general health only ($p<.001$). Socioeconomic indicators such as income poverty was predictive of all outcomes except for parenting competency ($p=.572$), and the number of children in the household was predictive of life satisfaction ($p=.010$) and parent-child closeness ($p<.001$). Father residency and child gender were not significant within any of the models.

Discussion: This study is among the first to compare a UK representative sample of fathers of children with and without a child with ID on multiple wellbeing measures. While fathers of children with ID did report lower levels of life satisfaction and general health compared to fathers without a child with ID, the regression models highlight that having a child with ID was not a significant predictor of paternal wellbeing when controlling for a number of father, child and family-level variables. Raising a child with behavioral and emotional problems was found to be a strong predictor within all the models, highlighting that father wellbeing is not associated with their child’s ID status but the behavior of their child, and therefore theoretical models and practical support should reflect this. Socioeconomic indicators, in particular income poverty predicted paternal wellbeing, suggesting that studies should continue to investigate the broader association between wellbeing and socioeconomic status beyond fatherhood.

References/Citations:


Paper 2 of 3

Paper Title: Fathering a Child with an Autism Spectrum Disorder in Australia: Mental Health, Risk and Protective Factors

Authors: Monique Seymour$^{3,4}$, Rebecca Giallo$^4$, Catherine E Wood$^3$

Introduction: Parents of children with an Autism Spectrum Disorder (ASD) are particularly vulnerable to experiencing mental health difficulties compared to parents of children with other developmental disabilities (Dabrowska & Pisula, 2010) and parents of children without disabilities (WOD) (Herring et al., 2006). However, much of the existing research and focus in disability services is on mothers’ perspectives and experiences. Yet fathers have unique and differing experiences compared to mothers

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Little is known about the mental health of Australian fathers of children with ASD, along with the associated risk or protective factors. The present study investigated the mental health of fathers of children with ASD compared to fathers of children WOD. We also explored potential predictors of fathers’ mental health such as employment, informal social support and relationship quality.

**Methods:** Data were drawn from the Longitudinal Study of Australian Children (LSAC), a nationally representative study of children’s health, wellbeing and development. Participants were 159 fathers of children aged 8-9 years with ASD and 6578 fathers of children aged 8-9 years WOD. Fathers completed a range of self-report measures including: the Kessler-6, a broad measure of psychological distress; Medical Outcomes Study Social Support Scale; job quality; parental self-efficacy; and couple relationship quality. Demographic and child characteristics were completed by the primary caregiver (94.3% mothers of children with ASD; 95.5% mothers of children WOD).

**Results:** Approximately 17% of fathers of children with ASD reported symptomatic or clinical levels of psychological distress, while 10% of fathers of children WOD reported experiencing symptomatic or clinical levels of psychological distress. Fathers of children with ASD were at a significantly greater risk of experiencing psychological distress than fathers of children WOD within both the symptomatic (p<.05) and clinical range (p<.01). Multivariate regression analysis revealed that poor job quality (e.g., lack of autonomy, flexibility, security), lack of informal social support, and experiencing depression within the past year were associated with an increased risk of experiencing psychological distress for fathers of children with ASD. The specific types of informal social support were further explored; emotional/informational social support was more strongly associated with psychological distress (p<.001), compared to tangible support, affectionate support and positive social interactions.

**Discussion:** Using a population-based sample of Australian children and their families, this is one of the few known studies to explore psychological distress, risk factors, and the unique informal social support needs in fathers of children with ASD in Australia. Our findings highlight that almost 1 in 6 fathers experience elevated symptoms of nervousness, worry, stress and/or depression while parenting a child with ASD. Fathers’ job quality, informal social support, and past experiences of depression place this group at increased risk of experiencing elevated psychological distress. The impact of informal social support was further investigated, revealing that fathers who perceived that they had others in their life who they could share their worries and concerns with, get advice from, and problem solve with were less likely to report mental health difficulties. This study provides further insight into the unique experiences and needs of Australian fathers of children with ASD which will enable the development of targeted support.

**References/Citations:**


**Paper Title:** Coping Strategies as Moderators of Child Symptom Severity and Parent Depressive Symptoms for Hispanic and Non-Hispanic White Fathers of Children with ASD

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Introduction: When faced with a potential stressor, such as having a child with autism spectrum disorder (ASD), individuals use coping strategies to adjust to the situation. Certain coping strategies are more adaptive, such as positive reframing, which is related to lower levels of depression for parents of children with ASD (Hastings et al., 2005). However, there are differences in coping between mothers and fathers, and possibly between non-Hispanic White and Hispanic parents as a result of cultural differences (Hastings et al., 2005; Willis et al., 2016). Therefore, the goal of the current study was to investigate which adaptive coping strategies moderated the relationship between child symptom severity and parent mental health for both non-Hispanic White and Hispanic fathers of children with ASD.

Methods: Participants were 74 fathers of children (M = 6.64 years, SD = 2.29 years) with ASD, and were either Hispanic (n = 43; M = 41.77 years, SD = 6.75) or non-Hispanic White (n = 31; M = 44.35 years, SD = 6.25). All fathers completed the current version of the Social Communication Questionnaire regarding their child’s symptom profile. They also completed the Center for Epidemiological Studies Depression Scale, a measure of adult depressive symptoms, and the Brief COPE, a measure of frequency of coping strategy use. Separate moderated regression models were entered in the PROCESS macro for SPSS for fathers of each ethnicity with each of the following coping strategies: positive reframing, active coping, planning, instrumental use of social support, and religious coping.

Results: For non-Hispanic White fathers, there was a significant interaction (i.e., moderation) between the effects of child symptom severity and use of positive reframing on the parent’s depressive symptoms, \( b = -.43 \) (SE = .17), \( p = .02 \). The interaction accounted for an additional 15.6% percent of variance in depressive symptoms. For fathers who infrequently used positive reframing, there was a significant positive relationship between child symptoms and parent depression, \( b = 1.01 \) (SE = .36), \( p = .01 \), but the relationship was non-significant for those who used high levels of positive reframing, \( p > .05 \). Moderation was also found with instrumental support coping, \( b = -.38 \) (SE = .11), \( p = .003 \), \( R^2 = .26 \), and religious coping, \( b = -.46 \) (SE = .14), \( p = .004 \), \( R^2 = .26 \). However, neither active coping nor planning coping were significant moderators for non-Hispanic White fathers, \( ps > .05 \).

For Hispanic fathers, none of the aforementioned coping strategies served as a moderator of the relationship between child symptoms and parent depression, \( ps > .05 \).

Discussion: Results suggest that using adaptive coping strategies frequently serves as a protective factor for non-Hispanic White fathers’ mental health. Therefore, teaching those fathers adaptive coping strategies may improve their functioning. Previous interventions increased use of adaptive coping strategies in parents of children with ASD and may be applicable in the case of fathers, as well (Samadi, McConkey, & Kelly, 2013). However, it may be that there is some other factor besides coping strategy use, which serves as a protective factor for Hispanic fathers. For instance, future research may investigate family functioning, given the importance of familism in Hispanic culture.

References/Citations: