The Well-Being of Fathers with Children with Autism Spectrum Disorder

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Introduction

Children with autism spectrum disorder (ASD) experience atypical development, consisting of deficiencies in behavioral, social, and emotional development (Ahmad & Dardas, 2015). Specifically, children with ASD may have less social reciprocity and tend to be guarded and less likely to engage in communication skills (Donatidson, Elder, Self, & Christle, 2011). When considering the behavior problems of children with ASD, it is also important to investigate how they impact the parents’ well-being. Parents of children with ASD experience high levels of stress and face numerous challenges. Their child’s behaviors have the potential to impact the parent-child relationship, leading to less openness, stability, and coordinated interactions (Keenan, Newman, Gray, & Rinehart, 2016). Parents also report more mental health problems than parents with typically developing children (Falk, Norris, & Quinn, 2014).

In families with children with ASD, differences are found between well-being in mothers as compared to fathers. After fathers are informed of their child’s diagnosis, they typically experience strong reactions, such as denial, decreased self-esteem, and depression (Ahmad & Dardas, 2015). A recent review found that mothers of children with developmental disabilities, including ASD, reported a higher number of positive experiences than fathers (Kayfitz, Gragg, & Dor, 2015). A possible explanation for this is that fathers may underestimate the influence of outside factors that lead to positive experiences with their child. This could negatively impact the father’s well-being. As research on the fathers in families with children with ASD has expanded within recent years, it is crucial to understand the factors that influence the father’s well-being.

Therefore, the purpose of the current study is to investigate the mental health of fathers of children with ASD. Specifically, the current study aimed to examine the child versus parent characteristics as predictors of the fathers’ depressive symptoms.

Method

Thirty-one fathers of a child with ASD completed an online survey. They completed measures of depressive symptoms (CESD), the broad autism phenotype (BAPQ), adult attachment anxiety and avoidance (ECR-R), child behavior severity (SOQ), child behavior problems (SDQ), work-family conflict, and attitudes about the role of fathers (ROFQ).

Results

The results revealed no significant relationship between depressive symptoms and work-family conflict or the child’s symptom severity, ps ≥ 0.55. However, there was a significant relationship between depressive symptoms in fathers and attachment anxiety, children’s behavior problems, BAP symptoms in the father, and the role of the father, ps ≤ 0.04.

Discussion

This study suggests there is an impactful relationship between the level of involvement of fathers and their emotional well-being. For example, when a father experiences more attachment anxiety in relation to his child with ASD, his depressive symptoms increase. It may be necessary to re-frame his attachment representations in order to promote more positive psychological functioning. Fathers who reported that their role is critical to their child’s development reported less depressive symptoms. Fathers are generally less involved in their child with ASD’s treatment (Johnson & Simpson, 2013) and many parent-mediated interventions focus on mothers (Braunstein, Peniston, Perelma & Cassano, 2013).

Perhaps increasing a father’s involvement in their child’s ASD treatment will decrease their depressive symptoms, as well as improve their overall well-being. This research can be utilized to alter future ASD treatments to involve both the mother and the father as active caregivers to ensure positive development in children and improve well-being among fathers.

References


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