



# The inclusion of fathers in investigations of autistic spectrum disorders



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## ABSTRACT

Recent reviews indicate an underrepresentation of fathers in empirical investigations of child development and psychopathology (Cassano, Adrian, Veits, & Zeman, 2006; Phares, Fields, Kamboukos, & Lopez, 2005). The purpose of the current study was to examine the nature of parental involvement in research on children with autistic spectrum disorders (ASD). Articles published over the last decade from journals with the highest impact factors in disciplines relevant to the study of ASD were reviewed, including areas of psychiatry, developmental psychopathology, and developmental disabilities. A total of 404 articles were included in the review and were coded to determine if parental inclusion and method of statistical analysis varied as a function of child age, journal type, year of publication, and parent gender. Results were consistent with findings from recent reviews and indicated that fathers are widely underrepresented in the literature on ASD, even more so than rates of inclusion in investigations of developmental and child clinical psychology. In contrast to findings from broad reviews of parental inclusion in studies of child psychopathology, fathers' involvement was not higher in older versus younger age of child participant. Clinical implications and recommendations to improve inclusion rates of fathers in research on children with ASDs are discussed.

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## 1. Introduction and review of the literature

Over the past two decades, research has increasingly highlighted the importance of understanding the role of parents in the identification and care of children with an autistic spectrum disorder (ASD) (McConachie & Diggle, 2007). Empirical investigations consistently find that parents of children with ASDs play critical roles in the detection, treatment, and course of a wide range of psychosocial and educational challenges encountered throughout development (Al Anbar, Dardennes, Prado-Netto, Kaye, & Contejean, 2010; Dardennes et al., 2011; Manning et al., 2011; Reed & Makrygianni, 2010). Unfortunately, few investigations have evaluated whether these roles differ for mothers and fathers (Flippin & Crais, 2011). Several systematic reviews of the literature on parents of children with psychopathology indicated that there is an underrepresentation of fathers in research across broad domains of clinical and developmental psychology (Cassano et al., 2006; Fabiano, 2007; Phares et al., 2005). The purpose of the current study was to examine recent rates and type of parental inclusion in empirical investigations of ASD.

There is clear evidence that parents are a significant source of environmental influence on outcomes for children with ASD. Specifically, parents are integral to detection and diagnosis of ASD by being the first to notice symptoms, select and initiate interventions, and connect with educational systems (Miller, Schreck, Mulik, & Butter, 2011). In addition, parental

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involvement in interventions for ASD is highly associated with child and parent treatment-related outcomes (Laugeson, Frankel, Mogil, & Dillon, 2009; Makrygianni & Reed, 2010; Matson et al., 2012).

Not surprisingly, mothers and fathers of children with ASD experience increased parental stress and difficulty managing their child's behavior compared to parents of children without ASD (Brobst, Clopton, & Hendrick, 2009; Epstein, Saltzman-Benaiah, O'Hare, Goll, & Tuck, 2008; Hayes & Watson, 2012). Parents of children with ASD have been found to report higher levels of aggravation than parents of children with other developmental disabilities and parents of children without special health care needs (Schieve, Blumberg, Rice, Visser, & Boyle, 2007). Specifically, compared to parents of children without significant psychosocial concerns, mothers of children with ASD have been found to exhibit higher rates of life stress and depression (Quintero & McIntyre, 2010) and sleep problems (Lopez-Wagner, Hoffman, Sweeney, & Hodge, 2008). In addition, caregivers of children with ASD reported exerting more effort to identify and receive services for their children, compared to parents of children with other disabilities (Bitterman, Daley, Misra, Carlson, & Markowitz, 2008).

Recent investigations of parents of children with ASD suggest the experience of mothers and fathers of children with ASD differ in important ways. Epstein and colleagues (2008) examined stress levels of parents of children with Asperger's Syndrome and found a positive correlation between the children's level of impairment and mothers' reported parenting stress. However, there was no correlation between the stress levels of fathers and the degree of impairment of their children. Davis and Carter (2008) suggested that the stress of both mothers and fathers are correlated with severity of children's behavioral problems, but this association differed between mothers and fathers as a function of the type of psychosocial concern. Specifically, among parents of toddlers with ASDs, maternal stress increased when child regulatory problems increased, whereas paternal stress rose when the children exhibited more externalizing behaviors. Further, Pisula and Kossakowska (2010) found that mothers of children with autism self-reported spending almost twice the amount of time per day on direct care (9.5 h) for their child compared with fathers (4.9 h).

Hartley, Barker, Seltzer, Greenberg, and Floyd (2011) compared the experiences of mothers and fathers of children with autism and found that, compared to mothers, fathers were more sensitive to the characteristics of the child. Relatedly, Kayfitz, Gragg, and Orr (2009) found that mothers of children with autism reported more positive experiences compared to fathers of children with autism. Papageorgiou and Kalyva (2010) found that mothers were more likely to disclose to their colleagues at work that they had a child with an ASD compared to fathers who did not, suggesting this lack of disclosure of emotions might contribute to lower support for fathers from work colleagues.

Investigations of parent management training programs highlight the importance paternal inclusion while also indicating different experiences and outcomes for mothers vs. fathers. For example, Lundahl, Tollefson, Risser, and Lovejoy (2008) found that parent training studies that included fathers yielded larger effect sizes regarding children's behaviors. However, father's reported fewer personal gains from the intervention compared to mothers, possibly because parent-training programs are typically geared toward mothers and as a result may be less effective and/or acceptable for fathers. Sofronoff and Farbotko (2002) studied parental self-efficacy after parent training of parents of children with Asperger's syndrome. Findings indicated parent self-efficacy differed by parent gender, with mothers reporting a significant increase in self-efficacy and fathers reporting no change in self-efficacy at post-treatment. Despite these documented differences, many research studies on parents of children with ASD include only mothers or fail to specify the gender of the parent studied. Therefore there is considerably less known about the unique experience of fathers, prompting a recent call for the inclusion of gender in research on parents of children with ASD (Hayes & Watson, 2012).

There is a growing body of evidence that indicates that fathers are significantly underrepresented in investigations of children with psychopathology. However, it is only recently that researchers have begun to systematically examine the involvement of fathers in specific areas of inquiry (Cassano et al., 2006; Fabiano, 2007; Phares & Compas, 1992; Phares et al., 2005). Phares and Compas (1992) were the first to conduct a systematic review of fathers' involvement in research related to abnormal child development. Results highlighted a clear under-representation of fathers within broad fields of behavioral research. A similar finding was reported 13 years later when Phares and colleagues (2005) conducted a review of more recent research that revealed that fathers were still largely underrepresented within the research.

Cassano and colleagues (2006) conducted a similar review of clinical and developmental literature between 1992 and 2005, with an emphasis on identifying differences in paternal inclusion by demographic variables, type of journal, child age, parental race, parent gender, and year of journal publication. The review was limited to empirical articles that included an explicit focus on the relationship between at least one parent variable and child outcomes; studies that relied on child report of parent variables were excluded. Articles from nine clinical and developmental journals with the highest impact factor ratings were included. Results revealed fathers were more likely to be involved in research with older children and within clinical rather than developmental journals. In addition, fathers were more likely to be included in research published from 1998 to 2005 when compared to research from 1992 to 1998. Furthermore, parental gender was more likely to be analyzed separately when predominantly Caucasian samples were included as compared to when predominantly African American samples were studied. Despite some optimistic trends represented by these findings, overall inclusion rates for fathers continued to be very low across all demographic groups, ages, and publication years.

Overall, it is clear that fathers are underrepresented within the broad field of child psychopathology. Research findings conducted within specific disorders suggests that a lack of empirical data on fathers also exists within research focused on Attention Deficit Hyperactivity Disorder (ADHD) (Fabiano, 2007) and anxiety disorders (Bögels & Phares, 2008). For example, Fabiano (2007) analyzed research studies on behavioral parent training for children with ADHD and revealed that 87% of the reviewed studies did not include information on father-related outcomes. This lack of empirical data on fathers is

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