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The influence of early intervention, informal support and the family environment on trajectories of competence for fathers raising children with developmental disabilities

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ABSTRACT

Background: Scant research disentangles the relationship between parenting competence, early intervention (EI) services, the family environment and informal support among fathers of children with developmental disabilities.

Aims: (1) To determine the trajectory of parental competence for fathers of children with DD from age 3 to age 15. (2) Controlling for child and family characteristics, determine the main effects of the family environment, informal support, and EI services on paternal competence when their child with a developmental disability was age 3. (3) To determine whether there were lasting effects of the family environment, informal support, and the EI service system on differences in paternal competence over time.

Methods: This study used multilevel modeling to analyze longitudinal data from 93 American fathers from the Early Intervention Collaborative Study.

Results: There was no significant change over time in paternal competence after controlling for various covariates. Fathers who initially reported low levels of competence when their child was three reported continuously lower competence over time. Family relationships, positive supports, and perceived helpfulness of home visits were significant predictors of paternal competence at age three.

Conclusion: Implications for programs and policy include developing and adopting rigorous ways to measure and carefully monitor service provision, including assessments of paternal competence, family relationships and informal supports at the start of early intervention, and fostering continuous collaborations between providers, researchers and clinicians to address challenges in data collection.

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What this paper adds?

This paper adds to the literature on well-being for families of children with developmental disabilities, specifically for fathers who have traditionally been neglected in research and clinical settings. It also contributes knowledge about unknown predictors of paternal well-being; in particular, the total number of informal supports fathers received and the importance of having a positive family environment. Fathers who report a greater number of positive support, in addition to those reporting a positive family environment experienced greater competence when their child was three years old. Finally, this paper generates new knowledge about the importance of home visiting services in existing early intervention programs for fathers. Fathers who reported home visits were very helpful experienced greater competence when their child was three. The findings reiterate the significant impact the zero-to three-program has for other family members in addition to children with developmental disabilities and thus, the necessity for continued financial support and research dedicated to its family-centered model.

1. Introduction

Decades of research have converged to indicate that having a child with a disability presents unexpected challenges that can impact parental well-being (Bailey, Hebbeler, Scarborough, Spiker, & Mallik, 2004; Hauser-Cram, Cannarella, Tillinger, & Woodman, 2013). The majority of this research focuses on mothers. Historically, fathers of children with developmental disabilities (DD) have been portrayed as the “peripheral parent” (Herbert & Carpenter, 1994) leading them to feel neglected by researchers and professionals serving their families (West, 2000). Given fathers’ lack of inclusion in services and research, less is known about their parenting experiences (Lamb & Billings, 1997; MacDonald & Hastings, 2010), which are likely to be different from the experiences of mothers. The current study investigated trajectories of competence for fathers of children with developmental disabilities from child age 3 through 15. The following predictors were examined at age 3 and over time: the family environment, home visiting services in early intervention (EI) and informal support.

1.1. Paternal competence

Early research defines competence as perceptions of performance in the parenting role (Nye, 1974) and parents’ ability to positively impact the development of their child (Coleman & Karraker, 1998). More recently, competence has been defined as “parenting behaviors, skills and strategies that have been considered to promote positive and adaptive child development outcomes” (p.346). The general concept of competence is closely linked to self-efficacy, which is the belief in an individual’s ability to perform a behavior or task successfully (Bandura, 1997). Therefore, parenting efficacy is conceptualized as one’s own appraisal of competence in parenting (Coleman & Karraker, 1998; de Montigny and Lacharité, 2005; Jones & Prinz 2005). This approach encompasses how individuals perceive themselves in their parenting roles and their judgment of self-efficacy, confidence, and the quality of their parenting (Gilmore & Cuskelly, 2009; Sabatelli & Waldron, 1995; Schultz, Stichter, Herzog, McGhee, & Lierheimer, 2012).

Although there has been some debate over how to measure parental competence, early research suggests self-reported competence is both a reliable and valid measure of parental capacity (Teti & Gelfand, 1991). Understanding paternal competence is critical because existing research suggests that parents are more likely to encourage optimal child development through positive parenting strategies and interactions with their child when they feel more competent in their parental roles (Donovan & Leavitt, 1989; Gondoli & Silverberg, 1997; Hastings, 2002; Scheel & Rieckmann, 1998; Teti & Gelfand, 1991). Yet, research on parental competence, especially for fathers of children with DD, is lacking (Lamb, 1987; Lamb & Billings, 1997), and the few studies that exist have generated mixed findings.

With respect to research comparing mothers and fathers of children with DD, an early study of families raising children with DD found mothers report greater competence than fathers in matters of the family and household, although fathers report generally higher parental competence overall (Young & Roopnarine, 1994). In contrast, fathers who reported assuming greater childcare responsibilities had fewer problems with parental competence (i.e., they experienced greater competence) in a study of parents raising children with Down syndrome (Roach, Orsmond, & Barratt, 1999). More recent research involving parents of children with DD found fathers reported less parenting efficacy than mothers (Kersh, Hedvat, Hauser-Cram, & Warfield, 2006). Finally, a study focused solely on mothers of children with DD found that competence during early childhood was associated with positive family relationships and maternal ratings of home visit helpfulness, such that mothers who reported more positive family relationships and home visits as helpful experienced greater competence when their child was three (Crossman, Warfield, Kotelchuck, Hauser-Cram, & Parish, 2018). Results of this study point to aspects of both the family environment and service provision that may also be applicable to fathers. However, because the current body of literature suggests that mothers’ and fathers’ parenting experience is different, further investigation is warranted, specifically about factors associated with paternal competence during early childhood and over time.

1.2. Paternal well-being and the family environment

The family environment has been characterized as a context of human development involving interpersonal relationships, including the familial climate (often referring to the cohesion and expressiveness of relationships) and parent–child interactions (Minuchin, 1985). Research on families of children with DD has found that the quality of the family environment is associated with fathers’ well-being (Dyson, 1997; Krauss, 1993). For example, when studying parents of toddlers with DD (including Down syndrome,