

Introduction

There is now a substantial body of research focused on the experiences of mothers of children with autism spectrum disorder (ASD). In contrast, little is known about the factors that contribute to the heightened levels of stress in fathers of children with ASD. Parental attributions for child behaviors (e.g., beliefs about the cause of these behaviors) have been shown to be an important determinant of psychological well-being in parents in the general population. In this study, we examined the relation between fathers' parental attributions for their son or daughter with ASD's behaviors and their depressive symptoms.

Study objectives

- Examine the prevalence of depressive symptoms in fathers who have a child with ASD.
- Identify child and father variables that are associated with depression in fathers of children with ASD.
- Evaluate the association between parental attributions and depression in fathers of children with ASD.

Methods

Sample

- 184 fathers with a child with ASD
- Fathers: Age ($M=42.17$, $SD=4.99$); 87.41% White, non-Hispanic, 83.54% at least some college education
- Child with ASD: Age ($M = 7.92$, $SD = 2.25$); 85.30% male; 34.80% Intellectual Disability (ID)
- Child Behavior Checklist Total Problems T-score ($M=64.82$, $SD=9.60$)
- Social Responsiveness Scale-Second Edition Total score ($M=76.98$, $SD=10.33$)

Measures

Fathers independently reported on:

- Parental Attribution Questionnaire (Whittingam et al., 2008)
- Center for Epidemiological Studies Depression (CES-D; Radloff, 1977)
- Child Behavior Checklist (CBCL) (Achenback & Rescorla, 2000; 2001)
- Social Responsiveness Scale-Second Edition (SRS) (Constantino & Gruber, 2012)

Acknowledgements

NIMH (to S. L. Hartley, R01MH099190)
Correspondence: Katherine Phillips (kaphillips2@wisc.edu)
Matthew Walczak (mwalczak2@wisc.edu)

References

Achenbach, T. M., & Rescorla, L. A. (2000). Manual for the ASEBA Preschool Forms & Profiles. Burlington, VT: University of Vermont, Research Center for Children, Youth, and Families.
Achenbach, T. M., & Rescorla, L. A. (2001). Manual for the ASEBA School-Age Forms & Profiles. Burlington, VT: University of Vermont, Research Center for Children, Youth, and Families.
Constantino, J. N., Gruber, C. P. (2012). Social Responsiveness Scale, Second Edition (SRS-2). Torrance, CA: Western Psychological Services.
ADD CSD!
Radloff, L. S. (1977). The CES-D scale: A self report depression scale for research in the general population. Applied Psychological Measurements, 1, 385-401.

Results

Depressive Symptoms

Range: 0-4, $M=11.45$ ($SD = 8.94$)

Table 1: Percentage of Fathers above versus below clinical threshold for Depression

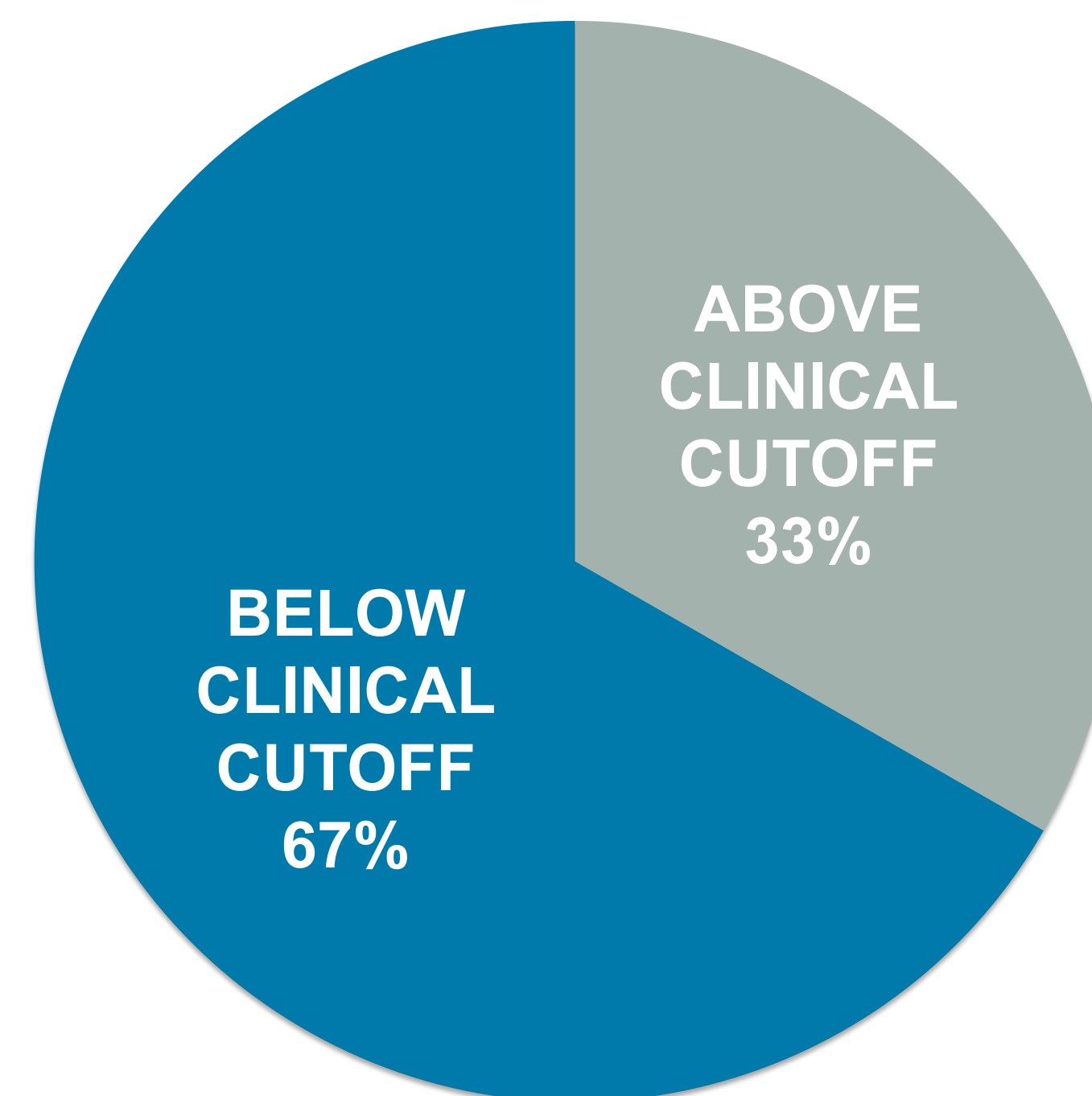
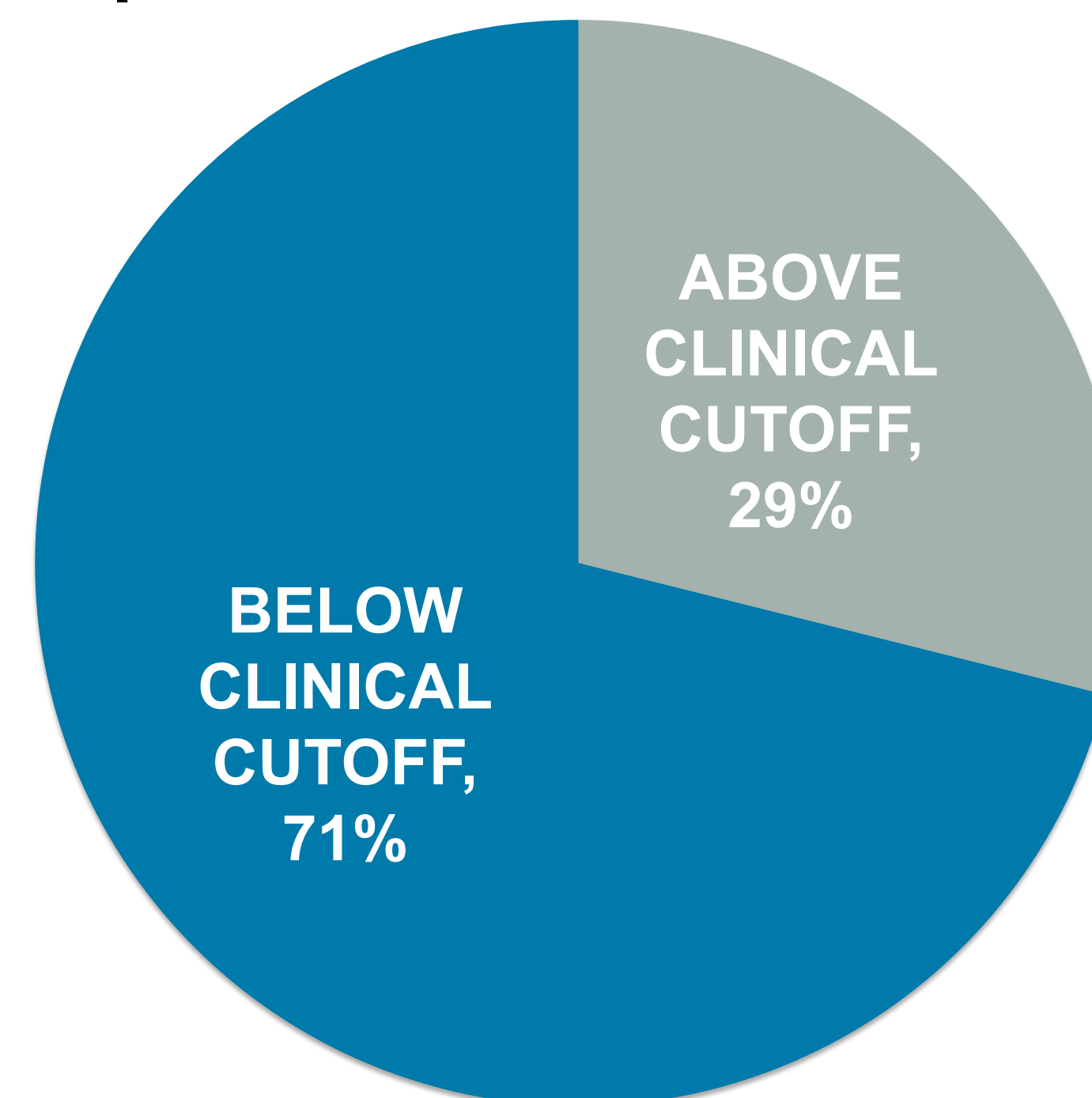


Table 2: Percentage of Mothers above versus below clinical threshold for Depression



Father Attribution for Child Behavior Problems

Locus of Control – belief that the behavior was due to something internal to the child with ASD versus external to the child (range: 0 -8; higher scores mean more internal)

$M = 4.79$ ($SD = 1.69$)

Pearson Correlation with father's depressive symptoms: $r = .07$, $p = .34$

Stability – belief that the behavior was due to something that is stable in the child with ASD versus unstable (range: 0-8; higher scores mean more stable)

$M = 3.79$ ($SD = 1.88$)

Pearson Correlation with father's depressive symptoms: $r = .18$, $p = .02$

Controllability – belief that the behavior was due to something controllable by the child versus not controllable (range: 0-8; higher scores mean more controllable)

$M = 4.49$ ($SD = 1.72$)

Pearson Correlation with father's depressive symptoms: $r = -.08$, $p = .26$

Table 3: Correlations between Father Depression and Father and Child Variables

	1.	2	3.	4.	5.	6.
1. Father Depression	--					
2. Father's age	-.05	--				
3. Father education	-.11	.14	--			
4. Household Income	-.16	.13	.38**	--		
5. Child Everyday Living Skills	-.18	-.10	.12	.12	--	
6. Child ASD Symptoms	.27**	-.20**	-.07	-.07	-.46	--

* $P < .05$ ** $P < .01$

Examples of Behavior Problems of the Child with ASD

“Henry was loud and disruptive at church”

“He threw himself onto the floor and fake cried for 10 minutes.”

“Dropped his iPad in front of his teacher”

“She refused to get dressed in the morning and kept taking her clothes off”

“He ran away from his mom in public”

“Not listening to therapists”

Findings

- 33% of fathers have clinically significant depressive symptoms. This is similar to the level for mothers.
- Fathers of children with higher levels of ASD symptoms and higher severity of misbehavior had more depressive symptoms.
- Fathers with high levels of depression are more likely to believe that their child's misbehavior is due to something that is stable in the child (thus not going to change in the future.)

Discussion

A marked subgroup of fathers with children with ASD experience depressive symptoms. Depression had important connections to parental affect, as it illustrates that the attitude in which fathers view their child's behavior can have negative effects on their mental health status. Findings indicate a need to consider behavioral problems through a ‘family-wide’ lens, and provide interventions focused on fathers stress levels, as previous interventions have focused on maternal issues.