J Child Fam Stud
DOI 10.1007/s10826-008-9243-9

ORIGINAL PAPER

Mindful Parenting and Care Involvement of Fathers of Children with Intellectual Disabilities

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Abstract There are few data addressing psychological variables that may explain some variation in parenting by fathers of children with intellectual disabilities. In the present study, we hypothesized that fathers who were more mindful in their parenting role (specifically, fathers who reported more present-centered attention in their relationship with their child) would use less avoidance in relation to their child with intellectual disability and that this would be reflected in increased father involvement in childcare. In a questionnaire survey 105 fathers completed a mindful parenting measure and a measure of parental involvement. Regression analyses revealed that fathers who reported being more mindful as a parent also reported more involvement in child-related parenting tasks and roles related to child socialization. These data suggest that mindfulness in the parenting role may be an important predictor of parenting in families of children with intellectual disabilities. Therefore, interventions designed to increased mindfulness should improve parent–child relationships and ultimately child outcomes.

Keywords Mindful parenting · Fathers · Parenting · Intellectual disability · Childcare involvement

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Introduction

Mothers and fathers of children with intellectual disabilities experience different levels of psychological distress (typically, mothers reporting more distress than fathers), and paternal distress is not always predicted by the same factors as maternal distress (Hastings et al. 2005; Heller et al. 1997; Saloviita et al. 2003; Sloper et al. 1991). Beyond these findings fathers of children with intellectual disability are a relatively neglected group in family research. However, an understanding of fathers' adjustment to living with a child with intellectual disability could inform suitable support interventions. Although cognitive behavior therapy interventions may be beneficial for fathers of children with intellectual disabilities, few evaluation studies have included fathers as participants (Hastings and Beck 2004; Singer et al. 2007).

From the perspective of children with intellectual disabilities and the parenting that they receive, existing research data suggest that their fathers are considerably less involved in their care and therapeutic support than their mothers even when mothers are also in paid employment (Bristol et al. 1988; Roach et al. 1999; Willoughby and Glidden 1995). Given generally more positive developmental outcomes for children with involved fathers (e.g., Bronte-Tinkew et al. 2008; Lewis and Lamb 2003), and the fact that mothers may experience less stress if they are more satisfied with their male partner's contribution to child care (Simmerman et al. 2001), understanding father involvement is an important focus for researchers. In addition, interventions designed to enhance father involvement with their children are a priority. Mindfulness-based approaches may offer some potential in this regard.

Recent data, and discussions of clinical models, suggest that interventions for parents of children with intellectual

Published online: 28 November 2008

and developmental disabilities or behavior problems focused wholly on teaching mindfulness skills to parents or incorporating some mindfulness exercises (e.g., Acceptance and Commitment Therapy), can help to improve child behavior, improve parenting satisfaction, and reduce parental distress (Blackledge and Hayes 2006; Coyne and Wilson 2004; Dumas 2005; Murrell et al. 2004; Singh et al. 2006, 2007; Tiwari et al. 2008). In terms of the putative positive impact on child behavior (Singh et al. 2006, 2007), the process by which mindfulness interventions work has not been explored. Based on theoretical analyses (e.g., Hastings 2002b), one would predict that mindfulness interventions have a positive effect on parenting behavior that in turn affects children's behavior problems. Specifically, parents and other carers of children and adults with intellectual disabilities have been hypothesized to avoid interacting with the individuals they care for especially when behavior problems are occurring (Hastings 2002a, 2002b). Thus, interventions may be beneficial if they can increase a parent's ability to stay in the present moment and their potential to accept and observe aversive emotional responses rather than act in an avoidant manner. Mindfulness-based interventions have such a focus.

The present research was designed to provide supportive data for the use of mindfulness-based interventions for parents of children with intellectual disabilities. This was achieved using a correlational rather than an intervention methodology. Bringing together the preceding arguments, fathers in particular engage less in the care and therapeutic support of their children with intellectual disabilities than do mothers. Father involvement is therefore an important focus for change, and reports of father involvement in childcare may be a useful model for avoidant parenting of children with intellectual disabilities. Within a correlational study, we predicted that fathers who reported a more mindful orientation to their parenting relationship with their child with intellectual disability would also report more involvement in the care and support of their child.

Method

Participants

One hundred and five fathers living in the East and North East of Ireland participated in the research. The main inclusion criterion was that these fathers had to have a child receiving intellectual disability (ID) services from one of three recognized service providers, and were living in the same home as their child with ID. No data were collected or were available on the children's intellectual functioning. However, the criteria for receipt of services were standard across the three services and required the child to have a moderate to profound ID as indicated by a formal cognitive assessment and an adaptive behavior assessment. The fathers ranged in age from 32 to 65 years (M = 46.82 years; SD = 6.22 years), and the vast majority were Irish ($n = 99$), with the remaining fathers identifying themselves as having "Other White", African, or Asian cultural backgrounds. Almost a quarter of the fathers (21%) were educated to Junior Certificate level (high school exit at age 16 years), 51% to Leaving Certificate level (high school exit at 18 years), and 29% had third level qualifications (Bachelors, Masters, or Doctoral degrees). Most fathers worked outside the home ($n = 89$) in either a full-time ($n = 82$) or part-time ($n = 7$) capacity, and 33 of their partners worked outside of the home.

The children with intellectual disabilities were 71 boys and 34 girls aged between 6 and 18 years (M = 11 years 8 months; SD = 42 months). Fifty-four children were reported as having a diagnosis of Down syndrome, 13 with autism, six with cerebral palsy, and the remainder with a variety of different etiologies or no reported additional diagnosis/etiology. Thirty-nine children were reported as having at least one additional physical disability including sensory or motor impairments or epilepsy.

Measures

A demographic questionnaire designed for the present study to assess characteristics reported in the Participants section was used along with two other measures. To measure paternal mindfulness in the parenting role, we used items from the Inter-Personal Mindfulness in Parenting scale (Duncan 2007; Duncan et al. 2006). Specifically, we focused on attention to the present when parenting the child with ID and so used the two items representing Present-Centered Attention ("I find myself listening to my child with one ear, because I am busy doing or thinking about something else at the same time," and "I rush through activities with my child without being really attentive to him/her"). These two items are moderately correlated ($r = .49$), and are rated on a five point scale from "never true" to "always true." The items were reverse-scored and summed so that high scores indicate greater present-centered attention (more mindful parenting).

Father involvement was measured using the Parental Involvement in Childcare measure which was used in previous research with parents of children with Down syndrome (Roach et al. 1999). It is a 23-item measure using three subscales to assess each parent's: (a) involvement in daily caregiving for their child, (b) responsibilities for child-related tasks, and (c) responsibilities for child socialization. In the present study, fathers were the sole respondents and the measure gauged how they perceived

the nature and extent of their involvement with their child with ID. The Daily Caregiving subscale assesses five routine daily activities (e.g., dressing, feeding, putting child to bed). Parents are asked to indicate the number of days per week (from 0 to 7) they are responsible for carrying out caregiving activities. Total scores reflect overall participation in daily caregiving, and higher scores indicate that these tasks are carried out with higher frequency. The "Bathing child" item was removed from the Daily Caregiving subscale as an initial internal consistency check showed this item to be unrelated to others in the scale.

The Child-Related Tasks subscale assesses activities such as transporting the child, and arranging childcare. Using a five-point scale, parents indicate which partner is usually/always responsible for carrying out the tasks, or if it is shared equally. Lower scores on this scale indicated an increasing perception that the father carried out these childcare tasks rather than his partner. The Child Socialization subscale assesses six parenting responsibilities (e.g., play partner for quiet activities, discipline) and is scored on the same five-point scale as the Child-Related Tasks scale. Again, lower scores on this scale indicated an increasing perception that the father was responsible for these roles rather than his partner.

Internal consistency was examined separately for each subscale of the father involvement measure and the Cronbach's Alpha coefficients were as follows: Daily Caregiving subscale (with bathing item removed) (.80), Child-Related Tasks subscale (.85), and Child Socialization subscale (.79).

Procedure

Three ID services located in the East and North East of Ireland agreed to participate in the study. Ethics review boards of the University and the three clinical services all approved the research, and due to an ethical requirement to maintain anonymity of participants to the research team it was not possible to obtain child IQ or adaptive behavior data from the service records. A clinical psychologist in each service used a client list to identify a potential sample of fathers of children aged between 6 and 18 years as of the 1st January 2007. A social worker in each service then reviewed the list of potential participants to identify fathers known to be under considerable stress, or who had poor literacy. No such problems were identified. Four hundred and twenty-five fathers (183 in Service A; 171 in Service B; and 71 in Service C) were sent letters of introduction, consent forms, and questionnaire booklets. Due to anonymity requirements, a reminder letter and a second questionnaire booklet was sent to the whole initial sample of fathers thanking those who had already responded, and requesting those who had not yet responded to do so. A total of 115 fathers consented to participate in the research, and returned completed consent forms and questionnaire booklets. Therefore, a response rate of 27% was obtained. Ten of these fathers were excluded from the present analysis because either they did not live with their partner in the family home, or the child with ID lived in a residential home rather than in the family home. Fathers received no payment for their participation.

Results

Appropriate correlation and group comparison statistics were used to explore univariate associations between all demographic variables (see Participants) and the three father involvement scores. A number of statistically significant relationships were found. Fathers who did not work outside of the home (t (103) = 2.63, p = .01) and fathers whose child with ID was younger (r (105) = −.25, p = .015) were more involved in daily care tasks. Fathers who did not work outside of the home also carried out more child related parenting tasks (t (103) = 4.57, $p < .001$). Finally, fathers were more involved with socialization-related parenting tasks with their child with ID when: their partner worked outside of the home (t (103) = 2.02, p = .046), they had a male child (t (103) = 2.03, p = .045), their child did not have Down syndrome (t (103) = 3.17, p = .002), and their child had autism (t (103) = 2.01, p = .047). No other associations between demographic variables and father involvement were found.

The main statistical analyses focused on linear regression models with father involvement as dependent variables and all significant demographic correlates as predictors along with fathers' mindful parenting scores. The results of these analyses are displayed in Table 1. After controlling for relevant demographic variables, mindful parenting was a significant independent predictor of fathers' involvement in child-related parenting tasks and socialization tasks but not daily caregiving tasks. Specifically, the more present-centered fathers reported themselves to be in their relationship with their child with ID, the more involved they were with their child's care and support on these sub-scales. The other consistent finding was a logical one in that fathers who were in paid employment outside of the home were less likely to be involved with daily caregiving and child-related parenting tasks.

Discussion

Consistent with expectations, we showed that fathers who reported being more present-centered in their attention

Table 1 Regression analysis of father involvement in child care

Predictor	Daily caregiving[a]		Child-related tasks[b]		Socialization[c]	
	β	p	β	p	β	p
Child age	−.250	.011	–	–	–	–
Child gender	–	–	–	–	.138	.144
Child has Down syndrome	–	–	–	–	.181	.077
Child has autism	–	–	–	–	−.075	.464
Father works outside home	−.281	.003	.391	<.001	–	–
Partner works outside home	–	–	–	–	−.156	.092
Mindful parenting	.121	.210	−.239	.007	−.230	.016

[a] $R = .40$, $R^2 = .16$, F (3, 101) = 6.21, $p = .001$

[b] $R = .48$, $R^2 = .23$, F (2, 102) = 14.83, $p < .001$

[c] $R = .44$, $R^2 = .20$, F (5, 99) = 4.83, $p = .001$

when parenting their child with intellectual disability were more involved in the care and support of their child. In previous research, we have shown that psychological distress in mothers of children with intellectual disabilities is associated with increased avoidant coping behaviors and decreased levels of psychological acceptance (as distinct from acceptance of the child's disability) (Lloyd and Hastings 2008). Processes of acceptance and avoidance (in a negative/absence sense) are also facets of the emerging multi-dimensional understanding of mindfulness (Baer et al. 2006). Therefore, the results of the present research further support the exploration of mindfulness-based interventions with parents of children with intellectual disabilities. Two dimensions of supportive evidence now exist: processes expected to be affected by mindfulness-based interventions are important in understanding parental well-being and parenting behaviors (self-reported in the current research), and evaluation studies have shown positive outcomes (e.g., Singh et al. 2006, 2007).

The present results require replication and extension due to a number of methodological limitations. The response rate obtained is unlikely to mean that the sample was representative of fathers of children with intellectual disabilities even in an Irish culture. Our measurement of mindful parenting was also limited. The Duncan (2007; Duncan et al. 2006) mindful parenting scale has further dimensions including non-reactivity and non-judgemental acceptance and other measures of mindfulness also include a number of different facets (e.g., Baer et al. 2006). Thus, future research should include further facets of mindfulness as relevant to the parenting role. A third limitation is our measurement of father involvement in child care. Specifically, we have no more objective measure of father involvement (e.g., observed parenting behaviors) or reports from the other parent. Parents have been found to disagree in their reports about each others' involvement in child care (Mikelson 2008) and thus multiple perspectives are required. Our data are also not longitudinal, and so we cannot conclude that mindful parenting plays a causal role in father involvement and the reverse direction is clearly plausible and might be predicted on the basis of the effect of exposure to the child during child care tasks.

In terms of clinical practice, these data suggest that both mindfulness (e.g., Singh et al. 2006, 2007) and acceptance-based (e.g., Blackledge and Hayes 2006) interventions may be beneficial to parents of children with intellectual disabilities. Likely outcomes include reduction in psychological distress and improved parenting interactions and behaviors. Both of these are likely to also positively affect child outcomes (Hastings 2002b). Thus, more evaluations of mindfulness-based interventions are required that include explicitly the measurement of outcomes for both mothers and fathers and outcomes that relate to parental well-being, parenting behavior/involvement, and child outcomes. Indirect benefits for siblings and extended family members would also be important to explore.

A further practical consideration is that there are already some supportive data for the effectiveness of behavioral parent training interventions for parents of children with developmental disabilities (Baker et al. 1991; McIntyre 2008; Roberts et al. 2006). Researchers have also begun to explore whether supplementing these interventions with psychological or counselling support for the parents might improve the effectiveness of parent training interventions for children (Durand 2007; Plant and Sanders 2007). However, these evaluations are not necessarily informed by an evidence base focused on the processes implicated in parental psychological distress. Emerging evidence, including the present results, suggest that mindfulness and/or acceptance-based interventions might be worthy of exploration as preparatory interventions for parent training or potentially integrated with the delivery of specific parenting skills training.

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