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MOTHERS AND FATHERS TOGETHER: CONTRASTS IN PARENTING ACROSS PRESCHOOL TO EARLY SCHOOL AGE IN CHILDREN WITH DEVELOPMENTAL DELAYS

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Abstract

Much of our understanding of families and parenting of children with intellectual disabilities (ID) reflects the thoughts, beliefs, attitudes, and behaviors of mothers with relatively little focus on the ways in which fathers contribute to and are affected by this unique context. In this chapter, we address the importance of fathers as a source of critical developmental influence, and contrast fathers and mothers of children with ID along three important dimensions of parent functioning (stress, well-being, and interactive behavior). The contrasts explore the developmental trajectories of these parenting constructs over time from the perspective of an emerging new complexity in conceptual models of family and parent adaptation. Data from the Collaborative Family Study are used to explore paternal and maternal stress, well-being, and behavior across the preschool through transition to school-age developmental period, and findings are discussed within the context of the broader literature in each area.

Over the past several decades, there has been a surge in interest in the study of families of children with developmental disabilities. Indeed, research, as well as policy and applied considerations have brought strong attention to the myriad of issues that families face, the variety of factors that shape familial response, and the actual multiplicity of responses that families have to the presence of a child with developmental disabilities (DD), or specifically intellectual disability (ID). Our understanding of the complexity of family functioning in the context of a child with DD is quite early in its development, yet the richness of our emerging conceptual models is encouraging. This richness, however, is limited by the fact that much of this understanding reflects the thoughts, beliefs, attitudes, and behaviors of mothers with relatively little focus on how fathers may contribute to and be affected by this unique context.

Certainly, the relative lack of attention to fathers is not unique to family and parenting research with populations of children with developmental disabilities. Research with typically developing children and families has had much the same limitation, although there has been substantial progress made in the basic developmental literature with even an entire journal now devoted to the study of fathers (*Fathering: A Journal of Theory, Research, & Practice about Men as Fathers*). Recent efforts to bridge the gap in understanding maternal and paternal processes in families with a child with developmental disabilities also have begun to offer a number of intriguing observations regarding similarities and differences between mothers and fathers, particularly with respect to issues of perceived stress, psychological well-being, and actual parenting behavior with their children. In this chapter, we offer an historical perspective on families and adaptation, and follow that with a discussion of newer, more complex models that necessarily include notions of more systemic developmental frameworks that involve

fathers as well as mothers. We discuss the explicit role of fathers in the family, and subsequently use data from our Collaborative Family Study (CFS) to explore longitudinally contrasts of mothers and fathers across three major domains of parental functioning that have been at the heart of many studies of families of children with ID: stressful experience, psychological well-being, and parental interactive behavior with children with ID. We end with an attempt to offer some integrative thoughts about our current research models and conceptual approaches to understanding parenting in families if children with ID.

An historical perspective

To understand the current state of the field, it is important to offer a brief historical perspective on research with families of children with DD and the perspectives which have driven our conceptual frameworks. Early studies of families of children with intellectual and developmental disabilities focused primarily on the negative impact of the child on their family (see Blacher & Baker, 2002). Parents (again, primarily mothers) of children with mental retardation (using the language of the period) were found to suffer from a litany of negative outcomes including guilt, depression, stress, self-blame, financial problems, emotional tension, religious doubts, and concerns about caretaking (Kanner, 1953; Murray, 1959). The birth of the disabled child was seen as a crisis that invoked a grieving process, during which the parent must progressively let go of the hopes and dreams that he or she had for the child (Olshansky, 1962). “Chronic sorrow” emerged, as at each developmental milestone parents would be reminded that their child was different from others (Olshansky, 1962). Wolfensberger and Menolascino (1970) described the development of a series of crises in the family of a handicapped child: a “novelty shock crisis” as a first response to the news of their child’s disability, followed by a “reality crisis” as the daily stresses of raising the child cause strain in the family, and finally a “value crisis” as parents realize that their child will never be like typically developing children. Although research in the late twentieth century did not make as negative predictions of family adjustment, parents of handicapped children were found to have smaller social networks than other families (Kazak & Wilcox, 1984) and exhibited higher stress levels than families of typical children (Kazak, 1987). Much of this early conceptual work featured the predominant pathological models of that time, and it was anticipated that the negative effects were ubiquitous across functional category and across family members. Never was there a sense that fathers and mothers may actually have different experiences and effects, nor were there considerations that the nature of such experience and effect might actually change over time.

Only in the last several years has the largely negative perception of the impact of the child with developmental or intellectual disability on the family begun to change (Blacher & Baker, 2007). Indeed, current research models examine both stresses and strengths in these families (Baker, Blacher, Kopp, & Kraemer, 1997; Blacher & Baker, 2007). For example, biological parents of children with intellectual disability initially show high levels of depression. However, over time, these depression levels appear to decrease and become similar to the more normative levels of parents who choose to adopt children with intellectual disability (Glidden & Schoolcraft, 2003). Further, some families who were interviewed regarding their child with developmental delays believe the child brings happiness to the family, facilitates family closeness, provides an opportunity to learn new information, and is a source of personal growth and inner strength (Hastings & Taunt, 2002; Sandler & Mistretta, 1998; Stainton & Besser, 1998). Some of our work has shown that it is not a child’s status as disabled that is stressful in itself, but rather behavior problems that may or may not be associated with their disability (Baker, Blacher, Crnic, & Edelbrock, 2002; Blacher & Baker, 2007). Moreover, parents who perceived their child with disabilities as having a positive impact on the family were less stressed, even if that child had behavior problems (Blacher & Baker, 2007). These studies offer

promising early signs that parent beliefs and family perceptions can buffer the potential adversity associated with the high-risk child with intellectual disability on his or her family.

The new complexity

Whether our attention is focused on families and typically developing children or on families and children with intellectual disability, the course of development is marked by considerable variability in outcomes, and great diversity in developmental pathways is to be expected (Cicchetti & Rogosh, 1996). Past are the days when simple main effect, single point-in-time pathology-based models offer meaningful understandings of family response to children with ID. Instead, efforts to model the complex transactional phenomena that characterize family processes are now more commonplace in the literature that addresses families of high-risk children. These approaches accept as given that processes of equifinality and multifinality help explain long term prediction to family and child adaptation under conditions of risk. Indeed, attention to both adaptational successes and failures on stage salient issues for specific developmental periods reflects an important strategy for explicating those processes that contribute to risk trajectories (Sameroff, 2000).

Equifinality and multifinality are complex theoretical constructs that define the nature of open systems in determining individual (or family) outcomes or end states. Multifinality posits that diverse outcomes are likely to result from any one starting point or source of influence, and any one component may function differently depending upon the organization of the system in which it operates. Equifinality, in contrast, posits that given quite diverse starting points similar outcomes can eventuate such that a variety of developmental progressions may end in a given adaptation or condition. Although both system concepts are important, a focus on multifinality is most germane to understanding what happens over time in families of children with ID. As has become more clear with the identified range of familial adaptations (Blacher & Baker, 2007), the beginning state does not dictate the end state, and there is a vast array of factors that can account for the variety in child, parent, and family outcomes at any one point in time. Therefore, the manner in which continuities in development are characterized across adaptational domains is critical in understanding key pathways of influence in family and child functioning.

Given the potential for multiple pathways to exist in any adaptive or maladaptive outcome, identifying specific risk conditions and developmental processes that increase the likelihood of maladaptation is an important goal. This is true not only for enhancing our knowledge of such conditions in general, but for eventual prevention/intervention planning. In this respect, processes of mediation and moderation are central to the new complexity in modeling, especially when addressed within a longitudinal framework. Certainly, the presence of risk alone does not dictate or ensure some poor outcome; rather a variety of transacting mediators and moderators of risk are most likely to account for key outcomes. Sameroff (2000) has argued that continuities in competence or maladaptation over time cannot be simply related to continuities in underlying pathology or health. He further suggests that to the extent that experience becomes more organized, problems in adaptation are likely to diminish; but should experience become more chaotic, problems in adaptation will increase. This implicates the presence of transacting mediators and moderators of experience that over time are key to understanding the nature of family, parental, and child adaptational response to the presence of ID.

As one explicit example of the new complexity in frameworks that attempt to explain adaptational outcomes, we have recently proposed a model for understanding the emergence of dual diagnosis in children with early undifferentiated developmental delay (Baker et al.,

2002; Crnic, 2001; Crnic, Hoffman, Gaze, & Edelbrock, 2004). Figure 1.1 presents a simplified expression of the basic model components.

This model (see Fig. 1.1) attempts to capture the complex longitudinal relations between risk and emerging dual diagnosis (or social competence) in young children with early undifferentiated developmental delay, but suggests that the pathway through which developmental delay leads to dual diagnosis flows through ongoing family processes and children's emerging regulatory capacities. Although the presence of developmental delay retains a slim direct pathway, the true pathway of influence is through risk's effect on family process over time, and family processes' effect in turn on children's regulatory abilities. The richness of this model is in the depth of both family process and children's regulatory conceptualizations, each of which is multiply determined.

It is beyond the scope of this chapter to delve deeply into the many pathways that operate within this multifaceted model. And although the nature of self-regulatory processes in children with DD is not well understood, nor has it been the emphasis of much investigation, we will focus in this chapter only on key components of the family process domain, with an explicit eye on the contrasts and comparisons between mothers and fathers over time in key adaptational factors: stress, well-being, and actual parenting as represented by parent behavior during interactions with their children in a naturalistic home context. Parent and family processes have proven to be key mediators and moderators of risk and adaptation across a variety of populations and domains (Burgess & Rubin, 2002; Cui & Conger, 2008; Kwok, Haine, Sandle, Ayers, Wolchi, et al., 2005; Owen, Thompson, & Kaslow, 2006); including families of children with ID (Gerstein, Crnic, Blacher, & Baker, 2009; Hauser-Cram, Warfield, Shonkoff, & Krauss, 2001). As such, greater understanding of the complex ways in which parenting operates to exert its influence on children's competence over time continues to be of great interest, and even more so within an understudied population such as families of children with ID.

1. THE FATHER IN THE FAMILY

Our models of parenting and family functioning have basically been built on the foundation of mothering. This is certainly understandable from a variety of perspectives, not the least of which are the historical, cultural, and social norms that dictate the primacy of mothering in the childrearing process. Families in which a child has DD or ID are no different in this respect. Nonetheless, and irrespective of the developmental status of the child, fathers have recently begun to gain greater prominence in family research (Day, Lewis, O'Brien, & Lamb, 2005) despite the fact that mothers remain the primary caregivers in most families (Pleck, 1997).

The role of fathers in raising children has increased since the 1960s (Robinson, 1988; Yeung, Sandberg, Davis-Kean, & Hofferth, 2001), and studies addressing the quality of the father-child relationship indicate that infants demonstrate similar attachment patterns with their fathers as they do with their mothers (Fox, Kimmerly, & Schafer, 1991) and warmth from fathers is similarly related to children's developmental well-being as is warmth from mothers (Lamb, 1986). Fathers are also now more expected to be an equal coparent to the mother (Pleck & Pleck, 1997) and provide physical and emotional care to children (Goldscheider & Waite, 1991).

With the growing attention to fathers, it is all the more important to determine the extent to which parenting processes are uniform across mothers and fathers. Although basic similarities certainly exist as noted above, there are also processes in which parenting diverges across gender. In many ways, it appears that fathers interact with, perceive and respond to their families quite differently than do mothers. Indeed, fathers are more likely to engage in play activities when interacting with their children, whereas mothers spend more time in caregiving activities (Roggman, Boyce, Cook, Christiansen, & Jones, 2004). During play, fathers engage

in more active and physical play, whereas mothers use more verbal and didactic play techniques as well as more toys and objects during play (MacDonald & Parke, 1984, 1986). Mothers and fathers appear to perceive differences in their parenting styles, as Winsler, Madigan, and Aquilino (2005) reported that fathers perceived their spouses as more authoritative, more permissive, and less authoritarian than themselves, and mothers perceived themselves to be only more authoritative than fathers. Interesting, they noted that parents who share similar parenting styles are more accurate at reporting on their spouses' parenting styles than are parents with differing styles. Research also indicates that fathers experience stress differently than mothers. For example, fathers may be more strongly affected by environmental stressors than mothers (Krishnakumar & Buehler, 2000).

This latter point is particularly salient given the risks and stresses often associated with the presence of a child with ID in the family. Research on fathers of children with disabilities is scarce, more so even than research on fathers in general. Nonetheless, the need for greater attention to fathers is apparent, as both mothers and fathers of children with intellectual disabilities perceive fathers as being significantly involved with playtime, discipline, nurturing, and decisions regarding service provision (Simmernan, Blacher, & Baker, 2001). But, as we review below, there is some emerging evidence that fathers and mothers of children with ID may differ in some respects along a number of important parenting dimensions and it may be that differences in stress contexts and responses is a critical determinant of parenting (Hauser-Cram et al., 2001). Still, the extent and degree of such differences between fathers and mothers of children with developmental disabilities are not well understood and require greater examination.

2. SETTING THE STAGE: STRESS, WELL-BEING, AND PARENTING

Of course, parenting contrasts could be addressed across an almost unlimited number of domains, each of which would contribute importantly to our emerging framework of parent and family functioning in the context of a child with DD or ID. This chapter focuses specifically on three major domains of interest in family functioning: the nature of stressful experience, parental psychological well-being, and actual parenting behavior in interactions with children. These facets of parental functioning in families of children with ID, and particularly stress, have been predominant in the literature over time. But despite their ubiquitous nature, we continue to have fairly limited understanding of these domains for families of children with ID and almost no focus on their function over time (with notable exceptions). The lack of attention to the stability and continuity of these parenting domains is relatively shocking given the challenges inherent in caring for high-risk children and potential for developmental and behavioral change in children with ID across the early childhood period.

3. THE COLLABORATIVE FAMILY STUDY: A CONTEXT FOR CONTRASTS

Over the past decade, we have explored parenting processes in mothers and fathers of children who were early identified as having global developmental delays. The goal of CFS was to examine family processes and children's emerging regulatory capacities in the prediction of social competence or psychopathology (dual diagnosis) in children with ID. The risk for psychopathology in children with ID is much higher than that in the typically developing population of children (Pfeiffer & Baker, 1994), and we have proposed a complex transactional pathway of influence model (see Fig. 1.1) through which we attempt to explain the emergence of dual diagnosis in children with ID. Central to our model are a variety of important parenting constructs, and we devote extensive measurement to explicating the nature of parents' experience and actions for both mothers and fathers. As such, CFS is ideally suited to explore contrasts between mothers and fathers along parenting domains of critical interest to families and to do so within the framework of the "new complexity."

One of the major strengths of the CFS is its longitudinal emphasis, and the opportunities that multiple measurements across time provide. Our sample of families of children with early identified developmental delays ($N = 109$) and families of typically developing children ($N = 136$) have to date been seen nine times across a 6-year age span. Parents and children were assessed within weeks of children's birthdays at ages 3 years through age 9, and midyear assessments were also taken at ages 3.5 and 4.5. Our approach to measurement was both multimethod and multimodal. Parents completed an array of questionnaires and interviews, and parents and children were observed in naturalistic and structured home-based observations as well as structured lab-based observational assessments. Children regularly were assessed across domains of competence and behavior problems. Both mothers and fathers were involved in all levels of measurement with the exception of the lab-based structured interactions at ages 3, 4, and 5 which were mother-only.

With repeated longitudinal assessments of constructs involving stress, parental well-being, and parenting behavior during home-based interactions with children, CFS affords an opportunity to contrast results with the existing literature in the field. These contrasts detail the nature of parental functioning with a specific eye toward understanding mother and father similarities or differences. But CFS also affords the unique opportunity to explore such contrasts over time, measuring parenting across the preschool period and into early school age. And although our focus is on the contrasts between mothers and fathers on parenting domains, there is actually precious little available longitudinal research on either mothers or fathers to guide our thinking about family adaptational response to the risks associated with parenting a child with ID. One notable exception is the Early Intervention Collaborative Study, which has collected data longitudinally from early childhood to adolescence in a relatively large sample of families of children with ID (Hauser-Cram et al., 2001; Kersh, Hedvat, Hauser-Cram, & Warfield, 2006; Mitchell & Hauser-Cram, 2008; Shonkoff, Hauser-Cram, Krauss, & Upshur, 1992).

In the sections to follow, we detail comparisons in the CFS data between mothers and fathers on key measurements of interest in the field: stress, well-being, and parenting behavior. Our specific focus will address these parenting processes across child ages 3–6, a period of time for which we have complete analyses. Beyond the simple comparisons across the four age periods, we describe, we examine latent growth curves for our parenting constructs, and contrast these curves between mothers and fathers. In each section, we present and discuss our longitudinal analyses within the framework of the existing literature.

4. PARENTAL STRESS AND CHILDREN WITH ID

The history of research on family stress response is rich with findings that parents of children with ID are more stressed than are parents of typically developing children (Baker et al., 1997; Blacher & Baker, 2002; Crnic, Greenberg, Ragozin, Robinson, & Basham, 1983; Crnic & Low, 2002; Fidler, Hodapp, & Dykens, 2000). In addition to the stress of the diagnosis and adjustment, there are also increased caregiving demands (Crnic, Friedrich, & Greenberg, 1983), additional financial strain (Gunn & Berry, 1987; Parish, Seltzer, Greenberg, & Floyd, 2004), and handling attitudes of professionals and schools in their reaction to the child (Blacher & Hatton, 2007). Stress, however, is not a unidimensional construct. Stress can be operationalized in many ways, and often the source or context of the stressor is a key defining unit (Crnic & Low, 2002; Hauser-Cram et al., 2001). General life stress (Crnic & Greenberg, et al., 1983), stress specific to having children with developmental disabilities (Holroyd, 1974), and more recently stresses directly tied to parenting and child rearing (Abidin, 1995) all have contributed to the expanding knowledge base. This expansion has included work on parenting stress in families of children with ID, although only a handful of studies have included fathers' reports and perceptions. Although the research on stress in families of children with ID is relatively consistent in noting higher stress in these families, the sources of that stress

have been questioned and are in fact somewhat less clear than may seem apparent. Glidden (Clayton, Glidden, & Kiphart, 1994; Glidden, 1993) has thoughtfully noted the potential confounding of stressors (the demands on parents) and actual experience of stress (parent appraisal and response to the demands) that is commonplace in the literature. Over time, research has shown that not all stressors are equal, and that the demands associated with intellectual disability *per se* do not seem to be nearly as stressful as the demands associated with having to address child behavior problems (Baker, McIntyre, Blacher, Crnic, Edelbrock, et al., 2003). Rather than attempt an exhaustive review of stress research in families of children with ID at this point, we will focus instead on those more recent studies that have included information from both mothers and fathers.

As noted, the major focus of the research on stress has been a comparative one in which parents of children with ID were compared with parents of typically developing children. In general, the data are consistent in continuing to indicate that families of children with ID report higher stress regardless of the source, and this seems true whether the respondent is the mother or father (Baker et al., 2003; Dyson, 1997; Roach, Orsmond, & Barratt, 1999). Of greater interest, however, are those studies that examined contrasts between the mothers and fathers of the children with ID, and those few studies do not provide such a consistent picture. Indeed, a number of studies indicate that mothers and fathers differ on some dimensions of stress (Nachshen, Woodford, & Minnes, 2003; Trute, Hiebert-Murphy, & Levine, 2007); but there are many other studies that suggest more similarity than difference between parents (Dyson et al., 1999; Girolametto & Tannock, 1994; McCarthy, Cuskelly, van Kraayenoord, & Cohen, 2006; Rimmerman, Turkel, & Crossman, 2003; Saloviita, Itälänmäki, & Leinonen, 2003).

Perhaps the most compelling and comprehensive data to date contrasting stress in mothers and fathers of children with ID have emerged from the Early Intervention Collaborative Study. In their 2001 monograph, Hauser-Cram et al. examined parenting stress over time along two dimensions (child-related and parenting related) for both mothers and fathers of children with ID. Exemplifying notions of the new complexity, Hauser-Cram et al. explored the developmental trajectories of parental stress across early preschool ages to child age 10, as well as detailing factors that differentially account for maternal and paternal stressful experience. Their results indicated that although mothers and fathers shared some elements of stressful experience in the context of the risk associated with ID (increasing child-related and parent-related stress), the rates at which the stresses increased and the multiplicity of factors associated with the increases frequently differed for mothers and fathers. Indeed, moderators of stressful experience were somewhat different not only between parents, but at different time points in children's development, suggesting the clear advantage of longitudinal perspectives for capturing the true complexity of parental well-being in the context of risk. These findings suggest the need to account for fathers' and mothers' experiences separately: Although they certainly share some perspectives, there are many ways in which the two diverge to create unique parenting contexts for children with ID.

Data from CFS can also be brought to bear on the issues regarding stress, adding to the base of information that not only details contrasts between mothers and fathers of children with ID at certain developmental periods, but also across the critical 3-year transitional period for children and families (child ages 3–6) that represents preschool through the transition to school age. It is important to note that the findings from Baker et al. (2003) mentioned above represent CFS data, but these findings specifically address stresses associated with family impact at two time points during the preschool period, and mother–father contrasts were not specifically drawn. Here, we extend our approach with stress measurements over time that addresses the everyday minor stresses of childrearing that have proven across a variety of studies to have immense adaptational significance for parents (Crnic & Low, 2002).

Portions of the stress data we report here have been specifically addressed in other work (see Gerstein et al., 2009). For this chapter, we have extended our measurements beyond the three measurement points (ages 3–5) in the Gerstein et al. (2009) report to a fourth measurement period at age 6 years. Table 1.1 and Table 1.2 provide the means and standard deviations for all parenting constructs that we will discuss. The findings regarding daily parenting stress factors are straightforward and compelling. First, across the four measurement periods, there are no significant differences on daily hassles between parents of children with ID and those that are typically developing regardless of whether the parent is a mother or father (see Table 1.1). Risk, then, does not differentiate the daily hassles of parenting across the preschool to early school-age developmental period. However, within-group comparisons between mothers and fathers tell quite a different story. After age 3, mothers and fathers of children with ID differ from one another such that mothers report significantly more daily hassles of parenting than do fathers (see Table 1.1). Of interest, mothers and fathers of typically developing children show exactly the same pattern (see Table 1.1).

To examine the complexity of these stress factors and their relations across time, as well to examine all of the other parenting variables in this chapter, latent growth curves for mother and father stress, well-being, and parenting behaviors were developed. Latent growth curve modeling (LGCM) is an analytic technique that combines aspects of confirmatory factor analysis and structural equation modeling (Curran, Stice, & Chassin, 1997). LGCM is an ideal tool for the current longitudinal study as it maps how variables change over time (Muthén, 2002). LGCM creates two latent variables representing the growth curve for each individual: an intercept (initial value), and a slope (rate of change over time). LGCM requires at minimum three waves of data to estimate linear growth curves, with curvilinear and quadratic growth estimations possible when four or five data waves are used, respectively. Given that the current study included four data waves, it was possible to test curvilinear growth models. However, given the small amount of existing literature on change in parenting over time, growth curves of parent variables were expected to obey more linear than curvilinear trajectories. Indeed, it would be of additional interest to explore the possible curvilinear or quadratic nature of parenting trajectories in future research; however, such approaches were beyond the scope of the current study.

Longitudinal growth models of parenting stress produced significant intercepts for both mothers and fathers, and significant slope for mothers. These are presented in Table 1.3 for each factor of interest. Intercept values were set to reflect the initial stress measurement period at child age 3, and the stress slopes are of most interest as they indicate the nature of change in these indices across time. For daily parenting stress, only mothers' stress demonstrates a significant slope, indicating that their stress increases significantly across time (see Table 1.3). Father's daily parenting stress is not only lower, but is more stable across this period (see Table 1.3).

It seems apparent that stress response in parents with children with ID is multifaceted. Daily parenting stress differs from many other stress contexts for these families in that it is not a factor that differentiates the nature of risk. Parents view the daily chores of parenting and the challenges inherent in childrearing tasks similarly whether the child has a disability or does not. In contrast, parent gender does differentiate regardless of risk such that mothers perceive more daily parenting stress than do fathers across the preschool to early school-age period. But not only do mothers of children with ID experience higher daily parenting stress than fathers at most periods, their stress is also increasing over time whereas fathers' stress is not. It is not surprising that mothers' parenting stress is greater than that reported by fathers, as there is strong precedence for such findings as mothers continue to be primary care providers and the parenting context may yet still be more salient to mothers than fathers for the experience of parenting stress (Crnic & Low, 2002; Girolametto & Tannock, 1994; Roach et al., 1999;

Warfield, 2005). Whether there are elements specific to child disability that create conditions for fathers to perceive less daily stress than mothers remains to be determined, but it does appear that fathers and mothers are traveling somewhat separate stress trajectories as their children with ID age.

5. PARENTAL PSYCHOLOGICAL WELL-BEING IN THE CONTEXT OF ID

Depression, anxiety, and distress have each been a focus of research on parents of children with ID. Of course, the implication is that the presence of such a child may create the context for such problematic responses. We have learned over the past two decades that such simple associative notions do not account for the range of parental response to children with ID. Nevertheless, a wealth of research has established the inverse connection between stress and well-being (Emerson, 2003), and there is a sizeable literature to suggest that mothers of children with ID report more depression and/or greater distress (Bristol, Gallagher, & Schopler, 1988; Fisman, Wolf, & Noh, 1989; Moes, Koegel, Schreibman, & Loos, 1992), although some studies indicate the conditional nature of this association (Emerson, 2003; Glidden & Schoolcraft, 2003). In families of children with ID, the nature of parent's experience of distress across time is not clear, nor is it obvious that fathers and mothers share such experience to any degree.

A few recent studies that include data on fathers and mothers have begun to address the issues, but findings conflict to some degree on the contrasts between mothers' and fathers' psychological well-being. Olsson and Hwang (2008) explored parental well-being in Swedish families of children with ID and found that mothers reported less well-being than fathers as well as less well-being than mothers of typically developing children. In contrast, however, Ha, Hong, Seltzer, and Greenberg (2008) reported no differences in well-being between mothers and fathers of children with ID in data extracted from a population-based study (Study of Midlife in the United States) despite similar findings that both parents of children with ID report less well-being than parents of typically developing children. The divergence in findings with respect to mothers and fathers of children with ID may reflect major design, measurement, and sampling differences between these two studies, but both contribute substantially to the emerging new complexity in understanding parent and family adaptations. Olsson and Hwang (2008) indicate that the connection between the presence of a child with ID and lower well-being was mediated by health issues for the mothers and the presence of economic hardship. Further, the inclusion of protective factors increased the predictive power of models for well-being of both mothers and fathers. Ha et al. (2008) found that parental age was a critical moderator of well-being, as younger parents reported less well-being than did older parents.

Other recent work from the EICS has likewise contributed to creating more complex understandings of parental well-being. The importance of higher-quality marital relationships for parental well-being was demonstrated by Kersh et al. (2006), as both mothers and fathers reporting higher marital quality also demonstrated greater well-being (fewer depressive symptoms) in families of children with ID. But adding support to the need to address both fathers and mothers in research models of families of children with ID, parenting efficacy was differentially predicted. For mothers, marital quality was key while for fathers, greater social support predicted increased parenting efficacy. In a study of both adoptive and birth parents of children with ID (both mothers and fathers), Glidden, Billings, and Jobe (2006; Glidden & Jobe, this volume) demonstrated that parental coping strategies predicted levels of parental well-being, and do so somewhat differently for mothers and fathers. Parents' use of positive reappraisal strategies was related to higher well-being whereas the use of escape-avoidant strategies predicted lower well-being, but for mothers only.

These recent studies that include fathers in the research models expand our understanding of the complexity of parent psychological response in the presence of a child with ID. However,

despite suggestions that developmental change may be operative, there remains little empirical attention to the ways in which well-being can be understood across time. Emerging data from CFS begin to fill this void, and suggest indeed that there may well be developmental processes operative. Data in Table 1.1 show that fathers and mothers of children with ID are actually quite similar to parents of typically developing children with respect to their reported well-being over time, with the single exception of maternal well-being at child age 48 months. With respect to contrasts between mothers and fathers of children with ID, mothers and fathers differ in well-being at child ages 4 and 5, but not at 3 and 6. Fathers consistently report more well-being (i.e., fewer psychological symptoms) than mothers at each period, but the differences are especially dramatic when children are 4 and 5 years of age (see Table 1.1). But whereas these contrasts suggest that differences across developmental periods exist for fathers and mothers, the latent growth curve analyses suggest that neither father nor mother well-being changes significantly in any direction over this 3-year period of time, as evidenced by nonsignificant slope parameters across parent genders (see Table 1.3).

Parental well-being in the context of child risk is certainly a complex phenomenon that is not yet entirely understood. Variations in study findings that address group differences (ID vs typically developing samples) as well as those few studies that address contrasts between mothers and fathers in families of children with ID suggest that the nature of parental well-being is indeed characterized by complexity, but differences in study methods and samples further complicate the picture. Minimally, in families of children with ID, there are indications that mothers and fathers do differ in their well-being during early childhood, but early indications are that these differences are mediated and moderated by a number of salient individual and contextual conditions (Emerson, 2003; Glidden et al., 2006; Olsson & Hwang, 2008).

6. PARENTING BEHAVIOR WITH CHILDREN WITH ID

One area that lags far behind others with respect to families of children with ID are studies of the quality of actual parenting behavior with the children. This is especially true regarding studies in which fathers' behavior is involved. Of course, such work is expensive, time consuming, and complex to execute. Nonetheless, few methods provide more validity and depth in understanding the true nature of parenting. Whether the approach to observation is naturalistic or structured, observations of parenting offer a valuable window through which to gauge parenting across a broad range of child rearing contexts and challenges.

6.1. Previous research

The history of observational studies of parenting in families of children with ID, like each of the areas we have discussed, is primarily a study of mothering. One notable exception to this rule is an impressive study by Floyd, Costigan, and Phillippe (1997) in which not only were mothers and fathers a key part of the observational protocols, but the observational measurement was longitudinal over a 2-year span. Floyd et al. (1997) found considerable similarity between mothers' and fathers' interactions with their children as no significant differences emerged for the proportions of commands and noncompliance, positive and negative behaviors, and for the levels of positive and negative reciprocity between mother-child and father-child interactions at either of the measurement periods. There was generally moderate stability in parenting behavior over time in this school-aged sample for both mothers and fathers. The only major difference that emerged was that mothers were much more involved with their children than were fathers. Earlier, Girolametto and Tannock (1994), in a study of 20 married couples, had also reported many similarities between mothers and fathers in interactive behavior with their children with developmental delays. Fathers differed from mothers, however, along some dimensions of behavioral directiveness in that they used more topic control and response control with their children. Recently, de Falco, Esposito, Venuti,

and Bornstein (2008) studied father–child play interactions with children with Down syndrome. Applying the emotional availability scales (Biringen, Robinson, & Emde, 1998) to the observed interaction sequences to index the affective quality of the interactions, these investigators found that father play was associated with more child exploration and symbolic play. Further, fathers and children representing high emotional availability were more likely to show more symbolic play and less exploratory play than were those dyads with low emotional availability.

Although the findings to date addressing father behavior are instructive, there has been far too little exploration of fathers' interactive behavior with children with ID. Certainly, there seem to be clear similarities with mothers, but there are also a myriad of reasons to suggest that father behavior may be different across time and context (Lamb, 2004). Data from CFS provide not only comparisons between mother behavior and father behavior, but allow for exploration of the stability and continuity of fathering behavior across the critical transition period from preschool to early school age.

6.2. Behavioral trajectories in CFS

We will focus on four dimensions of parenting behavior: opportunity for interaction, detachment, positivity, and negativity. Each of these behaviors was rated during naturalistic in-home observations that lasted approximately 1.5 h. Ratings were made after observing 10 min of interaction, and each behavior was rated on a five-point scale that ranged from low on the dimension to high. Opportunity for interaction reflected the degree to which parents put themselves in the position to have opportunities to engage the child, and therefore was similar in nature to parental involvement. Detachment addressed the degree to which, given the opportunity to be engaged, parents paid relatively little attention to the child, were not responsive or reactive to child behavior, and seemed affectively disengaged. Positivity and negativity reflected the extent to which these affective approaches to the child characterized the emotional tone of the interaction.

Comparative data are presented in Table 1.2. Our data indicate that both mothers and fathers of children with ID behave similarly with their children to mothers and fathers of typically developing children across this developmental period with a few notable exceptions. Mothers of children with ID were somewhat more detached and less positive at age 3 than were mothers of typically developing children, and were significantly more negative at 60 months. Fathers of children with ID were significantly more negative than their father counterparts when children were age 6.

In contrast to the relative few, albeit important, comparative differences between risk groups, mother–father differences were quite a bit more dramatic across this developmental period. Focusing expressly on parents of children with ID, fathers were substantially less involved than mothers after age 3, were less positive at some periods (i.e., ages 4 and 6), and were more detached when the children were age 4 (see Table 1.2). Although this may not seem an encouraging portrayal of fathers of children with ID, fathers were significantly less negative than mothers at each time period. Further, fathers of typically developing children in our study show a nearly identical pattern of differences from mothers, with the exception that fathers of typically developing children show significantly more detachment at every period and are likewise less positive than mothers at every period (see Table 1.2).

Data from our latent growth curve analyses, presented in Table 1.3, are relevant again here. The intercepts were set at age 3 and all were significant, indicating that initial values of each observed variable were above zero. However, the slope values are of most interest for they represent change over time in each observed variable. Indications are that both mothers and fathers show significant decreases in positivity across time, increases in negativity, and

decreases in opportunity for interaction. Detachment did not produce meaningful growth curves, indicating rather stable functioning across time. Analyses testing the difference between the latent growth curves across parent gender indicated that initial values of father and mother opportunity for interaction did not differ (recall that intercepts were set to age 3 values), but fathers' involvement decreases more steeply than does mothers' over the 3-year period (see Table 1.3). In contrast, fathers are significantly less negative overall (at age 3), and their negativity shows a tendency to decrease somewhat less steeply than does mothers. Mothers are more positive than fathers overall (at age 3), but the trajectories of positivity do not differ between mothers and fathers of children with ID.

6.3. Conclusions regarding father interactive behavior

No simple conclusions can be drawn as there is simply too little empirical information available about fathers' behavior in families of children with ID and there is not sufficient consistency in the studies that are available. Nonetheless, it appears as though fathers and mothers share some fundamental similarities in their parenting behavior, but there are behavioral domains in which differences are present as well. What does seem to emerge is that fathers show less involvement, and that seems to be the case across developmental periods (early childhood through adolescence) and across risk status (fathers of typically developing children are less involved and more detached as well). In the population of families with typically developing children, fathers remain less involved than mothers, and that relative difference remains the same across development (Yeung et al., 2001). The lesser involvement apparent across risk conditions or populations would therefore suggest that fathers are not reacting to the ID *per se*. Mothers may be gatekeeping parenting roles (Allen & Hawkins, 1999), or fathers may perceive that children require less from them as they age and become more competent. However, lower levels of father involvement do not necessarily indicate that fathers are less competent parents than mothers. It should also be noted that in the CFS project, the vast majority of observational coders were women. While not evidencing a clear bias given the reliability standards that were consistently met, it is nevertheless the case that our coders' internal models of caretaking may have been more favorably skewed toward quality in mothering as opposed to fathering.

Research indicates that although fathers may not contribute at the same rate to caregiving activities, when they do they are competent care providers (Ladd, Profilet, & Hart, 1992). Regardless, the way that child risk may affect fathering remains far from well understood. Recent empirical efforts have begun to explicate both the nature of fathers' behavior with their children with ID and explore the mechanisms that underlie mother–father differences, but much effort is still needed to further clarify the nature and function of father–mother behavioral differences.

7. AN INTEGRATED PERSPECTIVE

Stress, well-being, and parenting behavior are all key factors in parental functioning and have each been studied widely in the context of families of children with ID. Each has also been implicated in processes that determine family adaptation (Blacher & Baker, 2002), and eventually children's developmental competencies across a range of functional domains (Hauser-Cram et al., 2001). But the near exclusive focus on mothers as representatives of "parenting" has been a major limitation in the study of family adaptation and belies the full range of influences that operate to affect children's developmental functioning over time.

The inclusion of fathers in studies of families of children with ID recognizes the important complexity in processes addressing the multifinality inherent in family adaptation and function. Attention to fathers across the range of key parenting attributes affords the opportunity to build more comprehensive models that facilitate a greater understanding of the complex

developmental factors to which high-risk children are exposed and to which families must respond across time. Further, the inclusion of fathers allows us to potentially expand research with families of children with ID into related systemic constructs such as coparenting (McHale, Khazan, Errera, Rotman, DeCoursey, et al., 2002) and crossover influences (Gerstein et al., 2009; Hauser-Cram et al., 2001). Certainly, findings from the few studies to date that address fathers of children with ID, as well as the CFS findings we have shared in this volume, suggest that we cannot treat parenting in families of children with ID as uniform across parameters of gender, construct, or time. Complex patterns of parenting emerge through comparisons with parents in families of typically developing children and between fathers and mothers in families of children with ID.

What appears to stand out in the research to date is that there is both tremendous variability and similarity in father and mother experience in families of children with ID. Across constructs of stress, well-being, and parenting behavior, considerable similarity exists between fathers' and mothers' experience relative to parents of typically developing children; perhaps more so than would be anticipated given the history of research in this arena. In the CFS data presented, fathers of children with ID differed from fathers of typically developing children on only a single dimension of the 24 contrasts that were examined (negativity at child age 6). That level of difference is at the level of chance occurrence. Contrasts between groups of mothers produced a total of four significant differences; certainly above chance levels but again less than might be expected.

While the between-group differences are instructive, it is the within-group father–mother comparisons that are the primary interest of this chapter. In this regard, the evidence again points to complexity in the nature of parenting differences between mothers and fathers. Certainly, the studies to date suggest that fathers are more similar than different to mothers along dimensions of stress, well-being, and even behavior (e.g., Ha et al., 2008; Hauser-Cram et al., 2001; Rimmerman et al., 2003; CFS data presented here). Yet, there are important differences that are apparent as well that can be seen in the CFS data we have reported here and in the rather limited published research that exists. Fathers appear somewhat less stressed than mothers, particularly in family-related contexts (Baker et al., 2003; Hauser-Cram et al., 2001), report higher well-being in some cases (Olsson & Hwang, 2008), but also seem to be somewhat less involved in parenting (Floyd et al., 1997) than are mothers of children with ID. In the EICS data, fathers' stress increased at a greater rate than did mother parenting stress (Hauser-Cram et al., 2001) but data from the CFS that we have presented here found the opposite across similar developmental periods. The inconsistencies across the available research are somewhat vexing, but given the dearth of research these may reflect variations in samples, method, measurements, and developmental periods that have been the focus of inquiry. The lack of reliability apparent across findings may indeed resolve when additional studies are available to replicate the early work which has been done.

Previously in this chapter, we raised the notion of a “new complexity” in the approach to understanding parenting and family adaptation. This new complexity operates at the level of design and methodology as well as basic conceptualizations of multiple processes that describe and determine parent functioning. It is precisely these complex processes that likely help explain apparent similarities and differences between fathers and mothers as well as how differences in parenting will influence children's developmental competencies. More thoughtful studies and approaches are emerging, and are exemplified by the work of Hauser-Cram and colleagues (Hauser-Cram et al., 2001; Kersh et al., 2006; Mitchell & Hauser-Cram, 2008) in identifying developmental pathways in families of children with ID; Emerson (2003, this volume) and Olsson and Hwang (2003, 2008) in explicating complex social economic models; Floyd and his colleagues in their multimodal multimethod longitudinal study of mothers and fathers (Floyd et al., 1997; this volume); Glidden's work in contrasting

adoptive and birth parents as a natural experiment context for variation (Glidden et al., 2006; this volume); Seltzer and her colleagues on life-span perspectives in families of offspring with ID (Ha et al., 2008; Seltzer, Floyd, Greenberg, Lounds, Lindstrom, et al., 2005); and our own work addressing early family contributions to children's regulatory capacities and emerging behavior problems (Baker et al., 2003; Baker, Fenning, Crnic, Baker, & Blacher, 2007; Crnic, 2001).

The list above is certainly not exhaustive, but each of these programs of research address sophisticated developmental processes that describe not only the multifinality inherent in the study of these families and children but a variety of mediational and moderational mechanisms of effect across time that determine the nature of the multifinal outcomes. Consistent with the best of basic developmental and contextual theories (Lerner, 2002; Sameroff, 2000), these approaches are in-line with Guralnick's (2001) developmental systems perspective for addressing family and child functioning for children with ID. Surely the work included above and presented herein suggests that we can no longer accept simple main effect models of influence to understand the nature of parenting. Nor can we accept these approaches to explain differences between mothers and fathers of children with ID and the implications of those differences for children with ID. Important moderators and mediators exist that explicate underlying mechanisms of effect. Indeed, it is tempting to posit an array of intervening variables that may meaningfully predict these unique trajectories of mothering and fathering. The list is potentially enormous; and might include socioeconomic status, child gender, child behavior problems, or diagnostic status; teacher perceptions and feedback, resource availability, and available coping mechanisms among many others. But rather than specifically address these vital questions, we have sought in this chapter to raise the questions of whether mothers and fathers indeed show unique trajectories of adaptation. Next, it will be critical to continue to identify the most salient factors in the family system that drives these differentiations. In contrast, where mothers and fathers show similar development of parenting over time, it will be important to identify those family factors that determine the importance of such synchrony for family and child adaptations over time? Meaningful examination of these and other important questions requires new and rigorous empirical inquiry into longitudinal perspectives that address the multiple pathways of influence that operate to explain the breadth and variety in parent, family, and child adaptation.

8. SUMMARY AND CONCLUSIONS

CFS represents a specific attempt to address these new complexities in family models in relation to prediction of children's problematic behavior and developmental competencies across the early to middle childhood period. We have presented here longitudinal data with four measurement points across a critical 3-year transitional period in children's lives. In presenting growth models of stress, well-being, and parenting behavior, we have attempted to focus attention on both the dynamic and divergent nature of parenting over time for fathers and mothers of children with ID. Transactional theory suggests that different factors exert their influence on development at different points in time, and such processes seem to be reflected in the variability of differences between parents along each of the time periods assessed. It remains to our future efforts to pursue the implications of these transactional processes for the well-being of children with ID and their families.

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Figure 1.1.
A family process model for emerging dual diagnosis or social competence in young children with DD.

Table 1.1

Results of individual *t*-test comparisons across typically developing (TD) and developmentally delayed (DD) status groups (parent report measures)

	36 months			48 months			60 months			72 months		
	TD	DD	<i>t</i>	TD	DD	<i>t</i>	TD	DD	<i>t</i>	TD	DD	<i>t</i>
<i>Parent daily hassles</i>												
Mother	45.18 (9.85)	47.00 (13.87)	1.05	47.28 (10.46)	49.92 (14.76)	1.43	47.21 (10.76)	50.18 (13.95)	1.64	47.08 (11.04)	50.37 (15.02)	1.71
Father	43.36 (9.46)	44.19 (12.76)	0.48	43.73 (11.50)	43.98 (14.93)	0.12	43.04 (10.54)	46.33 (13.64)	1.70	43.13 (9.30)	45.65 (13.16)	1.38
<i>Well-being</i>												
Mother	20.25 (19.31)	23.00 (18.36)	0.98	20.21 (18.93)	26.65 (23.32)	2.05*	22.35 (19.39)	26.85 (24.54)	1.39	18.75 (16.73)	22.96 (21.75)	1.45
Father	18.44 (15.78)	16.38 (13.83)	-0.85	17.69 (15.69)	16.62 (15.25)	-0.43	20.40 (18.50)	16.17 (15.03)	-1.51	16.44 (15.28)	17.67 (18.81)	0.44

Note. Bolded means for fathers indicate significant differences from paired maternal factor;

*
p < 0.05.

Table 1.2

Results of individual *t*-test comparisons across typically developing (TD) and developmentally delayed (DD) status groups (observed parenting variables)

36 months			48 months			60 months			72 months		
TD	DD	<i>t</i>	TD	DD	<i>t</i>	TD	DD	<i>t</i>	TD	DD	<i>t</i>
<i>Opportunity for interaction</i>											
Mother	4.03 (0.83)	4.11 (0.78)	0.71	3.93 (0.78)	4.02 (0.74)	0.78	3.78 (0.82)	3.83 (0.87)	0.36	3.48 (0.90)	3.65 (0.92)
Father	3.92 (0.86)	4.08 (0.92)	1.19	3.56 (0.97)	3.36 (1.04)	-1.26	3.49 (1.09)	3.20 (1.25)	-1.53	3.10 (1.04)	3.12 (1.20)
<i>Detachment</i>											
Mother	2.43 (0.84)	2.71 (1.01)	2.09*	2.45 (0.93)	2.49 (0.85)	0.34	2.40 (0.94)	2.49 (0.97)	0.62	2.55 (0.97)	2.54 (0.96)
Father	2.71 (1.03)	2.98 (1.13)	1.59	2.82 (0.96)	2.89 (1.06)	0.40	2.77 (1.12)	2.92 (1.22)	0.77	3.25 (1.13)	3.02 (1.19)
<i>Positive parenting</i>											
Mother	7.71 (2.22)	7.03 (2.15)	-2.10*	7.04 (2.07)	6.84 (2.05)	-0.63	6.72 (1.89)	6.29 (2.22)	-1.45	6.50 (1.94)	6.38 (1.82)
Father	7.04 (2.43)	6.49 (2.17)	-1.46	6.37 (1.99)	6.00 (2.13)	-1.15	6.23 (2.16)	5.72 (2.26)	-1.40	5.48 (1.92)	5.75 (2.24)
<i>Negative parenting</i>											
Mother	3.01 (0.78)	3.06 (0.93)	0.43	2.95 (0.87)	3.15 (0.98)	1.45	2.94 (0.99)	3.62 (1.37)	3.88**	3.23 (1.13)	3.56 (1.20)
Father	2.67 (0.69)	2.73 (0.55)	0.51	2.53 (0.58)	2.62 (0.54)	0.96	2.59 (0.82)	2.83 (0.98)	1.65	2.57 (0.66)	3.07 (1.02)

Note. Bolded means for fathers indicate significant differences from paired maternal factor;

* $p < 0.05$,

** $p < 0.01$.

Table 1.3

Longitudinal growth curves parameters for parenting variables

	Intercept	Slope
<i>Parent daily hassles</i>		
Mother	47.70**	1.07**
Father	44.27**	0.58
<i>Well-being</i>		
Mother	23.42**	0.32
Father	16.25**	0.06
<i>Opportunity for interaction</i>		
Mother	4.15**	-0.16**
Father	3.92**	-0.32**
<i>Detachment</i>		
Mother	2.63**	-0.06
Father	2.96**	0.00
<i>Positive parenting</i>		
Mother	6.98**	-0.21**
Father	6.32**	-0.26**
<i>Negative parenting</i>		
Mother	3.05**	0.19**
Father	2.65**	0.09*

*
 $p < 0.05$ **
 $p < 0.01$.