



FACTORING IN FATHERS: THE CHANGING FACE OF PATERNAL PERINATAL MENTAL HEALTH

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MURPHY'S LAW OR COLE'S LAW?

Yes, that just happened.





LEARNING OBJECTIVES

- Broad overview of key psychosocial elements in the transition to fatherhood and men's perinatal mental health
- Cite examples of how fatherhood involvement impacts the family system
- List evidence-based approaches to better engage fathers with perinatal services, with their children, and with their partners during pregnancy and early parenthood

A series of sexist, heterosexist, age-ist, and racist observations!

****DISCLOSURE** I have no conflict of interest and nothing to disclose with the material in this presentation**



A COUPLE OF SHAMELESS PLUGS...

☐ *Parental Mental Health: Factoring in Fathers*

☐ International Fathers' Mental Health Day - June 20th, 2022

Web Page: <http://www.postpartum.net/get-help/resources-for-fathers/ifmhd/>

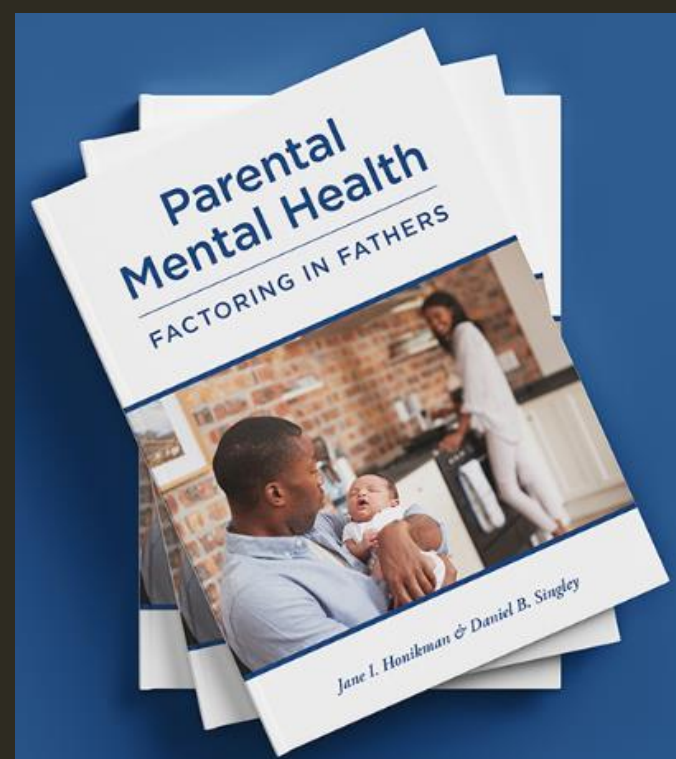
Twitter: @dadsMHday

Facebook: www.facebook.com/dadsMHday

☐ Marcè Society International's Fatherhood Special Interest Group

☐ PSI Monthly Dads Chat AND new Dads Support Group

Web Page: <http://www.postpartum.net/chat-with-an-expert/chat-with-an-expert-for-dads/>

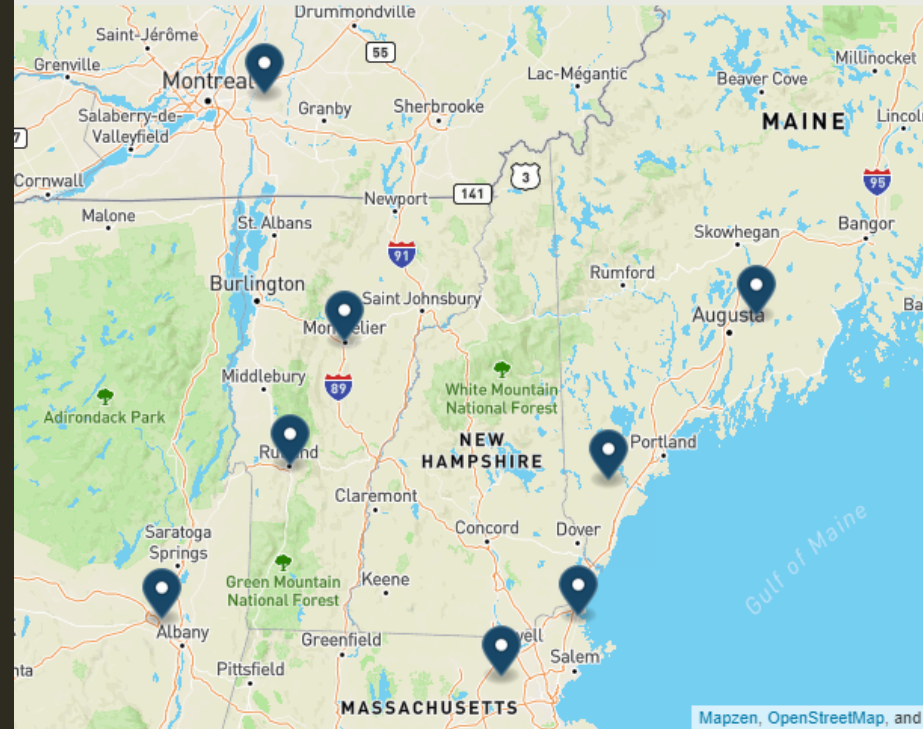


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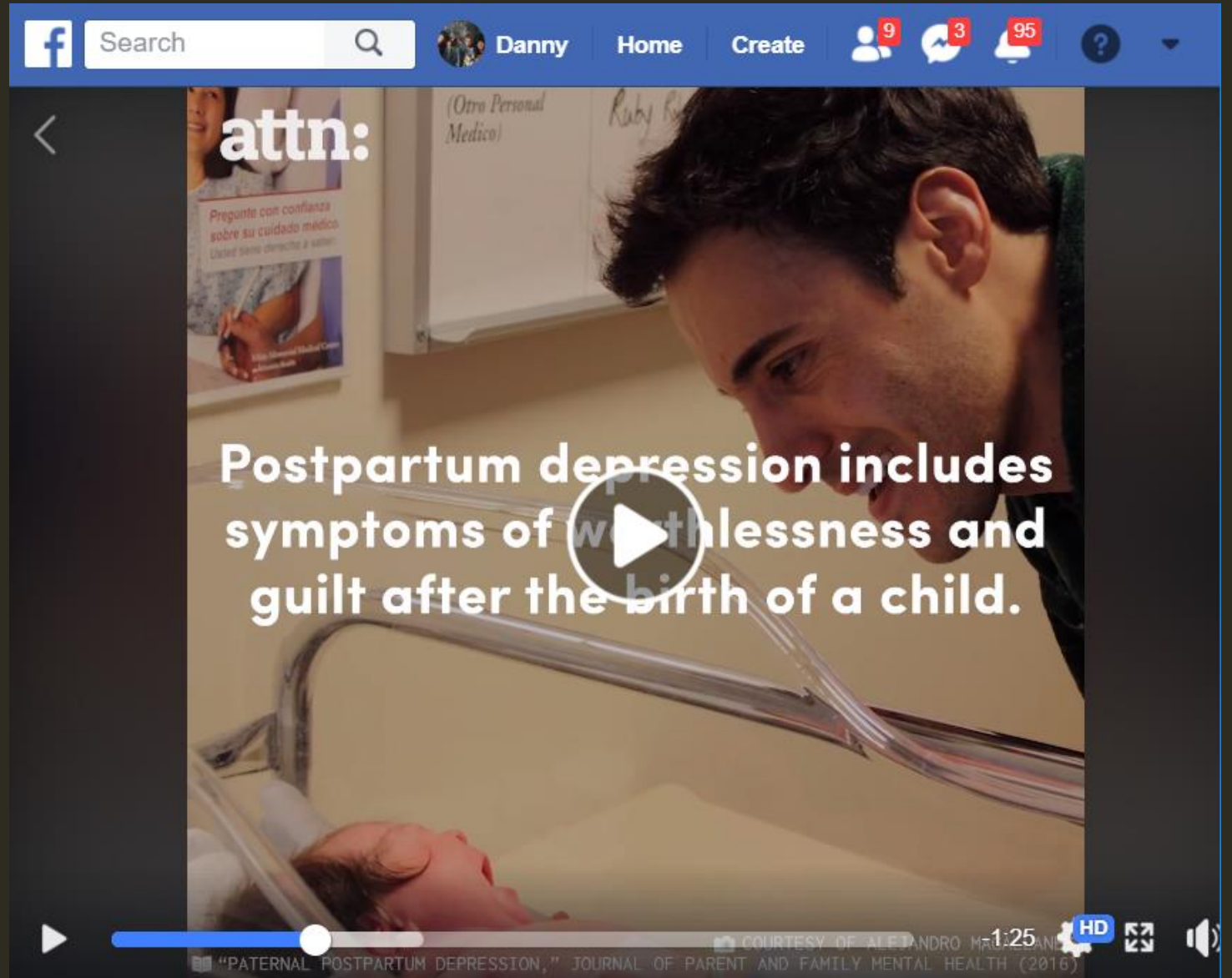
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MEET SOME POSTPARTUM DADS — ATTN VIDEO

“New Dads Get Postpartum Depression, Too”

<https://www.facebook.com/attn/videos/new-dads-get-postpartum-depression-too/1586216661413787/>



The screenshot shows a Facebook interface with a video player. The video features a man in a hospital setting looking at a newborn baby in a bassinet. A large white play button is centered over the video. Text overlaid on the video reads: "Postpartum depression includes symptoms of worthlessness and guilt after the birth of a child." The video player includes a progress bar at the bottom, a play button, a volume icon, and a full-screen icon. The video title is "New Dads Get Postpartum Depression, Too" and the video is from the page "attn:". The Facebook interface shows the user "Danny" and various notification icons.

attn:

Postpartum depression includes symptoms of worthlessness and guilt after the birth of a child.

1:25 HD

COURTESY OF ALEJANDRO MALDONADO
"PATERNAL POSTPARTUM DEPRESSION," JOURNAL OF PARENT AND FAMILY MENTAL HEALTH (2016)





What a bunch of fucking babies. Get the fuck over it, your wife just went 9 months of being wore out for no reason, not being able to go out or have some wine after a long week. And you wanna be a whiny little bitch? Nut up butter cup.

Like · Reply · 30

Like · Reply · 15w



amen

Like · Reply · 14w



Word!!!!

Like · Reply · 14w



Like · Reply · 1

Like · Reply · 14w



"There's this kid that you don't really want right now". I'm sorry. That is not "postpartum depression". That is just being a jerk that doesn't want to take responsibility for his actions. The others, ok. Depression, sure. But that one guy pissed me off.

Like · Reply · 95

Like · Reply · 16w

14 Replies



As far as I know they don't suffer any hormonal unbalance when they "give birth". So stop the stupid comparison. They maybe suffer anxiety or depression, but you can't call it "postpartum". You are not getting away with sexual appropriation, it would be like saying that, we women, can suffer "erectal dysfunction".

Like · Reply · 732

Like · Reply · 16w · Edited

193 Replies



This isn't even depression. These are just a bunch of old men who can't handle a baby, which makes me doubt their capability in anything else in life. These are the types of guys probably raised in a house without a father themselves. One guy describes his child as something he doesn't want, as if the child is an old pool table in the basement. I don't get why these men feel entitled to be depressed.

Like · Reply · 34

Like · Reply · 16w

12 Replies



Sounds to me like these men are suffering from toxic masculinity and feeling overwhelmed by having a few obligations to help care for their OWN children. The dude talking about feeling like a prisoner in his own home was the fucking worst. Take the baby outside in the stroller? Go for a drive. Use your fucking imagination or maybe wear a condom next time.

Like · Reply · 78

Like · Reply · 16w · Edited

11 Replies

PATERNAL PERINATAL HORMONAL SHIFTS

Decrease in testosterone

Increase in cortisol

Increase in estrogen (estradiol)

Increase in vasopressin

Increase in prolactin / oxytocin

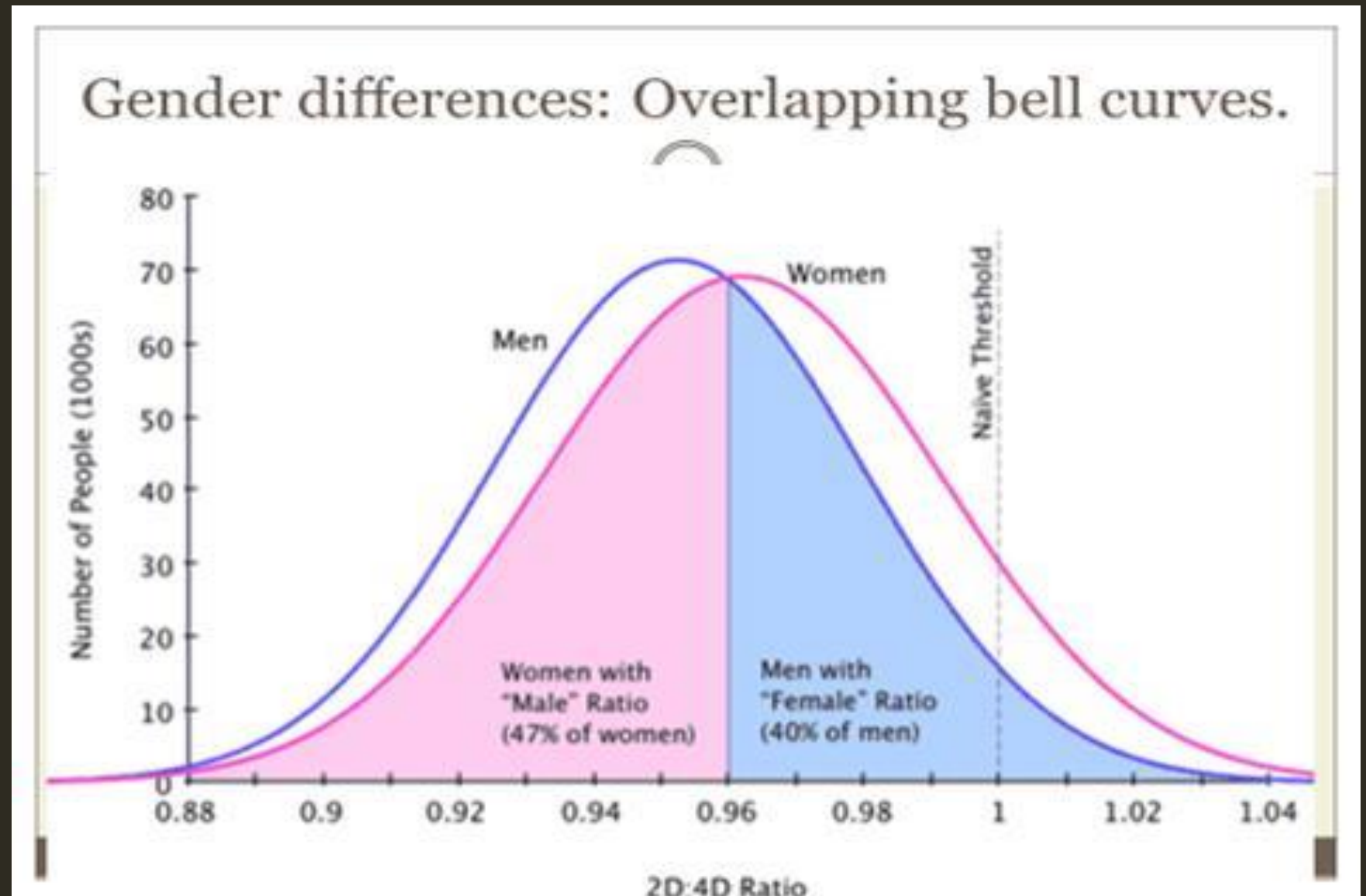
Dysregulation of any hormonal concentrations and/or amount of receptors in key areas of the brain may serve as a biological risk factor for mental health



GENDER SIMILARITIES HYPOTHESIS

(HYDE, 2005)

MALES AND FEMALES ARE
SIMILAR ON MOST, BUT
NOT ALL, PSYCHOLOGICAL
VARIABLES.



FAMILY DEVELOPMENTAL CONTEXT



MEN'S SOCIALIZATION — “DADDY 1.0”

Traditional Masculinity (Brannon, 1976)

1. Antifemininity- “No Sissy Stuff”
2. Status and Achievement — “The Big Wheel”
3. Inexpressiveness and Independence “The Study Oak”
4. Adventurousness and Aggressiveness
“Give ‘Em Hell”

- Dad’s Role Is To Support Mom And Earn
- Uninvolved with Children 0-5



MEN'S SOCIALIZATION — “DADDY 2.0”

Generative Fathers (Hawkins & Dollahite, 1996)

“The task of establishing and guiding the next generation.”

Nontraditional Masculine Norms

Nurturing, Hands-On Care of Child

Emotionally Open to Mom and Baby

Few Models of Generative Fathers — “Generation Gap”

Mental Health Implications

Changing Roles Brings Stress/Uncertainty

One in 10 have depression; 2-18% have anxiety

History of MH Issues/Abuse/Trauma

Gender Role Conflict — ↑ MH probs, ↓ Help-Seeking



Male Relational Styles – Fun, shared activities

Male Ways of Caring – Caring, protection, and “action empathy”

Generative Fatherhood – Developing kids

Male Self-Reliance – Connected, yet “his own man”

Workplace/Provider – Achievement, purpose, and meaning

Male Courage/ Risk-Taking – Worthwhile, sensible risks

Group Orientation – Identity in community

Humanitarian Service – Social interest and common good

Humor – Healing, coping, and connecting

Male Herosim – Overcoming obstacles

POSITIVE MASCULINITIES (KISELICA & ENGLAR- CARLSON, 2010)



THE FATHERHOOD ROLE

(ROSENBERG & WILCOX, 2006)

- Fostering a positive relationship with the child's mother
- Spending time with the child
- Nurturing the child
- Disciplining appropriately
- Serving as a guide to the outside world
- Protecting and providing
- Being a role model



BE ACTIVELY INVOLVED WITH MOM AND BABY

ASSERTIVE COMMUNICATION

Aggressive

Only MY needs matter



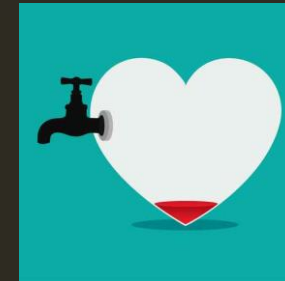
Assertive

BOTH of our needs matter



Passive

Only YOUR Needs matter



Do **NOT** try to **fix or win** right off the bat

- **ASK:** Find out specifically why the issue is important to him/her
- **LISTEN:** Active listening – ask 3 open questions, followed by a restatement
- **ASSERT:** Communicate why this is important to you
- **COMPROMISE:** THEN find the common ground about what to do

NEW DADS' SOCIAL SUPPORT — PARENTING/MH

(ROMINOV, GIALLO, PILKINGTON, & WHELAN, 2017)

- More demands on men's psychological resources during transition to fatherhood increase their vulnerability to mental health issues.
- Further research regarding fathers' parenting support needs because their mental health is highly interrelated with their experience as a parent.
- Dads prefer supports which are:
 1. Informal — friends, family, work colleagues, online information
 2. From fathers themselves
 3. Supportive of a “winging it” — on-the-fly approach to seeking support

Dads' “winging it” contrasted with a more measured/proactive style may relate to perceptions of fathers' not being involved “the right way.”



WHY IS FATHERHOOD INVOLVEMENT IMPORTANT?

Parenting of children 0-5 is really just mothering, right?

Child Outcomes: (Alio et al., 2011; Bronte-Tinkew et al., 2008; Yogman & Kindlon, 1995)

- Higher IQ, school readiness, social skills, emotional regulation, and empathy
- Increased attachment, emotional security, popularity, independence

Paternal Outcomes: (Sethna et al., 2015; Singley et al., 2017)

- Fewer mental health issues
- Increased confidence, parenting satisfaction, relationship satisfaction

Maternal Outcomes: (Malette et al., 2019; Maselko et al., 2019)

- Fewer mental health issues
- Increased responsiveness, confidence, and affection



ATTUNEMENT!!



BARRIERS TO FATHER INVOLVEMENT

Blended / Inconsistent Family Structure

Substance Use

Fathers' AND Mothers' Socialization

Low Self- And Other-Efficacy

Anxiety/Gatekeeping

Custody Arrangements/CPS

Work/Life Balance



FATHERHOOD DIVERSITY FACTORS

Protective Factors

- Familismo
- Multigenerational Homes
- Adoptive dual dads

Risk Factors

- Historical Trauma
- High AND Low SES!
- Rigid Masculine Socialization

ATTACHMENT AND THE PATERNAL ACTIVATION RELATIONSHIP

“The affective bond that enables children to open up to the outside world, focusing primarily on parental stimulation of risk-taking and control.” (Paquette, 2013)



WHAT EXACTLY DOES DAD CONTRIBUTE?

Comparison of Mothers' and Fathers' Play on Child's Central Nervous System Arousal



One-on-One High-Intensity Interactions Promote Emotional and Behavioral Regulation



MEASURING PATERNAL INVOLVEMENT

- **Paternal Involvement with Infants Scale (PIWIS; Singley et al., 2017)**
- 35-item self-report scale
- Theory-driven development
- Strong relationship with depression, social support, parental alliance, parenting satisfaction, and self-efficacy
- The author gives you permission to use the PIWIS 😊



1. Positive Engagement

Burping your baby

Changing your baby's diaper

2. Indirect Care

Taking your baby to/picking up from childcare

Arranging for childcare (e.g., babysitter, day care)

3. Frustration

Feeling jealous of your partner's connection with your baby

Giving your baby to your partner or other caregiver when your baby is crying

4. Warmth and Attunement

Kissing your baby

Responding to your baby's facial expressions so that s/he can see your response

5. Control and Process Responsibility

Determining what media (TV, DVD's, music) is appropriate for your baby

Determining when to feed your baby

PIWIS SUBSCALES AND SAMPLE ITEMS

¡QUE PADRE! LATINO DADS AND PIWIS (MOLLOY & SINGLEY ET AL., 2021)

Descriptive Summary and Correlations of the PIWIS and Related Variables

Scale	M	SD	PIWIS					α
			WA	CPR	FR	IC	PE	
<i>DASS-21</i>	42.0	32.7	-.28**	-.17*	.42**	.27**	-.09	.96
<i>Father Role Salience</i>	2.2	0.2	-.06	.08	.25**	.27**	.08	.64
<i>Psychological Acculturation Scale</i>	5.2	2.2	-.05	.08	.30**	.26**	.13	.96
<i>Familismo - Support</i>	111.8	15.8	-.04	.05	.10	.03	-.08	.79
<i>Familismo - Interconnectedness</i>	100.0	13.3	.22**	.24**	-.08	-.05	.09	.82
<i>Familismo - Honor</i>	86.9	13.6	-.09	.13	.37**	.22**	.03	.70
<i>Familismo - Subjugation of Self</i>	38.1	6.1	.02	.14	.12	.06	.02	.55
<i>Support - Significant Other</i>	5.0	1.1	.35**	.29**	-.32**	.14*	.18**	.88
<i>Support - Family</i>	4.5	1.3	.20**	.07	-.08	.01	.12	.88
<i>Support - Friends</i>	4.3	1.4	.17*	.16*	-.06	.02	.14*	.90

* $p < .05$. ** $p < .01$.



DADS' MENTAL HEALTH

Perinatal Mood and Anxiety Disorders (PMADs)

Depression, GAD, OCD, PTSD, Psychosis

10-20% of men experience PMADs during perinatal period

DSM-5 “with peripartum onset” specifier – 4 weeks postpartum

ICD-10 “with postpartum onset” specifier – 6 weeks postpartum

Stress brings elevated risk for new episode and relapses

Men’s socialization and expression of “weak” emotions

Maternal PPD is the strongest predictor of paternal PPD



MALE “MASKED” DEPRESSION/ MDD — MALE TYPE

(COCHRAN & RABINOWITZ, 2000; POLLACK, 1998)

Lower stress threshold

Substance use

Aggressiveness, low impulse control

Feeling of being burned out and empty

Constant, inexplicable tiredness

Irritability, restlessness, dissatisfaction

Difficulty making ordinary everyday decisions

Sleep problems

Feeling anxiety —especially in the morning

Abusive, hyperactive, or antisocial behavior

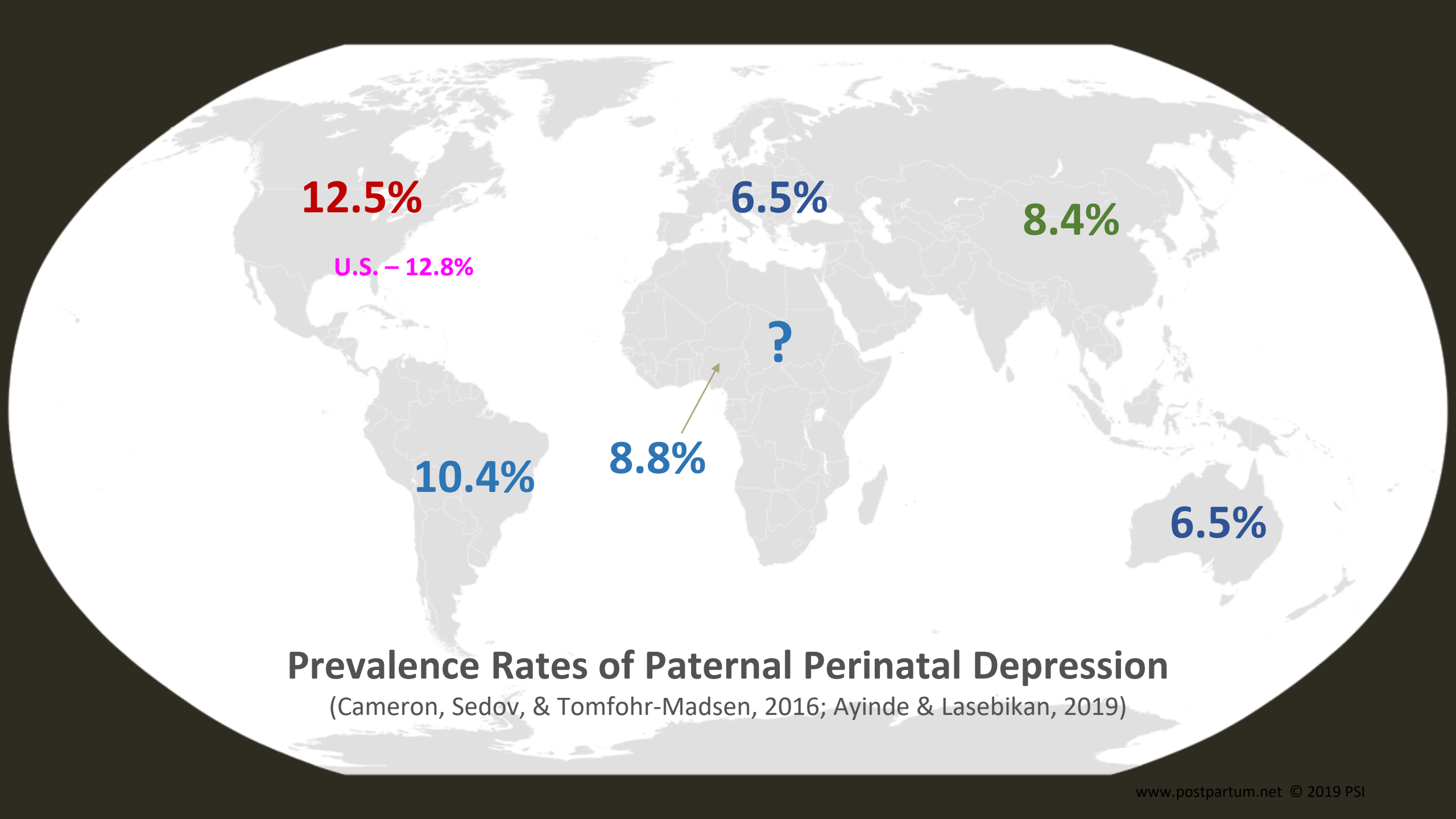
Depressive thoughts

Criticizing

The “withdrawal response”



ANGER, ADDICTION, SOMATICIZING, AND WITHDRAWAL



12.5%

U.S. – 12.8%

10.4%

8.8%

6.5%

?

8.4%

6.5%

Prevalence Rates of Paternal Perinatal Depression

(Cameron, Sedov, & Tomfohr-Madsen, 2016; Ayinde & Lasebikan, 2019)

PATERNAL ANXIETY DISORDERS

(LEACH ET AL., 2016; LEIFERMAN ET AL., 2021)

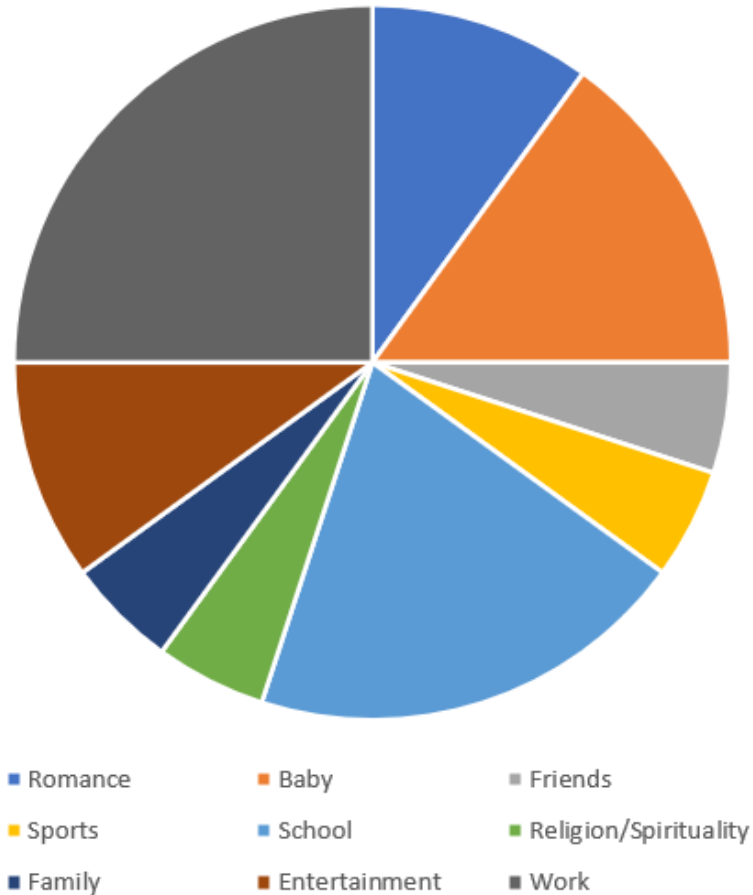
- Prevalence rates in the prenatal period range from 4.1% - 16.0%
- Postpartum prevalence ranges from 2.4% - 18.0%
- Contributing factors work/life balance, lower relationship satisfaction, fatigue, poor partner/infant health, witnessing birth trauma, and low parental self-efficacy
- High level of paternal anxiety predicts increased infant negative affect and child internalizing
- Highly comorbid with depression, so recommend assessing/measuring both anxiety and depression

Anxiety is common for new dads – assess and support both partners!

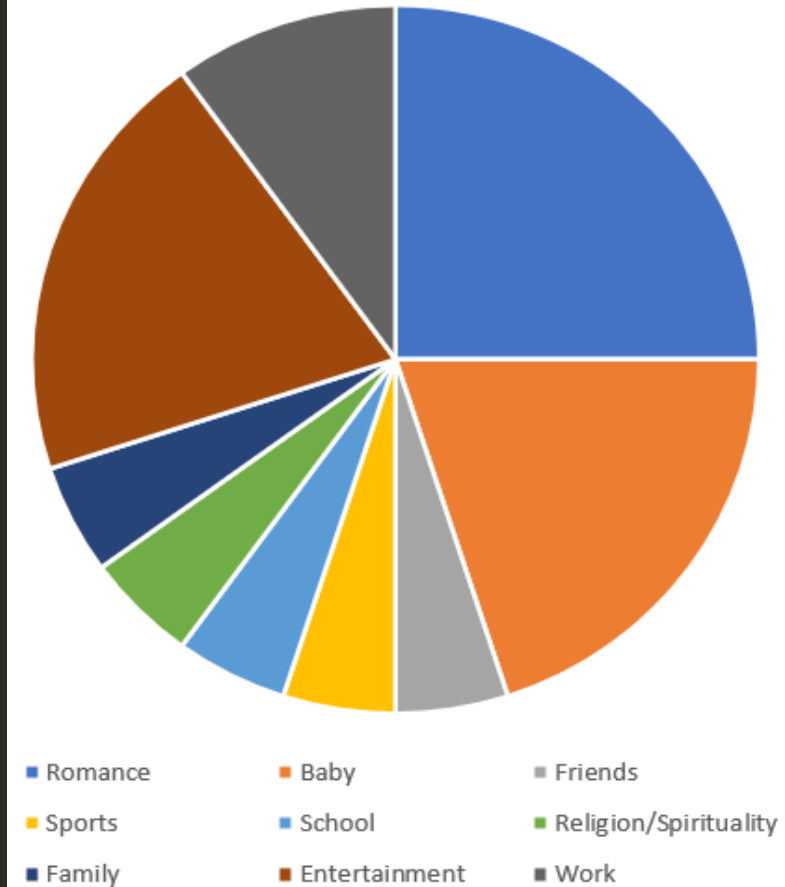


ACCEPTANCE & COMMITMENT THERAPY: VALUES AND COMMITTED ACTION

Actual Percentage of Time



Ideal Percentage of Time



SCREENING – DO IT!

“We take a whole-family approach to your baby’s well-being.”

- **Edinburgh Postnatal Depression Scale** (Cox, Holden, & Sagovsky, 1987)
- **Gotland Male Depression Scale** (Zierau et al., 2002)
- **Pregnancy-Related Anxiety Scale for fathers** (Cameron et al., 2021)
- **Patient Health Questionnaire -2 and -9** (Arroll, Goodyear-Smith, & Crengle, 2010)
- **Paternal Involvement with Infants Scale** (Singley et al., 2017)



INTERSECTIONALITY IN ASSESSMENT (MOLLOY, 2017)

Model of Vulnerabilities and Resiliencies (VRM)

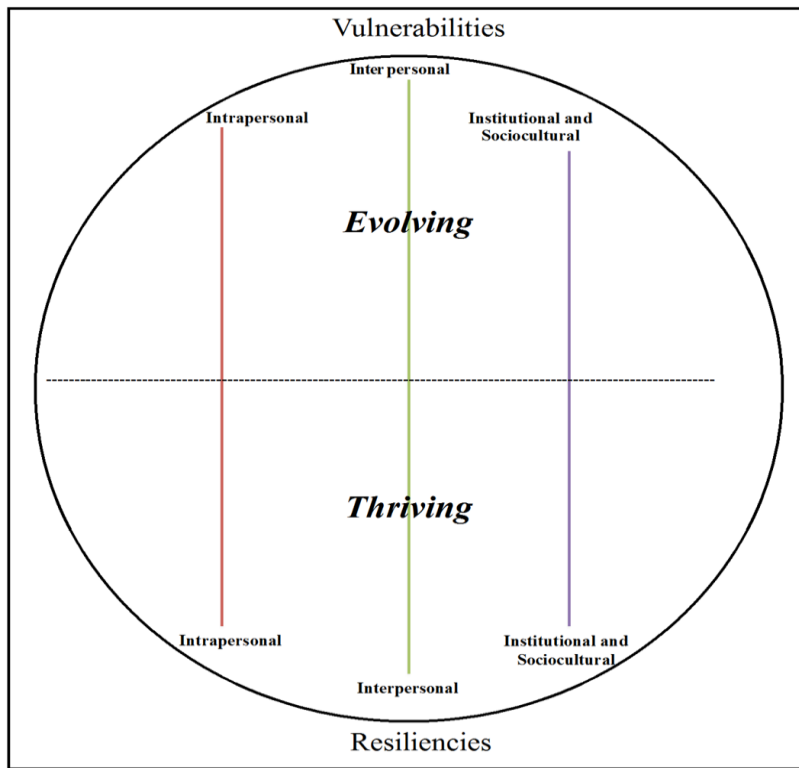
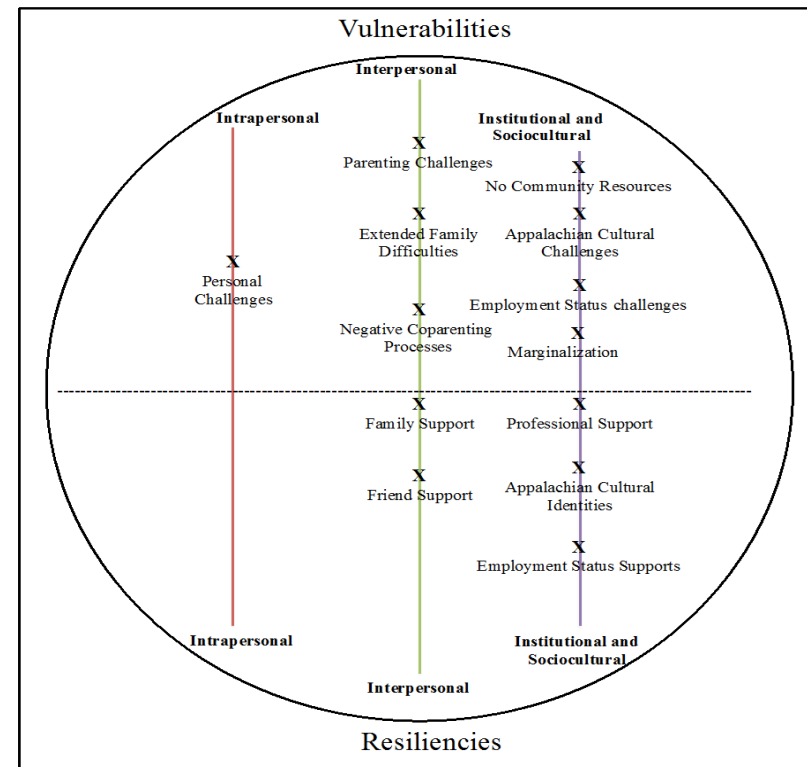


Figure 2. Vulnerabilities and resiliencies model. This model illustrates the interaction of vulnerabilities and resiliencies of individuals that inform two typologies of fathers. This model is inspired by the Vulnerabilities Conceptual Model (Few & Rosen, 2005).

Model of Vulnerabilities and Resiliencies (VRM): Evolving



Father 9 - Evolving

NEW DADS GAME PLAN

“You should do everything but nurse the baby ASAP”

Learn about the child’s development – scaffolding

Weekly “state of the union” meeting with mom

Weekly “family operations” meeting with mom

Providing more than materially – “Be the best you”

Communicate assertively with mom

Diversify social support portfolio – connect with other dads

Expectant dads – take our Basic Training for New Dads class



Getting therapy with a “coach”





- Sleep – Plan for it
- Diet – Weight gain/loss
- Exercise – 20-30 mins, 2-3 times/week
- Social Support:
 1. Time alone
 2. Time with friends
 3. Time with partner

ESSENTIAL SELF-CARE



WHAT CAN PARTNERS DO?



Give dad “alone time” with child

Encourage dad to ~~hang out with buddies~~ get social support Guilt-Free

Get their own social support needs met

Recognize that dads’ approach to parenting is different, not necessarily bad

Manage own mental health

ORGANIZATIONS / PROVIDERS

- Healer, know thyself - Check your assumptions
- Ask the tough questions, assess with EPDS and know how to refer!
- Familiarize yourself with resources
- Is your organization set up to foster fathers' attunement with moms and babies?



RESOURCES

- Hand to Hold NICU and Bereavement for dads - <https://handtohold.org/>
- Dope Black Dads – www.dopeblackdads.com
- Life of Dad – www.lifeofdad.com
- Basic Training for New Dads – www.menexcel.com
- FB Brand New Father Group - <https://www.facebook.com/groups/bnfsupport/>
- Postpartum Support International – www.postpartum.net **Dads Chat**
- The Good Men Project - <http://goodmenproject.com/category/families/>
- Daddit - <http://www.reddit.com/r/daddit>
- Dad Labs - <http://www.dadlabs.com/>
- National Fatherhood Initiative – www.fatherhood.org



Q&A



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THANKS VERY MUCH!



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**“You can’t babysit your own kid –
that’s called ‘fathering.’”**

