Social Workers Perception of Father Involvement and Infant Mental Health

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Social Workers Perception of Father Involvement and Infant Mental Health

By

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MSW Clinical Research Paper

Presented to the Faculty of the
School of Social Work at the
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Masters of Social Work

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The Clinical Research Project is a graduation requirement for MSW students at St. Catherine’s University/University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, must formulate a research design that is approved by a research committee and the University Institutional Review Board, implement the project, and publicly present the findings of the study. This project is neither a Master’s thesis nor a dissertation.
Abstract

This research project shows the perspective of six respondents on fathers and its impact on infant mental health. This research describes how in the Early Childhood setting and Infant Mental Health field how father involvement plays out. Infant Mental Health was defined by the respondents as an interdisciplinary field, involving many different disciplines, such as medical, education and mental health. Despite many of the respondents limited involvement with fathers in their programs and Infant Mental Health work, the research found that roles of fathers are changing and they are becoming more involved in their young children’s lives. Father involvement was shown to be a component of good mental health through this study. Finally, there are some interventions that the respondents have used that are father-friendly and that current research showed were good ways to target fathers and have father-friendly environments.
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Introduction

Infant mental health is a new area in the social work field. The term infant mental health was developed by Selma Fraiberg and her colleges who were some of the pioneers in the field in making connections about how early relationships were key in the forming of poor attachments (Weatherston, 2001). Today, brain research is being done at Harvard and Yale to see how early, infants can understand and relate to emotions. Researchers are finding that as young as two months old, infants know the difference between right and wrong (Hamlin, Wynn & Bloom, 2007). Knowing that infants’ brains are understand and relate to emotions so early has great impact on caregivers' involvement and how the caregivers provide appropriate care and attention.

Much has been studied about mothers over the last three to four decades. We are very aware about maternal depression and post-partum depression and their effects on the infant. But what about the fathers? There is limited information out in the research community on the issue of father involvement as it relates to its impact on their children from birth through age six. There are some studies in the past two decades that talk about school aged children and preschool children, but not much recent information, especially when it comes to things like fathers with mental health issues and the changing roles of fathers and how that impacts their involvement with caregiving roles. This raises the question: What does a more involved father mean to the relationship between father and infant or toddler and what does brain research say about that.

The limited research that has been done gives me some good details to talk about. Father involvement is an ever changing and evolving term. Father involvement can greatly benefit
infants when they are nurtured and supported. Fathers can also perceive themselves to be incompetent parents, especially if they have depression or if their relationship with their own father was a troubled one (Daly, 1993). The questions we will look at in this research paper is finding out if the type or amount of involvement for fathers makes a difference for an infant’s mental health. I will also be interested to see if a father’s mental health has any bearing or relationship to an infant’s mental health. Finally with fathers changing parental roles to becoming more engaged in their children’s lives, seeing if this creates a positive effect on an infant’s mental health. My ultimate hope is that with more research on fatherhood involvement, we can create more programs and services to support both parents and caregivers so they feel like competent parents. Then everyone wins.
Literature Review

Historical Perspective

Mental health has a long travelled professional history of helping those who suffered with extreme mental health conditions. When the mental health profession was first practiced in the 19th century, it was originally created with the intention to aid adults deemed by medical and psychological professionals to be unable to safely live in society. Thus society felt like the only way to treat someone with mental illness was to institutionalize them. As we have progressed in the mental health practices, professionals have become more involved with the human side of the practice. Now we have de-institutionalized most mentally ill individuals and instead do more therapeutic intervention with couples, families and now, children. Recently, we have moved into treating an even younger group and are dawning on an age in mental health in which we are able to work with prenatal and postnatal parents to provide mental health services for the parents and their infants to provide a stable and nurturing environment.

Infant mental health started in the mid 1970’s, when a pioneering social worker by the name of Selma Fraiberg and some of her colleagues developed a unique model of infant mental health in which a relationship and developmental approach is used with the parent and infant to reduce the likelihood of any attachment disorders (Weatherston, 2001). Selma Fraiberg developed her theory of infant mental health after hearing many stories from adult patients who suffered issues of abandonment in their childhood years and the lifelong effects they have suffered. In her theory of infant mental health, she considered the mothers who lost a child and the trauma this event caused them. Another factor she considered was maternal post-partum depression that other moms dealt with silently and couldn’t seem to find a way to come out of. Fraiberg connected these issues to the effects on the parent-infant relationship and how the
feelings that the mother was having was negatively affecting the connection to the baby or young child (Weatherston, 2001). Fraiberg felt some therapeutic intervention could aid in the healing of the parent-child relationship and possible prevent future mental health needs of the young child. She put together a multi-disciplinary team that came up with the infant mental health model to address the physical, mental, developmental and relational areas to create an effective model to address each aspect (Weatherston, 2001).

The infant mental health model focuses on using consultation and clinical assessments to treat the infants, toddlers and preschoolers and their families. The earlier they can identify these issues, the better the outcomes will be for the young child. The definition of infant mental health as seen by Gleason and Doctoroff is “emotional well-being of children in the first few years of life, with attention to two central contexts: early developmental processes and the parent-child relationship” (2006). Gleason and Doctoroff (2006) go on to talk about how the development of the child happens at a very fast pace and so intervention needs to happen at an accelerated rate so that their long term development will be the best it can. The research ends by saying that it would be advantageous to have infants and young children use their parents’ relationship as a defense against stress that they experience in their young lives (Gleason & Doctoroff, 2006). If the parent-child relationship that they have is not one of defense but one that the parent is depressed and anxious, then the infant or child will absorb their stress and this creates undue anxiety for them to manage. The child’s brains and systems are too young and immature to understand and comprehend this stress (Gleason & Doctoroff, 2006). So optimal parent-child relationship in an infant mental health framework would be one of having a parent who is healthy, both mentally and physically, and attentive to the baby so that all their emotional and physical needs met.
Attachment Theory

One of the most important issues for infants and toddler is to have their needs met by a caregiver. The parent-child relationship is key and it is an important part to measure what all other relationships will be based on later in life. Usually the primary relationship is the most important one to an infant, but studies are finding that the secondary relationship, which can be defined as father, is also important and can have some effects on the development of the young child or infant (Fitzgerald, Mann & Barratt, 1999). One of the theories by Piaget, developed in 1960, described a concept about attachment that was crucial in helping professionals understand the nature of infants and their need for a connection to their caregiver. Paget’s’ theory, called Attachment Theory, was elaborated on by Ram, A., Finzi, R. and Cohen, O., (2002) as behaviors at birth, such as crying, sucking, smiling and following eye contact that infants were born with that helped them to be closer to their caregiver. They went on to say that by eight weeks, the infant can differentiate who is their caregiver and who is not and determine which attachment behavior to use for their primary attachment caregiver to get their attention (Ram, Finzi & Cohen, 2002). Weatherston (2001) talks about Piagets’ sensorimotor developmental stage in early infancy. He discusses how that infants use their senses, which are all done by the age of two, such as shaking, mouthing, sucking and touching and so on are used to engage in their world to try and solve problems. The problem solving skill is used to investigate their world and create relationships with and try and figure out how to engage with their caregivers in a social way (Weatherston, 2001).

The majority of studies comparing attachment often look at mother-infant attachment. Now, there are some research studies looking at the father-infant attachment patterns. A study
done by Van Ijzendoorn & De Wolff found that father-infant attachments develop differently and are independent of mother-infant attachments, so the results show that this is a relationship worth exploring (Van Ijzendoorn & De Wolff, 1997).

**Developmental Perspectives**

Being able to understand the developmental stages of an infant is very important when looking at a parent-child relationship. The key to knowing how to do therapeutic intervention is knowing at which stage a baby is at in their developmental process when traumatic events occur that compromise their caregivers’ ability to parent them. We have many different views of the developmental stages so it depends on which developmental lens is used when you are practicing within this new field of infant mental health.

Weatherston (2001) talks about Freud’s stage theory of infancy as being crucial to personality development throughout life. Weatherston (2001) states that the infant stage is important in the relationship to the primary caregiver, mainly the mother, and how the infant gets their needs met. The relationship between the mother and her child is very important and becomes the standard for what all other love relationships will look like.

Weatherston (2001) goes on to talk about another lens which is Erickson and the three stages of infancy and early childhood. The three stages are trust versus mistrust, autonomy versus shame and doubt and initiative versus guilt. He goes on to talk about how caregivers have an important role in helping the child to go through each of the stages in a healthy way and to establish himself or adults (Weatherston, 2001).

Weatherston (2001) also mentioned developmental theorists such as John Bowlby, Mary Ainsworth and David Stern in her review. John Bowlby was noted for his work on attachment
and responsive caregiving. Mary Ainsworth collaborated with Bowlby and worked a lot on Attachment Theory and developed the Strange Situation Paradigm which helped professionals understand the infant’s attachment of the caregiver’s relationship. Lastly, David Stern did some work on psychoanalysis and behavior and systems and he helped professionals understand the early relationship between mother and infant and how emotions play a part in adjusting to the care of a new baby (Weatherston, 2001).

**Historical perspective of fatherhood**

When looking at relationships with infants and young children, researchers have mainly focused on their primary caregiver. Because research has shown that the primary caregiver has the most impact on the parent-infant relationship. Researchers are starting to wonder what effects the secondary caregiver, define as father, and has on the parent-infant relationship. This has become of more interest due to the changing nature of the role of the father in the family system. Historically, the father role in American society has been one of provider and not of caregiver. That role was largely left up to the mother in the family.

A new era dawned as mothers entered the workforce between 1839 and 1940, mainly working for family businesses. Then in 1950 12% of married women entered the workforce and by 1997, 2/3rds of women were employed (Cabrera, N., Tamis-LeMonda, C., Bradley, R., Hofferth, S., Lamb, M., 2000). This created a shift for fathers in their roles of sole provider to possible part-time caregiver.

Another change occurred when women entered the workforce and women’s rights were gaining momentum. Divorce was becoming more common and the family system was becoming more unstable. Fathers started separating from the family system. In 1960, only 6% of families
were female headed. In 1998, there was a large increase to 24% of the household were female headed (U.S. Bureau of the Census, 1998). The separation of families became more typical, and stress on the family system from economic hardship, social isolation and emotional stress and abandonment became more normal for children.

Today, more fathers are considered regular participants in young child’s lives. Now in the 21st century, fathers provide regular childcare and 20% of fathers with children under five years of age are the primary caregiver (McClain & DeMaris, 2013). Part of the reason could be due to the recent recession and the economic needs of families. We also see examples of fathers helping care for their children in commercials on the television that sell products for diapers, laundry detergent and paper towels. McClain and DeMaris (2013) in their research on union status and father involvement, talked about new kinds of relationships and that not all couples get married these days, so we have a new kind of dad, called the “cohabitating father”. The numbers of births born to unmarried parents have increased to 41% in the U.S. (Hamilton, Martin, & Ventura, 2010). These cohabitating fathers are taking care of their children just like a regular daycare would. McClain and DeMaris (2013) speculate that the recent economic recession and high cost of childcare have caused the percentage of fathers providing childcare to be so high. Also, men and fathers tend to have a more equitable division of labor in cohabitating couples and this makes it easier for roles to be redefined once a child is brought into the relationship.

Researchers Harrington, Van Deusen and Humberd (2011) of Boston College interviewed over 960 professional working fathers in 2011 to find out how middle-class new fathers view themselves in today’s changing family and work structure. Some interesting and fairly consistent messages were given by these fairly homogeneous new fathers. The themes that emerged from the interviews were that they understood that their wives now work and that their
wives earning potential was the same as the husband or possibly more. Thus, they viewed both parents as equally being able to provide financial care for the family. In addition to this, the fathers felt that caring for children was an equal responsibility for them as was their financial responsibility and that spending time with their child(ren) was important for them (Harrington, Van Deusen & Humberd, 2011). Harrington, Van Deusen and Humberd also spoke about fathers feeling that their work life was causing more difficult issues to their family life than their family life was causing issues to their work (2011). The final conclusion of this study was that fathers felt like their employment situation did not offer much to them in time off for the birth of a child. Also, they felt like as a father, it was not acceptable in the work place to take more than a few days off, two weeks maximum. Many of the fathers wished they could have more parental leave options, similar to a mother’s parental leave, and if a child is sick to be able to take time off for these situations was an option more encouraged and accepted in the workplace for fathers, than it currently is (Harrington, Van Deusen & Humberd, 2011).

**Fathers’ depression and mental health**

As we look at more fathers becoming involved with caregiver responsibilities within their own family systems, researchers have begun to consider the effect that the father-infant relationship can have on their young child and the long-term consequences. One of the areas that they first started to look at was depression. With the connection that research has made with mothers’ depression and the negative effects that it can have on their infants and young children, looking at the paternal connection and starting to investigate the effect of depression on the father-infant relationship is indicated. Not much is known or studied yet about the relationship between depression in fathers and their relationship between the father and their young child.
More research is being conducted in the last few years looking at the relationship, but it is clear that more is needed.

Depression affects six million men in the United States (National Institute of Mental Health, 2002). Research has found that some men are affected by paternal depression. Men are affected by paternal depression at a rate of 3 – 6%. This is half as much as women’s rate is of being diagnosed with maternal depression. Paternal depression is measured at eight weeks post birth. Studies show that children of these fathers have an increased chance of behavioral and emotional problems. “Children of fathers that have paternal depression remain at a higher risk for internalizing or externalizing their emotions and behavior” (Wilhelm, Mitchell, Slade, Brownhill & Andrews, 2003). Men have some similar, and yet unique, reasons for getting paternal depression including poor marital situations and unemployment or having a job that is unstable. Other reasons include poor adjustment to the pregnancy, new parental roles and a history of depression (Cabrera, Hofferth & Chae, 2008). Cochran and Rabinowitz discuss about how to deal with depression in their study and they spoke about how men deal with their depression by working long hours at their jobs. Some men decide to engage in behavior that is irresponsible and dangerous. (Ramchandani & Psychangiou, 2009)

Analyzing the connection and effects of the father-infant relationship when the father has paternal depression, researchers have not reached a consensus is on the effect of paternal depression. However, researchers Ramchandani, Stein and O’Connor (2009) found through a study of children, birth to three and a half years, that paternal depression had a negative effect on the behavior of the children by age three. The primary caregiver, the mother, is an important relationship that has a significant effect on the young child. The mothers’ primary role still tends to involve large amounts of their time spent with the infant doing caregiving responsibilities.
Infants continue mainly to look to the primary caregiver for their attachment needs to be met (Ramchandi, Stein & O’Connor, 2009). So, if this primary caregiver relationship is being compromised due to depression, namely maternal depression, it is very harmful for the infant. Since most fathers tend to be in the role of the secondary caregiver, paternal depression is found to have a lessened but significant effect on the infant. One of the effects of paternal depression that research has found is in how the father view at their infant. Paternally depressed fathers tend to view their infants in a more negative way (Mantymaa, Puura, Luoma, Kaukonen, Salmelin & Tamminen, 2008). If their infants cry or fuss, a paternally depressed father would view their infant as difficult or colic instead of it being a typical developmental norm.

Fathers who suffer from paternal depression spend less time with their children, and the quality of the time they spend with them is more negative in nature (Ramchandani, & Psychagiau, 2009). These fathers may have less of a tolerance for noise and crying. During certain periods of developmental times, it is normal for young children to want to be closer to their primary caregiver and reject any other adults, even their fathers. This leads to infants and toddlers rejecting the father, and if the father is suffering from depression, it becomes difficult for the father to want to spend time with this child who cries when he wants to be close to him/her. Fathers with paternal depression also have been shown to do fewer activities such as reading and hugging their children, which lead to bonding between the parent and child (Paulson, Dauber & Leiferman, 2006).

Another area that is common for fathers with paternal depression to struggle with is their marital life. Fathers who suffer from paternal depression report having a lower satisfaction with their marriage. It is common that their depression expresses itself in anger causing fathers to have a pessimistic outlook. Therefore, it is would not be unusual to find their marriages or
personal relationships to be unstable. Struggles in the marriage lead to undue stress on the young children. In stressed marriages, research shows fathers tend to not want to be at home, due to the tension in the home environment. When they are home and together with their child, their time together is stressed and has more conflict (Johnson, Jacob, 2000).

A key component of a father’s paternal depression is how gender can influence the fathers’ relationship with their child. Boys seem to be more affected than girls in how the father-infant relationship and the fathers’ depression impact them, especially in the young developmental stages (Ramchandani, Stein, Evans & O’Connor, 2005). Studies have shown that fathers usually spend more time with their sons than their daughters. The depressed father would then have a greater impact on their sons versus their daughters. (Ramchandani, Stein, Evans, 2005).

When analyzing the mothers’ depression post-natal, research shows that it can increase the likelihood of the father developing paternal depression (Field, Hossain & Malphurs, 1999). This creates an even greater harm to the infant when both parents are depressed and have compromised parenting abilities and are potentially not attending well to their parent-child relationship and caregiver responsibilities (Burke, 2003). Research has shown that these situations can often lead to an insecure attachment between the infant and the parents. On the other hand, if the father is able to stay mentally healthy with a depressed mother, the father can potentially be the caregiver as well as a safeguard for the young child who suffer from the lack of engagement and parenting by the depressed mother. (Goodman & Gotlib, 1999).

When looking at mental health and the parent-child relationship parents with mental illness can create a negative environment for babies and young children and increase the chance for child maltreatment. Researchers have shown that children who have a parent with a
diagnosed anxiety disorder have twice the chance of getting an anxiety disorder themselves (Merikankas, Dierker & Szalmari, 1998). Fathers have demonstrated to have a greater impact than mothers on their children’s social anxiety, since the role of the father is to socialize the children. In some recent research done, fathers with social anxiety disorder tended to be more discouraging of their child’s independence than fathers without social anxiety (Bogels & Phares, 2008).

**Father involvement**

Let’s look more into what father involvement means when it comes to infant mental health. The definition of father involvement is “the amount or frequency with which fathers engage in various activities directly or indirectly related to child rearing” (Lamb, Pleck, Charnout & Leveine, 1987). Other more current researchers in the field have looked at father involvement and have made a relevant definition, which is more about their involvement with their children and the level of commitment and receptiveness to their child (Greving Mehall, Spinrad, Eisenberg & Gaertner, 2009). There are a number of different factors that can affect a fathers’ involvement with their infant or young child. One is how exciting are the possible other relationships that are substitutes for the father-child relationship (Rusbult & Martz, 1995). Another factor is how accessible the substitute relationships for the child are and how committed the father is (Rusbult & Martz, 1995). Other factors are the investments that the father needs to give such as money, time and emotional energy (Rusbult & Martz, 1995). These tend to be more individualistic for each father. Researchers are seeing an increase in father involvement due to more fathers spending time with their children (Waller & McLanahan, 2008). Furthermore, one of the factors that increases father involvement is the fathering initiatives programs and working with low socio economic fathers and single fathers. Research shows that these men that want to
be interacting with their infants and young children seem to be modeling a committed form of quality fatherhood. (Waller & McLanahan, 2008).

Another interesting area for father involvement is age and gender. Per research, fathers feel that they have more in common with the same gender child and tend to feel that they get more back from their same gender child due to enjoying the same activities (Marsiglio, 1991). Fathers feel like they have more skills that they can pass on to their sons. They also feel like they have more to offer to their sons than to their daughter (Marsiglio, 1991). This could be due some to societal expectations that we have given to fathers and sons and mothers and daughters and what roles they all need to play and how we expect each to grow up and fulfill each role (Lamb, 1997). These roles also tend to be true for the age of the child. Fathers tend to be more involved with their child once they are older and not so much as newborns. Research has shown that fathers are less involved with personal care, play and caretaking activities when their child is an infant. As their child ages, fathers are more involved with social activities and play (Yeung, Sandberg, Davis-Kean & Hofferth, 2001).

A child or infants’ temperament can be a factor that affects the father involvement (Luoma, 2006). The easier or more social an infant is the more involved a father is. If the infant’s temperament is interpreted by a father as negative, then it could lead to less engagement or involvement by the father (Field, Houssain & Malphurs, 2006). Competence is important in fathering. Research shows that the fathers’ envisioned competence toward being a father affects his involvement. Fathers now are feeling closer to their children than they felt to their fathers. Fathers are more involved in parenting now and this increased involvement had resulted in higher levels of closeness to their child. (McBride, 1989).
Marital satisfaction, research states, has a lot to do with fathers involvement levels. Most researchers seemed to agree on this factor in one way or another. They all stated that the lower the marital satisfaction, the lower the levels of father involvement and pleasure in parenting (Field, 1999). Marital satisfaction was not a predictive factor for mothers, just for fathers. Research shows that the level of marital satisfaction, generally, went down after child birth, when the couple tends to focus on the needs of the child and less on their relationship (Ramchandani & Psychogiou, 2009). Also research shows that fathers who are married tend to be more traditional and tend to be less involved with their infants than co-habitating fathers or unmarried fathers (Bianchi, Robinson & Milkie, 2006).

Employment can also be a factor in father involvement. Not only can the lack of employment or being employed, but working too many hours can be detrimental to father involvement (Luoma, 2006). Research has shown that fathers who work more than the average hours, spend less time with their children. If the father is unemployed, the unemployment can be causing some stress and the father could be neglecting the demands of the infant. Also, if money is scarce from unemployment, the father may be providing childcare to save on money. The quality of the childcare provided by the father may not be the best due to the fathers’ preoccupation on getting work. (Luoma, 2006).

Father Involvement Benefits

Now let’s look at the benefits of father involvement. There is research that has shown that father involvement has increased over the past 30 years (Bianchi, Robinson & Milkie, 2006). With that increase, there are some great benefits of father involvement for their infants and young children. Children of fathers who are more involved, tend to be better able to interact with people and can regulate their behavior and control their actions. They are also able to listen...
and respond to directions from their parents and adjust easily in most situations (McKeown, Ferguson & Rodney, 1998). Fathers who provided ongoing care to their young children had children who had attachment scores that were higher than children who had fathers that were less involved (Palkovitz, 2002). Attachment and the development of language, cognitive, emotional and social skills are all happening at the infancy stage. Research is still working on understanding the unique influence that fathers have on infants in each of these stages as father involvement continues to increase.

Benefits to infants and toddlers are great when fathers are involved and participate with them in areas like play and socialization activities. When fathers would come into the classroom to participate in play regularly, the research from the preschool teachers showed that they were able to see a predictable decrease in externalizing behavior of the fathers’ child and a decrease in internalizing behavior (Bogels & Phares, 2008). The study also showed that these children increased their social competence, via teacher reports, when both parents supported this behavior (Bogels & Phares, 2008). Being able to regulate behavior and having high social competence are really importance characteristics to have going into childhood, especially adolescence. Being able to build these into our children through positive play with fathers is a great benefit to not only the child but the larger community.

We are still in the need of solid research in this area of the benefits of father involvement. Some limited research exists but not enough to give a clear picture of why the involvement of fathers is so important. Researchers need to look more into fathers possibly being a secondary caregiver and what makes this father-child relationship significant to their infant and/or toddler. What concerns me the most is the nature of parent relationships in the United States is changing and we really need to look at what impact this is having for fathers. Not every family is the
traditional relationship anymore, so we really need to be doing more father research. In order to see how instrumental or not the father-infant relationship can be to the infant.

**Infant Depression, anxiety, withdrawal, inattention and hyperactivity**

Research and understanding of the infant brain has come a long way in the past decade. There is “neurobiological evidence” that shows how the brain conforms to the situation the child is in. Children who have gone through “attachment-related trauma” often show unregulated behaviors (Balbernie, 2001 & Siegel & Hartzel, 2003) consistent with ADHD and learning difficulties (Schore, 2001). “Infant’s early developing right hemisphere is connected to the limbic and autonomic nervous systems and that it is the role of the primary caregiver to regulate the infants maturing limbic system and therefore attachment relationships facilitates the expansion of the child’s coping capacities” (Schore, 2001). “Children with poorer attachment relationships are at risk of immature growth and myelination of connections between cortical (control) and limbic (emotion) structures in the infant brain which may result in symptoms of inattention and hyperactivity (Panzer & Viljoen, 2003).

There is some new research on depression and infants and how the depression affects the infants in a way that they can become socially withdrawn from their caregivers. Some of the research that has been done in this area shows that the cause of these difficulties lie in the relationships that the infants have with their caregivers (Greenspan, 2000). Mothers and fathers are critical caregivers to their infants in both relationships. These relationships are crucial and any detachment to the child in their early infancy can lead to a depression condition.

If the infant is having trouble attaching to their caregiver(s) or having difficulty regulating themselves through the caregiver(s) then you will see the infant may turn inward and
not seek any outward means of getting their needs met. “Much of infant and child development is dependent upon the relationship with the primary caregiver” (Greenspan, 2000). Greenspan goes on to talk about how within the context of the relationship with the parent-child who is tuned in and attentive to their needs the child will have experiences that will develop emotionally and intellectually (2000). This is where they develop a sense of themselves and are able to learn how to solve problems, learn appropriate forms of communication and form the attachment to the caregiver, which all other relationships are based on (Greenspan, 2000). If this parent is not attentive or tuned-in, then the child will begin to withdraw from the relationship and learn not to ask for anything due to a lack of consistency of their needs being met. This is when you see babies that have a flat affect and toddlers that play by themselves or have difficulties interacting with others. This is of real concern for future mental health difficulties if no intervention is done.

Other areas that infants struggle with are the interactive disorders. Symptoms of these disorders are anxiety, sleeping, eating problems and behavioral problems. These disorders result from the infants experience and understanding of their own world and/or by bad maladaptive patterns between the caregiver. When one or both caregivers have a mental health issue, social withdrawal is and increased likelihood for the infant (Mantymaa, Puura, Luoma, Kaukonen, Salmeli, Tuula & Tamminen, 2008).

Other determining factors

There were many other factors that played into whether a father was involved or not in their infant’s caregiving. Many had to do with broader issues, such as culture or religion. These issues had roles assigned to gender and played heavily on which parent did what and whether a couple was married or not. Education level and economic status had a little to do with a father’s
involvement but not in a big way. It seemed the more education the more money, the less involved you were as a father, so it seemed to be a negative benefit for infants. In the same way, race played a role, but not in the way you would think. White men tend to be less involved than African American and Latino Men, at least from birth to 3 years of age, then it starts to reverse (Hofferth, 2003 & Fagan, 1996 & Edwards, 2000).
Conceptual Framework

The level of father involvement has increased in the twenty first century and so has research that looks at the important relationship between fathers and their infants and young children. The social works’ lens that I used to guide my research will be Attachment Theory. Attachment Theory was appropriate given the father-infant and father-child relationship and the bond and connection that the parent and infant have is proven to affect their mental health not only in infancy but in the preschool years and later in their childhood.

Attachment Theory, studied by Bowlby in 1969, talked about how infants developed attachment relationships with the primary caregivers in their lives. Many important developmental stages occur that are related to attachment such as infants being able to separate in a healthy way from their caregiver, developing a sense of independence and starting to explore the world around them. Bowlby also talked about the importance of having a caregiver who was able to notice the cues of the infant and then being attentive and being able to respond appropriately to those cues (Bowlby 1977). Bowlby’s Attachment Theory was developed around mother-infant and mother-child attachment, since the mother was considered the primary caregiver. Not much research was done on father-infant and father-child attachment until more recent years. One of the interesting facets that research started to look at is that the father-infant and father-child attachment research shows that fathers typically have different roles than mothers do for their children. Fathers tend to be more involved in play and less in caregiving roles (Caldera, 2004). Researchers feel that fathers tend to serve a more social role and thus their attachment role is an important one to look at, despite the fact that the fathers are not always the primary caregiver.
Methods

Research Design
I conducted a qualitative study designed to explore social workers’ perception about the father-infant relationship and how the involvement of the father affects the quality of the infants’ mental health. The purpose of my research was to understand if the type of father involvement impact their infants’ mental health? Exploring the nature of the attachment relationship with the father and the infant was the core part of the interview questions. I conducted semi-structured interviews with six professionals in the Early Childhood and Infant Mental Health field and programs that work with fathers. The professionals in this study work within the Infant Mental Health field and other programs and services that include fathers.

Sample
The sample consisted of six Infant Mental Health Professionals and Early Childhood professionals that work with fathers that were interviewed in the Twin Cities metropolitan area and out-state Minnesota. I selected these professionals based on their experience working with children from birth to six years old and their parents in the infant mental health area and/or that they work with fathers and young children. The process I used to recruit these Early Childhood and social service professionals was to make phone calls to the professionals after doing some research on the internet to find infant mental health practitioners and professionals that work with fathers and young children. I used a script on the phone, so that the method was the same to recruit each Social Work or Early Childhood professional. The script said, “Hello, my name is Deb Bjorgaard. I am a graduate student at the University of St. Thomas/St. Catherine’s. I am doing a research project on father-infant relationship and would like to interview Social Work or Early Childhood professionals in the field to get their expert views on the subject. It involves
one 60 minute interview that would be conducted by me. Is this something that you are available for and are interested in?"

Of the participants, two have a Licensed Independent Clinical Social Worker license. One is a Licensed Graduate Social Worker. One has a PhD in Child and Family Studies. One has a PhD in Child and School Psychology and one has a License in Marriage and Family Therapy. Fifteen people were asked to participate in the study. Six agreed to be interviewed; two in person and four over the phone. The interviews were conducted between February 19 and March 27, 2015. Three of the respondents are Professors in Early Childhood or Infant Mental Health programs. Five of them have worked in Early Childhood programs such as Head Start, ECFE, Preschool, Toddler teacher and speech pathologist. Two of the respondents are male and four are female. Four of the six respondents have endorsements through the Minnesota Children’s Infant Mental Health Initiative.

**Protection of Human Subjects**

Informed Consent was given at the interview and was added to the appendix at the end of this paper. Informed Consent was given IRB approval prior to all of the interviews. Compensation was given at the end of the interview of a $10 Caribou Coffee gift card to thank you for their time. Six respondents agreed to participate in the interviewing process by signing the consent form. The interviews were carried out in a semi-structured and flexible format and lasted an average of 45 minutes and were recorded to ensure accurate content analysis. Before the interview started, the six questions (see Appendix B) that were posed to the respondents were approved by Dr. Rajean Moone, to ensure compliance with the IRB and Protection of Human Subjects. In order to maintain an investigative research process, the questions were neutral and open-ended in nature.
Data Collection instrument and process
For the purposes of recording the interview, I used a recording device for the 60 minute interview. I used my Lenovo laptop computer to transcribe the interview information and put it into themes and code form. This information is then protected in a locked file at my home and saved under password protection in my laptop.

A semi-structured schedule of questions was developed (see Appendix B). Sequencing of the questions was such that the respondent were first asked about their educational and professional experience. Then, more specific questions were posed concerning fatherhood and how culture of the father made any difference with their involvement with their young child. After completion of the interview, I uploaded the recorded interview to be transcribed for the purposes of coding.

Data Analysis plan
The six questions are open ended and this is designed to have a free flow of information exchanged and to provide the opportunity for follow up questions to be asked. I recorded all of the answers to these questions, via my recording device. Once each interview was completed, I had them transcribed them word for word. Once each interview was recorded and transcribed, I developed a code, based on common themes throughout the data information. This lead me to some data analysis on my six questions and then I compared that information to my literature review and came up with some findings.

The audio recordings were transcribed by a third party company who signed confidentiality agreements (See Appendix C). The audio recordings and the transcriptions were reviewed by this researcher to confirm accuracy. This researcher correlated content analysis and themes that arose from the interview data. Then code was applied to the content. The code was identified from theory and repeated uses of similar concepts throughout the transcripts. The
researcher reviewed the themes and narrowed them down to a small group that represented all of the other smaller themes combined.
Findings

Themes

This research set out to study and answer the question “Does father involvement affect infant mental health?” The questions were designed to create data that would address the two main topics which are father involvement and infant mental health. Culture, parental leave policies and working moms were particular pieces that came out specifically in the research as having an impact on father involvement and were seen as issues by the respondents. These were subsets of the larger themes.

Four themes appeared during the research:

1. Infant Mental Health components
2. Father’s changing role and how that impacts father involvement
3. Infant Mental Health interventions with fathers
4. Father involvement is a key component for good infant mental health

Infant Mental Health components

This theme emerged when three out of six respondents, who have training in Infant Mental Health were able to give accurate definitions of what it was, but not all of their definitions matched. The three respondents who had knowledge of Infant Mental Health but no official training in the field had varied understanding of the definition. All of the six professionals agreed that Infant Mental Health has a relational component and that it involves parent-child interaction. Three of the six talked about Infant Mental Health being a co-regulating experience for the infant or young child, where the caregiver or parent is helping the child in developing the capacity to express emotion.
Infant Mental Health was described to be an Interdisciplinary field. Many of the respondents described how infant mental health crosses the boundaries of a variety of different disciplines due to the nature of working with very young children and the involvement of a parent or caregiver. The relationship between the caregiver and the child is key to the social and emotional well-being of the child in their early development. The attachment that is developing in these early years sets that pattern for future relationships successes so not only are we looking at a developmental side of a young child but we are also looking at a social emotional lens.

Research indicated that we take a multi-level framework approach to Infant Mental Health. We need to have a multi-disciplinary team that involves health, mental health and education.

“Interdisciplinary field of professions including medical, child care, social work, mental health, special ed., early intervention, any profession that touches the lives of infants and toddlers and their families.” (Respondent 1, pg. 4 Lines 54-58).

Father’s changing role and how that impacts father involvement

The research showed a link between fathers and the understanding that being a good father meant that they needed to be involved in their children’s lives. Fathers are not always following through with the involvement piece despite their knowledge that it is good to do so. This study confirmed some but not all of these opinions about father involvement. Respondent #2 states,

“They know what it is to be a good dad. The behavior that go along with that I think is a little bit, and it always has been, shaky.”

Respondent #4 states,
“We actually have seen a slight increase in the amount of single parent families and the parent is the dad who is the parent of the kids.”

There are some conflicting reasons for father involvement that the research brought to light. There was some feeling that fathers are reluctant to participate when needed and other interviewees felt that fathers are very participatory. Respondent #3 states,

“Changing of father roles where dads are getting more involved, but due to being asked to get involved, not because they are doing it on their own.”

Moms are working more, so dads are filling in as childcare providers and working more traditional shift work schedules so they can share the responsibility to care for the children when they are young. Some dads who are poor and don’t work are the primary caregivers and end up providing a majority of the care while mom is at work or school if there is no ability to afford the cost of childcare. Respondent #2 states,

“We have not changed our support systems for that. We have not shifted our social service agencies or our funding or our thinking about men to provide support for those groups and they need it because they are doing it.”

Culture played a role in father involvement too. The research showed that the Latino dads were viewed as the most involved culture. African dads, who came from a variety a countries, but most often from Somalia, were viewed as the provider for the family and involved in all decision making for their young children. One Respondent stated,

“It’s been interesting because Somali dads are quite involved in that culture and yet not. The interesting combination between dads, the rule person, dads the enforcer but yet dad
is also the one often times bringing kids to school and dropping kids off because it seems like dads are getting their license more frequently than moms.”

Lastly, research addressed parental leave and how mothers get time off when a child is born, but fathers typically don’t take time off for paternity leave. The first few months of a newborn’s life is critical for attachment and bonding, so having this time to spend with a newborn is important for both parents to develop this healthy attachment. One respondent stated,

“They think they’ll catch up when their kids go into sports or something. They miss the opportunities for the emotional development of the kids that they can play an important role in. We pushed it into the framework because we’re not smart enough to go pay parental leave. The business world has just convinced people that they shouldn’t pay for childcare and they shouldn’t pay for parental leave because their businesses wouldn’t be successful. We have bought into it as a culture more so than any culture society around the world.

Infant Mental Health interventions with fathers

This research found a variety of interventions that have been used from practices to be either “father friendly” or were evidence based practices that were specific to fathers and their style of learning. There was a concern of how to be responsive to fathers and where to access them. One respondent said,

“I think there’s more energy flowing both on how do we engage dads, how do we keep dads in the picture because our services are so maternal centric.”
Many different varieties of interventions were used and talked about in the research. Respondent 2 speaks about why he uses Circle of Security training, an attachment based parent training, with men,

“It is attachment based. It is pretty simple. The mantra from it is as a parent you need to be bigger, stronger, wiser and kind. Well, they can relate to that. It’s male friendly language.”

Also, some therapeutic approaches were utilized that seem to work with fathers that are more play based and are successful with the parent and child, such as sand tray therapy. Respondent #4 states,

“Play therapy works great with dads. It kind of talks to their active nature to do it instead of just talk about it. Sand tray therapy, I use that as well. Dads have a tendency to get right into that too because it’s more hands on.”

Respondents in his study also shared some curricula that was created in father type language to help dads learn about the first 12 months of life with developmentally appropriate sections for each month. Other respondents discussed partnerships with the healthcare system, due to fathers being easily accessible, because fathers tend to be at the birth and regular pediatric visits early on in the child’s life. Another successful intervention for incarcerated men was to do video-taping dads reading children’s story books so they could send it to their children to start getting that connection going when they clearly could not be with them on a day to day basis. Respondent 4 suggests,

“They also need male role models, who can step into that role for them. Because mental health people, a lot of us are females. We can give them all sorts of pointers, but when it
comes right down to it, I don’t know what they don’t know or what they feel like they need more information of how to do it.”

The research was found that fathers were coming to mental health providers for help in parenting, but ultimately, the mostly female providers, felt it was not easy to accurately define the father experience. The research was highlighted the importance of having more men in the field would be an important intervention for serving the needs of dads.

**Father’s involvement is a key component for good Infant Mental Health.** In looking at father involvement, the research showed fathers really want to demonstrate a role in the lives of their young children. Fathers can provide some key functions for their children and the mothers of their children that have great impact when it comes to Infant Mental Health.

“If there’s postpartum depression than there’s research that shows that fathers serve a really critical mitigating role with the infant under those circumstances.”

Three of the respondents described how play is something that the father tends to be the best at and that they gravitate more toward. One of the respondents talked about how play is important because it gets young children into a state of arousal. Then the child needs to eventually calm down and fathers that are good at calming their children are helping their child to learn coping mechanism and regulating their emotions.

“How the role of the father is important, because they tend to be playful and that mothers are more nurturers.”

Fathers are also a good role model for their young child as what an adult male could or should be to a young boy or young girl. Their child looks to them to understand what it mean to be a man in this world and how does a man treat others and react to situations.
“I think it opens kids up to the idea that men can be safe and men can be gentle and men can be comforting and men don’t have to be scary or stern or flawless or only the head of the family. They can be vulnerable and they can be caring as well. I think that understanding for young boys and girls is just incredibly important.”

Another factor that emerged from the research was fathers could be a buffer from mothers that were struggling with mental health issues. The fathers were able to provide some essential protective functions for the young children and at times step in and advocate and access resources for the children who needed services from the social service system.

“Mom had mental health issues, dad ended up stepping up and was really helpful. Dad spoke Karen. Dad didn’t even know how to hold the baby and ECFE worked with him and he ended up doing really well with the baby.”

The research identified that many of the respondents have few fathers involved in their programs. Although that was not exclusive to all the respondents. There were several reasons that were identified why fathers were not involved in programs. The reasons have to do with single parent mothers, lack of interest from father, long work hours and culture of father. Like, I mentioned, not all respondents had minimal father involvement. Two respondents had large father involvement. Both respondents work with males in their practices often and often have fathers referred to them. They happen to be male themselves and there may be some value in them being men working in a predominantly female field. They both had opinions on the fact that men are feeling underserved in the mental health field, especially early childhood mental health field and have ideas about why that may be.
The research brought to light that in working with so-called “dad” that many people that can play the role of father in the family system. It can be an uncle, grandfather, someone that mom is dating currently or even a friend of the family.

“We do a lot of fatherhood awareness and work in including father or father figures.”

Mental health wise, the research spoke to the idea that it is important to know who are your supporting parental figures and it is not always who you think. There is often a father like figure in the family system and it is important to identify who this might be.

Sometimes it is not apparent to mom that there is even a father figure in the young child’s life and that there is someone that is already mimicking a father like figure and it is just a matter of helping mom identify who that person is and how to formalize that relationship, if that person chooses to do so, for therapeutic purposes or for developmentally and socially emotionally important purposes.

Engaging fathers was a struggle that seemed evident in the research and there were different ways to strategize how to manage this as a practitioner. One of the interesting ways that staff were trained in the infant mental health practice was to keep the father always present in the visit even if he wasn’t there or wasn’t participating in the visit.

“Dad might be home, but wasn’t involved. I would hold her mind to always be thinking about them that they were a part of the child’s life. Be intentional to talk about the dad with the child and ask about them. This way the child would know the father is important to talk about and it is ok to do so.”
Engagement for fathers that were incarcerated and unable to have daily contact with their children looked different. One respondent, in this study, helped them figure out how to be involved, even if they may have never had much prior involvement with their child.

“In prison I have the dad read a book to their kids on video. I help them pick out children’s books that feature dads as positive role models. I also ask them to do things every week that shows that you’re being a good dad. I don’t want you to wait until you get out. If I’m successful, not only will they have met with their kids, but they begin to see that their relationship with the child’s mom as important too.”
Discussion

Infant Mental Health components

The research showed that the components of Infant Mental Health were not cohesive. Despite agreement from those respondents trained in Infant Mental Health, their definitions of the term were accurate but not all the same. It appears that Infant Mental Health has a broad range of components to it with professionals in the field each knowing pieces of them but not always have a consistent set of sentences that define it. In the Literature Review, Selma Fraiberg spoke about her focus on Infant Mental Health was that of the mother-child loss and her lens that she used for looking at this relationship was a social workers mental health lens. Selma talks about doing consultations and working with the parent and child doing some mental health interventions (Weatherston, 2001).

Doctoroff and Gleason used a more developmental perspective or lens to look at the attachment of the parent and child and how this affects the mental health of the young child (Gleason & Doctoroff, 2006). All of the researchers are using Infant Mental Health practices, but their lens is different and so the definition or components of what they are looking at may be slightly changed based on the disciplines they come from or how they view the relationship of the parent and child. All the professionals who have done research on the impact of father involvement on Infant Mental Health were familiar with Infant Mental Health, but they did have different disciplines that they were coming from such as Early Childhood backgrounds or mental health backgrounds or social work backgrounds. This could or may have affected how they view Infant Mental Health or what they feel Infant Mental Health is all about or how it applies in their work.
Father’s changing role and how that impacts father involvement

As demonstrated by the literature review and this research, father’s roles have changed to become more involved in their children’s lives based on the literature review information and information from this research project. What is interesting is how the increased involvement is received by the community and services they are interacting with. In the research that was done for this project many of the professionals did not have many fathers involved in their programs. Is this because fathers do not want to be involved or is it because we are not reaching out enough to fathers? In researching a bit more about this question, one British study asked fathers about services they needed for support to see if there are any clues to work better with vulnerable fathers. One of the researchers remarks about his study,

“The research suggests that men tend to be regarded by both health and social care practitioners as problems, whether they are present or absent. When absent, fathers are seen to be irresponsible, when present, they are viewed both as making demands upon the mothers and as possibly violent. This furnishes adequate excuse for screening them out.” (Edwards, 1998).

Another interesting finding from a different study on service providers’ attitudes states,

“McBride et al (2001) found that if fathers were to be successfully engaged in early childhood programmes, staff needed to talk openly about their preconceived notions and biases regarding fathers and father-involvement.” (McBride, 2001).
One of the respondents commented that,

"Fathers are a resource that we do not pay enough attention to. Father-child attachment relationship is really an important piece in terms of the child learning some things that are different than the mother-child attachment piece."

The research shows how it is important to look at how we are putting an attachment framework that is based on mother-child relationship onto a father-child relationship. When connecting what current research states as far as the 20% increase in men doing childcare for their young children, the research on both ends show the need to look at the father-child relationship to address. One respondent thought that, knowing that fathers are doing more care, but are they doing it well, was the question to look to for further research, especially all that we know now with toxic stress and attachment.

Culture stood out as a contributing factor in both the current research and this research study as an important piece that played into how involved a father may be. The current research really backed up prior research found by showing that different cultures had their own standards for what a father role was. Latino fathers in both the study and within the current research corroborated that they are very involved and seem to have a deep sense of family generally in their culture. Where there was some discrepancy was with African American men. Both the study and current research stated they were uninvolved at later times in a child’s life but the current research had more evidence to support the fact that African American men were involved earlier in life, even more so than Caucasian men. In this study, there were mixed views about the involvement of African American fathers. Some respondents felt like there was little to no involvement and other respondents felt like there was a lot of involvement due to varied work situations and availability being high in the early years and the relationship with the mother
being good in the early years. As to other cultures such as Native American and African families, the research was limited for both this study and current research.

This study found a difference in how mothers and fathers take parental leave. Current research shows that this is due to the fact that in the U.S. parental leave is only given to mothers as an unpaid time off due to it being defined as a disability from giving birth. Again we look at attachment theory and how critical the first few months are for bonding and how critically important it is to establish a healthy attachment for both parents at this time. In some current research by the Fatherhood Institute they state,

“Disengaged and remote father-child interactions as early as the third month of life have been found to predict behavior problems in children when they are older” (Ramchandani et al., 2013).

Piaget spoke, in his research about how the development of the child can change based on the attachment to the secondary relationship, being the father (Ram, Finzi & Cohen, 2002). The attachment that Piaget talks about, makes parental leave an important piece of policy to look at relating to father involvement. O’Brien concluded this, in his review of European and Scandinavian practices on parental leave practices,

“In Sweden they receive paid parental leave started that included fathers. Other European countries 88% of fathers use the parental leave. 52% of fathers in Denmark use parental leave and in Finland, 34% of fathers use parental leave.” (O’Brien, 1995).

Infant Mental Health Interventions with fathers

This study found that there are many ways to engage fathers to be more involved. Some of the interventions were such that they had to figure it out through trial and error. Some
interventions were utilized due to having men in the videos and training materials, such as the Circle of Security training and some were created specifically for men, due to the lack of male friendly material out in the community.

The research that was done for this study did not have much to say about interventions other than a study about parental leave that Harrington, Van Deusen and Humberd, did in 2011. This researcher looked to more current research through the Fatherhood Institute and found some other programs globally that do targeted programs for fathers or have success in including fathers or having father involvement. A few of the United States programs included Early Head Start, Family Foundations and Flint Fathers and Sons Program (Panter-Brick et al., 2014).

This research points to the fact that relationships between the father and the child affect not only the young child but also the mother. The buffer for the child if the mother is not doing well is important for the child. Also if the mother needs some support, the father can provide that support for the mother, especially in that first year, that can be so stressful and overwhelming to her. Some current research states,

“Reporting on father engagement in Early Years services in the US, found the most powerful motivator for the fathers to become involved with those services was their perception that to do so would benefit their children.” (Fagan & Palm, 2004).

Another good way to look at the fathers’ relationship with the mother as important,

“The most effective practice not only involves professional’s strengths as a support to mothers and as a resource for children, but also seeing the man as valuable himself. One practitioner said: “We need the father here because he’s important. His life is important’” (Ferguson & Hogan, 2004).
Current Research spoke to the idea that play is a natural part of a father’s interaction with their children. This tends to be the way fathers first get involved with their young children. When looking at this study there was a lot of evidence that backed up the nature of play and how it can be used as an intervention with fathers. The research spoke about how fathers come out of their shells better when you use play based therapies to get them to talk when working with their young children. One of the respondents spoke about play and fathers,

“With play-based family therapy, my experience is that fathers really pick up on play themes really quickly. They can really understand what a child is getting at in their play if they are able to access the premise that play is the mode of communication and that it is important to just do it and try it for a while and see where it goes.”

In this study another possible intervention for working with fathers was to have more men in the field of Infant Mental Health so that fathers could have someone to really identify with the father experience in the true form. In current research, done for this paper, there was no mention of a correlation between so many women in the field of Infant Mental Health and it having an effect on fathers being involved with their young children. There could be many reasons for men not being involved in the field including,

“Social attitudes are an issue. 50% of male childcare workers are worried about what others might think - peer pressure, false accusations, parental negativity about male intimate care” (London Early Years Foundation, 2013).

Looking at the numbers brings the issue to light. Here is the percentage of men in the field in London from a current study,

“These percentages are considerably higher than the percentages of males currently
This study found that creating curriculum that was dad specific was another important piece in creating interventions that better engaged fathers. There was nothing in the current research that addressed this specific topic but research from the Fatherhood Institute indicated that curriculum that included specific father-friendly information was helpful. They gave some good recommendations of some types that have been used for groups and individual work for all aged dads and children.

**Father involvement is a key component for good Infant Mental Health**

In this study, the research demonstrated that fathers serve an important role in their young child’s development, especially when the mothers of their children are suffering from postpartum depression. Fathers can step in and serve as the primary caregiver if the mother is compromised in her ability to function effectively, particularly during the first few months of the child. The current research shows that fathers can be important support systems for the infant when the mothers are suffering from postpartum depression. If fathers are not involved in this way, infants are at risk of developing depression and other mental health disorders due to the lack of attachment to the primary caregiver. The infant’s need for soothing and attention may not get met, if both the mother and father are depressed or have other mental health issues.

Again, play came up as an important component of how fathers promote the mental health for their child. The research in this study spoke to the fact that play is arousing for the child and then there is a period of time to calm down which is a good for fathers to help in their young children regulate their emotions. While this study did not talk specifically about how play is a regulating piece for fathers, the research spoke more about how depressed fathers tend to be
less playful and more punitive. If we are not paying attention to fathers’ mental health, we may see negative effects on the young children including internalizing or externalizing their emotions.

This study also indicated that young children learn about relationships from their experiences with their parents. The young child is viewing the father as a model of how not only a father is meant to be, but also of how an adult male and partner is expected to be. The gender identity is a developmental process that is happening in the young years of life and the role that the father plays in this development is one to pay attention to. One respondent who works with many men spoke about when fathers are involved it shows how men can be seen,

“Relationship between mom and dad. That’s a huge influence. You take that out of the picture in families and the kids miss all of that. Mom doesn’t get the support. Dad doesn’t get the direct relationship, and the kids don’t see moms and dads in positive relationships. People just don’t get how important this piece is.”

Information that was brought to light in this study that appeared important for the mental health of the young child was who can we consider the father in the family? It was not always the biological father. The research spoke to the idea that frequently there is a father figure in the family system that is acting in this manner to the young child and can be added to any treatment plans for mental health purposes, if they chose to do so. Some current research studies try to identify the father figure. Also the Fatherhood Institute spoke about defining the father more broadly as there is frequently a father-type figure involved and how this is important to identify this person and how they can be key in working with the father-child relationship, even if it is not the biological child.
Other interventions that were effective that this study brought up was the ability of the trained Infant Mental Health practitioner to intentionally hold the thought of the father in their mind. In other words, whether the father was present or not, the practitioner was talking about the father, asking about the father to the child and in general making sure that the young child feels like it is okay to talk about the father. This practice has shown to be a positive way to keep the father-child relationship still alive and important during the visits with the family. There has been no mention as the current research that was found to confirm this practice, other than what was found in this study.

Lastly, one of the respondents in the study suggested interventions that work well with incarcerated men. The most effective intervention appeared to be the videotaping of the dads’ reading children’s books on the videotapes and then sending them to their children. The results were very positive and the dads felt really good about doing the videos and it made them feel connected to their children, even though they were not together. Many of them pursued more ways to connect with their children after the videotaping such as letter writing. There was limited information in this current study about videotaping and no information in the literature review that indicated the benefits of electronic communication such as Skype, emails and video recording for the relationship between a child and absent parent.

Implications
Infant Mental Health Components

In looking at the research in this study and the literature review, it is shown that there is a general knowledge and understanding that Infant Mental Health is related to a parent-child connection or attachment and that many different disciplines can participate in the process of assessing the parent-child attachment. There needs to be an understanding that they are different
disciplines in a larger system called Infant Mental Health. What was shown to be lacking was a concrete definition of what Infant Mental Health was. It appeared to be a very broad category that had many pieces to it and that whether you were a trained Infant Mental Health professional or you knew just a little bit about it, no one of these folks had the same definition for Infant Mental Health.

I believe that Infant Mental Health would benefit from a concrete definition. It would allow those that practice it and those that work on the outskirts of it, describe what it is in a fairly simple way.

Also, for those receiving services, such as fathers and young children, if there was an easy definition for what it is then more people could know about Infant Mental Health and potentially more fathers would be persuaded to get involved with supportive services. Most of the time, I think they just don’t understand concepts like Infant Mental Health. The Infant Mental Health concept focuses on supporting the parent-child attachment via positive parent-child interactions and parental education on how to improve that connection. Fathers tend to feel like these systems of mental health and education are more maternal oriented and can be more punitive to fathers or less supportive of fathers. It is important to be very clear what Infant Mental Health is, so that practitioners in the field can make appropriate referrals and so that fathers will be more familiar and will want to partake in learning more about parenting.

Father’s changing role and how that impacts father involvement

The research in this study showed that father’s roles have changed and that they are starting to accept that being more involved is a good thing for their children. Increased father involvement, sometimes to a point where they are giving equal care to their child due to both
parents doing shift work, provides opportunity for fathers to be involved in all facets of the child’s life. It appeared that the providers in the Infant Mental Health field are not ready for them to be involved. In this study, those that worked with fathers spoke about fathers feeling not very welcomed by service providers, especially the mental health field and early childhood environments. It seems that if fathers are ready to be involved, we need to have environments that are welcoming to them and this can be done in some simple ways. Some of the fathers mentioned that there were only pictures of women and children and no fathers present in the environments. Other fathers stated that they were asked to show identification often and never saw that women had to show identification. I think some training could be done with staff and administration on fathers and how to welcome them into our environments. Also common stereotypes that we may hold toward fathers in the Early Childhood field and mental health field, where we women working dominate the field.

There are some policies that could have a great effect on father involvement and help promote positive father-infant attachment fathers in those critical first months of life. The parental leave policy has shown to be effective in other countries at helping fathers get that connection to their newborns and not feel like they are leaving their employers in a bad spot. The countries that offer parental leave for fathers and mothers with pay, have a higher rate of fathers using the leave than those that just offer parental leave without pay. If as a society, we were supportive of fathers taking a leave to be with their newborns, fathers would be more likely to take time off and not feel the pressure to work, while the mom is home on maternity leave.

**Infant Mental Health Interventions with fathers**

In this study it was apparent that there were some good interventions that were either tried by the respondents by the study or the current research provided some evidence based
interventions that had the father-child relationship as the main or part of the focus. It seems that if our Infant Mental Health system were to implement some father focused interventions we would be hopeful to have more fathers involved in our programs. Also it seemed important to look at ways to encourage and recruit more male professionals in the Infant Mental Health field. This was a gap that needed to be filled. One respondent talked about how there were many men in the early childhood field in the 1970’s, so we did not always have this problem. So looking at what we did in the past in the early childhood field and what has changed and compare it to the present, we can make improvements to the system and possibly have more men in the field.

**Father involvement is a key component for good infant mental health**

Looking at how father involvement is a key component for good infant mental health it is important to see how fathers are buffers for their children. Fathers can be buffers in situations where a mother has a serious mental health issue or may be suffering a substance abuse issue would be examples of when the father could be a buffer from the lack of attention that the young child may be getting and the harmful effects that could happen if the mother was the only parent that had a connection with the child. It seems like this is an area where more research could be done. There is some limited research in this area, but I think we can find so much more in this area. Most of the respondents had stories about how the father was a key relationship for the child when the mother had a mental health issue and how it was important for the provider to help the child via their father.

Also, looking at the father as a role model, whether as a gender role model or exploring the relationship between father and mother, this is another important influence to do further research on. I think that these two areas need to be researched further because we may find more information about how the father-mother relationship effects the young child and I don’t know
what importance that might play, but I have the feeling it is something significant, especially with how they see how they view relationships. Also, the gender role influence that the father plays for both the son and daughter is huge and this again, needs to be explored further. I think we may find important information as Infant Mental Health practitioners, as we work with young children about how they perceive themselves through their adult parents as role models, especially fathers, for who they will eventually become husbands or wives and mothers and fathers.

**Strengths and Limitations**

Some strengths of this data collection and research analysis and process is that I interviewed social workers who are experts in the field of infant mental health and know and understand the benefits of father involvement and were able to critically think about the questions that I asked and gave thoughtful and well educated answers. A limitation to the study is that I did not interview any direct individuals that are affected by the issue of father involvement and infant mental health, so all the data is secondary data from observations and therapeutic interventions. Another limitation is that since I did draw from Social Work professionals from the area, that they likely had the same training from the same colleagues that offer Bachelors or Masters level Social Work degrees within the Midwest area. With this being the case, they probably had similar training in the same type of social work practice methods, thus having similar thoughts on social issues and human behavior.

It was clear that when the researcher began to contact professionals to interview for this study that not all professionals in the Infant Mental Health field were Licensed Independent Clinical Social Workers. So I needed to expand my list of types of professionals that I was willing to interview for this study.
It was also clear that the type of questions that I was asking were geared towards two different kinds of professionals, which could be seen as a strength or a weakness. The questions first asked about Infant Mental Health and their knowledge about it and then went into fatherhood involvement. The limitation that this line of questioning brought about is that when interviewing mental health professionals who were mainly women, they were nervous when they saw the questions about fathers before the interview and did not want to do the interview and some decided not to do it because of the questions. They felt that the researcher should be interviewing professionals in programs that work with dads. The strength is that this researcher got referred to some male respondents that participants knew and it gave a good mix of data to draw from that may not have happened without those identified respondents.

Conclusion

The purpose of this study was to understand how father involvement impacts Infant Mental Health. Limited research exists currently on fathers and Infant Mental Health. This study addressed the gap in father involvement that lacks in research and how the relationship between a father and their child impacts their mental health. Through structured interviews of six professionals in the field of Infant Mental Health and other professionals who work with fathers along with current research many findings and implications were found for the practice of Infant Mental Health with fathers.

The strongest themes to emerge centered on this study were Infant Mental Health components, Father’s changing role and how that impacts father involvement, infant mental health interventions for fathers and father involvement is a component of good infant mental health. Four of the six respondents reported having limited contact with fathers in their programs
or practices. The two who had more contact with fathers were male professionals and felt like their gender was a major factor in having more fathers participate in their programs.

The respondents indicated using some successful strategies to involve more fathers, such as including fathers as a part of the home visits with the young child to keep absent or withdrawn father intentionally involved in the visit by talking about them. There were also some researched intervention strategies that seem appropriate to look at trying in Infant Mental Health programs as strategies to involve fathers more. Training staff on how to include fathers and to look at our own stereotypes that we hold of men as fathers would be helpful in looking systemically at the father issue.

Other solutions to increase father involvement would be to look at public policies and see how improving the parental leave in our employment law to include fathers would be an important way to encourage this involvement. Attachment being an optimal connection that we want to focus on in the early years of life, father involvement and connection can only benefit if we include fathers in the parental leave act.

The young children are who benefit the most from having their fathers involved. They are who this study is really about and for. One respondent said it best,

“You see it with the kids. They are able to listen to authority figures. They don’t show as much startle response or as much running away or fear or things like that when their dads are actively involved.”
References


APPENDIX A

ST. CATHERINE’S UNIVERSITY

Social Workers Perspective on Fathers’ Involvement and Infant Mental Health

INFORMATION AND CONSENT FORM

Introduction:
You are invited to participate in a research study investigating father involvement and infant mental health. This study is being conducted by Deb Bjorgaard, a graduate student at St. Catherine University under the supervision of Rajean Moone, a faculty member in the Department of Social Work. You were selected as a possible participant in this research because you have professional work and knowledge of infant mental health and have worked with families. Please read this form and ask questions before you agree to be in the study.

Background Information:
The purpose of this study is to see as a professional social worker, your opinion of how a father’s involvement affects an infants’ mental health. Approximately 8-10 people are expected to participate in this research.

Procedures:
If you decide to participate, you will be asked to participate in a voluntary interview, where Deb Bjorgaard will be asking a series of 8-10 open ended questions about your opinion as a professional working with families that involve fathers and their effects on infant mental health. The interview should take about 45 minutes and we will only meet one time. You will be recorded during the interview in order for the researcher, Deb Bjorgaard to transcribe the interview so it can be coded for content and used for data analysis.

Risks and Benefits of being in the study:
The study has minimal risks. There may be some discomfort in talking about some examples of families you have worked with in the past, where the infant ended up with an unfortunate result. Also this interview may cause some stress on your schedule or inconvenience in transportation or time.
The benefits to participation are to collaborate and find some possible good results for ways to work with families to benefit the infants and young children. Also to bring to light the benefits of fathers and their role in the family system and the need for more research into how they impact infant mental health.

**Compensation:**

If you participate and we meet anywhere outside your work setting, you will be reimbursed for mileage. If any paperwork needs to be sent via mail, compensation will be given for stamps or postage.

**Confidentiality:**

Any information obtained in connection with this research study that can be identified with you will be disclosed only with your permission; your results will be kept confidential. In any written reports or publications, no one will be identified or identifiable and only group data will be presented.

I will keep the research results in a password protected lab top computer in Minnesota and only I and Rajean Moone, my Advisor will have access to the records while I work on this project. I will finish analyzing the data by May 18, 2015. I will then destroy all original reports and identifying information that can be linked back to you. The audio tape recordings will be kept in a locked drawer that only I have the key for. On June 30th, 2015, I will erase all tape recordings so that no identifiable information will be able to be linked back to you.

**Voluntary nature of the study:**

Participation in this research study is voluntary. Your decision whether or not to participate will not affect your future relations with St. Catherine University in any way. If you decide to participate, you are free to stop at any time without affecting these relationships.

**New Information:**

If during course of this research study I learn about new findings that might influence your willingness to continue participating in the study, I will inform you of these findings.

**Contacts and questions:**

If you have any questions, please feel free to contact me, Deb Bjorgaard at (952) 920-1655 or deb.bjorgaard@comcast.net. You may ask questions now, or if you have any additional questions later, the faculty advisor, Rajean Moone, (651) 235-0346 or moon9451@stthomas.edu, will be happy to answer them. If you have other questions or concerns regarding the study and
would like to talk to someone other than the researcher(s), you may also contact Dr. John Schmitt, Chair of the St. Catherine University Institutional Review Board, at (651) 690-7739 or jsschmitt@stkate.edu.

You may keep a copy of this form for your records.

**Statement of Consent:**

You are making a decision whether or not to participate. Your signature indicates that you have read this information and your questions have been answered. Even after signing this form, please know that you may withdraw from the study.

I consent to participate in the study and I agree to be audio-taped.

___________________________________________________
Signature of Participant                     Date

___________________________________________________
Signature of Researcher                     Date
APPENDIX B

Questions for Interview

1. Tell me about your license as a professional Social Worker? (M.S.W., etc.)

2. Can you tell me what you know about Infant Mental Health?

3. How do you see fathers involved in your practice of Infant Mental Health?
   a. What techniques or interventions do you use to involve with them in your practice.
   b. What results do you see?
   c. How has the changing role of fathers impacted Infant Mental Health?

4. Can you describe any culturally specific programming for African American or Latino fathers you utilize?
   a. What difference, if any, do you see in the level of father involvement between Caucasian, African American and Latino fathers?

5. How does father involvement impact Infant Mental Health?

6. Can you describe a time when a fathers’ mental health impacted an infants’ mental health?
APPENDIX C TRANScriBER cONfIDENTIALITY AGREEMENT

I, Cheryl Brown, agree to transcribe data for this study. I agree that I will:

1. keep all research information shared with me confidential by not discussing or sharing the information in any form or format (e.g., disks, tapes, transcripts) with anyone other than Deb Bjorgaard, the primary investigator of this study;
2. keep all research information in any form or format (e.g., disks, tapes, transcripts) secure while it is in my possession. This includes:
   - using closed headphones when transcribing audiotape interviews;
   - keeping all transcript documents and digitized interviews in computer password-protected files;
   - closing any transcription programs and documents when temporarily away from the computer;
   - keeping any printed transcripts in a secure location such as a locked file cabinet; and
   - permanently deleting any e-mail communication containing the data;
3. give all research information in any form or format (e.g., disks, tapes, transcripts) to the primary investigator when I have completed the research tasks;
4. erase or destroy all research information in any form or format that is not returnable to the primary investigator (e.g., information stored on my computer hard drive) upon completion of the research tasks.

PLEDGE: I hereby certify that I will maintain the confidentiality of all of the information from all studies with which I have involvement. I will not discuss, disclose, disseminate, or provide access to such information, except directly to the researcher, Deb Bjorgaard, for this project. I understand that violation of this pledge is sufficient grounds for disciplinary action, including termination of professional or volunteer services with the project, and may make me subject to criminal or civil penalties. I give my personal pledge that I shall abide by this assurance of confidentiality.

Signature of transcriber: [Signature]
Date: 4/11/15

Signature of researcher: [Signature]
Date: 4/11/15