Study Highlights Depression, Social Support as Important For Fathers’ and Mothers’ Parenting Behavior in Adoptive Families

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Parental Depression, Over-Reactive Parenting, and Early Childhood Externalizing Problems: Moderation by Social Support

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Mothers who struggle with depression are more likely to parent harshly and in over-reactive ways, and their children are at risk for a variety of negative outcomes—including more frequent behavior problems. A new longitudinal study of adoptive families looked at whether symptoms of depression in adoptive fathers is also related to over-reactive parenting and behavior problems in children; the study also examined how social support networks affect parenting. It found that fathers’ symptoms of depression were related to harsh, over-reactive parenting, but not to children’s subsequent behavior problems. For both mothers and fathers, when their partner was satisfied with his or her social support outside the marriage, symptoms of depression were no longer associated with harsh, over-reactive parenting.

These findings come from a study by researchers at the University of Pittsburgh, the University of Oregon, the University of California Riverside, George Washington University, Yale University, and The Pennsylvania State University. They appear in the journal *Child Development*.

“Our study suggests that for fathers as for mothers, even mild symptoms of depression can impair parenting,” explains Lindsay Taraban, a graduate student at the University of Pittsburgh, who led the study. “For parents who have a depressed spouse, it may be important to have sustaining social relationships—with friends, extended family, and others—outside the marriage. Through such relationships, parents may receive advice and empathy that increases their ability to support their depressed spouse and positively shape his or her parenting behavior.”

Researchers looked at 519 adoptive families (in which children were adopted shortly after birth) from the Early Growth and Development Study. They focused on adoptive families to limit the possibility that shared genes contributed to links between parents’ symptoms of depression and children’s outcomes, and to isolate more fully the environmental impact of being raised by a depressed parent. Families were of middle
to high income, primarily Caucasian, and well educated.

In-home assessments were conducted when children were 9, 18, and 27 months. Researchers measured parents’ symptoms of depression and satisfaction with their social support networks when children were 9 months, and their reports of harsh, over-reactive parenting (e.g., displays of anger, meanness, irritability in response to challenges from their infants) when children were 18 months. Mothers and fathers reported on children’s recent emotional and behavioral problems when the children were 27 months.

The study also took into consideration the effects of the birth mothers’ aggression and mental health problems on children’s behavior, adoptive parents’ openness about the adoption, obstetric complications, children’s temperament and gender, family income, parents’ age, and the symptoms of depression of the spouse.

Fathers’ and mothers’ symptoms of depression when children were 9 months were related to harsh, over-reactive parenting when children were 18 months, the study found. However, only mothers’ symptoms of depression were related to children’s behavior problems when children were 27 months. The authors suggested this may be because fathers typically spend less time in direct contact with their children.

For both mothers and fathers, when their partner said he or she was very satisfied with his or her social support network, symptoms of depression were no longer associated with harsh, overreactive parenting. Parents’ own levels of satisfaction with their social support networks did not affect the connection between symptoms of depression and parenting, the researchers found.

The study has implications for practice. “Practitioners should encourage not only depressed parents, but also their partners, to practice self-care so they have adequate support and can help create a warm, sensitive rearing environment for their young children,” suggests Daniel Shaw, distinguished professor of psychology at the University of Pittsburgh, who coauthored the study.

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