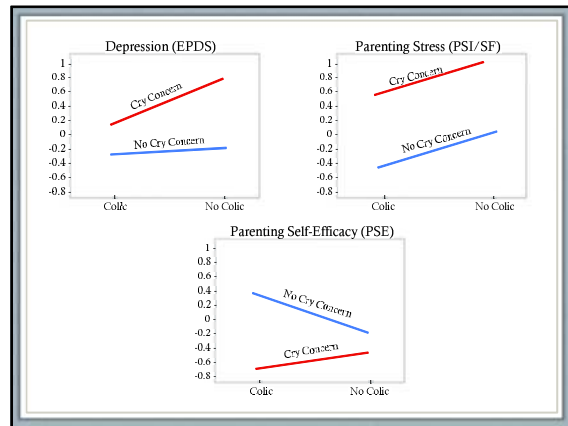


Amount vs. Perception

- There were no interaction effects for colic criteria and perception of crying, but fathers who perceived the crying as problematic had higher stress and depression scores and lower parenting self-efficacy, regardless of colic criteria.

Parameter	EPDS		MSE		PSI/SF	
	F	p	F	p	F	p
Colic Criteria	3.116	.079	1.043	.309	6.643	.011
Crying Concern	18.825	.000	11.379	.001	34.519	.000
Colic x Crying Concern	2.158	.144	2.927	.089	.058	.810



Depression & Infant Crying

- 16% (n=30) of fathers met criteria for depression (≥ 10 EPDS).
- Depressed fathers had more infants that met colic criteria, and were more likely to report the crying/fussing as a problem than non-depressed fathers ($\chi^2(1) = 7.035, p < .05$; $\chi^2(1) = 22.719, p < .001$).
- Depressed fathers had significantly higher parenting stress scores and lower parenting self-efficacy scores than non-depressed fathers ($F(1,178) = 62.6, p = .000$; $F(1,180) = 14.7, p = .000$).

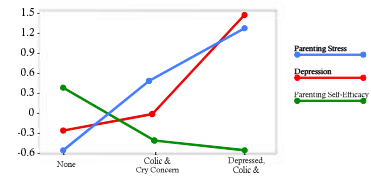


Depression + Colic + Perception

Depressed fathers whose infant met colic criteria and they perceived the crying to be a problem had:

- Highest mean parenting stress scores ($M=14.92$)
- Highest mean depression scores ($M=14.0$)
- Lowest mean parenting self-efficacy scores ($M=29.0$)

Compared to all fathers in the sample ($M=65.65; M=5.75; M=32.78$, respectively).



Predicting Father Well-Being From Infant Crying

Linear Regressions

- Perception of a crying problem was a significant predictor of depression, parenting self efficacy and parenting stress.
- Colic Criteria was only a significant predictor of parenting stress.

Depression				
	B	SE	T	P
Constant	15.125	2.518	6.008	.000
Colic Criteria	1.085	.740	1.466	.144
Crying Problem	2.388	.662	3.608	.000
Co-Parenting Conf.	-.532	.089	-5.741	.000
Father Education	-.931	.569	-1.637	.103

Notes: $R^2 = .24$ ($p = .000$), $N = 188$

Parenting Self-Efficacy				
	B	SE	T	P
Constant	21.109	3.231	6.532	.000
Colic Criteria	-.407	.759	-.502	.616
Crying Problem	-2.755	.729	-3.781	.000
Co-Parenting Conf.	.392	.059	3.970	.000
Age of Infant	.546	.189	2.889	.004
Involvement	.008	.309	.026	.979

Notes: $R^2 = .25$ ($p = .000$), $N = 181$

Parenting Stress				
	B	SE	T	P
Constant	118.161	18.075	6.533	.000
Colic Criteria	7.076	3.228	2.192	.030
Crying Problem	18.04	3.971	4.543	.000
Co-Parenting Conf.	-2.123	.411	-5.168	.000
Infant Sex	3.753	2.461	1.525	.129
Family Income	-2.331	1.347	-1.507	.134
Involvement	.527	1.277	.413	.680

Notes: $R^2 = .46$ ($p = .000$), $N = 179$

Co-Parenting Confidence

- Fathers who perceived crying as problematic and/or their infant met colic criteria had lower co-parenting confidence compared to other fathers. [$t(182) = 3.209, p < .05$]; [$t(185) = 2.099, p < .05$]
- Perception of a crying problem and father involvement were significant predictors of co-parenting confidence.

Co-Parenting Confidence				
	B	SE	T	P
Constant	21.185	2.725	7.775	.000
Colic Criteria	-.731	.622	-1.175	.242
Crying Problem	-1.084	.547	-1.949	.053
Involvement	.848	.241	3.518	.002
Family Income	.424	.322	1.318	.189
Father Education	.411	.488	.839	.403
Father Race	-.365	.584	-.624	.533
Marital Status	-.342	.853	-.396	.693


Notes: $R^2 = .19$ ($p = .000$)

Qualitative Results



Interviews

- 10 Fathers
- 20-30 minutes (M=27:33)
- Audio recorded and transcribed verbatim
- Four major themes and two sub-themes



Interview Themes

Interview Topic	Major Themes	Sub-Themes
Parenting Experiences and stress related to parenting	-Identity Conflict	-Societal -Family
Crying Experience and stress related to infant crying	-On the Edge	
Coping Coping with infant crying and parenthood	-Cognitive Reappraisal -In This Together	




Parenting (cont.)

Theme: Identity Conflict (Societal)

Fathers felt pulled between maintaining a masculine role and a desire to be more involved and nurturing, finding it difficult to balance both.

Example

"You know, it's just really hard. I mean, I would characterize myself as, like, the sensitive father in that I really do take a large role, and do a lot when I'm home, doing as much as I can do. So, but I think it takes its toll because it's like to do that, you then are really playing two roles. You're playing both the role of the sensitive father and of the traditional father that's about making a living. So, I think in some ways it's kinda unfair, you know? It's kinda being two types of persons at the same time."




Parenting

Theme: Identity Conflict (Family)

Fathers felt left-out of mother-infant relationship in the early months, and desired to be more of a focal parent.

Example:

"Well, on an emotional level, what I find stressful is this thought and this feeling that I'm never going to be the more important parent, at least for the time being. Bottom line, at the end of the day, if the baby needs calming, soothing, feeding, clearly it's his mother he's going to want."




Crying

Theme: On The Edge

Nine out of ten fathers reported they had felt close to 'losing control' while alone and caring for their crying infant.

Example:

"And so I was home by myself, and Julio had started on. I had a headache from work. So that was probably the most intense where I felt like I needed to just – it was a moment where I could understand some of the horrific stories you hear about what parents can do in low moments."



Coping


Theme: Cognitive Reappraisal

Fathers used cognitive reframing of the infants' behavior or the overall situation in order to cope with these feelings

Examples:

"Just consciously, just think, She's a baby. I kind of feel badly for her, actually, because she doesn't have no way to communicate with us besides crying. Everything is just crying if she needs something. It's kind of an extreme for her. And I understand that. She's a baby."

"I guess I just sort of reminded myself that it wasn't going to last forever. And I think my wife was supposed to come home in an hour, and I just had to make it for an hour."




Coping

Theme: In This Together

Fathers described the support from family and friends, but there was a consistent focus on the co-parent as the main source of support. A sense of 'togetherness' emerged in many instances

Example:

"And it was interesting because I remember thinking how am I not more tired and functioning less than I'm functioning right now? And we were up every two hours, no one was getting any sleep. And it's funny because it was actually, all things considered, a pretty pleasant time because we were all up together as a family, going through the same experience."




Support?

Few suggestions

- Male led support groups
- Resources online
- Books


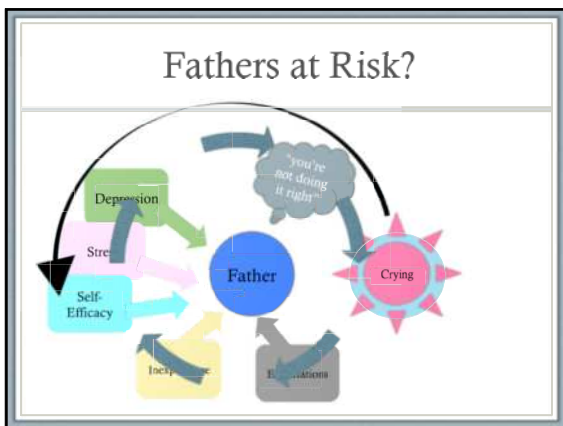
Example

I read a book when my wife was pregnant about being a good dad, and that was helpful I guess. I don't know, I mean yeah, I guess books are helpful. Hey, isn't that your topic? Aren't you supposed to be write a book about this or something?




Summary: Major Findings

- Amount of infant crying reported was negatively related to father well-being.
- However, father perception of the crying as a problem had a greater impact on well-being, regardless of the amount of crying reported.
- Combination of depression, colic criteria *and* perception of crying as a problem resulted in the highest levels of parenting stress and lowest levels of parenting self-efficacy compared to all other fathers.
- Fathers used methods of cognitive reappraisal to cope with stress while caring for an inconsolable infant.

Research Implications

- Fathers can and should be considered as primary and/or additional reporters in infant crying research.
- Longitudinal studies could better address directionality.
- Amount of crying (either as raw amount or colic criteria) as the only measure of problematic crying may not be adequate for research investigating parent well-being in relationship to infant crying.
- Deeper analysis of father coping during incidences of inconsolable crying and isolation.



Practice Implications

- Fathers should be involved in conversations with providers about their infant's crying, and perception of the crying should be queried.
- Attention to father well-being (particularly depression) should become a central focus during the post-partum period, especially if a crying problem is reported or detected.
- In order to foster cognitive reappraisal coping skills in fathers, providers should educate parents on infant cognition and their ability (or inability) to be intentional with crying behavior.
- The co-parenting relationship should be considered as a critical influence on father well-being and ability to cope with crying.



Practice Implications

- Providers should pay particular attention to fathers:
 - Who have no previous caregiving experience
 - Who express lack of confidence in their parenting skills
 - Whose co-parent is not supportive or confident in his parenting skills
 - Who indicates the crying is a problem or upsetting
- These fathers should:
 - Be given opportunities to observe and interpret infant behavior in a supportive environment
 - Encouraged to have an open dialogue about coping with crying, with a particular focus on instances when alone with the infant



Policy Imperative

- Screening for depression in first year post partum for fathers
 - Illinois Perinatal Mental Health Disorders Prevention and Treatment Act
- Training for health professionals

