

## Significance

- Pediatric obesity is a major public health concern with 1 in 3 children in the US characterized as overweight or obese
- Problems with executive control (EC), a set of cognitive abilities for directing attention and behavior, undermine health behaviors and increase obesity risk
- The early family environment plays a critical role in the development of EC deficits and subsequent obesity risk (e.g., parenting difficulties, unhealthy feeding practices)
- Prenatal factors predict unhealthy dynamics in the family (e.g., maternal depression) and represent critical targets for early intervention

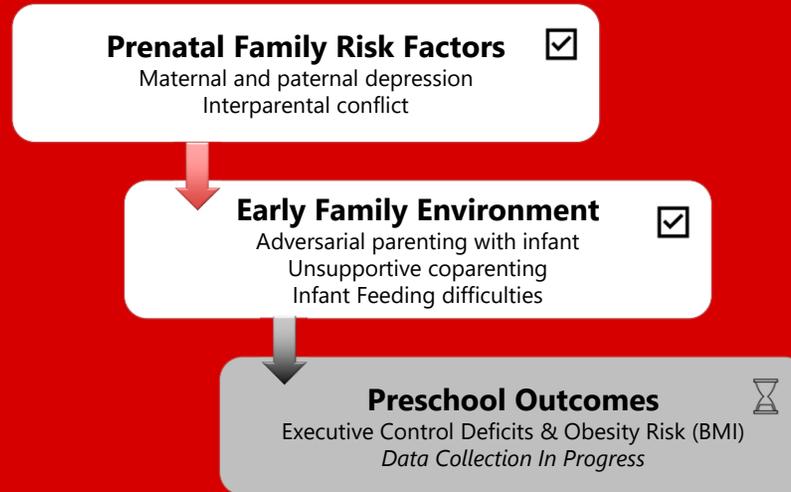
### Key Questions:

- *How do we promote optimal family dynamics during infancy and toddlerhood to promote healthy child development?*
- *Can we identify family risk factors that are present before the child is even born that sets the family on an unhealthy trajectory?*
- *What modifiable factors within the family environment should be prioritized and targeted in interventions preventing obesity?*

This research was funded by the Great Plains IDeA-CTR Program

# The Role of the Early Family Environment in Child Behavioral Health

Rebecca L. Brock, Ph.D.  
Susan J. Rosowski Associate Professor  
Department of Psychology  
University of Nebraska-Lincoln



## Prenatal Predictors of an Unhealthy Family Environment During Infancy and Toddlerage

- Maternal depression → more bonding impairments with infant ( $r = .20$ ) and more feeding problems with infant ( $r = .23$ )
- Paternal depression → more bonding impairments with infant ( $r = .23$ ), lower self-reported coparenting quality ( $r = -.33$ ), more withdrawal during coparenting interactions in the lab ( $r = .29$ ) and less cooperation ( $r = -.23$ ), more adversarial parenting during observed interactions ( $r = .21$ ), and more feeding difficulties with infant ( $r = .23$ )
- More destructive interparental conflict → lower self-reported coparenting quality ( $r = -.47$ ), less cooperation during observed coparenting interactions ( $r = -.26$ ), more adversarial parenting during observed interactions ( $r = .27$ ), and more feeding difficulties with infant ( $r = .21$ )

## Method

- 159 families recruited during pregnancy from dual parenting households (mixed-sex couples)
- Multi-method: self-report questionnaires, observations of family interactions, semi-structured clinical interviews, and performance-based assessments
- Participation at pregnancy and when the child was 1 month, 6 months, 1 year, and 2 years old
- Preschool assessment of EC and obesity risk was interrupted by the pandemic but has resumed and will be complete in the spring

## Conclusion

- Building on past research, maternal depression emerged as a risk factor for an unhealthy family environment during infancy and toddlerage
- Our results build on research largely focused on maternal depression to demonstrate that, in dual parenting households, the *partner of the pregnant person* also matters; in our sample, prenatal paternal depression predicted a wide range of maladaptive family outcomes
- The quality of the relationship between parents is also of paramount importance; reducing conflict during pregnancy sets the family on a healthy trajectory