This dissertation was a grounded theory study of paternal involvement in the treatment and care of children with type-1 diabetes. The ultimate goal of this study was to generate a theoretical model of the influences on paternal involvement in the treatment and care of children with type-1 diabetes. The primary research questions addressed in this study were, “How are fathers involved in the treatment and care of children with type-1 diabetes?”, and “What influences paternal involvement in the treatment and care of children with type-1 diabetes?” I interviewed 15 fathers of children with type-1 diabetes who were attending physician appointments at two regional hospitals in the Midwestern United States. Fathers described several family processes (e.g., navigating the emotional waters, balancing work and family demands, building trust within the parental treatment team, and encouraging child responsibility for treatment) that influenced how they shared the responsibility with their families for the care and treatment of children with type-1 diabetes. Fathers also were categorized into several types of involvement (e.g., not involved, helper, equal partner, treatment monitor, primary caregiver) based on their reports of how they shared the responsibility for treatment.