The Quest for Innovative and Effective Programs for Low-Income Fathers

University of Michigan
Fedele F. & Iris M. Fauri Memorial Conference

Jay Fagan, PhD
Overview of Fatherhood Research and Practice Network (FRPN)

- Five-year project funded through the U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research and Evaluation.

- Grant #90PR0006 to Temple University.
Key Team Members

- **Temple University**
  - Jay Fagan, PhD, Project Co-Director
  - Rebecca Kaufman, MSW, Senior Research Coordinator

- **Center for Policy Research, Denver, CO**
  - Jessica Pearson, PhD, Project Co-Director
  - Nancy Thoennes, PhD

- **University of Pennsylvania, National Center on Fathers and Families**
  - Vivian Gadsden, EdD

- **The Bawmann Group, Denver, CO**
  - An integrated marketing communications firm with experience developing materials and strategies to reach fathers.
Project Goals

- **Promote rigorous evaluation** of fatherhood programs that serve low-income populations nationwide.

- **Provide training** to researchers and practitioners to conduct better quality evaluations.

- **Disseminate information** that leads to effective fatherhood practice and research.
Rationale for the FRPN

• There is a large and growing body of research on how fathers positively influence child development and well-being, but there is:

  – Limited knowledge about effective interventions with low-income, non-resident fathers and under-represented populations.

  – Dearth of rigorous research about effective interventions with low-income fathers facing additional challenges (e.g., incarceration).

• https://www.youtube.com/watch?v=GmerFuzRNZ4

I KNOW A GOOD DAD WHEN I SEE ONE...
Rationale for the FRPN

- The investigation of the positive contributions of fathers involves multiple disciplines, but there are limited opportunities for:

  - Investigators to engage in dialogue or work collaboratively to improve next-stage work.
  - Practitioners to work closely with researchers.
  - Information sharing among investigators and with practitioners.
Rationale for the FRPN (Cont.)

• Need for improvement:
  – Disseminate information in formats of greatest utility to specific audiences.
  – Build capacity in the field to support and conduct well designed, scientifically valid evaluation studies among investigators and practitioners.
Gaps Filled by Five-Year Project

- The development and field testing/evaluation of evidence- or theory-informed interventions.

- Increasing the quality of evaluation research on fatherhood interventions for low-income and other under-studied populations of fathers and their children.

- Development and testing of outcome measures and measurement methods relevant to low-income fathers, racial/ethnic minorities and other understudied populations.

- Evaluator collaboration and information sharing and evaluator-practitioner collaborations.
Gaps Filled by Five-Year Project (Cont.)

• Building capacity among practitioners and evaluators to support and carry out well-designed evaluations that meet high-quality research standards, including rigorous impact evaluations.
Programmatic Areas for Research & Practice

- **Responsible Fatherhood** - interventions to increase positive father engagement with children.

- **Economic Security** - interventions to increase fathers’ ability to support themselves and their children and families economically.

- **Coparenting and Healthy Relationships** - interventions to increase parenting time and support stable and positive coparental relationships and healthy marital/romantic relationships.
Funding & Opportunities for New Research

• 25% of total resources ($1.2 million) devoted to new & rigorous research.
  – Structured to fill research gaps, advance the fatherhood research agenda and learn more about how to tailor programs that respond effectively to the ethnic and cultural diversity of low-income fathers.

• 13 competitive grant awards.
  – Release of grants will be staggered & some will be multiple-year grants.
Contact Us

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  - rebecca.kaufman@temple.edu, (215) 204-5706
Trends in non-marital childbearing

Graph showing the percentage of non-marital childbearing from 1960 to 2007 for Total, N-H White, N-H Black, and Hispanic groups.
Living arrangements of unmarried parents at time of child’s birth (Fragile Families and Child Wellbeing Study, FFCW)
What happens to cohabitors?

- Most will NOT be living together when the child is 3-5 years old.

Proportion of unions ending in separation (0 to 41 months after child's birth)

brown = cohabiting  blue = married
Who are the nonresidential fathers?

- Nonresidential fathers are a diverse group
  - Never married
  - Divorced/separated
  - Incarcerated
  - Fathers with children in foster care
  - Adolescent fathers
  - Homeless fathers
How involved are nonresidential fathers with children under age 5 *(National Survey of Family Growth, 2006-2010)*

- **7.9%** of biological fathers living apart from their children **fed or ate** a meal with their young children at all in the last 4 weeks.

- **72%** of fathers with coresidential children fed or ate a meal with their young child in last 4 weeks.

**Percentage of Fathers that had a Meal with their Children in the Last 4 Weeks**

- Residenal: 80%
- Non-Residential: 20%
How involved are nonresidential fathers with children under age 5  (National Survey of Family Growth, 2006-2010)

- **8%** of biological fathers living apart from their children **bathed** or **dressed** their young children at all in the last 4 weeks.
- **58%** of fathers with coresidential children **bathed** or **dressed** their young child in last 4 weeks.

![Bar chart showing percentage of fathers that bathed or dressed their children in the last 4 weeks. Residential fathers have a higher percentage than non-residential fathers.]

Percentage of Fathers that Bathed or Dressed their Children in the Last 4 Weeks

- Residential: [Bar height not specified]
- Non-Residential: [Bar height not specified]
How involved are nonresidential fathers with children under age 5 (National Survey of Family Growth, 2006-2010)

• 10% of biological fathers living apart from their children played with their young children at all in the last 4 weeks.

• 58% of fathers with coresidential children played with their young child in last 4 weeks.
How involved are nonresidential fathers with children under age 5 (National Survey of Family Growth, 2006-2010)

- 5% of biological fathers living apart from their children **read to** their young children at all in the last 4 weeks.

- 29% of fathers with coresidential children read to their young child in last 4 weeks.
Fathers’ risk factors

- Unemployment
- Physical health problems
- Poverty
- Legal problems
- Depression
- Multi-partner fertility
- Lack of stable housing
- Owe child support (arrears)
Risks: Unemployment at Y3 (FFCW)
Emotional stresses (FFCW)

Father reported feeling sad or depressed for 2 or more weeks in past year

- Nonresidential: 30
- Residential: 15
Risk: Move to new house at Y3 (FFCW)

Father moved since child's first birthday

- Nonresidential: 60
- Residential: 40
Mother had a baby with a different father between age 1 and 3
Summary of research on risk and father engagement with young children

• A trajectory of risk is associated with decreased paternal engagement with children over time (Fagan & Lee, 2012).

• Fathers’ risk is additive
  – More risk factors are associated with lower levels of involvement with children (Fagan & Palkovitz, 2007)

• Risk has both direct and indirect influences on engagement.
  – Fathers who experience higher levels of risk are less likely to be engaged with their children, but they have lower levels of relationship quality with their baby’s mother and they are also less likely to eventually reside with their children (Fagan, Palkovitz, Roy, & Farrie, 2009).
Engagement measures in FFCW

- Days/week: sing songs or nursery rhymes with child?
- Days/week: hug or show physical affection to child?
- Days/week: tell child that you love him/her?
- Days/week: let child help you with simple chores?
- Days/week: play imaginary games with him/her?
- Days/week: read stories to child?
- Days/week: tell stories to child?
- Days/week: play inside with toys with child?
- Days/week: tell child you appreciate something he/she did?
- Days/week: take him/her to visit relatives?
- Days/week: go to a restaurant/out to eat with child?
- Days/week: assist child with eating?
- Days/week: put child to bed?
Protective factors

- Fathers’ prenatal involvement
- Healthy coparenting relationship with mother (regardless of residential status)
- Social support
Protective factors: Fathers’ prenatal involvement is important (FFCW)

• Higher levels of prenatal involvement are significantly associated with higher levels of engagement with infants and toddlers.

• This relationship is partially explained by
  – Fathers transitioning into residential relations with the mother
  – Fathers becoming employed (Cabrera, Fagan, & Farrie, 2008).
What is coparenting?

• Definition: “the ways that parents work together in their roles as parents” (Feinberg, 2003).

• Components of co-parenting
  • Support
  • Communication around the needs of the child
  • Parenting alliance (solidarity) – capacity of partners to acknowledge, respect, and value the parenting roles and tasks of the partner
  • Conflict
  • Gatekeeping
Co-parenting support (FFCW)

Significant difference between neither parent is a teen and mother teen, father older ($p < .01$)
Effects of co-parenting support on adolescent fathers? (Fagan & Lee, 2011)

Two-way interaction between age status of father and coparenting

Father engagement

Low coparenting  High coparenting

Adult father  Adolescent father
Fathers’ coparenting ties (N = 597)

- Fathers averaged 2.53 coparenting ties ($SD = 1.30$)
- 23% of fathers named multiple mothers of their children as coparenting ties, nearly 40% reported having children with more than one biological mother
Coparenting in complex families

- In complex families where there is more than one mother, coparenting involves *working together as a team with more than one mother.*

  - Yeah, and it's crazy. Now they both talk. Before, they would not communicate. But nowadays, I talk to one and she'll be like, "Yeah, I'll just talk to your other baby mama on Facebook. We talk to each other about the kids."
# Effects of multiple coparenting partners on fathering

## Parenting self-efficacy

<table>
<thead>
<tr>
<th>Block Three</th>
<th>Parenting self-efficacy</th>
<th>Parenting satisfaction</th>
<th>Father-child closeness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Block Three</td>
<td>0.00</td>
<td>0.04</td>
<td>0.00</td>
</tr>
</tbody>
</table>

## Parenting satisfaction

| (# of Mothers in Network) | 1.40 | 0.59 | -0.18* | -0.87 | 0.35 | -0.16* | -0.75 | 0.74 | -0.09 |
| (# of Relatives in Network) | -0.21 | 0.52 | -0.04 | -0.10 | 0.31 | -0.03 | 0.52 | 0.65 | 0.09 |
| Father-Mother High Contact (#) | 0.53 | 0.63 | 0.07 | -0.01 | 0.37 | 0.00 | 0.96 | 0.80 | 0.12 |
| Father-Relative High Contact (#) | 0.61 | 0.45 | 0.13 | 0.23 | 0.26 | 0.07 | 0.16 | 0.54 | 0.03 |
| Mother-Relative High Contact (#) | -0.33 | 0.44 | -0.07 | -0.34 | 0.26 | -0.10 | -0.47 | 0.55 | -0.09 |
| Father-Mother Cooperation (#) | 0.77 | 0.65 | 0.11 | 1.16 | 0.38 | 0.23** | 1.19 | 0.82 | 0.15 |
| Father-Relative Cooperation (#) | 0.41 | 0.46 | 0.09 | 0.52 | 0.27 | 0.16 | 0.51 | 0.58 | 0.10 |
| Mother-Relative Cooperation (#) | 0.3 | 0.40 | 0.10 | 0.14 | 0.24 | 0.05 | -0.06 | 0.51 | -0.01 |

## Father-child closeness

| Adjusted R² Change | 0.00 | 0.00 |
| F (df) for R² Change | 1.76 (3, 259) | 6.10 (3, 259)** |
| Adjusted R², Final Model | 0.18 | 0.43 |
| F (df), Final Model | 4.62 (17, 259)** | 13.09 (17, 259)** |

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**Note:**

*Significance levels:*

- *p < 0.05
- **p < 0.01
Summary of protective factors

- A trajectory of positive mother-father coparenting relationships is associated with increased paternal engagement over time.

- This trajectory is stronger for higher risk fathers (e.g., adolescent fathers, non-residential & non-romantically involved fathers) than for lower risk fathers.

- We need to start to think about what it means to have multiple coparenting partners.

- Early engagement with children (e.g., prenatal) is positively associated with later engagement with children (infants/toddlers), which can be partially explained by fathers’ positive life transitions in work and family.
Implications

• Findings from research have important implications for programs for low income, primarily nonresidential fathers and families
  – Early intervention programs (prenatal, involvement with infant) may have positive effects on fathers’ involvement with children
  – Programs that can reduce father risk (unemployment, depression, etc.) are important
  – The mother-father coparenting relationship is an important target for intervention
Implications

- Is there evidence that such programs work?

- This is where we have a large knowledge gap!!
Definition of evidence based intervention or programs (SAMHSA)

Programs which are:

- Included in Federal registries of evidence-based interventions;

**Compendium of Evidence-Based Interventions and Best Practices for HIV Prevention**

**Teen Pregnancy Prevention Evidence-Based Programs**

**National Registry of Evidence-based Programs and Practices (NREPP)**
Definition of evidence based intervention or programs

- Reported (with positive effects on the primary targeted outcome) in peer-reviewed journals; or
- Documented effectiveness supported by other sources of information and the consensus judgment of informed experts, as described in the following set of guidelines, all of which must be met:
Guidelines for documented effectiveness

• Guideline 1: The intervention is based on a theory of change that is documented in a clear logic or conceptual model;

• Guideline 2: The intervention is similar in content and structure to interventions that appear in registries and/or the peer-reviewed literature;

• Guideline 3: The intervention is supported by documentation that it has been effectively implemented in the past, and multiple times, in a manner attentive to scientific standards of evidence and with results that show a consistent pattern of credible and positive effects; and

• Guideline 4: The intervention is reviewed and deemed appropriate by a panel of informed prevention experts.
Quality of research on fatherhood programs is in its infancy

- Not all studies are conducted by independent evaluators.
- Few studies examine fidelity
- Use measures which are not validated
- Few fatherhood programs have been subjected to rigorous evaluation
- Do not assess dosage of intervention
- Few replication studies
Federal Registry

NFI’s InsideOut Dad® Program is the only evidence-based fatherhood program designed specifically for incarcerated fathers and is listed on the National Registry of Evidence-based Programs and Practices (NREPP).

InsideOut Dad® is implemented by over 24 state departments of corrections and New York City.
InsideOut Dad®

• **Being a Man**: What Kind of Father and Husband/Partner Am I?, Roles of Dad and Mom
• **Co-Parenting & Communication**: Parenting Differences, Ways to Communicate
• **Feelings**: Showing/Handling Feelings, Grief and Loss
• **Men's Health**: Stress and Anger, Physical Health, Body Image
• **The Father's Role**: The InsideOut Dad, Competitive/Non-competitive Fathering, Marriage Benefits
• **Fathering from the Inside**: Creating a Fathering Plan
• **Children's Growth & Discipline**: Goals, Self-Worth, Talking with Children, Morals, Values, Rewards and Punishment
• **Optional Reentry Sessions**: Fathering on the Outside, Responsibilities and Child Support, Visits Upon Release
• **Optional Spirituality Session**: Spirituality, Faith, and Fatherhood
Rutgers U. evaluation of InsideOut Dads

• 307 experimental participants who completed the program (63 subjects dropped out of the program leading to attrition rate of 17 percent).

• The control group comprised of 104 subjects who did not participate in the program or who would participate after the evaluation period.
Rutgers U. evaluation of **InsideOut Dads**: Study design

- **Quasi-experimental design**, but it is unclear how control group was chosen.

- **Pre- and post-surveys** administered to both groups

- **Two statistically significant differences** between the control group and the experimental group
  - Experimental group age was 4 years younger on average
  - Experimental group performed higher on InsideOut® Attitude Scale
Rutgers U. evaluation of **InsideOut Dads: Outcomes**

<table>
<thead>
<tr>
<th>Measurement</th>
<th>Outcome*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coping Self-Efficacy Scale (Chesney et al., 2006)</td>
<td>p &lt; .05</td>
</tr>
<tr>
<td>InsideOut Dad® Knowledge Assessment</td>
<td>p &lt; .001</td>
</tr>
<tr>
<td>Attitude: PARI (Schaefer &amp; Bell, 1958)</td>
<td>ns</td>
</tr>
<tr>
<td>Attitude: InsideOut Dad® Attitude Survey</td>
<td>ns</td>
</tr>
<tr>
<td>Contact with children: Phone calls</td>
<td>p &lt; .05</td>
</tr>
<tr>
<td>Contact with children: Writing</td>
<td>p &lt; .001*</td>
</tr>
</tbody>
</table>

*All results favor experimental group except Contact with children: Writing
See Federal Registry

Prison-based programs

• An advantage of prison-based programs is that fathers are more likely to show up at classes.

• But, there are still obstacles to fathers’ participation.

• We do not know at this time if effects of fatherhood programs in prisons carry over to fathers’ involvement with children post-release.

• Prison-based programs may only be able to focus on knowledge and attitudes; harder to address fathers’ parenting behavior.
University of Hawaii Evaluation of 24/7 Dad®

Curriculum Description

- **24/7 Dad** is a National Fatherhood Initiative Curriculum
- **Delivered in 24 hours**
  (2 hrs./week for 12 weeks)
- **Five characteristics** of a 24/7 Dad:
  - Self-awareness
  - Caring for self
  - Fathering skills
  - Parenting skills
  - Relationship skills

Evaluation Design

- Ongoing evaluation preliminary results released
- Two cohorts; 48 fathers
- Experimental design
- Pre, post-program & 6-week follow-up
- Treatment & control group (randomly assigned)
### University of Hawaii Evaluation of 24/7 Dad®

<table>
<thead>
<tr>
<th>Instruments Used</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father’s knowledge &amp; skills</td>
<td>22-item scale developed by NFI assessing 24/7 Dad characteristics</td>
</tr>
<tr>
<td>Father involvement</td>
<td>Inventory of Father Involvement; Likert Scale</td>
</tr>
<tr>
<td>Self perception of the parental role</td>
<td>Self-Perception of Parental Role measure; scale with two contrasting statements</td>
</tr>
<tr>
<td>Parenting alliance</td>
<td>Parenting Alliance Inventory; Likert scale</td>
</tr>
<tr>
<td>Quality of relationship with child</td>
<td>Single-item measures (1 = very bad to 5 = very good)</td>
</tr>
<tr>
<td>Degree of happiness about being a parent</td>
<td>CAB2</td>
</tr>
</tbody>
</table>
The paper does say this scale was used for both measures.

Cortney A. Bruno, 10/13/2015
<table>
<thead>
<tr>
<th>Measurement</th>
<th>Outcome*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Father’s knowledge &amp; skills</strong></td>
<td>More likely to answer a question about “Father’s Role” and one about “Getting Involved” correctly. (p&lt;.05)</td>
</tr>
<tr>
<td><strong>Father involvement</strong></td>
<td>More likely to be involved in “tasks expected of contemporary fathers” like reading to children and helping with homework and encouraging talents. More likely to increase “Instrumental and Traditional Dimensions of Involvement”</td>
</tr>
<tr>
<td><strong>Quality of relationship with child</strong>&lt;br&gt;<strong>Degree of happiness about being a parent</strong></td>
<td>Statistically significant increases for intervention group fathers.</td>
</tr>
</tbody>
</table>

*All results favor intervention group*
Father involvement in Head Start (Fagan & Iglesias, 1999)*
* funded by DHHS, Head Start Bureau

Program went from Nov. to May and included:
- Fathers’ Day Activities
- Support group
- Father-child trips and events
- Parent education
    (reading to children, discipline)
Head Start father involvement intervention

- 146 fathers participated in pretest
- 96 fathers completed pretest and post-test
- Completion rate = 66%
- Quasi-experimental study
## Head Start father involvement intervention

<table>
<thead>
<tr>
<th>MEASURES</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Father involvement at home</strong></td>
<td>Accessibility; direct interaction; playing with child; reading; caregiving.</td>
</tr>
<tr>
<td><strong>Fathers’ child rearing behaviors</strong></td>
<td>Abbreviated version of <em>Parenting Dimensions Inventory</em></td>
</tr>
<tr>
<td><strong>Child’s Academic Readiness</strong></td>
<td><em>Woodcock-Johnson Tests of Achievement – Revised</em>; letter-word identification and problem solving scales</td>
</tr>
<tr>
<td><strong>Child’s Social Skills</strong></td>
<td><em>Social Skills Rating System</em></td>
</tr>
</tbody>
</table>
Head Start father involvement intervention: Intervention and comparison groups

Intervention and Comparison Groups:
• No significant demographic differences (Chi squares; t tests)
• Main effect for treatment-dosage group on pretreatment accessibility (ANOVA); comparison-low fathers significantly more accessible than intervention-high fathers

Attrition analyses:
• Between fathers who stayed and dropped out - no differences on father involvement variables
• No between group differences on pretreatment measures (for intervention fathers who stayed compared with those who didn’t)
Findings of Head Start Study (Fagan & Iglesias, 1999)

Change in amount of time spent in direct interaction with the child over the course of 3 days

Comparison Group
- Low: -82.47
- High: 106.8

Experimental Group
- Low: -27.73
- Moderate: 42.89
- High: 227.6
Effects on support for learning (play and reading)

support of learning (standardized score)

low | comparison high | low | intervention moderate | high

-0.88 | 0.59 | -0.01 | 0.35 | 1.77
Lessons learned

- Interventions with fathers (e.g., Head Start) can have an impact on fathers’ involvement in learning activities in the home.
- Advantage of fatherhood program in Head Start is that can start with father-child activities, and then build up to fathers’ participation in parenting education classes.
- Programs that focus on volunteering in the classroom and fun activities with children are associated with increased quantity rather than quality of father-child interaction.
- Men are interested in ways to better connect to their children.
Lessons learned

- Very important to measure dosage.
- Important to use outcome measures that are validated and reliable
- It is extremely difficult to get follow-up data from fathers
  - PACT evaluation expects to complete 75% of 12-month follow-ups
  - Must obtain multiple phone numbers, email addresses, Facebook address
Lessons learned

• **Recruitment and retention** are huge challenges in fatherhood programs.

• FRPN recently conducted a survey of 71 fathers in fatherhood programs to find out what are fathers’ greatest challenges. Fathers greatest challenges pertained to employment, paying child support, providing for children.

• Anecdotal data suggests that programs are more successful when they require fathers to attend parenting and/or coparenting classes before they are given employment services.
Coparenting programs for young fathers

- Family Foundations
- MELD
- Supporting Father Involvement
- Focused Coparenting Consultation
Progress toward effective coparenting interventions for unmarried couples?

Building Strong Families Study results were disappointing

- Few positive effects...some negative findings
- Poor attendance/retention
- Psychological distress among participants

Several smaller studies have been more promising

- Decreased hostility between coparents (Florsheim et al., 2011; 2012; McHale et al. 2015)
- Increased alliance/support between coparents (Fagan, 2008; McHale et al., 2015)
- Increased father involvement in parenting (Fagan, 2008; Florsheim, 2012)
• **Background**

Family Foundations is a program proven to help couples maintain strong family bonds, reduce stress, and raise healthy well-adjusted children. It was developed and researched by Mark Feinberg, Ph.D., and is the result of years of his work as a clinical psychologist, family therapist and prevention scientist at Penn State University. NIH provided funding for the research testing the program’s benefits.

• **See more at:**
  [http://www.famfound.net/pages/about#sthash.II3RBAAB.dpuf](http://www.famfound.net/pages/about#sthash.II3RBAAB.dpuf)
Family Foundations

Coparenting programs – Strong Foundations

- Adaptation of Family Foundations
  Recently altered to be developmentally and culturally appropriate for a subcultural group of urban minority adolescent mothers and the fathers of their babies.

  Program was embedded within two local “Teen-tot” programs (two locations of the Generations Program at Children’s National Health System in Washington, DC) that provide comprehensive primary care to teen parents and their children, together in a medical home.
Strong Foundations

1. Prenatal sessions
   (a) Session 1: Building a family
       Building an identity as a coparenting team
       What does it mean to “be there” for your child?
       Influences on child development
       Shared goals/values for child

   (b) Session 2: Good sport teamwork
       Being a coparenting team
       Preparing for parenthood
       Building new communication skills (speak out/listen up)
       Respect and admiration

   (c) Session 3: Exploring feelings
       How parental conflict affects children
       Recognizing and managing negative emotions
       Learning how to discuss difficult feelings (traffic light)

   (d) Session 4: It’s all about communication
       Communication strategies
Video clip of Family Foundations

- https://bmixythos.cchmc.org/xythoswfs/webui/_xy-e2002958_1-t_ej7NmgWY
Evaluation of MELD coparenting curriculum with adolescent and young adult fathers (Fagan, 2008)

- MELD Curriculum
  - A five session co-parenting curriculum

  - 1. sharing of the responsibilities of parenthood.
  - 2. communication with the mother.
  - 3. benefits to babies when they have both parents in their lives.
  - 4. solutions to barriers of successful co-parenting.
  - 5. creating a sense of solidarity as co-parents.
Design of randomized study

- Adolescent mothers and their partners were recruited from 3 OB/GYN clinics before the birth of the baby.
  - 501 age-eligible couples were screened (mothers had to be less than 20 and fathers had to be less than 24.
  - 165 mother/father dyads completed the pre-test protocol and were randomly assigned to either a coparenting intervention or a child birth /baby care intervention.
Design of randomized study

• Only fathers attended the intervention.
• Paid $9 for attending each session and received a light supper.
• Transportation was provided when desired.
• Both interventions consisted of 5 workshop sessions, about 1.25 hours each.
• Sessions were conducted in the OB/GYN clinic on 5 consecutive weeks.
Attrition

• 64 fathers did not attend any sessions
  • These fathers became a no-intervention control group
• 44 fathers completed the co-parenting intervention
• 46 completed the child birth intervention
Measures

• Fathers’ prenatal involvement and communication with the MOB
  • How often do you speak with the baby while in the mom’s belly?
  • How often do you and your partner speak about plans for the baby?
• Parenting alliance (McBride & Rane, 1998)
• Father’s support of the mother (Ahrons, 1981)
• Father’s engagement with infant (Hossain & Roopnarine, 1994)
• Parenting sense of competence (Gibaud-Wallston & Wandersman, 1978)
Equivalency between treatment groups

- Fathers in the child birth intervention were significantly older than fathers in the no-intervention control group
## Results: Pre-test to Post-test

<table>
<thead>
<tr>
<th>Mothers’ Reports</th>
<th>Fathers’ Reports</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Parenting alliance</strong></td>
<td><strong>Parenting alliance</strong></td>
</tr>
<tr>
<td>Co-parenting &gt; Control</td>
<td>Co-parenting &gt; Child birth,</td>
</tr>
<tr>
<td>p=.000</td>
<td>Control</td>
</tr>
<tr>
<td><strong>Fathers’ support</strong></td>
<td><strong>Fathers’ support</strong></td>
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<tr>
<td>Co-parenting &gt; Control</td>
<td>Co-parenting &gt; Control</td>
</tr>
<tr>
<td>p=.009</td>
<td>p=.028</td>
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<tr>
<td><strong>Communication</strong></td>
<td><strong>Communication</strong></td>
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<tr>
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<td>Co-parenting &gt; Child birth,</td>
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<tr>
<td>p=.008</td>
<td>Control</td>
</tr>
<tr>
<td><strong>Prenatal involvement</strong></td>
<td><strong>Prenatal involvement</strong></td>
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<tr>
<td>no difference</td>
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Supporting Father Involvement (Cowan & Cowan)

- 279 Mexican American and European American low-income couples were randomly assigned to:
  - a single informational meeting (low-dose control) or
  - a 16-week group for fathers (mothers attended twice) or
  - a 16-week group for couples, all led by the same clinically trained male–female teams.
Supporting Father Involvement

- Supporting Father Involvement is an intervention that takes a group approach to strengthening couple, coparent, and parent–child relationships and increasing fathers’ hands-on involvement in caring for their children.
Supporting Father Involvement

• Fathers and mothers who participated in the one-time meeting showed no positive changes and some negative changes at the 18-month follow-up assessment: Their satisfaction as a couple declined significantly, and they reported increased externalizing and internalizing behaviors in their children.

• Participants in both the fathers and couples groups showed significant increases in fathers’ involvement in care of the children and no increase in children’s behavior problems over the course of the study.

• Relationship satisfaction for control and fathers group participants declined. Mothers and fathers from the couples groups reported no decline in satisfaction as a couple as well as significant reductions in parenting stress.
3rd study of Supporting Father Involvement

- Participants were recruited by direct referrals from the county Child Welfare Agency (20%), other community family service agencies, talks at local community organizations, advertisements in local media, and information tables set up at events in the target communities.
- 463 participants were randomly assigned to immediate or delayed participation in one of the intervention groups.

- Results show that significant baseline to follow-up reduction in conflict was attributable primarily to couples who entered the study with high levels of conflict, whose intervention effects were maintained over 18 months.
Focused Coparenting Consultation (FCC)

3 stage process:

FCC was developed by Dr. James McHale,
University of South Florida, St. Petersburg

Stage 1: Heighten consciousness
Stage 2: Selective skill building
Stage 3: Guided enactments

Sessions delivered in a dyadic format.
Description of the 6-Session FCC Intervention
(with Booster) for Expectant Unmarried Parents

**Session 1 (Consciousness-raising)**
- Mentors give parents an overview of why FIOC was developed and how it is expected to affect the baby and family, and affirm parents’ commitments to program participation.

**Session 2 (Consciousness-raising)**
- Trigger videos heighten parent awareness about how fathers affect children. Parents discuss challenges facing African American children, and how their own experiences of having been fathered could influence the type of coparents they might themselves become.

**Session 3 (Consciousness-raising, Skill-building)**
- Parents reflect on their ideas about parenting. Differences in the two parents’ ideas are explicitly focused upon. Communication skills to resolve differences in parenting ideologies are introduced. Parents use active listening techniques with mentor coaching.
Description of the 6-Session FCC Intervention (with Booster) for Expectant Unmarried Parents

**Session 4 (Skill-Building)**
- Mentors broach current life issues that provoke anger. They teach parents a stylized way of communicating about situations that upset them, effectively managing anger and resolving conflict to create their wished-for positive coparenting alliance for their baby.

**Session 5 (Skill-Building and Enactment)**
- Parents confront real-life conflicts (e.g., gatekeeping, children from prior relationships, concerns with child safety around in-laws). Mentors coach parents in use of new skills and validate and reinforce parents' commitment to figure it out for the child.

**Session 6 (Enactment, Wrap-up)**
- Parents complete the session largely on their own, using skills acquired to develop a single common set of goals for the child and a commitment statement. Mentors coach only as needed.
FCC Pilot Study

DESCRIPTION

• Six sessions (FCC) plus post-partum booster session
• Intake (third trimester) and exit evaluations (3 months post-partum)
• 20 African American families
• Unmarried couple having first child together
• Mother in third trimester
• All were 200% or more below poverty line
• Referred by county health department, OBGYNs and pregnancy centers targeted in community.

OUTCOMES MEASURED

• Cumulative Risk (sum of 8 items)
• Coparents’ interaction dynamics during problem-solving discussions (12 Likert-scale questions; 2 categorical)
• Fidelity of mentors to curriculum (competence and adherence)
Coparents’ interactions were measured with 12 likert scale type questions and two categorical. I’ve started a table below to represent the likert scale measures.

Cortney Bruno, 9/22/2015
### FCC Pilot Study: OUTCOMES

<table>
<thead>
<tr>
<th>Positive Couple Interaction Variable</th>
<th>Outcome</th>
<th>Negative Couple Interaction Variable</th>
<th>Outcome</th>
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</thead>
<tbody>
<tr>
<td>Problem solving</td>
<td>p &lt; .05</td>
<td>Verbal aggression</td>
<td>p &lt; .05</td>
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<tr>
<td>Support</td>
<td>p &lt; .05</td>
<td>Coerciveness</td>
<td>p &lt; .05</td>
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<tr>
<td>Positive affect</td>
<td>p &lt; .05</td>
<td>Attempts to control</td>
<td>p &lt; .05</td>
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<tr>
<td>Cohesiveness</td>
<td>p &lt; .05</td>
<td>Negativity &amp; conflict</td>
<td>p &lt; .05</td>
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<td></td>
<td></td>
<td>Withdrawal</td>
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<td></td>
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<td>Dysphoric affect</td>
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<td></td>
<td>Negative Escalation</td>
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<tr>
<td></td>
<td></td>
<td>Pursuit &amp; withdrawal</td>
<td>ns</td>
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FCC Pilot Study: OUTCOMES

Cumulative Risk
• No greater benefit (of program) to participants with higher cumulative risk

Fidelity of mentors to curriculum (bivariate correlational analysis)
• Mentor Competence related to declines in Coerciveness ($p<.001$) and Negativity and Conflict at a trend level ($p<.10$)
• Mentor Competence ($p<.10$) and Adherence ($p.10$) linked to smaller increases in Withdrawal
Focused Coparenting Consultation is now being tested in NICHD-funded RCT

- Sample: 150 unmarried African American fathers and mothers expecting their first child together (one or both may have children from prior unions)
- Families randomly assigned to either a Resource and Referral condition (one prenatal home visit to father and mother together by R&R navigator, followed by ongoing navigator accessibility to assist family until child’s first birthday) or to R+R plus the FCC intervention, which is delivered by paraprofessional community Mentors
- Families assessed (interview, observation, self-report) at prenatal intake, 3 and 12 months post-partum
- Targets of interest: individual, dyadic and triadic measures of coparenting; father engagement
- Location of study: St. Petersburg, FL
Lessons learned

- Evaluations of coparenting programs are in their infancy
- Fathers and mothers should be included in coparenting programs
- Early intervention (e.g., perinatal) is preferable
- Coparenting interventions seem to have a positive effect on father involvement with children
- Not clear whether group or couple format or some combination of two is better. Should fathers and mothers be split up for some sessions?
- Co-parenting/Fatherhood interventions start too late
Where do we go from here?

- We need **more and better evaluations**.
- We need to better understand **what works in recruiting fathers** and **what works to retain fathers** in the program.
- We need to know if **engaging mothers in coparenting interventions** is essential for helping fathers attending responsible fatherhood programs to improve their coparenting relationships.
- Does it matter if fathers attend classes focusing on **parenting or coparenting**?
- We need to know what **skills and competencies** are needed by practitioners.
End of presentation

What can you take away from today’s talk to apply to your own practice?