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Enhancing Paternal Engagement in a Coparenting Paradigm

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ABSTRACT—*Despite the benefits for children and families of fathers who are involved positively with their children, most parenting programs in the United States and globally focus on and collect evaluation data from mothers almost exclusively. Engaging fathers is still viewed as a complex endeavor that is only somewhat successful. In this article, we summarize what is known about engaging fathers in parenting programs, then argue that programs are most effective when coparenting is the focus early in family formation. We rely on two decades of the Supporting Father Involvement program as an example of an initiative that has been effective at recruiting and retaining fathers and mothers in various cultural and national contexts. When programs are inclusive in content and focus on process, are sensitive to differences within and across families, and recognize parents as experts on their children, they are more successful in recruiting and retaining diverse groups of fathers and families.*

KEYWORDS—*father involvement; coparenting; parenting; program retention*

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Efforts by behavioral scientists to define and understand the impact of fathers' role on children's outcomes have evolved significantly since early attachment theory and since the tender years doctrine defined mothers as primary, nearly exclusive influences in young children's development. As more mothers of young children sought employment, fathers became more involved in child care and researchers took greater interest in what these family changes meant for children's development. Recent studies have linked positive involvement of fathers with children and their mothers to the well-being of parents and their children (1–4), even in families in which the father does not live with the mother and child (5, 6). In addition, among vulnerable families, engaged fathers protected against risks such as child abuse, neglect, or placement in foster care (7). Despite these benefits, engaging fathers routinely in programs has been difficult to achieve on a large scale. Questions remain about how to create effective programs that recruit, positively engage, and retain men.

In this article, we address what is known about engaging fathers in parenting programs, noting the lack of research on this topic in global programs (8), and examine reasons for this gap in service delivery and lag in empirical results—compared to research and knowledge about maternal involvement. Using two decades of the Supporting Father Involvement (SFI) program as an example, we argue for programs that include both parents—rather than father-only programs—during the critical period when families are forming. We illustrate a program format proven effective in engaging fathers and mothers in various cultural and national contexts. Our experience suggests that when programs are inclusive in content and focus on process, are sensitive to differences within and across families, and recognize both parents as experts on their children, they can recruit and retain diverse and large groups of fathers and families.

ENGAGING FATHERS IN GROUP INTERVENTIONS

A child's birth is a time of transition when many men discover the transformative wonder of parenting as they fall in love with



their babies. Engaging men early in an infant's life benefits infant development, including hormonal changes in fathers that support the developing relationship between father and baby (9, 10). Family formation is a sensitive period for fathers who do not live with, or have romantic relationships with, their child's mother and are at high risk for dropping out of the child's life (11). Experience from programs offers effective strategies for including men in preventive interventions (12, 13). Addressing barriers to men's involvement at personal, familial, and societal levels leads to men's perceptions that they are invited to—and expected to be at—the table. Personal concerns (e.g., employment, lack of experience) and family issues (e.g., conflict or violence, maternal gatekeeping) are exacerbated by deeply rooted institutional barriers that may include avoidance or devaluation of men's role in the lives of their children by female program staff, beliefs that men are not interested in being involved, perpetuation of rigid stereotypes of masculinity and femininity, and practices that focus on mothers to the exclusion of fathers. In particular, programs related to children's welfare have struggled to change a culture shaped by interactions mostly by and with women, while men have often been viewed, especially by female staff, as abusive, irrelevant, or disengaged. As gender stereotypes are challenged, options open up for integrating fathers into female-dominated programs and policies. Two examples of including fathers in such programs are child-protection and home-visiting interventions (14, 15).

Regarding the content and structure of programs and interventions, agencies signal their interest in engaging fathers through inclusive and intentional strategies that make programs accessible and relevant to men (see 16, 17). Having male staff, staying open after the traditional 9 to 5 work day, including activities that deal with serious issues humorously, and promoting father-child activities have been effective in recruiting and retaining fathers. Male staff and a father-friendly agency atmosphere are important, but including the mother in outreach helps assure her support for the father's involvement (16, 17).

Despite the stereotype that men tend to avoid being involved directly in the lives of their young children, many men participate in fatherhood programs because they want to be more successful in their roles as fathers or partners than the men were in their families of origin. They are also eager to learn about their legal rights, boost their employment prospects, or seek help navigating transitions in family life (e.g., childbirth, divorce; 18). While men tend to avoid the stigma (and potential "hot seat") of engaging in couples therapy, they enjoy the opportunity to communicate with, and learn from, other couples facing similar issues with their partners, children, and parents as they try to fulfill their cultural roles as protectors and providers. Therefore, prevention services, including programs that educate couples on improving their relationships, may attract more men than direct services marketed as repairing family relationships (13, 19).

Some evidence suggests that men are more likely to engage with other men in fathering programs and prefer men-only

programs (20). Men-only services will likely draw younger men (e.g., teenage dads) and those developing their own identities and roles, parents in conflict, and those adhering to cultural or religious norms that emphasize separating genders. However, engaging mothers and fathers is a recommended strategy as the nature of the relationship between mothers and fathers affects paternal involvement in the lives of young children (21, 22). Given successes for both models and the fact that some partnered relationships with fathers comprise two men, offering both male-focused and mixed gender services or programs seems prudent (23).

STILL A DEARTH OF INFORMATION ABOUT THE EFFICACY OF PROGRAMS FOR FATHERS . . . WHY?

Despite progress delineating successful recruiting and retention strategies for men in father education programs across the globe, men are not included routinely in parenting programs and interventions with younger children, and few robust evaluations of such programs have been done (24–26). A search of literature on parenting interventions (8) identified 786 published articles, 199 of which presented evidence on fathers' participation. Of those, only a few dozen disaggregated father or couple effects. Another study (25) reported similar results. Furthermore, only 7 of 150 programs for low-income fathers reviewed by *Mathematica for the Strengthening Families Evidence Review* were rated as having high-quality program evaluations (27). So-called parenting programs are apparently giving more lip service than substance to the importance of evaluating the impact of fathers' participation on their engagement.

SUPPORTING FATHERS' INVOLVEMENT: AN EVIDENCE-BASED PROGRAM WITH A COPARENTING CENTERPIECE

Programs focused on fathers fill a gap but, like programs focused on mothers, emphasize one parent and one relationship between the parent and the child. This overlooks the reality that most children want to know and have relationships with both parents, even if the parents do not have a relationship with each other. Coparenting increases a child's chances of developing more than one secure attachment, and being the beneficiary of strengths that both fathers and mothers bring to parenting (28, 29). Increasingly, programs that treat fathers' involvement as a vital component of family process, regardless of family structure, report increases in the participation of fathers and results that promote the well-being of family members. In the United States, parenting interventions in which participants meet in groups have reported positive results with low-income families (23, 30) and middle-class couples (31, 32). Results differed across studies, ranging from increased involvement of fathers (30) to more coparenting (23, 32) to a rise in mothers' parenting competency (31), and in two programs (31, 32), children's behavior

improved. In addition, a couples based program (33) reported positive results for low-income African American parents, including increased rapport, problem solving, and communication, and less conflict for nearly three fourths of the couples. Outside the United States, parenting programs are also beginning to emphasize coparenting (34–36).

Engaging Men in Various Contexts

The SFI program model encourages fathers' involvement through a coparenting lens with the goal of improving the well-being of family members and strengthening relationships between parents and between parents and children. It targets families with young children, typically enrolling families with toddlers. The 16-week, 32-hr program is designed as a curriculum for either fathers only or coparenting couples. A structured curriculum is coupled with an interactive format that engages both partners in learning material and in activities that promote discussion of family issues between partners. The program also encourages couples to share with others in the group in a nonthreatening environment facilitated by clinically skilled leaders that include one male and one female. Other supports integrated into the program include case managers, child care during the groups, and a meal for all parents and children prior to each group meeting. The curriculum combines short didactic presentations, exercises, video clips, and discussions to promote partners' learning and skills across five domains that influence family outcomes: individual well-being (avoiding depression), partners'/couples' relationships (communication, problem solving, satisfaction), parenting (involvement, stress), three-generational patterns of parenting, and balancing life stress and social supports. SFI teaches parenting skills, but also uses the couples format to focus on parents' own goals and parenting in light of risk and protective factors that affect children's development.

The model on which SFI is based was developed by Philip and Carolyn Cowan (37–39), then adapted for SFI by Marsha Kline Pruett and Rachel Ebling, and implemented by the Cowan–Pruett (including Kyle Pruett) team in five counties in California. Nearly two thirds of the more than 800 low-income couples participating in urban and rural California were Mexican Americans; other participants were African American or Caucasian. Male–female teams of group leaders (including at least one licensed clinician), case managers, and child-care staff were drawn from the local community. Staff were trained and supported through bimonthly phone consultations and 2-day meetings twice yearly. In the trainings, staff were taught the curriculum and learned about the sites and the populations they would serve. The trainings also helped staff maintain fidelity to the program by practicing parts of the curriculum, and reinforced the strength of partnerships and coparenting capacities by emphasizing how to draw out these capacities using the activities and discussions generated by the curriculum. The program was offered in Spanish and English. (For more details, see 40–42.)

To recruit men for SFI, case managers representing the neighborhoods and cultural groups being recruited went to where men were after work and on weekends (e.g., family picnics, sporting events). Both fathers and mothers were directly invited to participate. An initial interview by the group leaders with both parents (or with the father and a designated coparent) introduced potential participants to the group leaders and topics that would be addressed, allowing private time for questions before prospective participants committed to joining the program. In one part of the interview, the partners were separated so the group leaders could assess for the possibility of family violence. These interviews helped couples feel comfortable with the group leaders. Other retention strategies included providing meals for families before each group meeting; having case managers contact participants before and after group sessions; referring parents for help with employment, housing, legal, and other issues; and convening two group sessions for the men and their youngest children.

In a first evaluation of the program, a randomized clinical trial (41) compared 98 couples in which both partners attended an informational meeting on the topic of fathers' importance to the family (the control condition) with 96 couples in which the fathers attended a 32-hr fathers' group and 95 couples in which both partners attended a 32-hr couples' group. In the control condition, fathers' involvement remained stable over 18 months, but couples' satisfaction with their relationship declined, and parents described their children as having significantly more internalizing and externalizing behavior problems. Although men in the father-only groups became less satisfied in their relationship with their child's mother, the men became more involved in child-care tasks and their children did not have increased behavior problems. In the couples' groups, relationship satisfaction remained stable over 18 months, parents reported significantly lower parenting stress, and their description of their children's behavior problems (internalizing and externalizing) remained stable. Intervention effects were similar across family structures (married, not married), income levels, initial well-being (depression, relationship satisfaction), and ethnicities.

In a second study, pre–post measures of an additional 236 couples who participated in couples' groups showed very similar or even more positive changes over time (40). Results of the first study were replicated for fathers' involvement, declines in parenting stress, declines in parents' psychological symptoms, and stability in couples' relationship satisfaction and children's internalizing and externalizing behavior problems (except for aggression, which declined). In addition, parents' reports revealed significant reductions in parents' use of screaming, pushing, or hitting in their problem solving.

In Alberta, Canada, SFI was replicated over 8 years in four urban and rural areas. Questionnaires completed by mothers and fathers used the same assessment measures as those in California: parents' psychological distress, parenting stress, couples'

relationship quality and conflict, fathers' involvement in the care of their children, and children's adjustment. Participants included primarily Caucasian middle-class parents who were unhappy in their relationships and depressed (especially mothers). Similar to the results from California, in a pre–post evaluation (36), parents who took part in the program in Alberta reported positive changes in fathers' involvement and reduced parenting stress, parental conflict, and both avoidant and violent problem-solving strategies. In addition, couples' relationship quality and children's hyperactive and withdrawn behaviors remained stable. Parents' psychological distress did not change.

In England, SFI was renamed Parents as Partners and offered in 12 boroughs of London as well as in other sites across England and in Wales (34, 35). There, the program focuses on low-income couples, with families referred by social service workers. In an evaluation of the first 100 couples who participated (featuring a pre–post self-report questionnaire that included the same domains assessed in the Alberta evaluation; 34), both parents improved on many measures of couples' relationship quality, parents' symptoms of depression and anxiety, and children's sadness, hyperactivity, and peer aggression. Furthermore, a significant number of parents and children who were in the clinical range for these assessment measures at baseline moved out of range at follow-up. Results showed that couples with the least optimal functioning at baseline reported the most substantial benefits.

In summary, in trials of SFI in the United States, Canada, and the United Kingdom, when mothers and fathers participated in small groups led by clinically trained male–female teams, they maintained positive features of individual and relationship functioning, reduced a number of significant risk factors, and strengthened some of the protective factors that affect children's development and well-being.

Cultural Adaptations

Although the success of SFI across national and ethnic groups suggests that the program's format can be used in a range of cultures, SFI staff have worked with the program's developers to strengthen the curriculum and adapt it to maximize cultural relevance. In Hartford, Connecticut, the curriculum has been modified to be more relevant to low-income teenage fathers who are African American or Latino. Changes include more electronic material (because the younger men relate more easily through this medium than through group discussion), more information on cultural attitudes toward discipline and on employment, and new material on child support and creating a household budget. Although this program encountered challenges in recruitment and from disaffection and hostility between the fathers and their babies' mothers and the mothers' mothers, it recruited several hundred young men. Group leaders reported that the young men looked to them as mother and father figures; practicing role-modeling cooperation and handling of disagreements, and sharing responsibility of running the group were powerful for the

young men, many of whom did not observe coparenting in their own families. Similar community-based programs in San Francisco, San Luis Obispo, Santa Cruz, and Orange Counties in California have primarily recruited fathers not living with the mothers of their babies. Urban housing programs and home-visiting programs have presented challenges in institutional and policy cultures surrounding program implementation there, including staff who are not used to or comfortable dealing with fathers, home-visiting policies that emphasize mothers as clients, parents who distrust each other, and recruitment in communities divided by gangs and street boundaries. However, staff members report success launching SFI without modifications beyond those undertaken for the young parents' program in Connecticut.

SUMMARY: LESSONS

Across these different cultural contexts of implementing SFI, lessons learned stand out in their consistency across diverse sites and their similarity to findings reported in previous research. These lessons widen the reach of this type of preventive, father-focused, coparenting intervention.

1. Training leaders—before implementation and during the program—was critical to program success (43). Regular calls to group leaders to consult helped the leaders stay close to the curriculum, especially the less familiar coparenting content, supporting the fidelity of the program and the autonomy of the leaders.
2. Including interviews with individual partners before each group started offered a preview of what the SFI groups would be like and aided retention.
3. SFI requires that groups be led by two facilitators (an approach espoused by other researchers; 19). The male–female teams modeled different but mutually respectful perspectives, parenting styles, and ways to work together. Including a male leader was important for men, many of whom who feel disenfranchised in parenting programs (20).
4. Father-only programs contributed to positive changes in fathers' involvement and parenting effectiveness. Nevertheless, even though the SFI curriculum for fathers focused on coparenting, the changes in couples' satisfaction, communication, and problem solving were not equal to those produced in groups that included both parents. That is, these family systems-based programs were most successful when both parents attended.
5. Few adjustments had to be made to the curriculum across income, racial, and national groups. Using group leaders with clinical and facilitation skills enabled programs to adjust language and activity as needed, and to respond competently to culturally diverse group members, as seen by high retention and successful outcomes across ethnicities.

These lessons from more than 1,300 couples who participated in SFI in the United States, Canada, and the United Kingdom,

including parents of varied economic, racial, and ethnic identities, suggest that coparenting is not solely a middle-class ideal that is irrelevant for parents with low incomes or for those who have not lived or parented in the same household. Rather, they indicate that a model that encourages parallel inclusiveness in families and organizations is evolving into a promising alternative or addition to parenting programs that have not attracted or included male participants in the numbers that females have been included. Participation can lead to meaningful change in men's relationships with their children and partners, and can improve children's emotional and social development. SFI and other models oriented to fathers and couples can be implemented in social service agencies, schools, prisons, and housing developments. SFI is also being implemented with First Nations (Native American) parents. Programs oriented to coparenting appear to be applicable in any setting where staff believes that parents and significant others can be encouraged to raise their children cooperatively together. Some men go through SFI on their own or with a coparent who is not their baby's mother, then return to participate again with the mother of their child to deepen their learning about successful coparenting. As participants and staff assume more psychological responsibility for and involvement with the program at their sites, they focus increasingly on fathering in the context of coparenting as a conceptually sound foundation and safety net for young children growing up in any family structure.

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