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Todd B. Chen  
Replicating a Couples Group  
Intervention to Enhance Father  
Involvement and Co-Parenting in a  
Canadian Sample

## ABSTRACT

To determine whether positive outcomes from two earlier clinical trials in California could be replicated, 50 couples from the Supporting Father Involvement program in Alberta, Canada participated in a post-intervention assessment 13 to 24 months following their baseline evaluation. Because couples in the California control condition experienced no benefits and some declines in adaptation, a control condition was not offered and assessed in the Alberta program. Data from the original California couples group (n=96) and controls (n=98) served as benchmarks for evaluating the current program. The central finding was that 7 of the 8 measures assessed showed positive Baseline to Post-2 changes that matched the direction of changes experienced by the benchmark intervention participants (increased father involvement, declines in parenting stress, stability in couple relationship satisfaction, improved couple communications in violent problem solving, children's aggression, hyperactivity and social isolation). Of these 7 measures, 1 revealed a significant positive change (decrease in parents' violent problem solving) compared to a "no change" benchmark result, and 1 showed a positive trend not found among the benchmark results (a near significant decrease in mothers' conflicts with their partners about their kids). Overall, the Alberta Supporting Father Involvement interventions produced positive results in terms of parents' and children's well-being, replicating results from previous studies of SFI. The current study strengthens the argument that programs should *not* be offered in separate family agency and government silos, but instead, should be combined to produce a greater impact for the entire family.

**REPLICATING A COUPLES GROUP INTERVENTION TO ENHANCE FATHER  
INVOLVEMENT AND CO-PARENTING IN A CANADIAN SAMPLE**

A project based upon an independent investigation  
submitted in partial fulfillment of the requirements  
for the degree of Master of Social Work

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2014

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## **CHAPTER I**

### **Introduction**

The purpose of the present study is to examine the effectiveness of the Supporting Father Involvement (SFI) study initiated in 2011 in Alberta, Canada. Since this study was developed and implemented based on the original SFI study conducted in California (see Cowan, Cowan, Pruett, Pruett, & Wong, 2009), the research question is to determine if the evidence-based approach for California SFI can be replicated in Alberta, Canada. Similar to the California study, SFI Alberta aimed to strengthen fathers' involvement in the family, their relationships with their children and with the mothers of their children, and to promote healthy child development.

Various programs for couples, father involvement and parenting effectiveness are funded, planned and administered in separate “silos” in government and social service settings (Cowan & Cowan, 2013). In addition, few programs to enhance fathers' engagement with children have been systematically evaluated, especially those aimed at supporting low-income marginalized populations. Despite the current attention on father involvement in promoting family outcomes, “little is known about what makes a father-involvement program successful according to standards of scientific credibility” (Pruett, Cowan, Cowan, Pruett, 2009, p. 163-164). In response to this dearth of information and to the “silos” issue, the SFI approach was developed to strengthen paternal and maternal relationships, as well as father-child relationships, and to test the relevancy of doing so for family well-being. On the basis of earlier intervention results using

a couples' group format (Cowan & Cowan, 2000; Cowan, Cowan, & Heming, 2005), the SFI researchers tested fathers and couples group interventions that were expected to positively affect three risk factors for child abuse – the quality of the father's relationship with the child, the quality of the couple relationship, and the children's behavior (Cowan et al., 2009).

The present mixed method research will systematically evaluate the Alberta Canada SFI intervention program as a dissemination study. The goal is to determine how SFI is replicated and the ways in which it supports the families and communities it was designed to serve. This goal has direct relevance to social work practice, policy, program development and theory because the analysis resulting from this study will provide the opportunity to learn from history without having to “recreate the programmatic wheel” at great economic and emotional expense of program providers and participants (Griswold, 1993). In addition, this research may contribute to a better understanding of how to enhance children's healthy development and well-being through inclusion of fathers in the family and a focus on the couple (co-parenting) relationship. Moreover, this research may contribute to the development of an evidence-based intervention model that can be replicated and scaled-up in a different set of communities, in another country, in reducing known risk factors and increasing known buffers for child abuse and neglect.



## **CHAPTER II**

### **Literature Review**

Based on SFI's overall goal of strengthening father involvement, this chapter will briefly review the literature on the importance of father involvement and examine why and how the closely linked connection between involved fatherhood and couples' relationship quality relate to child adjustment. It will be followed by a summary of three evaluated programs that applied the couples' relationship approach to strengthening father involvement, with a special emphasis on the SFI study and its conceptual model. The research and practice issues involved in the replication of SFI and evaluation programs in general will be discussed next. Finally, existing SFI data from the preliminary Alberta program evaluation will be used to provide the basis from which the current study is derived in order to expand and deepen the results.

#### **The Importance of Father Involvement**

Father engagement is defined in many ways. The traditional approaches to defining fathers' involvement include the quantity of time fathers spent with their children, the number of activities they engage in, or the resources they provide (Doherty, Kouneski, & Erickson, 1998; Lamb, Pleck, & Levine, 1986). However, studies consistently show that the positive impact of fathers' involvement comes not from the sheer quantity of contact in childrearing but primarily from the quality of relationship established with the child (Amato, 1998; Parke, 2002).

Over the past two decades, the role of fatherhood in children's development has gained greater attention as concerns over the values and vulnerabilities of today's families have

increased (Lamb 2000; Pruett, 2010). Extensive studies have found consistent correlations between fathers' positive relationships with their children and the children's enhanced cognitive, emotional, and social adaptation (Cowan, Cowan, Cohen, Pruett, & Pruett, 2008; Lamb, 2010; Tamis-LeMonda & Cabrera, 2002). In addition, the benefits of father involvement hold across cultures and family structures, regardless of whether the father and mother are married, cohabiting, separated, or divorced (Day & Peters, 2000). This increased understanding of the important role of fathers for children led to widespread support for the development of education and intervention programs to increase fathers' positive involvement in the lives of their families (Lamb, 2000).

Despite the fact that a number of earlier intervention programs had been designed to encourage fathers to take an active role in their children's lives, the programs were not evaluated in a way that revealed whether they are effective or who benefits from them (Knox, Cowan, Cowan, & Bildner, 2011). With the exception of several studies, very few fatherhood intervention programs have been evaluated and replicated using research design with randomized assignment to treatment and control conditions. In addition, the first generation of programs, which largely focused on helping men to increase their economic self-sufficiency in order to pay child support, produced disappointing results (Knox et al., 2011). But as fatherhood programs began to focus on family relationship issues, the ones that have been systematically evaluated found significant effects between father involvement and couples' relationships (Caldwell et al, 2011; Fagan, 2008).

### **Connection between Fatherhood and Couples' Relationship Quality**

There is a current tendency to offer "couple relationship" programs and "responsible fatherhood" programs in separate government and family service agency silos. Despite long-

standing divides in federal funding between these programs (Knox et al., 2011), one significant development indicates that responsible fatherhood and couples' relationships are closely linked rather than opposing priorities.

Research findings show that the man's capacity to fulfill his role as a father is often embedded in his relationship with the child's mother (Carlson, Pilkauskas, McLanahan, & Brooks-Gunn, 2011; Coley & Chase-Landsdale, 1999; Goeke-Morey & Cummings, 2007). For couples living together, the quality of their relationship is shown to be the best predictor of the quality of the father's engagement with his child (Coley & Chase-Landsdale, 1999; Egeland & Carson, 2004). Given their link, effective programs will try to strengthen both the relationship between the parents and the father's involvement in parenting (Cowan et al., 2009). For parents who are no longer together, there is also a strong link between parents' ability to cooperate and the father's level of involvement with the child, as the mother will often play the role of the maternal "gatekeeper" and either facilitate or restrict the father's involvement (Schoppe-Sullivan, Brown, Cannon, Mangelsdorf, & Sokolowski, 2008; Allen & Hawkins, 1999). In short, these research findings suggest that services related to engaged fatherhood and collaborative couple relationships are closely related, rather than alternatives, to one another.

### **A Couple Relationship Approach to Father Involvement**

Although research has shown that relationship education conducted in couples groups has a significant effect on marital quality (Blanchard, Hawkins, Baldwin, & Fawcett, 2009; Markman & Rhoades, 2012), very few studies have investigated the potential impact of a couples group on father involvement or children's well-being. However, there are three large-scale published studies that took a couples approach to encouraging father involvement using randomized clinical trials (RCTs).

First, Building Strong Families (BSF) was a quantitative study (Wood, McConnell, Quinn, Clarkwest, & Hsueh, 2010) that randomly assigned 5,102 low-income unmarried couples in eight U.S. sites to groups with a curriculum designed to improve the quality of the couple relationship. The group sessions instructed couples on how to better communicate with each other, manage their conflicts more effectively, and use strategies to build affection, intimacy, and trust as a means of strengthening their relationship. In addition to assessing the program's effects on couples' relationship status and quality, the study also assessed the effects of the intervention on couples' risk of intimate partner violence, quality of their co-parenting relationship, and father involvement. Although an intent-to-treat analysis found no overall significant effects on the participants 15 months following random assignment, one site did show statistically significant positive effects of the couples group intervention on father involvement.

In a separate study, Rienks and colleagues (Rienks, Wadsworth, Markman, Einhorn, & Etter, 2011) investigated father involvement by randomly assigning 112 male participants to a trial of 14-hour relationship education program that teaches skills and principles of healthy relationship. These participants were assigned to (a) traditional couples groups, (b) groups for male or female partners only, or (c) a no-treatment control group. The intervention curriculum was based on an adaptation of the Prevention and Relationship Enhancement Program (Markman, Stanley & Blumberg, 2010) and focused on couples communication skills and conflict resolution. Father involvement increased for the couples groups compared to no-treatment groups and men whose partners attended groups alone. Particularly, as shown by previous correlational studies, increased alliance between two parents was significantly associated with positive change in father involvement.

## **Supporting Father Involvement (SFI)**

The third study to evaluate a couples-based approach to enhance fathers' role in the family was the SFI program launched in California in 2003 (Cowan et al., 2009). This was the first program to promote father involvement that has been evaluated with a longitudinal randomized clinical trial research methodology. It included two variation trials of couples and fathers group interventions designed to 1) increase fathers' positive involvement with their children, (2) strengthen the co-parenting relationship, and (3) parent-child relationships in order to increase children's competence and prevent the rise of behavior problems. All of these outcomes represent key risk and protective factors in approaches to preventing child abuse and neglect.

The program originally included 279 Mexican American and European American low-income couples residing in 4 California counties (San Luis Obispo, Santa Cruz, Tulare, and Yuba Counties). Their children ranged in age from 0-7 with the typical age of the youngest child being 2-1/2 years. Two-thirds of the families had household incomes below 200% of the federal poverty line and none of them were involved with the Child Welfare System when they entered the study. During the first year of the study, the enrolled parents who were biological parents of their youngest child were randomly invited to take part in one of three conditions and followed for 18 months: a) 16-week groups for fathers (32 hours); or b) 16-week groups for couples (32 hours); or a c) a one-time informational meeting (3 hours). At each site, all three versions of the of the intervention were conducted by clinically trained male-female pairs of Group Leaders and all families were also offered the support of a Case Manager/Family Worker to help with referrals to other services as needed during their time in the project. The curriculum by Drs. Kline Pruett and Ebling, adapted from the original curricula used in the Cowans' earlier

intervention projects (Cowan & Cowan, 2000; Cowan et al., 2005), focused on challenges in key family relationships in order to strengthen them.

### **SFI Conceptual Model**

In designing the SFI intervention, the researchers were strongly influenced by the finding that across the socioeconomic spectrum, the most powerful predictor of fathers' engagement with their children is the quality of the father's relationship with the mother (Carlson et al., 2011), regardless of whether the couple is married, cohabiting, separated, and divorced co-parents (Pruett & Johnston, 2004). Moreover, the couples' parenting is shown to be more sensitive and attuned to the needs of their children when the couples are more satisfied with their relationship with each other (Adler-Bader, Calligas, Skuban, Keiley, Ketring, & Smith, 2013). An intervention approach that includes both parents and focuses on improving the relationship between them thus could be expected to have positive effects on fathers' involvement and on the quality of both parents' relationship with the child.

The structure of the overall SFI intervention was based on an ecological (Belsky, 1984; Bronfenbrenner, 1979) model and a family system approach (Cowan & Cowan, 2000; Heinicke, 2002), in which risks and protective factors from five key family domains interact to affect couple functioning, father engagement, and children's well-being. These domains are: (a) individual family members' personality characteristics, mental health and well-being; (b) the expectations and behavior patterns of both couple and parent-child relationships transmitted across the generations from grandparents to parents to children; (c) the quality of relationship between the parents, including communication styles, conflict resolution, problem-solving style, and emotional regulation; (d) the quality of the mother-child and father-child relationships; and (e) the balance between life stressors and social supports outside the immediate family. Not surprisingly, the risk and protective factors in each of these domains are associated with fathers'

level of positive involvement in intact families (Cookston, 1999; Parke, 2002) as well as in divorced families (Maccoby, Depner, & Mnookin, 1990). By contrast, negative events in each of these domains are more likely to increase risks for abuse and neglect of children (Rosenberg & Wilcox, 2006).

The SFI curriculum focuses on the five domains, each of which represents a major aspect of family life. The aims of the curriculum are (1) to strengthen fathers' involvement in the family, with their children and with the mothers of their children, and (2) to promote healthy child development. The assumption is that if positive changes can be effected in the five family domains, then there will be a positive preventive effect on many of the key factors implicated in child abuse (Cicchetti, Toth, & Maughan, 2000; Freisthler, Merritt, & LaScala, 2006).

Therefore, SFI is conceptualized as a preventative intervention intended to increase father involvement early in the father-child relationship before life stresses become difficult to control and result in fathers' withdrawal or absence.

### **Published Initial Study Results**

For parents who participated in the one-time informational meeting, their satisfaction as a couple declined significantly, and they reported increased problematic behaviors in their children. By contrast, participants in the fathers and couples groups showed significant increases in fathers' involvement with their children and no increase in the children's behavior problems over the course of the study. In addition, the couples' group participants showed no decline in satisfaction with their couple relationship, whereas the fathers' group participants and those in the one-time meetings experienced significant decline over time in the relationship satisfaction of both mothers and fathers.

Overall, the SFI study demonstrated that there was a connection between improvements in the quality of relationship between the parents and the cognitive and social adaptation of their children. It provided evidence that increasing fathers' involvement through positive changes in family relationships were more likely to be followed by increases in children's well-being. The SFI study also demonstrated that interventions that improve the quality of the parents' relationship as a couple have the potential for enhancing the effectiveness of parent-child relationships, with long-term benefits for the children's development and adaptation.

### **SFI Replication in California**

Due to the positive results of the original SFI project (referred to hereafter as Study 1 or benchmark Study), the same research team wanted to establish if these outcomes could be replicated with a more diverse participant population. Therefore, a second SFI trial (Cowan, Cowan, Pruett, Pruett, & Gillette, 2014) was conducted with the staff in the original four California sites with the addition of a new fifth site (in Contra Costa county) to include an African American sample from a low-income community. Other variations in this study (referred to hereafter as Study 2) involved extending the age range of the youngest child from 0-7 to 0-11, and including couples in which one partner was not the biological parent of the youngest child.

In Study 2, a total of 236 low-income parents participated in the 16-week SFI couples group. However, a control condition was not included because couples in the Study 1 control condition experienced no benefits and even some declines in adaptation. For the couples group intervention, participant couples in all three ethnic groups showed positive changes in measures of parent-child relationship quality, couple relationship quality, children's problem behaviors, and family income. According to Cowan et al. (2014), the main finding was that 6 of the 11 measures showed positive changes that were equal to those of the benchmark intervention



participants (declines in parenting stress, stability in couple relationship satisfaction, children's aggression, hyperactivity, social isolation, and psychological symptoms), and 2 measured showed significantly more positive changes than those of couples in the benchmark intervention (decline in couples' violent problem-solving and their children's aggression).

The Study 2 trial demonstrated that replicating the SFI intervention with a slightly more diverse sample produced similar results to those obtained in Study 1, increasing confidence in the effectiveness of SFI (Cowan et al., 2014). Moreover, a notable finding in Study 2 showed that parents in both fathers and couples groups did not decline but remained stable in couple relationships satisfaction, which is significant considering that the general trend across various populations studied for marital satisfaction decline over time after having children (Twenge, Campbell, & Foster, 2003; Hirschberger, Srivastava, Marsh, Cowan, & Cowan, 2009). This was especially significant since Study 1 indicated that without intervention, couple relationship satisfaction would decline and child problem behaviors would increase. Thus, the fact that couple relationship satisfaction and three measures of child problem behavior remained stable in Study 2 couples group participants represents a positive finding and adds credibility to the effectiveness of the SFI intervention (Cowan et al., 2014).

Overall, the pattern of pre-to-post intervention in the Study 2 couples group is consistent with the SFI conceptual model and the previous benchmark RCT. It shows that the relationship between parents can have a positive or negative effect on the parent-child relationship and this, in turn, will affect the children's adaptation and behavior. These findings suggest the urgent need to affect couple relationship quality early in the life of the family, which sets a positive course for the relationship between parents and children in subsequent stages of life.

## **Considerations in California Replication**

Typically, once an intervention has been demonstrated to be effective, it is assumed that it would be similarly successful if it was to be tested again under similar conditions. Before launching a larger trial of the SFI intervention in the communities, the SFI researchers sought to establish whether 1) the initial positive results from Study 1 could be successfully replicated, 2) the intervention was effective with a more diverse set of families, and 3) participant characteristics on entering the study predicted post-intervention changes (Cowan et al., 2014).

The factor that affected the design of Study 2 most strongly was the exclusion of control condition. Although the gold standard of evaluation for both initial and replication of an intervention is the random assignment of participants to treatment and control conditions, results from Study 1 showed that participants in the control group experienced no positive and even negative changes in their relationships as couples or in their children's behavior (Cowan et al., 2009). Therefore, both the researchers and program staff raised ethical concerns about how Study 2 should be designed. Given that there were good reasons to expect that fathers groups and couples groups would have positive effects on father involvement, the decision was made to not repeat the single-session control condition in Study 2. In place of a replication study of evidence-based practice, the researchers conceptualized Study 2 as an opportunity to gather systematic practice-based evidence through a community-based application of the SFI approach.

Without an RCT design, the main question faced was what would constitute evidence that the fathers and couples groups in Study 2 were effective. SFI researchers chose to use the "benchmarking" strategy (Hunsley & Lee, 2007) mentioned earlier by comparing the results from the Study 2 replication, which offered the same curriculum to a more inclusive population, with the already-published data from Study 1 RCT (Cowan et al., 2009). In other words,

researchers used all three conditions in Study 1 as comparison samples in order to evaluate whether Study 2 findings were consistent with the hypothesis that changes in participants could be attributed to SFI interventions. Although many central features of Study 1 were replicated exactly in Study 2, adding some variations in Study 2 allowed the researchers to test the generalizability of the intervention results. These variations justified conducting a new SFI study while also ensuring that it was implemented with fidelity to the original RCT (Cowan et al, 2013). By evaluating similarities and differences in patterns of change in two studies using the same intervention, Study 2 supports the conclusion that the original results of Study 1 were replicated and expanded.

To date, SFI is the only preventative intervention study with low-income families that provides systematic data on a replication of initial positive findings. Both Study 1 and Study 2 replication trials demonstrated that the SFI's couples approach has positive benefits for fathers' direct involvement with their children, on the relationship between mothers and fathers, on both parents' parenting styles and parenting stress, and on their children's behavior with them (Cowan et al, 2013.) Taken together, the results of Studies 1 and 2 support the concept that a focus on couple relationships, fatherhood, and parenting can be combined to draw upon the strengths of each to produce positive outcomes for the entire family.

### **Overview of Replication in Evidence-Based Programs**

The SFI replication provides a salient example of how once a program is deemed effective and "evidence-based", there is a greater interest in replicating it in new populations or settings. Although there exist many evidence-based programs that demonstrate their efficacy and effectiveness (see Mihalic & Altman-Bettridge, 2004), relatively little research has been conducted on the process of implementing, replicating, and disseminating them with fidelity on a

larger scale and into real-world settings (Mihalic & Irwin, 2003; Durlak & DuPre, 2008). The fact that various programs have completed the necessary efficacy and effectiveness trials and met the rigorous evaluation standards for “evidence-based” practice does not necessarily prepare them to be replicated on a wide scale.

According to Mihalic (2003), “replication is an important element in establishing program effectiveness and understanding what works best, in what situations, and for whom” (p. 15). However, when evidence-based programs are replicated, it is crucial not only to know whether a program works, but which program elements are vital in making the program successful (Blase & Fixen, 2013). Some programs are successful because of particular conditions or features of the original program site, such as extensive community support and involvement or the presence of a charismatic leader. But without the unique characteristics, these same programs could be less successful if replicated in another location. To date, however, few programs have had data about which program features are critical “core components” and which features can be adapted without compromising outcomes. Therefore, it is important to identify and implement the core components of evidence-based interventions in order to increase the likelihood that programs can be successfully replicated in communities and scaled-up over time.

In general, core components refer to the essential functions or principles, and associated elements (e.g., active ingredients, behavioral kernels; Embry & Biglan, 2008) that are deemed necessary to produce desired outcomes. The successful replication of a program involves the replication of both core *intervention* components and core *implementation* components (Fixsen, Naoom, Blase, Friedman, & Wallace, 2005). There is some evidence that the more clearly the core components of an intervention program are known and defined, the more readily the

program can be implemented successfully (Bauman, Stein, & Ireys, 1991; Winter & Szulanski, 2001). The section below will explore the key aspects related to identifying both intervention and implementation core components and using them to replicate and scale up programs.

Core intervention components can be identified through causal research designs (e.g., randomized control trials) that test the degree to which core components produce positive outcomes, as compared to results that occur in absence of these core components. However, it is difficult to know the core components of an evidence-based program until replications in new settings have been attempted and evaluated over time (Arthur & Blitz, 2000; Harachi, Abbott, Catalano, Haggerty, & Fleming, 1999). But even after core intervention components are identified, there is little empirical evidence to support assertions that the components named by an evidence-based program developer are in fact the only functional core components necessary for producing the outcomes (Dane & Schneider, 1998; Michie, Fixsen, Grimshaw, and Eccles, 2009). Thus, it is not only important to understand the outcomes of the research to invest in “what works”, but also the need to define and understand the core components that make the “what” work.

Moreover, the replication of evidence-based programs may produce tension between fidelity to the original intervention and adaptations necessary to make the intervention relevant to the new culture and circumstances of participants (Morrison et al., 2009). As a result, there has been substantial debate about whether new interventions should be implemented with strict fidelity or whether adaption should be allowed to accommodate local needs and preferences (see Backer 2002; Blakely et al., 1987). Even though recent evaluations have shown that large-scale implementation can occur with a high degree of fidelity (Elliott & Mihalic, 2004; Fagan & Mihalic, 2003; Schoenwald, Sheidow, & Letourneau, 2004), diffusion studies indicate that

providers frequently modify their programs during implementation (Rogers, 2003; Ringwalt et al., 2003). Given that core intervention components receive emphasis in terms of fidelity, and are by definition essential to achieving good outcomes at implementation sites, several authors have stressed the need to identify these components and determine how well they are delivered or altered during implementation (Backer, 2002; Dusenbury et al. 2003; Mowbray et al. 2003; Durlak & DuPre, 2008). In summary, effectiveness and efficiency of replication and scale-up may be significantly enhanced when core intervention components are well specified and when there is greater clarity about the non-core components that can be adapted to fit the local circumstances.

In regards to core implementation components, extensive evidence from research findings confirms the powerful impact of implementation on program outcomes (for review, see Durlak & DuPre, 2008). A crucial implication from these findings is that the assessment of implementation is an absolute necessity in program evaluations. In fact, achieving implementation with fidelity not only increases the chances of program success statistically, but it can also lead to stronger benefits for participants. For example, meta-analyses show that programs receiving implementation monitoring (DuBois, Holloway, Valentine, & Cooper, 2002) produced more change (Gresham, Cohen, Rosenblum, Gansle, & Noell, 1993; Wilson & Lipsey, 2000). In addition, process evaluation studies almost consistently demonstrate that programs implemented with fidelity to the original design generate better outcomes (Gresham et al., 1993; McGrew, Bond, Dietzen, & Salyers, 1994). Given the credible empirical evidence that the level of implementation affects program outcomes, it becomes critically important to identify the factors that influence the implementation process.

Durlak and Dupre (2008) hypothesized that a multi-level ecological perspective was necessary for understanding successful implementation. In reviewing 81 research studies containing quantitative and qualitative data on factors affecting the implementation process, they proposed that implementation is influenced by variables present in five categories: intervention characteristics, provider characteristics, community level factors, organizational capacity, and training/technical assistance. In addition, they identified 23 relevant factors associated with one of the above five categories. Three other systematic reviews identifying factors affecting implementation (Greenhalgh, Robert, Macfarlane, Bate, & Kyriakidou, 2004; Fixsen et al. 2005; Stith et al., 2006) also confirmed the importance of a multi-level ecological framework for understanding implementation, and that such a framework should consider the five categories listed above. Moreover, all four reviews concurred on the importance of 11 factors. These factors consisted of funding, a positive work climate, shared decision-making, coordination with other agencies, formulation of tasks, leadership, program champions, administrative support, providers' skill proficiency, training, and technical assistance (see Durlak & Dupre, 2008). In summary, convergent evidence gathered from several independent research literatures confirms that "implementation is a complex developmental process that can be affected by a multiple array of interacting ecological factors present at the individual, organizational and community level" (Durlak & Dupre, 2008, p. 340).

Despite the review literatures mentioned above, few studies have actually analyzed the replication of research-based programs in new settings. Those that have included large samples (Ellickson & Petersilia, 1983; Gottfredson & Gottfredson, 2002) tend to focus on one type of program in one type of setting. What is missing is a systematic analysis of the factors influencing implementation across a variety of contexts and programs. Mihalic and Irwin (2003)

were able to begin filling this gap by conducting an in-depth process evaluation study at eight programs implemented in 42 sites across the U.S in a 2-year period. The data from these programs came from the Blueprints for Violence Prevention initiative and represent a range of modalities including prenatal and postpartum, school-based, mentoring, family therapy, and foster care interventions (see Mihalic & Irwin, 2003). The evaluation study assessed how successfully the programs were implemented and identified the factors that seemed to significantly contribute to implementation success.

The findings from the Mihalic and Irwin (2003) study identified the following six factors that influenced whether a program was successfully implemented in a new environment: the characteristics of staff implementing programs, the quantity and quality of training and technical assistance (TA), community support, having time to implement programs, strong leadership (i.e. program champions), characteristics of the agency in which a program is implemented (e.g., administrative support, open lines of communication, clear lines of authority, structural stability, financial support, etc.) and, finally, the characteristics of the program itself (e.g., complexity, flexibility, cost, etc.). A notable finding was that the quality of TA seemed to be the most consistent, direct factor across multiple success measures, and it seemed to be a more consistent predictor than the number of TA visits (Mihalic & Irwin, 2003). Another significant finding was that program characteristics also strongly influenced success, with the implication that appropriate programs should match well with the local needs of the community as well as with the funding, resources, and mission of the implementing agency (Mihalic & Irwin, 2003). Lastly, the researchers found that “inconsistent staffing directly influenced dosage and percentage of core components achieved, thereby suggesting that failing to hire and/or retain a full staff may influence the extent to which the program will be fully implemented” (Mihalic &



Irwin, 2003, p. 323). In conclusion, the study suggested that TA quality, program characteristics and inconsistent staffing are the three most consistent predictors across varying success measures. Additional studies have yet to identify alternate measures of success and the variables that directly and indirectly influence all factors of successful implementation.

In relation to the SFI intervention, Study 2 trial was able to successfully replicate both the core intervention components and the core implementation components from the previous benchmark study. First, the replication of SFI core intervention components involved the effective implementation of the five-domain ecological conceptual framework and a “couples relationship” approach in achieving fidelity and positive outcomes similar to Study 1. In addition, using two group leaders (one male, one female), case management, a meal prior to each session, and childcare were all stable aspects of the intervention believed to matter to its outcome. The structure of each session (open-ended, didactic and activity-based) also remained constant. Second, many of the core implementation components from Study 1 were replicated exactly in Study 2: All but one setting for Study 2 were used in the benchmark study and included similar populations; A majority of the staff conducted both studies, ongoing supervision was provided by the developers of the SFI intervention; and 10 of 11 measures in Study 2 were used in Study 1 (Cowan et al., 2013). Based on these factors, the SFI program appears to be consistent with the models of success described in this literature review for replicating effective program interventions.

### **Evaluating Success in Replication of Evidenced-Based Programs**

Given the importance of core intervention and core implementation components in replicating evidenced-based program outcomes, it is essential to understand how to evaluate if a replication is successful and has the necessary elements in place to achieve a successful

replication. Cowan et al. (2014) argued that “the best chance of replication occurs when a new trial of an intervention approach is implemented with fidelity to a successful RCT” (p. 4).

Therefore, to determine if such replication has indeed been implemented as intended, the need to develop and understand valid fidelity criteria becomes an essential component of quality evaluation practice.

According to Mowbray et al. (2003), “fidelity may be defined as the extent to which delivery of an intervention adheres to the protocol or program model originally developed (p. 315). The relevance of fidelity assessment is important in determining if a program intervention has been implemented as intended (Bond, Evans, Salyers, Williams, & Kim, 2000), as well supporting internal validity of such intervention by gathering evidence that the program outcomes were in fact related to the intervention and not to other variables (Gresham, MacMillan, Beebe-Frankenberger, & Bocian, 2000). Researchers have also demonstrated that measures of fidelity will predict outcome when evidence-based models are replicated using valid fidelity criteria (Blakely et al., 1987; Paulson, Post, Herinckx, & Risser, 2002). Given the significance of assessing fidelity in program evaluations, researchers (McGrew et al., 1994; Teague, Bond, & Drake, 1998) have identified three steps for establishing fidelity criteria. The following section will briefly explore these three steps in relation to the replication of evidence-based programs.

The first step in assessing fidelity criteria is to identify and develop them. From a conceptual perspective, the most appropriate method is to draw from a specific program model that has been proven successful (Mowbray et al. 2003). In the case of SFI, the measurement scales and program manual in the replication study (Study 2) were derived from the original SFI study (Study 1), which the California Evidence-Based Clearinghouse has designated as an

evidence-based practice. However, all programs being compared may not have been subjected to the same standards of rigor for efficacy or effectiveness research, thus creating a situation in which researchers are unsure about what it is that they are evaluating. In such case where a proven model is not available and research base is limited, Orwin (2000) suggests that an evaluability assessment be conducted before developing fidelity criteria to determine the extent to which a program can be evaluated and to help identify poorly defined interventions.

Another potential issue in the development of fidelity criteria is the fact that fidelity to program standards may be confounded with the aptitude of program implementers (Clarke, 1998). An example is when a skillful practitioner implements an intervention with better results compared to another practitioner. According to Mowbray et al. (2003), this phenomenon can be teased out if “fidelity criteria could include items concerning such features as expected staff experience and training and monitoring of staff performance” (p. 327). In the case of SFI, a majority of the staff conducted both the benchmark study and the replication study, while ongoing supervision was provided by the creators of the SFI intervention (Cowan et al., 2014). However, if SFI is replicated in another country where it would be impractical for the original California staff to conduct the intervention, how then should the fidelity criteria be re-examined and considered for revision?

This point relates to the challenging and complex issue of adaption in the implementation and dissemination literature, which has given rise to a substantial debate mentioned earlier between those that advocate for exact replication of intervention models (Fagan & Mihalic, 2003; Emshoff, Blakely, & Gray, 2003) and those that encourage adaptation or reinvention of models to suit local needs (Castro, Barrera, & Martinez, 2004; Morrison et al., 2009). In regards to finding a balance between the two sides, the fundamental conclusion drawn from a literature

review by the Center for Substance Abuse Prevention (CSAP, 2002) is that “attention to BOTH fidelity and adaptation is essential for successful implementation of evidence-based substance abuse prevention programs” (p. 13). Although little empirical research has been done on actually measuring which components of the evidence-based program require absolute fidelity to the original model and which components can be modified, CSAP (2002) offers the following set of six guidelines for balancing fidelity and adaption (p. 16-17):

- 1- Identify and understand the theory base behind the program.
- 2- Locate or conduct a core components analysis of the program.
- 3- Assess fidelity/adaptation concerns for the particular implementation site.
- 4- Consult as needed with the program developer to review the above steps and how they have shaped a plan for implementing the program in a particular setting.
- 5- Consult with the organization and/or community in which the implementation will take place.
- 6- Develop an overall implementation plan based on these inputs.

The second step in establishing fidelity criteria is to develop and implement methods to measure them. According to Mowbray et al. (2003), one of the common ways to measure fidelity is through interviews or surveys completed by individuals delivering the intervention or receiving them. Examples include using structured fidelity scales by staff and clients at program startup and follow-up assessments (Paulson et al., 2002) or daily activity checklists completed by workers after each session (Unrau, 2001). However, measurement issues may arise when over-reliance on staff reports constrain validity through a social desirability bias. For participants, research indicates that their ratings are oftentimes biased towards being excessively positive or negative about the evaluation (Nguyen, Atkisson, & Stegner, 1983). Some ways to minimize these issues include complementing staff or client data with other evaluation approaches (Unaru,

2001) or using measures that use dichotomous items instead of Likert scales to minimize subjective assessments (Macias, Propst, Rodican, & Boyd, 2001).

Another major issue is that not all fidelity criteria can be measured comprehensively with the same reliability or feasibility (Mowbray et al, 2003). For example, Bond et al. (1997) argues that measuring program performance with certain process criteria (e.g., nature of staff-client interactions, quality of intervention delivery) may demand more subjective judgments and are therefore more difficult to measure. Even if these criteria serve as indicators of core program components that relate strongly to positive outcomes, the fidelity instrument may not be able to measure all such core components in a reliable or valid way. As programs replicate, evolve, and undergo inevitable adaptation over time, the measurement of fidelity may change in relation to program outcomes, as well. Given that fidelity is frequently measured only at one point in time to evaluate replication success (Bond et al., 2000), it becomes a challenge then to consistently and reliably capture this kind of information across the implementation and empirical investigation process.

Thus, the third and final step in developing fidelity criteria is to assess its reliability and validity. There are several different methods for approaching this but one of them is to examine the relationship between fidelity measures and expected outcomes for participants (Mowbray et al., 2003). In the SFI intervention, fidelity to the five-domain model was maintained and the couples' approach to childrearing were significantly related to positive outcomes in both the benchmark study and the replication study (Cowan et al., 2009; Cowan et al., 2014). Another method is to analyze the internal consistency of the data empirically, such as through the Cornbach's coefficient alpha. This method was used in both SFI studies to identify the reliabilities of measurement scales. However, Mowbray et al. (2003) argues that fidelity criteria

must go beyond focusing solely on outcomes as validators of program effectiveness or potential for successful replication. Instead, they argue that programs intended for replication should be compared to other intervention programs that serve the same population but use different methods, or to examine the fidelity measures of a single program developed from different sources, such as quantitative surveys and qualitative interviews. Doing so will help to provide a more systematic and appropriate approach to validating fidelity criteria for a given intervention program. While both SFI studies have utilized observational as well as self-report and clinician report to triangulate the data, the current Alberta study will utilize questionnaires supplemented by interview data.

Although attaining high implementation fidelity is one of the most essential ingredients in replicating the success achieved by an original study, it makes up only a part of the many components necessary for the effective dissemination and scale-up of evidence-based practice (Carroll et al., 2007). According to Schorr and Farrow (2012), “the danger is that by limiting implementation to only individual model programs that seem worth replicating in their proven form, we miss opportunities to expand, improve, and build on effective strategies to achieve greater impact.” (p. 14). Instead of focusing only on the programmatic success or failure of an intervention, Schorr and Farrow (2012) argues that the goal should be to expand the evidence base of “what works” by identifying commonalities of success across interventions. This allows communities to be in a position to replicate programs strategically “rather than relying on copying programs that may or may not work when brought to bear in different environments and with different populations” (Schorr & Farrow, 2012, p. 13).

Part of identifying commonalities to guide scale-up and implementation efforts is to draw on additional and more inclusive bodies of credible evidence from multiple sources (Smyth &

Schorr, 2009). This broad knowledge base involves extending beyond evidence derived only from experimental evaluations to include evidence from other sources, such as program evaluations, evidence-based protocols, empirical evidence from similar or related efforts, and powerful practices and experiences that emerge from analyses across programs. According to Schorr (2012), the key is to synthesize evidence from all these sources to continuously make interventions more effective and to guide the design of interventions to implementation or scale-up. Simply replicating proven programs that can stand alone is unlikely to be the best single strategy for reaching and substantially improving outcomes for larger numbers of targeted populations. To achieve transformative social change at a greater scale, Schorr (2003) argues for a conceptual paradigm honoring multiple ways of knowing that would increase the effectiveness of promising programs and “begin to produce the practical knowledge needed to improve outcomes while simultaneously combating the prevailing nihilism, which holds that nothing can be known because the certainty we demand is not attainable” (p. 24).

### **Evaluating Success in Replication of SFI Model Fidelity**

Based on the replication of the SFI model in California, researchers have developed ten dimensions that define the central characteristics of the SFI intervention (M. Pruett, personal communication, February 16, 2014). The following section will briefly outline these dimensions and describe how they may serve as a template for fidelity criteria in evaluating the success of the SFI dissemination study in Alberta, Canada.

- 1) The curriculum group sessions remain a key component of the SFI intervention. The core aspect of this component is to present the full evidence-based model and to choose agencies that intend to replicate the model closely. The curriculum covers a range of essential ingredients such as the five-domain model, length and number of sessions,

group size, and group leader teams. Although more data analysis is needed regarding optimal dosage (number and length of sessions), the researchers have concluded that attendance at 80% of the groups was associated with better outcomes. Moreover, having a male-female two leader-team is strongly recommended.

- 2) In terms of target population and screening participants with high risk characteristics (e.g., severe mental illness, severe substance abuse, recent or ongoing violence), the SFI researchers have found that higher risk population requires more skilled leaders and additional resources provided by the agency. Although it is not known whether groups with high risk participants need to be homogenous (e.g., all participants with family violence or with substance abuse problems), high risk couples appear to benefit from being in groups with lower risk couples.
- 3) Having leaders with the necessary level of training, experience and pairing is crucial in implementing effective group sessions. In SFI, group leaders must satisfy one of the following: a) clinical training or equivalent group experience necessary; b) marriage and family therapy students with group experience and ongoing supervision as an alternative to fully licensed leaders; or 3) license eligible interns paired with more experienced group leaders. The extent to which leaders with less training or experience are effective is an empirical question still to be determined.
- 4) Ongoing technical assistance, along with program and clinical consultation, must be available to group leaders, especially at the beginning of the project. For the two California studies, this involved regular telephone consultations and two all-site meetings a year.



- 5) The SFI Case Managers play an important role in a) assessment interviews at baseline and all follow-ups; b) maintaining involvement of clients; and c) brief clinical contact and referral for additional services as needed. Although it may not be necessary for each agency to require new Case Managers solely dedicated to the dissemination project, SFI researchers believe that the agency staff must provide adequate support for dimensions b) and c) described above.
- 6) Ongoing technical assistance and consultation for the Case Managers is also needed. Moreover, SFI researches noted that having one staff person serving the dual role of case manager and group leaders is not effective.
- 7) Creating an institutional atmosphere that seeks to establish a more receptive environment for fathers' role in their families is a fundamental element to develop a successful SFI program. This includes focusing on father friendliness within the agency, commitment to the project at all levels from Director to line staff, open and effective communications, and willingness to think "outside the box" in order to develop new strategies to support the intervention.
- 8) Systematically gathering and documenting any positive or negative changes in participants is a requirement of participation in the project and a major component of the evaluation process. Toward this end, the Alberta team has adopted a subset of quantitative and qualitative instruments from the original research as the basis for their evaluation materials.
- 9) Having childcare for parents attending sessions provided benefits for children and parents, and supported time for the couple to work on family issues undisturbed.

10) Providing food before the group meetings is an essential factor in allowing parents to attend sessions immediately from work. Although it is unclear whether providing childcare and food is necessary in order to produce successful results, the SFI researchers strongly believe that they help to retain families which, in turn, lead to better results.

### **SFI Replication in Alberta, Canada**

The purpose of the present study is to examine the effectiveness of the Supporting Father Involvement (SFI) program initiated in 2011 in Alberta, Canada. Similar to the California study, SFI Alberta aimed to strengthen fathers' involvement in the family, their relationships with their children and with the mothers of their children, and to promote healthy child development. The program entailed the same 16 week group intervention (either for fathers only or for couples), case management, and attempts to enhance father friendliness in the social service agencies in which SFI was embedded.

To assess whether the SFI intervention could feasibly be brought to scale in a different community setting and a different country, some members of the original research team implemented an SFI program in Alberta, Canada with 164 families at Baseline, from four regional sites. These sites include Edmonton, Cochrane, Lethbridge, and Red Deer. However, Red Deer is not part of the follow-up evaluation. Similar to participants in the California studies, most Alberta participants at baseline were between ages of 25 and 45 years, were married and were living together. Participants were also fairly well-educated: a majority of mothers and fathers finished high school (93% Fathers, 95% Mothers) and many (52% of mothers; 41% of fathers) completed college or professional school. The average combined family income for Alberta participants was relatively high compared to the samples gathered in California. The median income of Alberta families was \$60,000 a year with modal income over \$90,000 a year.

In comparison, the median household income for the California families was \$29,700 per year, with about two thirds of the sample falling below twice the Federal poverty line (\$40,000 yearly household income for a family of 4). Lastly, a majority (86%) of the Alberta participants were born in Canada, with over 80% having a European heritage background.

Alberta participants completed pre and post questionnaires to measure family roles, child behavior, couple communication, marriage quality, adult depression, and parenting stress. These represented a subsample of questionnaires given to participants in the larger and more intensive evaluation undertaken in California. Out of the 164 couples recruited and assessed at Baseline, 67 mothers and 61 fathers from a total of 63 separate families have completed follow-up assessments about a year following baseline (Post 1 assessment). The results from these assessments have provided researchers with the opportunity to begin analyzing any significant changes reported post-intervention. Due to the absence of a control group, any significant changes in reports cannot be claimed to be directly attributable to the intervention. Nevertheless, these data remain important in order to conceptualize and understand any trends or correlations that may exist between proposed variables and the SFI intervention.

Data collected from Alberta participants at Post 1 illustrated many positive trends in family functioning, father involvement, and couple relationships. In regard to division of family tasks, both parents' impression of a balanced workload improved as a function of time, with mothers reporting that fathers were participating more in family tasks. In the area of couple communication, fathers reported using significantly less violent problem solving strategies. In addition, parents reported significantly fewer conflicts with each other, and in particular, fewer conflicts about their children. The quality of partnership remained stable and even began rising, which indicated an especially strong finding given that almost all longitudinal studies of marital

satisfaction show a decline in relationship satisfaction over time in the absence of intervention (Twenge et al., 2003; Hirschberger et al., 2009). Both parents reported less parenting stress following the intervention, with parents less likely to report their child as being “difficult” and less likely to report negative interactions with their child. There was no change in negative child behaviors, which was considered a positive finding in the California study since children in a control group showed more negative behavior over time. In addition, children’s leadership qualities increased significantly according to both parents. Finally, both parents reported that their family income had increased significantly a year after the intervention, relative to baseline. In contrast, the assessment has yet to capture changes either in parents’ depression scores and couples’ tendency to deal with problems through avoidance.

Taking both the Alberta and California studies into consideration, the Alberta Post 1 data are suggestive that the SFI program contributes to positive outcomes for families on multiple levels. As such, the present study will continue to work with Alberta participants in order to identify areas of change that may reach statistical significance and/or elucidate what parents think about changes in their family subsequent to the SFI group intervention, and how they view the changes as connected - or not - to the intervention. Through in-depth qualitative interviews and quantitative surveys, current researchers will engage with participants in a follow-up study designed to further investigate the impact of the SFI intervention on family dynamics, roles, and relationships.

## **CHAPTER III**

### **Methodology**

#### **The current study: question and hypothesis**

The purpose of the current longitudinal study is to answer the following question: could the results from the initial couples group in the California benchmark study (Cowan et al., 2009) be replicated in the new Alberta sample? Based on the benchmark study, the curriculum for the Alberta SFI program included modules covering topics in all 5 family domains. This report will narrow the measurement focus to the couple, parent-child, and child outcome domains, in which there were direct intervention effects in the benchmark study on at least one measure in each domain. The prediction is that the Alberta intervention, as in the benchmark study, would show positive findings in regards to couple relationship quality, parent-child relationship quality, and child outcomes. In this case, positive results would be represented by stability over time in both couple relationship satisfaction and on measures of children's behavior problems. In addition, parenting stress is predicted to decline over time, based on the benchmark study data. Because benchmark couples' violent problem-solving, and harsh parenting ideas were stable over time in both intervention and non-intervention participants, no specific predictions about change in these measures in the current study were made.

#### **Participants**

The potential participants for this study (Post-2 assessment) were selected randomly from the original families who had completed the Alberta SFI intervention 13 to 24 months after their baseline assessment. They were identified and contacted by designated case managers located

within family resource centers at each of the three regional sites in Alberta, which are Norwood (in Edmonton), Cochrane, and Lethbridge. Families who expressed interests were re-contacted by a member of the Smith College SFI research team to conduct the follow-up evaluations. The criteria to participate in this study were similar to those used for inclusion in the SFI Alberta program: (a) both partners agreed to participate; (b) the parents were raising their youngest child together regardless of whether they were married, cohabiting, or living separately; (c) neither co-parent suffered from a mental illness or drug or alcohol abuse problems that interfered with their daily functioning at work or in caring for their children; (d) the family had no current open child or spousal protection case with Child Protective Services or an instance within the past year of spousal violence or child abuse; and (e) participants must have access to a phone line and be willing to speak with the researcher about their experiences in SFI and to complete the quantitative questionnaire familiar to them from earlier participation in the SFI program.

The 50 Alberta participants who completed the Post-2 assessment were between ages 18 to 54 years. A majority of them (86%) were born in Canada, with over 70% who self-identify as having European heritage background, 11% as Asian Canadian, 11% as First Nations/Inuit, and 8% as Other. Most (85%) of the couples indicated they were married, 9% were living separately and raising a child together (separated or divorced), and 6% were single (never-married or never-cohabiting couples). Participants were fairly well-educated: a majority of mothers and fathers finished high school or technical/trade school (88% Fathers, 88% Mothers) and some (31% of mothers; 29% of fathers) completed college or professional school. The average combined family income for Alberta participants ranged between \$50,000 to \$60,000 a year, with a median income of \$60,000 and modal income over \$90,000 a year. Only 8% of the couples reported being on financial assistance.

## **Data Collection**

A team of four graduate students from Smith College School of Social Work were assigned across the 3 regional sites with a list of eligible families. The students contacted their respective families to explain the study and how it would be conducted. The couples were offered an opportunity to participate in the study and sign the informed consent. Each parent who signed the consent forms was then scheduled for a follow-up assessment, consisting of a 20-minute quantitative questionnaire administered through Survey Monkey on the internet or hard copy from the site's local case manager. Once the survey was completed, a 45-minute qualitative interview was conducted for each member of the co-parenting dyad via phone or Skype. Of the 51 parents who signed the consent forms, 50 (98%) completed the questionnaires. Of these, 49 (98%) went on to complete the final interview. Each parent was paid a \$15 gift certificate for completing both the questionnaire and the interview.

## **Quantitative Measures**

Eight measures from five of the original California questionnaires were chosen for the Alberta study. In the current study, the *Parenting Stress Index* questionnaire was shortened to 16 items from the 36-item version in the benchmark. The *Child Adaptive Behavior Inventory* questionnaire was shortened to 29 items from the 54-item version in the benchmark. The full 23 items from the *Couple Communication Questionnaire* were used as they were in the Benchmark study, although only 1 item was published in the benchmark study. These measures were used to determine if trends emerging in earlier analyses replicated and strengthened over time. Similar to measures in the California benchmark study, they assessed the quality of parenting, the couple relationship, and children's adaptation. Additionally, this current study examined whether individual family members' depression and household income changed over time.

## Parenting

(a) Each parent's level of stress in parenting the *youngest* child was assessed with a 16-item revised version (Abidin, 1997) of the *Parenting Stress Index* (PSI). Parents indicated the extent of their agreement or disagreement with statements describing themselves as stressed, their child as difficult to manage, and a lack of fit between what they expected and the child they have. The scale has been validated by comparing parents who do and do not have known childrearing stressors (developmental delay, oppositional defiance, or difficult temperaments). For this current study, the 3 subscales from the original PSI scale were created from responses to statements such as: Parental Distress ("I feel trapped by my responsibilities as a parent"), Parent-Child Dysfunctional Interaction (My child rarely does things for me that makes me feel good"), and Difficult Child ("My child reacts very strongly when something happens that my child doesn't like.").

(b) *Who Does What?* (WDW; Cowan & Cowan, 1990a) is an 11-item questionnaire administered to both parents to assess fathers' relative involvement in the care of their youngest (target) child (e.g., feeding, getting up with the child at night), using a 1-9 scale in which 1 = *she does it all*, 5 = *we do it about equally*, and 9 = *he does it all*. A score of 50 suggests that, on average, this person does (or desires to do) an equal share of tasks overall. Item reliabilities at baseline were high ( $\alpha = .80$  for fathers and  $.81$  for mothers). Correlations between fathers' and mothers' descriptions at the three assessment points in the benchmark study ranged from  $.62$  to  $.74$ , suggesting that both partners described their division of family labor similarly, though not identically. For this current study, parents' impression of balanced workload was assessed using difference scores from the center score of 5, denoting equal involvement. Also, the difference between their ideal and actual contributions to the family workload was also assessed.



### **Couple relationship quality**

(a) The *Quality of Marriage Index* (QMI; Norton, 1983), a six-item questionnaire with one global estimate and five specific questions about couple relationship satisfaction, was used to measure each partner's satisfaction with the couple relationship. ( $\alpha = .93$  for fathers and  $.94$  for mothers). The one factor scale has high overlap with longer, traditional measures of marital quality (Heyman, Sayers, & Bellack, 1994).

(b) The *Couple Communication Questionnaire* (CCOMM; C. Cowan & P. Cowan, 1990b) included a 23- item checklist of various ways couples handle disagreements and solve a marital or family problems that come up between them ( $\alpha = .93$  for fathers and  $.94$  for mothers). Subscales include Violent Problem Solving ("I stomp out of the room" or "My partner throws something at me"), Collaborative Problem Solving (We talk about it to clarify the problem."), and Avoidant Problem Solving ("We delay action" and "We ignore the problem"). For this current study, fourteen (14) additional items about types of conflicts were also analyzed on a scale from 0 (*no conflict*) to 6 (*a lot of conflict*). Items include conflict between partners over matters such as "Division of workload in the family", and items pertaining to conflict about the children such as "how to discipline our children", "ideas about how to raise children", and "our children's schooling".

### **Children's Adaptation**

Each parent filled out a 29-item adaptation of the 106-item *Child Adaptive Behavior Inventory* (CABI; Cowan, Cowan, & Heming, 1995). It contained both positive and negative descriptors of cognitive and social competence (e.g., "Acts as a leader," "has trouble concentrating on what he/she's doing," "breaks or ruins things"). Each item is rated on a 4-point scale ranging from 1 (*not at all like this child*) to 4 (*very much like this child*). To reduce the scales to a manageable number of aspects of adaptation, scores were composited into 3 dimensions based on a factor analysis of the scale: (a) External Aggressive; (b) External

Hyperactive; and (c) Social Isolation. For this current study, items comprising a separate scale pertaining to children's Leadership were also used. In previous studies (Gottman & Katz, 1989), the inter-item consistencies of these composite dimensions filled out by teachers were very high (alphas in the .80s and .90s) and those filled out by parents were moderate (.60s and .70s).

### **Individual Depression**

*Parent's Depression (CES-D).* This 20-item depression questionnaire (Radloff, 1977) is a widely accepted clinical instrument that assess each parent's level of depression during the past week on a scale of 0 (*Rarely or none of the time*) to 3 (*Most or all of the time*). It included statements such as "I was bothered by things that don't usually bother me," or "I was happy," which received a reverse score. A score of 16 and above suggested a clinical level of depression. In the previous studies (Radloff, 1977), measures of internal consistency were high in the general population (about .85) and even higher in the patient sample (about .90).

### **Data Analysis**

Statistical analyses were conducted in two ways: 1) examining the changes over time in the current Alberta study sample, and 2) comparing the current study to the California benchmark (Cowan et al., 2009) and replication findings (Cowan et al., 2014). To determine if there were statistically significant changes between Alberta baseline measures and Post 2 assessments, ANOVAs were conducted on each of the 5 measures, with time (Pre - Post 2) and gender (mother-father) as within-subject effects. Statistically significant findings from the California benchmark and replication samples were then compared indirectly (eyeing the data) with the findings from the Alberta samples to identify which of the measures were replicated in Canada.

## CHAPTER IV

### Findings

#### Changes over time in the current sample

Tables 1 and 2 present the means and standard deviations for each measure at Baseline (Pre-intervention) and Post 2 (13-24 months after Baseline). Tables 1 contains eight measures that were used in the California benchmark (Cowan et al., 2009) and replication study (Cowan et al., 2014). Table 2 contains new findings from measures not reported in the previous studies. ANOVAs were conducted to identify significant intervention effects on parent-child engagement, couple relationship quality, and child outcomes. Bonferroni corrections were used to adjust for multiple statistical tests. In interpreting the data presented in Table 1 and 2, note this study's definitions of what constitutes positive results (see Chapter III Methodology). The data from the Post 1 assessment are not included here, in part because the results are *very* similar to Post 2 and, in part, because this paper focuses on longer-term effects (baseline to Post 2). Post 1 data are available from the author.

Table 1. *Comparison between Pre and PO2: Means, standard deviations, and F-tests of change<sup>1</sup>*

<u>Measure</u>	<u>Pre</u>	<u>Post 2</u>	<u>F<sub>time</sub></u>
<b>Parent-Child</b>			
WDW: Father report (Family Tasks Now)	39.12 (9.11)	44.81 (8.42)	10.76***
WDW: Mother report (Family Tasks Now)	34.69 (11.28)	41.56 (11.82)	

Father's PSI (Total Parenting Stress)	33.66 (8.87)	27.80 (7.39)	
Mother's PSI (Total Parenting Stress)	33.43 (10.24)	27.34 (6.34)	11.70***
<b>Couple</b>			
Father's QMI	32.81 (10.21)	32.13 (10.78)	
Mother's QMI	31.81 (9.03)	30.13 (12.24)	ns
Couple's Communication (Father's Violent Problem-solving)	1.47 (1.73)	0.67 (1.05)	
Couple's Communication (Mother's Violent Problem-solving)	1.13 (1.25)	0.67 (1.11)	8.65**
Couple's Communication (Conflict About Kids: Father report)	4.50 (3.50)	4.19 (3.97)	
Couple's Communication (Conflict About Kids: Mother report)	6.25 (3.53)	4.50 (3.37)	ns
<b>Children's Behavior (CABI)</b>			
Aggression: Father	23.71 (6.47)	22.58 (4.41)	
Aggression: Mother	24.44 (6.52)	23.13 (4.56)	ns

Hyperactivity: Father	14.25 (3.56)	13.47 (3.14)	ns
Hyperactivity: Mother	14.85 (3.89)	14.60 (3.92)	
Social isolation: Father	5.43 (7.49)	4.31 (4.84)	
Social isolation: Mother	5.79 (7.16)	5.44 (5.56)	ns

<sup>1</sup> \* p<0.05; \*\*p<0.01; \*\*\*p<0.005

Table 1 data collected from Alberta participants at Post 2 assessment illustrated many positive trends in the domains of parenting, couple relationships, and child’s adaptation. In regard to parenting, both parents’ reports of father involvement on *Who Does What* improved significantly as a function of time ( $F_{(1, 30)} = 10.76, p < 0.005$ ), while scores on the *Parenting Stress Index* (“My child turned out to be more of a problem than I had expected”) showed significant declines ( $F_{(1, 30)} = 11.70, p < 0.005$ ) over the same time period.

The two measures of couple relationship quality also indicated improved results. Given the decline in relationship quality for parents of young children in almost all longitudinal studies (Twenge et al., 2003; Hirschberger et al., 2009), stability of couple relationship satisfaction over 13 to 24 months (*Quality of Marriage Index*) is interpreted as a positive outcome for Alberta couples ( $F_{(1, 30)} = 1.08, n.s.$ ). In addition, the couples’ violent problem-solving behaviors (yelling, throwing things, hitting) on the *Couple Communication Questionnaire* reduced significantly ( $F_{(1, 28)} = 11.70, p < 0.01$ ) over the same time period. A near-significant trend revealed that mothers reported less conflict with their partners about their kids.

Based on findings from the benchmark study, 3 measures of child behavior problems on the *Child Adaptive Behavior Inventory* (aggression, hyperactivity, social isolation) were predicted to show no statistically significant Baseline to Post 2 change. Without intervention, these behaviors worsened over the time and age of the child in the *control* groups of the benchmark study. In the current sample however, a nonsignificant trend showed the parents' ratings of their child's aggressive behavior actually decreased, while no change occurred in hyperactive or social isolation behaviors. Again, these are positive findings and they met expectations.

Table 2. *Comparison between Pre and PO2 for findings not reported in previous studies: Means, standard deviations, and F-tests of change<sup>2</sup>*

	<u>Pre</u>	<u>Post 2</u>	<u>F<sub>time</sub></u>
<b><u>Measure</u></b>			
<b>Parent-Child</b>			
WDW: Father report (Impression of Balanced Workload)	24.09 (6.17)	16.36 (3.83)	12.03**
WDW: Mother report (Impression of Balanced Workload)	26.73 (8.25)	22.55 (7.81)	
WDW: Father report (Difference from Ideal)	14.00 (7.02)	17.14 (9.56)	ns
WDW: Mother report (Difference from Ideal)	11.14 (5.27)	19.29 (10.21)	
Father's PSI (Difficult Child)	14.13 (4.40)	12.05 (3.14)	7.85*
Mother's PSI (Difficult Child)	14.25 (4.28)	11.84 (3.04)	

Father's PSI (Parent-Child Dysfunctional Interaction)	13.91 (4.65)	11.31 (3.03)	5.65*
Mother's PSI (Parent-Child Dysfunctional Interaction)	13.80 (5.82)	11.31 (2.75)	
<b>Couple</b>			
Couple's Communication (Father's Collaborative Problem-solving)	3.80 (1.57)	3.27 (1.33)	ns
Couple's Communication (Mother's Collaborative Problem-solving)	3.33 (1.76)	2.67 (1.72)	
Couple's Communication (Father's Avoidant Problem-solving)	1.33 (1.16)	1.13 (1.41)	ns
Couple's Communication (Mother's Avoidant Problem-solving)	1.47 (1.51)	1.00 (1.07)	
Couple's Communication (Partner Conflict: Father report)	25.63 (17.44)	18.25 (17.03)	7.53*
Couple's Communication (Partner Conflict: Mother report)	27.50 (10.23)	20.00 (19.35)	
<b>Children's Adaptation</b>			
Child's Leadership Factor: Father	3.11 (0.65)	2.88 (0.80)	ns
Child's Leadership Factor: Mother	3.28 (0.38)	3.15 (0.70)	

**Individual Well-being  
(CES-D: Clinical Depression)**

Father Report	8.81 (5.61)	12.25 (10.38)	ns
Mother Report	13.56 (9.74)	12.94 (7.78)	

**Yearly Combined Family Income**

Father Report	5.44 (2.83)	5.63 (2.87)	ns
Mother Report	5.44 (2.90)	5.44 (3.52)	

<sup>2</sup> \* p<0.05; \*\*p<0.01

Additional findings from the Pre to Post 2 assessment continued to show positive relationships in the domains of parenting, couple relationships, and child adaptation. In regard to parenting, both parent’s impression of a balanced workload in childcare increased significantly as a function of time ( $F_{(1, 20)} = 12.03, p < 0.01$ ). Parents’ judgments of their child as “difficult” on the *Parenting Stress Index* significantly decreased ( $F_{(1, 30)} = 7.85, p < 0.05$ ), along with reports of significant decrease in their dysfunctional interactions with their children ( $F_{(1, 30)} = 5.65, p < 0.05$ ).

Several positive changes were reported in the quality of partners’ communication. Couples reported significantly less overall conflict ( $F_{(1, 30)} = 7.53, p < 0.05$ ). Mothers also reported a non-significant decline in conflict over the children. There were no significant differences in the amount of couples’ avoidant problem solving or collaborative problem solving.

In regard to child adaptation, parents’ description of their child as a Leader stayed steady after a Post 1 increase.



In terms of individual well-being, no significant changes were found in parents' reports of their levels of depression. There were also no significant differences between scores for men and woman.

Although fathers reported that the family income increased, the increase did not reach a significant level, and mothers' reports showed no increase. This finding contrasted with the Post 1 assessment, in which both parents reported a significant increase in income ( $F_{(1, 154)} = 3.82$ ,  $p < 0.05$ ).

### **Comparison among the benchmark, replication, and current studies**

ANOVAs on the effects over time between the benchmark study and current study were not conducted because the samples were comprised of different populations and the current SFI intervention was not conducted identically to the previous California benchmark study. However, means of the measures that showed statistically significant results in the benchmark study were examined to see if these same results emerged and were replicated in the current Alberta study.

The main question addressed is how the Baseline to Post 2 changes in the current study compared with the changes in the California benchmark and replication studies. Mean scores of the Alberta couple group participants are presented in Table 1. Mean scores of participants in the California benchmark and replication studies can be found in previously published articles (Cowan et al., 1999; Cowan et al., 2014). In order to facilitate a general comparison of couples group participants among the benchmark, replication, and current studies, Table 3 of this report illustrates the direction of change from Baseline to Post 2 for families in each of three samples. By comparing the significance and direction of change for these participants, the goal was to determine if the benchmark intervention results would replicate in the new Alberta sample.

Two measures focused on the changes in the quality of the parent-child relationship. Both mothers' and fathers' descriptions of father involvement (*Who Does What*) in the benchmark, replication, and Alberta couples groups showed significant increases over time. In comparison, the benchmark *control* condition revealed no significant change in this behavioral measure of involvement in child-care tasks.

Couples groups from the three studies also resulted in significantly less parenting stress (*Parenting Stress Index*) following the SFI interventions. Again, by comparison, stress was greater for parents in the benchmark *control* condition.

Similar to participants in the benchmark and replication studies, the Alberta participants maintained stability over time in their relationship satisfaction (*Quality of Marriage Index*); both groups contrasted with the significant decline in relationship satisfaction shown by the couples in the benchmark *control* condition. Moreover, the couples groups from both the replication and current studies reported significant reductions in violent problem solving (e.g., pushing and hitting each other, *Couple Communication Questionnaire*), which contrasted with a nonsignificant increase of this behavior in the benchmark *control* condition.

One additional finding was mixed for parents in the benchmark and current couples' groups: At Post 2, benchmark fathers reported a significant decline in conflict and disagreement over disciplining their child, whereas mothers reported a significant increase in the couple's conflict about discipline. In the current study however, mothers reported less conflicts about the kids while the fathers reported no changes. These studies suggest that conflict is a moving target across studies. It is possible that one or both parents experienced more disagreement as they engaged in increased discussion of childrearing issues.

The Cowan et al. (2009) study reported that four measures of children's problem behaviors (*Children Adaptive Behavior Inventory*) showed significant increases over time as perceived by

parents in the benchmark *control* condition, but those of the benchmark couples group found the problem behaviors remained stable instead of increasing. The results from the replication and the current Alberta studies showed that children of couples groups in all three conditions remained stable or improved in the three behaviors studied: aggressive, hyperactive and social isolation. Hyperactive behavior actually *decreased* significantly in children of the couples group participants in the replication study; such positive change could potentially show in the Alberta sample when the sample is larger, but for now, it remains stable.

Table 3. *Direction of change comparisons across 3 studies at PO2*

	<u>Benchmark Couples Group</u>	<u>Replication Couples Group</u>	<u>Current Couples Group</u>
<b><u>Number of couples</u></b>	95	236	25
<b>Parent-Child</b>			
<i>Who Does What?</i>	Positive	Positive	Positive
<i>Parenting Stress</i>	Positive	Positive	Positive
<b>Couple</b>			
<i>Quality of Marriage</i> <sup>^</sup>	No Change	No Change	No Change
<i>Conflict about discipline</i>	Positive (father)	(Not reported)	NS Positive trend (mother)
<i>Violent Problem Solving</i>	No Change	Positive	Positive
<b>Children's adaptation</b> <sup>^</sup>			
Aggression	No Change	No Change	No Change
Hyperactivity	No Change	Positive	No Change
Social isolation	No Change	No Change	No Change
<b>Family Yearly Income</b>	Positive	Positive	Positive trend (father)

<sup>^</sup> No change is positive finding when compared to benchmark control group

In sum, positive changes were found in this study across father involvement, parenting stress, conflicts over child discipline, couple relationships quality, violent problem solving, and stable child hyperactive, aggressive, and withdrawn behaviors. These changes replicate findings from previous SFI studies, including the RCT benchmark study. Moreover, positive changes in parents' perceptions of balanced family workload and family incomes were obtained, making the Alberta replication study an effective indication that SFI is appropriate and useful for Albertan parents.

## **Chapter V**

### **Discussion**

In comparing the current Alberta study to the benchmark RCT, the posed question was whether the results from the couples group in the benchmark study could be replicated in the new Alberta sample. From conducting statistical analyses and direction of change comparisons, the Alberta Supporting Father Involvement interventions produced positive results in terms of parents' and children's well-being, replicating results from previous studies of SFI.

#### **Replicating the pattern of results**

To examine if the couples group intervention in the Alberta study was effective, this paper compared the findings in the present study, which offered a similar couples group curriculum to a different population, with the patterns of findings in the published California benchmark and replication studies. Post 2 results from couples in the current study were remarkably similar to the benchmark and replication results across the eight published measures. Thus, it is not likely that the differences in sample characteristics between the Alberta and California couples contributed to significant differences in patterns of change in the current study.

In this replication of the Supporting Father Involvement couples group intervention, participants showed positive results in questionnaires measuring parenting, couple relationship quality, and children's adaptation. The central finding was that seven of the eight measures assessed showed positive Baseline to Post 2 changes that matched the direction of changes

experienced by the benchmark and replication intervention participants (increased father involvement, declines in parenting stress, stability in couple relationship satisfaction, improved couple communications in violent problem solving, children's aggression, hyperactivity and social isolation). Only 1 of the 8 measures in the current replication failed to replicate the positive results obtained in the earlier benchmark RCT (a decrease in fathers' conflicts with their partners about their kids). It is unclear whether this difference is attributable to real differences in sample populations or chance fluctuation. Of the remaining 7 measures completed by the current couples, 1 revealed a significant positive change (decrease in parents' violent problem solving) compared to a "no change" benchmark result, and 1 showed a positive trend not reported among the benchmark results (a near significant decrease in mothers' conflicts with their partners about their kids).

One measure, parents' household income, showed positive direction of change in all three intervention studies, in addition to the benchmark control condition. Although income changes cannot be credited directly to participation in the couples groups, the continuous positive trend in this measure indicates that they may be related to participation in the SFI study, in which a Case Manager was assigned to each family to help with family issues and facilitate referrals over the span of 13-24 months. An ongoing emphasis on maintaining family relationships may have supported parents to adopt a more collaborative and organized approach to finding and holding jobs to meet their families' needs.

Similar to the California replication study (Cowan et al., 2014), it would not be credible to interpret the results of the current study without the benchmark comparison data. The benchmark study indicates that without intervention, quality of couple satisfaction decreases and child problem behaviors increase. In the replication study (Cowan et al., 2014) however, the fact

that couple relationship satisfaction and three measures of child problem behavior remained stable over time provides credibility to the inference that this pattern reflects the positive impact of the SFI intervention. The fact that this pattern is repeated again in the current Alberta study adds even more credibility to the SFI intervention. Even without a randomized control condition, the finding regarding the stability of couple relationship satisfaction over 13-24 months in the current study is noteworthy. In the Alberta study, the pattern of pre-to-post intervention comparison in the current couples groups is similar in both pattern and direction of change to those in the benchmark and replication studies. The consistent pattern of positive findings for hundreds of families in all three studies strongly suggests that the findings from the latter two studies are, in fact, likely to be attributable to the SFI intervention.

In producing positive results similar to those obtained in the earlier California studies, the Alberta program reinforced confidence in the adaptability and replicability of SFI. Since replication and adaptation are two central features of the intervention evaluation, the results produced in the current study suggest that the Alberta SFI program not only maintained fidelity to the original SFI model but also the robustness to adapt to the different cultures and circumstances of the Alberta participants. Specifically, the positive results helped to further identify and define the core *intervention* components and the core *implementation* components (Fixsen et al., 2005) that allowed the Alberta study to successfully replicate and disseminate via the SFI approach.

Using the two California studies as a comparison to the current study, the common denominator for the core intervention components involved the effective implementation of the five-domain ecological conceptual framework (Belsky, 1984; Cowan & Cowan, 2000; Heinicke, 2002), and a “couples relationship” approach (Carlson et al., 2011; Coley & Chase-Landsdale,

1999; Rienks et al. 2011) in achieving positive outcomes. In regards to core implementation components, the use of two group leaders (one male, one female), case management, a meal prior to each session, and childcare were stable aspects of the intervention common in all three SFI studies. The structure of each session (open-ended, didactic and activity-based) also remained constant. Similar to the California trials, the current Alberta program received ongoing supervision provided by the developers of the SFI intervention and used locally-trained case managers and group leaders. Although the Alberta staff members were different from the ones used in the California interventions, the fact that all three SFI trials used staff from agencies embedded within the local communities suggests that this is a key component of the replication model, a component that may be particularly helpful in resolving adaptation concerns that could arise from an implementation site (CSAP, 2002).

As the SFI program continues to replicate, evolve, and undergo adaptation over time, the importance of maintaining fidelity to the core intervention and core implementation components will be critical in achieving positive outcomes and effective program evaluations. In addition, the program will continue to improve and build upon the existing model by identifying commonalities across each successful replication and synthesizing evidence from these replications to make the intervention more effective and have greater impact on families (Schorr & Farrow, 2012)

### **Limitations and Next Steps**

There are a number of limitations to the present study. First, like any non-randomized intervention study, the Alberta participants comprised a sample of convenience rather than a representative sample of families in the 3 Albertan sites. The participants were men and women willing to take part in an intervention to increase fathers' involvement in family life. Second, the



measures reported here rely on parents reports, although qualitative interviews were also conducted in the Post 2 assessment to further supplement and validate the results from the questionnaires, which they do (papers forthcoming). Third, we have examined intervention effects in predominately Caucasian Canadian families. It remains to be seen whether other ethnic groups across Canada will benefit from these interventions. Fourth, the current study examined the long-term intervention effects in only a small subsample (N=50) recruited from a larger baseline (N=396), which was, however, almost the full sample available whose data were completed 12-22 months post baseline. We had hoped to collect data from families who entered the study 18-22 months previously, but the small sample size fitting into this range necessitated broadening the sample to its current range. Moreover, the data from the larger Post 1 (N= 158) are *very* similar to the Post 2 data from the current study, which indicate that the changes reported by participants in this study are holding up on average 18 months after the Baseline. It remains to be seen whether the majority of other Albertan families who participated in SFI also benefitted from the intervention.

The absence of random assignment to a no-treatment or low-dose control group would also be a serious limitation if this study was the first attempt to evaluate the impact of the SFI intervention. Based on findings from the benchmark RCT, the random assignment to a control group was not included in the current study due to ethical reasons. Nonetheless, by comparing the significance and direction of change among the three SFI studies, the present study supports the conclusion that the original positive results from the benchmark study can be replicated.

In addition, the current study has not determined whether there were differences in change over time as a function of ethnicity. The Alberta SFI program included a high proportion of participants (77%) who identified as being of European heritage. In contrast, the benchmark

and replication studies comprised of a much lower proportion of such participants (27% and 31%, respectively), but with a greater proportion of participants who identified as being Mexican heritage (67% and 50%, respectively). It is also noted that one of the three intervention sites from the current study was an urban area, with one rural and one mixed site, in contrast with the primarily rural communities – and only one urban - from the benchmark and replication studies. Given the positive findings among the three studies, it will require further replication and empirical examination to conclude that the SFI intervention approach is equally successful among urban families as it is for rural families of different ethnic origins. Such replications are currently underway in Canada, the U.S. and the U.K.

Lastly, direct comparison between the current and benchmark samples were not facilitated using ANOVAs because the samples were comprised of different populations and the current SFI intervention was not conducted identically to the previous California benchmark study. Therefore, it cannot be determined statistically whether the positive direction of change in measures from the current sample was less than, equal to, or greater than the positive direction of change in measures from the benchmark and replication samples. However, statistically significant findings from the California benchmark and replication samples were compared indirectly (eyeing the data) with the findings from the Alberta samples to identify which of the measures were replicated in Canada.

### **Future Research**

Although the current study demonstrated positive changes in the quality of the couple relationship, it was not able to isolate effects on the couple's intimate relationship from effects on co-parenting quality by using existing measures from previous SFI studies. However, a separate quantitative instrument (Experiences in Close Relationships-Revised Questionnaire;

Fraley, Waller, & Brennan, 2000) was included in the Post 2 follow-up of the Alberta program to specifically assess the relationship attachment between co-parents in their intimate relationship. By examining how parents' individual differences with respect to their dimensions of attachment styles (i.e., anxiety, avoidance) affect their co-parenting relationship, we may determine whether parents' attachment styles will actually predict their co-parenting outcomes. Interviews were also conducted with each parent to capture qualitative impacts of the intervention according to parents' perceptions of their intimate relationships and co-parenting dynamics. Using these data, a study is currently underway (paper forthcoming) to examine how romantic attachment styles between SFI mothers and fathers are related to their parenting styles and stress. These types of studies may be able to further isolate ways in which the intervention contributes to the couples' relationships versus the co-parenting relationship.

In addition, the design of the current study does not provide data regarding the mechanisms by which the intervention produces positive effects. Using data supported by the benchmark study and similar interventions with middle-class couples (C.Cowan & Cowan, 2000; P. Cowan, Cowan, Ablow, Johnson, & Measelle, 2005), Cowan et al. (2014) proposed that the SFI provides a safe and healthy environment in which couples could find "support in exploring the connections among the key domains of family life while working on their own relationship challenges" (p .29). In turn, this process helps parenting couples to find ways of reducing the risks and increasing the protective factors that impact their own and their children's adaptation. The expectation - and findings – shows that strengthening the relationship between parents lead to positive outcomes in father involvement, co-parenting, and children's adaptive behaviors. Future analyses using path modeling and observational data will be conducted to learn more about the interconnections in these relationships. Whether other intervention approaches could produce different kinds of results also remains to be tested empirically.

## **Future Practice Implications**

An important practice implication from the current study is that the SFI intervention could be systemically replicated and disseminated on a wider and larger scale by embedding itself within existing service delivery systems across different communities and with locally-trained family serviced providers. Since various programs for couples, father involvement and parenting are funded, planned and administered in separate “silos” in government and social service settings, the SFI model can potentially resolve this issue by substituting the parenting or couples classes that are currently being offered in agencies with its effective evidence-based practice. In addition, the SFI approach may further increase cost effectiveness for agencies by preventing future family distress from escalating, and thus reducing the programmatic costs associated with it. These implications have direct relevance to social work practice, policy, program development and theory because the analysis resulting from the current study will provide the opportunity to learn from history without having to “recreate the programmatic wheel” at great economic and emotional expense of program providers and participants (Griswold, 1993).

## **Conclusions**

In conjunction with findings from the California SFI studies, the current Alberta study provided additional support for the inference that the Supporting Father Involvement couples group has 1) increased father involvement in the care of their children, 2) enhanced relationships between fathers and mothers, 3) created more collaborative and effective co-parenting, and 4) lowered parenting stress for both mothers and fathers, with resulting benefits for children.

One of the most salient questions answered by the current study is that the evidence-based SFI intervention could be feasibly replicated and disseminated in a different community

setting and in a different country, without sacrificing its effectiveness. Moreover, the current study contributed to a better understanding of how to enhance children's healthy development and well-being through inclusion of fathers in the family and an emphasis on the couple relationship. By showing that couple relationship groups produce positive benefits for father's involvement, couple relationship quality, and children's adaptation, the current study strengthens the argument that programs for these domains should *not* be offered in separate family agency and government silos. Instead, the successful elements of programs focusing on couple relationships, father involvement, and parenting should be combined to produce a greater impact for the entire family.

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Appendix A

HSR Approval Letter



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**School for Social Work**  
Smith College  
Northampton, Massachusetts 01063  
T (413) 585-7950 F (413) 585-7994

January 4, 2014

Todd Chen, Rachel Honig, Annabel Lane, and Sarah Robins

Dear Todd, Rachel, Annabel and Sarah,

You did a very nice job on your revisions. Your project is now approved by the Human Subjects Review Committee.

*Please note the following requirements:*

**Consent Forms:** All subjects should be given a copy of the consent form.

**Maintaining Data:** You must retain all data and other documents for at least three (3) years past completion of the research activity.

*In addition, these requirements may also be applicable:*

**Amendments:** If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

**Renewal:** You are required to apply for renewal of approval every year for as long as the study is active.

**Completion:** You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.

Congratulations and our best wishes on your interesting study.

Sincerely,

A handwritten signature in black ink, appearing to read 'Elaine Kersten'.

Elaine Kersten, Ed.D.  
Co-Chair, Human Subjects Review Committee

CC: Marsha Pruett, Research Advisor

Appendix B

Consent Forms for Norwood, Lethbridge and Cochrane Sites



**Consent to Participate in a Research Study  
Smith College School for Social Work • Northampton, MA**

.....

**Title of Study:** Supporting Father Involvement (SFI), Norwood site

**Lead Researcher:** Dr. Marsha Pruett, Smith College School of Social Work, 413-585-7997

**Co-Researchers:** Todd Chen, Rachel Honig, Annabel Lane, and Sarah Robins  
(Smith College School for Social Work)

.....

**Introduction**

- You are being asked to help us understand what you learned in the Parenting in Partnership program at the Norwood Child and Family Resource Centre by participating in follow-up research on the program's effectiveness.
- You were selected as a possible participant because of your previous participation in the program.
- Please read this form and ask any questions that you have before agreeing to be in the study.

**Purpose of Study**

- The purpose of the study is to better understand the experiences of families who participated in the Parenting in Partnership program. We would like to learn more about how your family may or may not have changed in the time since you participated in the program. In this program evaluation, we will ask for information about your well-being as an individual, partner/co-parent, and parent, as well as your children's well-being, and relationships within your family.
- This study is being conducted to assist the program funders in attracting interest for additional funding for the program. This study also fulfills a requirement for the researchers' Master's in Social Work (MSW) degrees.
- Ultimately, this research may be published or presented at professional conferences.

**Description of the Study Procedures**

- If you agree to be in this study, you will be asked to:
  - 1) Participate in a brief, introductory conversation with a Smith graduate student researcher over the phone. The purpose of this conversation is to explain what the study is about and how it will be conducted, and to answer any questions you might have. The researcher will also explain the consent form and issues of confidentiality.
  - 2) Complete a questionnaire that can be filled out online, mailed, or delivered to you by your family support worker. This questionnaire should take about 20 minutes to complete. The survey is just



like the ones you have filled out in the past, with a few additional questions.

- 3) Participate in an interview by phone or Skype that will last about 45 minutes. Each parent will have a separate interview, which will consist of answering questions about how you are thinking about your Parenting in Partnership experiences and how your thinking has evolved over the past year. Although this interview will be conducted separately for each parent, participation from both parents is strongly encouraged. An audio recorder will be used for this interview, so the interview can be transcribed and themes from all of the interviews compiled.

#### **Risks/Discomforts of Being in this Study**

- The study has minimal risks. Some of the questions in the interview and the questionnaire are of a personal nature and may cause you some discomfort or distress. You may skip any question that you do not feel comfortable answering and can pause or end the interview at any time. Your family support worker will be available if you want to discuss some of the issues after the interview and/or seek support for yourself or your family; the researcher can put you in touch with him or her.

#### **Benefits of Being in the Study**

- The study will give you the opportunity to think more about your relationships with your children and your partner/co-parent. In addition, you will have an opportunity to talk about family issues that are important to you, revisit what you have learned during the Parenting in Partnership program, and reflect on your goals for the future.
- Your participation in this study may also benefit other families by providing a better understanding of how to improve children's healthy development and well-being. It will also help researchers learn how the Parenting in Partnership program was helpful to families, and may contribute to the longevity of Parenting in Partnership program, as well as the development of future programs based on the Supporting Fatherhood Involvement model.

#### **Confidentiality**

- Your participation will be kept confidential. The questionnaires and the interviews will be conducted in the privacy of your home or preferred location. Your decision to participate will be shared only among the research team at Smith College and the Parenting in Partnership staff at Norwood. The information you provide will not be shared outside of the Smith College research team and the Data Manager for the Parenting in Partnership program unless you provide information that you are at risk for harming yourself or someone else; such information will be brought to the attention of the Parenting in Partnership staff and may need to be reported to child protective services or law enforcement. Before choosing to report such information, the researcher will discuss with you what he/she needs to report before doing so. Information will be compiled in a final report for the funders of the program, but all information will be reported in aggregate, and any quotes or examples will be carefully disguised.
- All research materials including recordings, transcriptions, analyses and consent documents will be stored in a secure location for three years according to U.S. federal regulations. In the event that materials are needed beyond this period, they will be kept secured until no longer needed, and then destroyed. All electronically stored data will be password protected during the storage period. We will not include any information in any report we may publish that would make it possible to identify you.

**Payments/gift**

- You will receive the following gift after completing both the questionnaire and interview: a 15 dollars gift certificate to a local coffee shop or grocery store. The gift certificate will be delivered to you by your family support worker.

**Right to Refuse or Withdraw**

- The decision to participate in this study is entirely up to you. You may decide not to take part in the study without affecting your relationship with the researchers of this study, Smith College, or the Centre. Your decision to decline will not prevent you from receiving any services now or in the future at Norwood Child and Family Resource Centre. You have the right not to answer any single question, as well as to withdraw completely up to the date noted below. If you choose to withdraw, I will not use any of your information collected for this study. You must notify me of your decision to withdraw by email or phone by March 1, 2014. After that date, your information will be part of the thesis and final report.

**Right to Ask Questions and Report Concerns**

- You have the right to ask questions about this research study and to have those questions answered by me before, during or after the research. If you have any further questions about the study, at any time feel free to contact researchers Todd Chen at [tbchen@smith.edu](mailto:tbchen@smith.edu), (978) 267-1883 or Sarah Robins at [srobins@smith.edu](mailto:srobins@smith.edu), (302) 593-8538. If you would like a summary of the study results, please let one of us or your family service worker know and we will send you one once the study is completed. If you have any other concerns about your rights as a research participant, or if you have any problems as a result of your participation, you may contact the Chair of the Smith College School for Social Work Human Subjects Committee at (413) 585-7974.

**Consent**

- Your signature below indicates that you have decided to volunteer as a participant in this study, and that you have read and understood the information provided above. You will be given a signed and dated copy of this form to keep.

Name of Participant (print): \_\_\_\_\_

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Researcher(s): \_\_\_\_\_ Date: \_\_\_\_\_

.....



**Consent to Participate in a Research Study**  
**Smith College School for Social Work • Northampton, MA**

.....

**Title of Study:** Supporting Father Involvement (SFI), Lethbridge Site

**Lead Researcher:** Dr. Marsha Pruett, Smith College School of Social Work, 413-585-7997

**Co-Researchers:** Todd Chen, Rachel Honig, Annabel Lane, and Sarah Robins  
(Smith College School for Social Work)

.....

**Introduction**

- You are being asked to help us understand what you learned in the Supporting Father Involvement (SFI) program at Family Centre by participating in follow-up research on the program’s effectiveness.
- You were selected as a possible participant because of your previous participation in the program.
- Please read this form and ask any questions that you have before agreeing to be in the study.

**Purpose of Study**

- The purpose of the study is to better understand the experiences of the families who participated in the SFI program. We would like to learn more about how your family may or may not have changed in the time since you participated in the program. In this program evaluation, we will ask for information about your well-being as an individual, partner/co-parent, and parent, as well as your children’s well-being, and relationships within your family.
- This study is being conducted to assist the program funders in attracting interest for additional funding for the program. This study also fulfills a requirement for the researchers’ Master’s in Social Work (MSW) degrees.
- Ultimately, this research may be published or presented at professional conferences.

**Description of the Study Procedures**

- If you agree to be in this study, you will be asked to:
  - 4) Participate in a brief, introductory conversation with a Smith graduate student researcher over the phone. The purpose of this conversation is to explain what the study is about and how it will be conducted, and to answer any questions you might have. The researcher will also explain the consent form and issues of confidentiality.
  - 5) Complete a questionnaire that can be filled out online, mailed, or delivered to you by your case manager. This questionnaire should take about 20 minutes to complete. The survey is just like the ones you have filled out in the past, with a few additional questions.
  - 6) Participate in an interview by phone or Skype that will last about 45 minutes. Each parent will have a separate interview, which will consist of answering questions about how you are thinking about your SFI experiences and how your thinking has evolved over the past year. Although this interview will be conducted separately for each parent, participation from both parents is strongly

encouraged. An audio recorder will be used for this interview, so the interview can be transcribed and themes from all of the interviews compiled.

### **Risks/Discomforts of Being in this Study**

- The study has minimal risks. Some of the questions in the interview and the questionnaire are of a personal nature and may cause you some discomfort or distress. You may skip any question that you do not feel comfortable answering and can pause or end the interview at any time. Please contact your SFI case manager if you want to discuss some of the issues after the interview and/or seek support for yourself or your family.

### **Benefits of Being in the Study**

- The study will give you the opportunity to think more about your relationships with your children and your partner/co-parent. In addition, you will have an opportunity to talk about family issues that are important to you, revisit what you have learned during the SFI program, and reflect on your goals for the future.
- Your participation in this study may also benefit other families by providing a better understanding of how to improve children's healthy development and well-being. It will also help researchers learn how the SFI program was helpful to families, and may contribute to the longevity of the local SFI program, as well as the development of future programs based on the SFI model.

### **Confidentiality**

- Your participation will be kept confidential. The questionnaires and the interviews will be conducted in the privacy of your home or preferred location. Your decision to participate will be shared only among the research team at Smith College and the SFI staff at Family Centre. The information you provide will not be shared outside of the Smith College research team or the SFI Data Manager unless you provide information that you are at risk for harming yourself or someone else; such information will be brought to the attention of the SFI staff at Family Centre and may need to be reported to child protective services or law enforcement. Before choosing to report such information, the researcher will discuss with you what he/she needs to report before doing so. Information will be compiled in a final report for the funders of the program, but all information will be reported in aggregate, and any quotes or examples will be carefully disguised. In no ways will we disclose information that would identify your personal details when presenting our research for any of the purposes outlined above.
- All research materials including recordings, transcriptions, analyses and consent documents will be stored in a secure location at Smith College for three years according to U.S. federal regulations. In the event that materials are needed beyond this period, they will be kept secured until no longer needed, and then destroyed. All electronically stored data will be password protected during the storage period. We will not include any information in any report we may publish that would make it possible to identify you.

### **Payments/gift**

- You will receive the following gift after completing both the questionnaire and interview: a \$15 dollar gift certificate to a local coffee shop (Tim Hortons).

### **Right to Refuse or Withdraw**

- The decision to participate in this study is entirely up to you. You may decide not to take part in the study without affecting your relationship with the researchers of this study, Smith College, or Family Centre. Your decision to decline will not prevent you from receiving any services now or in the future. You have the right not to answer any single question, as well as to withdraw completely up to

the date noted below. If you choose to withdraw, I will not use any of your information collected for this study. You must notify me of your decision to withdraw by email or phone by March 1, 2014. After that date, your information will be part of the thesis and final report.

**Right to Ask Questions and Report Concerns**

- You have the right to ask questions about this research study and to have those questions answered by me before, during or after the research. If you have any further questions about the study, at any time feel free to contact researchers Rachel Honig at rhonig@smith.edu, (508) 887-3753 or Sarah Robins at srobins@smith.edu, (302) 593-8538. If you would like a summary of the study results, please let one of us or your family service worker know and we will send you one once the study is completed. If you have any other concerns about your rights as a research participant, or if you have any problems as a result of your participation, you may contact the Chair of the Smith College School for Social Work Human Subjects Committee at (413) 585-7974.

**Consent**

- Your signature below indicates that you have decided to volunteer as a participant in this study, and that you have read and understood the information provided above. You will be given a signed and dated copy of this form to keep.

.....

Name of Participant (print): \_\_\_\_\_

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Researcher(s): \_\_\_\_\_ Date: \_\_\_\_\_

.....



**Consent to Participate in a Research Study**  
**Smith College School for Social Work • Northampton, MA**

.....

**Title of Study:** Supporting Father Involvement (SFI), Cochrane Site

**Lead Researcher:** Dr. Marsha Pruett, Smith College School of Social Work, 413-585-7997

**Co-Researchers:** Todd Chen, Rachel Honig, Annabel Lane, and Sarah Robins  
(Smith College School for Social Work)

.....

**Introduction**

- You are being asked to help us understand what you learned in the Fathers Matter program at the Western Rocky View Parent Link Centre by participating in follow-up research on the program’s effectiveness.
- You were selected as a possible participant because of your previous participation in the program.
- Please read this form and ask any questions that you have before agreeing to be in the study.

**Purpose of Study**

- The purpose of the study is to better understand the experiences of the families who participated in the Fathers Matter program. We would like to learn more about how your family may or may not have changed in the time since you participated in the program. In this program evaluation, we will ask for information about your well-being as an individual, partner/co-parent, and parent, as well as your children’s well-being, and relationships within your family.
- This study is being conducted to assist the program funders in attracting interest for additional funding for the program. This study also fulfills a requirement for the researchers’ Master’s in Social Work (MSW) degrees.
- Ultimately, this research may be published or presented at professional conferences.

**Description of the Study Procedures**

- If you agree to be in this study, you will be asked to:
  - 7) Participate in a brief, introductory conversation with a Smith graduate student researcher over the phone. The purpose of this conversation is to explain what the study is about and how it will be conducted, and to answer any questions you might have. The researcher will also explain the consent form and issues of confidentiality.
  - 8) Complete a questionnaire that can be filled out online, mailed, or delivered to you by your case manager. This questionnaire should take about 20 minutes to complete. The survey is just like the ones you have filled out in the past, with a few additional questions.
  - 9) Participate in an interview by phone or Skype that will last about 45 minutes. Each parent will have a separate interview, which will consist of answering questions about how you are thinking about your SFI experiences and how your thinking has evolved over the past year. Although this interview will be conducted separately for each parent, participation from both parents is strongly

encouraged. An audio recorder will be used for this interview, so the interview can be transcribed and themes from all of the interviews compiled.

### **Risks/Discomforts of Being in this Study**

- The study has minimal risks. Some of the questions in the interview and the questionnaire are of a personal nature and may cause you some discomfort or distress. You may skip any question that you do not feel comfortable answering and can pause or end the interview at any time. Your case manager will be available if you want to discuss some of the issues after the interview and/or seek support for yourself or your family; the researcher can put you in touch with him or her.

### **Benefits of Being in the Study**

- The study will give you the opportunity to think more about your relationships with your children and your partner/co-parent. In addition, you will have an opportunity to talk about family issues that are important to you, revisit what you have learned during the Fathers Matter program, and reflect on your goals for the future.
- Your participation in this study may also benefit other families by providing a better understanding of how to improve children's healthy development and well-being. It will also help researchers learn how the SFI program was helpful to families, and may contribute to the longevity of the Fathers Matter program, as well as the development of future programs based on the SFI model.

### **Confidentiality**

- Your participation will be kept confidential. The questionnaires and the interviews will be conducted in the privacy of your home or preferred location. Your decision to participate will be shared only among the research team at Smith College and the Fathers Matter staff. The information you provide will not be shared outside of the Smith College research team or the SFI Data Manager for the Families Matter program unless you provide information that you are at risk for harming yourself or someone else; such information will be brought to the attention of the Families Matter staff and may need to be reported to child protective services or law enforcement. Before choosing to report such information, the researcher will discuss with you what he/she needs to report before doing so.
- All research materials including recordings, transcriptions, analyses and consent documents will be stored in a secure location for three years according to U.S. federal regulations. In the event that materials are needed beyond this period, they will be kept secured until no longer needed, and then destroyed. All electronically stored data will be password protected during the storage period. We will not include any information in any report we may publish that would make it possible to identify you.

### **Payments/gift**

- You will receive the following gift after completing both the questionnaire and interview: a 15 dollar gift certificate to a local coffee shop. The gift certificate will be delivered to you by your case manager.

### **Right to Refuse or Withdraw**

- The decision to participate in this study is entirely up to you. You may decide not to take part in the study without affecting your relationship with the researchers of this study, Smith College, or the Parent Link Centre. Your decision to decline will not prevent you from receiving any services now or in the future at the Centre. You have the right not to answer any single question, as well as to withdraw completely up to the date noted below. If you choose to withdraw, I will not use any of your information collected for this study. You must notify me of your decision to withdraw by email or

phone by March 1, 2014. After that date, your information will be part of the thesis and final report.

**Right to Ask Questions and Report Concerns**

- You have the right to ask questions about this research study and to have those questions answered by me before, during or after the research. If you have any further questions about the study, at any time feel free to contact researchers Annabel Lane at [alane@smith.edu](mailto:alane@smith.edu), (774) 279-4923 or Sarah Robins at [srobins@smith.edu](mailto:srobins@smith.edu), (302) 593-8538. If you would like a summary of the study results, please let one of us or your case manager know and we will send you one once the study is completed. If you have any other concerns about your rights as a research participant, or if you have any problems as a result of your participation, you may contact the Chair of the Smith College School for Social Work Human Subjects Committee at (413) 585-7974.

**Consent**

- Your signature below indicates that you have decided to volunteer as a participant in this study, and that you have read and understood the information provided above. You will be given a signed and dated copy of this form to keep.

.....

Name of Participant (print): \_\_\_\_\_

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Researcher(s): \_\_\_\_\_ Date: \_\_\_\_\_

.....



Appendix C  
Quantitative Survey

**1. Supporting Father Involvement**

**1. Family ID Number**

**2. Date of this evaluation**

MM DD YYYY  
1.  /  /

**3. Are you the dad or father figure?**

**What is your relation to the child involved in the project?**

- Dad
- Father Figure

Relation:

**4. Are you the mom or mother figure?**

**What is your relation to the child involved in the project?**

- Mother
- Mother-Figure

Relation:

**5. Site**

- Edmonton
- Cochrane
- Lethbridge

## 2. Demographics

### 6. How old are you? (Please check one)

- Under 18 years
- 18-24 years
- 25-34 years
- 35-44 years
- 45-54 years
- 55-64 years
- 65+ years

### 7. What is your current marital status? (Please check one)

- Single
- Married
- Living together as a couple
- Divorced or separated
- Widowed

### 8. Were you born in Canada?

- Yes
- No

### 3. Demographics Continued

**9. If you were not born in Canada please answer the following:**

**What is your current immigration status? (Check one)**

- Landed immigrant
- Refugee claimant
- Canadian citizen naturalization
- Don't know
- Not applicable (Canadian citizen by birth)

**10. If you were not born in Canada, please answer the following:**

**How long have you lived in Canada (Check one)**

- Less than one year
- 1-3 years
- 4-10 years
- more than 10 years

**11. Which of these categories best describes your ethnicity or race? (Select all that apply)**

- First Nation
- Metis
- Inuit
- European / White
- Black / African Canadian
- Asian / Pacific Islander / Asian-Canadian
- Latino/Hispanic/Chicano
- Other (please describe)

**12. If First Nations, what band are you a member of?**

#### 4. Demographics Continued

**13. What is the highest grade or year of school that you have completed? (Check one)**

- No formal schooling
- Grade 8 or less
- Some high school (grades 9,10,11 and 12)
- High school diploma (completed grade 12)
- G.E.D. (high school equivalent)
- Some college or 2 year certificate
- Technical or trade school
- Bachelor's degree
- Graduate or professional school

**14. What is your combined household income? (Check one)**

- \$20,000 or less
- \$20,001 to \$30,000
- \$30,001 to \$40,000
- \$40,001 to \$50,000
- \$50,001 to \$60,000
- \$60,001 to \$70,000
- \$70,001 to \$80,000
- \$80,001 to \$90,000
- more than \$90,000

**15. Are you on financial assistance?**

- Yes
- No

## 5. Child Adaptive Behavior Inventory

Below are statements describing a child's behavior. Please indicate how well each statement describes your youngest child: not at all like, very little like, somewhat like, or very much like the child. Please read all choices for each question and choose one option for each statement.

Your child . . .

### 16. Is shy or bashful with adults

- Not At All Like       Very Little Like       Somewhat Like       Very Much Like

### 17. Tends to disobey or break rules

- Not At All Like       Very Little Like       Somewhat Like       Very Much Like

### 18. Is restless; can't sit still

- Not At All Like       Very Little Like       Somewhat Like       Very Much Like

### 19. Has a difficult time initiating play with a group of peers and gaining entry into their group

- Not At All Like       Very Little Like       Somewhat Like       Very Much Like

### 20. Has trouble concentrating on what he/she's doing

- Not At All Like       Very Little Like       Somewhat Like       Very Much Like

### 21. Is uncooperative in group situations with adults

- Not At All Like       Very Little Like       Somewhat Like       Very Much Like

### 22. Is shy or bashful with other children

- Not At All Like       Very Little Like       Somewhat Like       Very Much Like

### 23. Acts as a leader

- Not At All Like       Very Little Like       Somewhat Like       Very Much Like

### 24. In unable to work independently; needs constant attention

- Not At All Like       Very Little Like       Somewhat Like       Very Much Like

### 25. Takes a while to get comfortable with others

- Not At All Like       Very Little Like       Somewhat Like       Very Much Like

### 26. Sometimes breaks or ruins things

- Not At All Like       Very Little Like       Somewhat Like       Very Much Like

**27. Has a hot temper**

- Not At All Like       Very Little Like       Somewhat Like       Very Much Like

**28. Seeks attention; "shows off."**

- Not At All Like       Very Little Like       Somewhat Like       Very Much Like

**29. Isolates himself/herself from the peer group**

- Not At All Like       Very Little Like       Somewhat Like       Very Much Like

**30. Is self-conscious; easily embarrassed**

- Not At All Like       Very Little Like       Somewhat Like       Very Much Like

**31. Punishment doesn't affect his/her behavior**

- Not At All Like       Very Little Like       Somewhat Like       Very Much Like

**32. Is uncooperative in group situations with children**

- Not At All Like       Very Little Like       Somewhat Like       Very Much Like

**33. Is easily distracted from what he/she's doing**

- Not At All Like       Very Little Like       Somewhat Like       Very Much Like

**34. Has an outgoing personality**

- Not At All Like       Very Little Like       Somewhat Like       Very Much Like

**35. Usually plays or works alone**

- Not At All Like       Very Little Like       Somewhat Like       Very Much Like

**36. Argues; quarrels**

- Not At All Like       Very Little Like       Somewhat Like       Very Much Like

**37. Is deliberately cruel to others**

- Not At All Like       Very Little Like       Somewhat Like       Very Much Like

**38. Like to meet new people**

- Not At All Like       Very Little Like       Somewhat Like       Very Much Like

**39. Gets into fights with other children**

- Not At All Like       Very Little Like       Somewhat Like       Very Much Like

**40. Is always getting into things**

- Not At All Like       Very Little Like       Somewhat Like       Very Much Like

**41. Usually plays or works with only one other child**

- Not At All Like       Very Little Like       Somewhat Like       Very Much Like

**42. Is stubborn or irritable**

- Not At All Like       Very Little Like       Somewhat Like       Very Much Like

**43. Doesn't always tell the truth**

- Not At All Like       Very Little Like       Somewhat Like       Very Much Like

**44. Makes friends quickly and easily**

- Not at All Like       Very Little Like       Somewhat Like       Very Much Like

## 6. How I've Been Feeling Lately

Here is a list of the ways you might have felt or behaved. Please choose the number that represents how often you have felt each of these ways during the past week. (Please read all choices)

- 0 = Rarely or none of the time (less than 1 day)
- 1 = Some or a little of the time (1-2 days)
- 2 = Occasionally or a moderate amount of time (3-4 days)
- 3 = Most or all of the time (5-7 days)

During the Past Week:

### **45. I was bothered by things that don't usually bother me.**

- 0 Rarely or none of the time (less than 1 day)
- 1 Some or a little of the time (1-2 days)
- 2 Occasionally or a moderate amount of time (3-4 days)
- 3 Most or all of the time (5-7 days)

### **46. I did not feel like eating; my appetite was poor.**

- 0 Rarely or none of the time (less than 1 day)
- 1 Some or a little of the time (1-2 days)
- 2 Occasionally or a moderate amount of time (3-4 days)
- 3 Most or all of the time (5-7 days)

### **47. I felt that I could not shake off the blues, even with help from my family or friends.**

- 0 Rarely or none of the time (less than 1 day)
- 1 Some or a little of the time (1-2 days)
- 2 Occasionally or a moderate amount of time (3-4 days)
- 3 Most or all of the time (5-7 days)

### **48. I felt that I was just as good as other people.**

- 0 Rarely or none of the time (less than 1 day)
- 1 Some or a little of the time (1-2 days)
- 2 Occasionally or a moderate amount of time (3-4 days)
- 3 Most or all of the time (5-7 days)



**49. I had trouble keeping my mind on what I was doing.**

- 0 Rarely or none of the time (less than 1 day)
- 1 Some or a little of the time (1-2 days)
- 2 Occasionally or a moderate amount of time (3-4 days)
- 3 Most or all of the time (5-7 days)

**50. I felt depressed.**

- 0 Rarely or none of the time (less than 1 day)
- 1 Some or a little of the time (1-2 days)
- 2 Occasionally or a moderate amount of time (3-4 days)
- 3 Most or all of the time (5-7 days)

**51. I felt that everything I did was an effort.**

- 0 Rarely or none of the time (less than 1 day)
- 1 Some or a little of the time (1-2 days)
- 2 Occasionally or a moderate amount of time (3-4 days)
- 3 Most or all of the time (5-7 days)

**52. I felt hopeful about the future.**

- 0 Rarely or none of the time (less than 1 day)
- 1 Some or a little of the time (1-2 days)
- 2 Occasionally or a moderate amount of time (3-4 days)
- 3 Most or all of the time (5-7 days)

**53. I thought my life had been a failure.**

- 0 Rarely or none of the time (less than 1 day)
- 1 Some or a little of the time (1-2 days)
- 2 Occasionally or a moderate amount of time (3-4 days)
- 3 Most or all of the time (5-7 days)

**54. I felt fearful.**

- 0 Rarely or none of the time (less than 1 day)
- 1 Some or a little of the time (1-2 days)
- 2 Occasionally or a moderate amount of time (3-4 days)
- 3 Most or all of the time (5-7 days)

**55. My sleep was restless.**

- 0 Rarely or none of the time (less than 1 day)
- 1 Some or a little of the time (1-2 days)
- 2 Occasionally or a moderate amount of time (3-4 days)
- 3 Most or all of the time (5-7 days)

**56. I was happy.**

- 0 Rarely or none of the time (less than 1 day)
- 1 Some or a little of the time (1-2 days)
- 2 Occasionally or a moderate amount of time (3-4 days)
- 3 Most or all of the time (5-7 days)

**57. I talked less than usual.**

- 0 Rarely or none of the time (less than 1 day)
- 1 Some or a little of the time (1-2 days)
- 2 Occasionally or a moderate amount of time (3-4 days)
- 3 Most or all of the time (5-7 days)

**58. I felt lonely.**

- 0 Rarely or none of the time (less than 1 day)
- 1 Some or a little of the time (1-2 days)
- 2 Occasionally or a moderate amount of time (3-4 days)
- 3 Most or all of the time (5-7 days)

**59. People were unfriendly.**

- 0 Rarely or none of the time (less than 1 day)
- 1 Some or a little of the time (1-2 days)
- 2 Occasionally or a moderate amount of time (3-4 days)
- 3 Most or all of the time (5-7 days)

**60. I enjoyed life.**

- 0 Rarely or none of the time (less than 1 day)
- 1 Some or a little of the time (1-2 days)
- 2 Occasionally or a moderate amount of time (3-4 days)
- 3 Most or all of the time (5-7 days)

**61. I had crying spells.**

- 0 Rarely or none of the time (less than 1 day)
- 1 Some or a little of the time (1-2 days)
- 2 Occasionally or a moderate amount of time (3-4 days)
- 3 Most or all of the time (5-7 days)

**62. I felt sad.**

- 0 Rarely or none of the time (less than 1 day)
- 1 Some or a little of the time (1-2 days)
- 2 Occasionally or a moderate amount of time (3-4 days)
- 3 Most or all of the time (5-7 days)

**63. I felt that people dislike me.**

- 0 Rarely or none of the time (less than 1 day)
- 1 Some or a little of the time (1-2 days)
- 2 Occasionally or a moderate amount of time (3-4 days)
- 3 Most or all of the time (5-7 days)

**64. I could not get "going."**

- 0 Rarely or none of the time (less than 1 day)
- 1 Some or a little of the time (1-2 days)
- 2 Occasionally or a moderate amount of time (3-4 days)
- 3 Most or all of the time (5-7 days)

## 7. Couple Communication

These questions ask about your relationship with your partner, how the two of you handle disagreements, and how you try to solve your day-to-day problems.

### 65. When you and your partner attempt to solve a marital or family problem, which of the following strategies do you tend to use?

Please select all that apply

- |                                                                                    |                                                                         |                                                                                          |
|------------------------------------------------------------------------------------|-------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| <input type="checkbox"/> 1. We delay action                                        | <input type="checkbox"/> 9. We talk about it and accept our differences | <input type="checkbox"/> 13B. My partner throws something at me                          |
| <input type="checkbox"/> 2. We talk about it to clarify the problem                | <input type="checkbox"/> 10A. I stomp out of the room                   | <input type="checkbox"/> 14A. I push, grab, or shove my partner                          |
| <input type="checkbox"/> 3. We discuss both of our points of view                  | <input type="checkbox"/> 10B. My partner stomps out of the room         | <input type="checkbox"/> 14B. My partner pushes, grabs, or shoves me                     |
| <input type="checkbox"/> 4. We compromise                                          | <input type="checkbox"/> 11A. I yell or insult my partner               | <input type="checkbox"/> 15A. I slap or try to hit my partner, but not with anything     |
| <input type="checkbox"/> 5. We work until we have a solution                       | <input type="checkbox"/> 11B. My partner yell or insults me             | <input type="checkbox"/> 15B. My partner slaps or tries to hit me, but not with anything |
| <input type="checkbox"/> 6. We ignore the problem                                  | <input type="checkbox"/> 12A. I throw something                         | <input type="checkbox"/> 16A. I slap or try to hit my partner with something hard        |
| <input type="checkbox"/> 7. We avoid talking about it, but continue to feel uneasy | <input type="checkbox"/> 12B. My partner throws something               | <input type="checkbox"/> 16B. My partner slaps or tries to hit me with something hard    |
| <input type="checkbox"/> 8. We avoid talking about it, just accept our differences | <input type="checkbox"/> 13A. I throw something at my partner           |                                                                                          |

Using the following scale, please indicate how much conflict or disagreement you and your partner have had on each of the following issues, during the past month.

How much conflict regarding.... 0 (none) – 6 (a lot)

### 66. The division of workload in the family

- 0 None
- 1
- 2 A Little
- 3
- 4 A Moderate Amount
- 5
- 6 A Lot

**67. The amount of time we spend together as a couple**

- 0 None
- 1
- 2 A Little
- 3
- 4 A Moderate Amount
- 5
- 6 A Lot

**68. Our sexual relationship**

- 0 None
- 1
- 2 A Little
- 3
- 4 A Moderate Amount
- 5
- 6 A Lot

**69. Who earns money**

- 0 None
- 1
- 2 A Little
- 3
- 4 A Moderate Amount
- 5
- 6 A Lot

**70. How we spend money**

- 0 None
- 1
- 2 A Little
- 3
- 4 A Moderate Amount
- 5
- 6 A Lot

**71. The quality of time we spend together as a couple**

- 0 None
- 1
- 2 A Little
- 3
- 4 A Moderate Amount
- 5
- 6 A Lot

**72. Our relationship with our in-laws**

- 0 None
- 1
- 2 A Little
- 3
- 4 A Moderate Amount
- 5
- 6 A Lot

**73. Ideas about how to raise children**

- 0 None
- 1
- 2 A Little
- 3
- 4 A Moderate Amount
- 5
- 6 A Lot

**74. Willingness to work for improvement in our relationship**

- 0 None
- 1
- 2 A Little
- 3
- 4 A Moderate Amount
- 5
- 6 A Lot

**75. The way we communicate with one another**

- 0 None
- 1
- 2 A Little
- 3
- 4 A Moderate Amount
- 5
- 6 A Lot

**76. Our work outside the home**

- 0 None
- 1
- 2 A Little
- 3
- 4 A Moderate Amount
- 5
- 6 A Lot

**77. Our child(ren)'s schooling**

- 0 None
- 1
- 2 A Little
- 3
- 4 A Moderate Amount
- 5
- 6 A Lot

**78. How to discipline our child(ren)**

- 0 None
- 1
- 2 A Little
- 3
- 4 A Moderate Amount
- 5
- 6 A Lot

**79. Any other issue? Please explain**

**80. Rating of other issue**

- 0 None
- 1
- 2 A Little
- 3
- 4 A Moderate Amount
- 5
- 6 A Lot



## 8. Parenting Stress Index

The statements below ask you about your feelings of being a parent to your youngest child. Using the following scale, please choose the answer that best matches how much you agree or disagree with each of the following statements. YOUR FIRST REACTION SHOULD BE YOUR ANSWER.

**81. I feel trapped by my responsibilities as a parent.**

Strongly Agree     Agree     Not Sure     Disagree     Strongly Disagree

**82. Having a child has caused more problems than I expected in my relationship with my spouse (male/female friend).**

Strongly Agree     Agree     Not Sure     Disagree     Strongly Disagree

**83. My child rarely does things for me that make me feel good.**

Strongly Agree     Agree     Not Sure     Disagree     Strongly Disagree

**84. When I do things for my child I get the feeling that my efforts are not appreciated very much.**

Strongly Agree     Agree     Not Sure     Disagree     Strongly Disagree

**85. When playing, my child doesn't often giggle or laugh.**

Strongly Agree     Agree     Not Sure     Disagree     Strongly Disagree

**86. My child doesn't seem to learn as quickly as most children.**

Strongly Agree     Agree     Not Sure     Disagree     Strongly Disagree

**87. It takes a long time and it is very hard for my child to get use to new things.**

Strongly Agree     Agree     Not Sure     Disagree     Strongly Disagree

**88. I expected to have closer and warmer feelings for my child than I do and this bothers me.**

Strongly Agree     Agree     Not Sure     Disagree     Strongly Disagree

**89. My child seems to cry, fuss, or get upset more often than most children.**

Strongly Agree     Agree     Not Sure     Disagree     Strongly Disagree

**90. My child reacts very strongly when something happens that my child doesn't like.**

Strongly Agree     Agree     Not Sure     Disagree     Strongly Disagree

**91. There are some things my child does that really bother me a lot.**

Strongly Agree     Agree     Not Sure     Disagree     Strongly Disagree

**92. My child rarely does things for me that make me feel good.**

- Strongly Agree     Agree     Not Sure     Disagree     Strongly Disagree

**93. I feel that I am: (READ ALL CHOICES)**

- not very good at being a parent,  
 a person who has some trouble being a parent,  
 an average parent,  
 a better than average parent,  
 a very good parent.

**94. I have found that getting my child to do something or to stop doing something is:  
(READ ALL CHOICES)**

- much harder than I expected,  
 somewhat harder than I expected,  
 about as hard as I expected,  
 somewhat easier than I expected,  
 much easier than I expected.

**95. Overall, how do you rate your child's health?**

- Excellent     Good     Fair     Poor

**96. Overall, how would you rate your own health?**

- Excellent     Good     Fair     Poor

## 9. Who Does What - Introduction

All parents develop ways of dividing family household tasks and the caring and rearing of children. And, parents of babies tend to do different sorts of tasks than do parents of older children.

Please think about the different things you do for (and with) your YOUNGEST child.

**PARENTS WITH BABIES:** If your youngest child is a baby aged 1-1/2 years or less, please respond to the questions regarding parents with babies ONLY.

**PARENTS WITH CHILDREN OLDER THAN 1-1/2 YEARS:** If your youngest child is older than 1-1/2 years, please respond to the questions regarding parents with children older than 1-1/2 years ONLY.

Choose (and respond to) only one page of questions.

### **97. Please choose one of the following:**

- I am a parent with a baby. My youngest child is a baby aged 1-1/2 years or less.
- I am a parent with child(ren) older than 1-1/2 years.

## 10. Who Does What - Parents with Babies

FOR PARENTS WITH BABIES:

Please show how you and your partner divide the family tasks listed here. Using the numbers on the scale below, show HOW IT IS NOW and HOW YOU WOULD LIKE IT TO BE.

### 98. Feeding the baby: How it is NOW...

- 1 SHE DOES IT ALL
- 2
- 3
- 4
- 5 WE BOTH DO THIS ABOUT EQUALLY
- 6
- 7
- 8
- 9 HE DOES IT ALL

### 99. Feeding the baby: How you would LIKE it to be...

- 1 SHE DOES IT ALL
- 2
- 3
- 4
- 5 WE BOTH DO THIS ABOUT EQUALLY
- 6
- 7
- 8
- 9 HE DOES IT ALL

**100. Bathing the baby: How it is NOW...**

- 1 SHE DOES IT ALL
- 2
- 3
- 4
- 5 WE BOTH DO THIS ABOUT EQUALLY
- 6
- 7
- 8
- 9 HE DOES IT ALL

**101. Bathing the baby: How you would LIKE it to be...**

- 1 SHE DOES IT ALL
- 2
- 3
- 4
- 5 WE BOTH DO THIS ABOUT EQUALLY
- 6
- 7
- 8
- 9 HE DOES IT ALL

**102. Changing the baby's diapers; dressing the baby: How it is NOW...**

- 1 SHE DOES IT ALL
- 2
- 3
- 4
- 5 WE BOTH DO THIS ABOUT EQUALLY
- 6
- 7
- 8
- 9 HE DOES IT ALL

**103. Changing the baby's diapers; dressing the baby: How you would LIKE it to be...**

- 1 SHE DOES IT ALL
- 2
- 3
- 4
- 5 WE BOTH DO THIS ABOUT EQUALLY
- 6
- 7
- 8
- 9 HE DOES IT ALL

**104. Doing the baby's laundry: How it is NOW...**

- 1 SHE DOES IT ALL
- 2
- 3
- 4
- 5 WE BOTH DO THIS ABOUT EQUALLY
- 6
- 7
- 8
- 9 HE DOES IT ALL

**105. Doing the baby's laundry: How you would LIKE it to be...**

- 1 SHE DOES IT ALL
- 2
- 3
- 4
- 5 WE BOTH DO THIS ABOUT EQUALLY
- 6
- 7
- 8
- 9 HE DOES IT ALL

**106. Responding to the baby's crying in the middle of the night: How it is NOW...**

- 1 SHE DOES IT ALL
- 2
- 3
- 4
- 5 WE BOTH DO THIS ABOUT EQUALLY
- 6
- 7
- 8
- 9 HE DOES IT ALL

**107. Responding to the baby's crying in the middle of the night: How you would LIKE it to be...**

- 1 SHE DOES IT ALL
- 2
- 3
- 4
- 5 WE BOTH DO THIS ABOUT EQUALLY
- 6
- 7
- 8
- 9 HE DOES IT ALL

**108. Taking the baby out: walking, driving, visiting, etc.: How it is NOW...**

- 1 SHE DOES IT ALL
- 2
- 3
- 4
- 5 WE BOTH DO THIS ABOUT EQUALLY
- 6
- 7
- 8
- 9 HE DOES IT ALL

**109. Taking the baby out: walking, driving, visiting, etc.: How you would like it to be...**

- 1 SHE DOES IT ALL
- 2
- 3
- 4
- 5 WE BOTH DO THIS ABOUT EQUALLY
- 6
- 7
- 8
- 9 HE DOES IT ALL

**110. Arranging childcare/babysitter: How it is NOW...**

- 1 SHE DOES IT ALL
- 2
- 3
- 4
- 5 WE BOTH DO THIS ABOUT EQUALLY
- 6
- 7
- 8
- 9 HE DOES IT ALL

**111. Arranging childcare/babysitter: How you would LIKE it to be...**

- 1 SHE DOES IT ALL
- 2
- 3
- 4
- 5 WE BOTH DO THIS ABOUT EQUALLY
- 6
- 7
- 8
- 9 HE DOES IT ALL



**112. Choosing toys for the baby: How it is NOW...**

- 1 SHE DOES IT ALL
- 2
- 3
- 4
- 5 WE BOTH DO THIS ABOUT EQUALLY
- 6
- 7
- 8
- 9 HE DOES IT ALL

**113. Choosing toys for the baby: How you would LIKE it to be...**

- 1 SHE DOES IT ALL
- 2
- 3
- 4
- 5 WE BOTH DO THIS ABOUT EQUALLY
- 6
- 7
- 8
- 9 HE DOES IT ALL

**114. Playing with the baby: How it is NOW...**

- 1 SHE DOES IT ALL
- 2
- 3
- 4
- 5 WE BOTH DO THIS ABOUT EQUALLY
- 6
- 7
- 8
- 9 HE DOES IT ALL

**115. Playing with the baby: How you would LIKE it to be...**

- 1 SHE DOES IT ALL
- 2
- 3
- 4
- 5 WE BOTH DO THIS ABOUT EQUALLY
- 6
- 7
- 8
- 9 HE DOES IT ALL

**116. Deciding how to respond to the baby: How it is NOW...**

- 1 SHE DOES IT ALL
- 2
- 3
- 4
- 5 WE BOTH DO THIS ABOUT EQUALLY
- 6
- 7
- 8
- 9 HE DOES IT ALL

**117. Deciding how to respond to the baby: How you would LIKE it to be...**

- 1 SHE DOES IT ALL
- 2
- 3
- 4
- 5 WE BOTH DO THIS ABOUT EQUALLY
- 6
- 7
- 8
- 9 HE DOES IT ALL

**118. Dealing with the doctor regarding the baby's health: How it is NOW...**

- 1 SHE DOES IT ALL
- 2
- 3
- 4
- 5 WE BOTH DO THIS ABOUT EQUALLY
- 6
- 7
- 8
- 9 HE DOES IT ALL

**119. Dealing with the doctor regarding the baby's health: How you would LIKE it to be...**

- 1 SHE DOES IT ALL
- 2
- 3
- 4
- 5 WE BOTH DO THIS ABOUT EQUALLY
- 6
- 7
- 8
- 9 HE DOES IT ALL

SATISFACTION WITH OVERALL DIVISION BETWEEN PARENTS

**120. Overall, how do you feel about YOUR level of involvement with your child?**

- 1 Very satisfied
- 2
- 3 Neutral
- 4
- 5 Very dissatisfied

**121. Overall, how do you feel about the other parent's level of involvement with your child?**

- 1 Very satisfied
- 2
- 3 Neutral
- 4
- 5 Very dissatisfied

**122. Overall, how do you think the other parent feels about your level of involvement with your child?**

- 1 Very satisfied
- 2
- 3 Neutral
- 4
- 5 Very dissatisfied

## 11. Who Does What - Parents with Children over 1 1/2

FOR PARENTS OF CHILDREN OLDER THAN 1-1/2 YEARS:

Please show how you and your partner divide the family tasks listed here. Using the numbers on the scale below, show HOW IT IS NOW and HOW YOU WOULD LIKE IT TO BE.

\*\*NOTE: If you already completed this questionnaire for "parents with babies," please skip this questionnaire.

### 123. Making meals for the child (even if occasionally): How it is NOW...

- 1 SHE DOES IT ALL
- 2
- 3
- 4
- 5 WE BOTH DO THIS ABOUT EQUALLY
- 6
- 7
- 8
- 9 HE DOES IT ALL

### 124. Making meals for the child (even if occasionally): How you would LIKE it to be...

- 1 SHE DOES IT ALL
- 2
- 3
- 4
- 5 WE BOTH DO THIS ABOUT EQUALLY
- 6
- 7
- 8
- 9 HE DOES IT ALL

**125. Reading to/with the child: How it is NOW...**

- 1 SHE DOES IT ALL
- 2
- 3
- 4
- 5 WE BOTH DO THIS ABOUT EQUALLY
- 6
- 7
- 8
- 9 HE DOES IT ALL

**126. Reading to/with the child: How you would LIKE it to be...**

- 1 SHE DOES IT ALL
- 2
- 3
- 4
- 5 WE BOTH DO THIS ABOUT EQUALLY
- 6
- 7
- 8
- 9 HE DOES IT ALL

**127. Choosing clothes for the child: How it is NOW...**

- 1 SHE DOES IT ALL
- 2
- 3
- 4
- 5 WE BOTH DO THIS ABOUT EQUALLY
- 6
- 7
- 8
- 9 HE DOES IT ALL

**128. Choosing clothes for the child: How you would LIKE it to be...**

- 1 SHE DOES IT ALL
- 2
- 3
- 4
- 5 WE BOTH DO THIS ABOUT EQUALLY
- 6
- 7
- 8
- 9 HE DOES IT ALL

**129. Doing the child's laundry: How it is NOW...**

- 1 SHE DOES IT ALL
- 2
- 3
- 4
- 5 WE BOTH DO THIS ABOUT EQUALLY
- 6
- 7
- 8
- 9 HE DOES IT ALL

**130. Doing the child's laundry: How you would LIKE it to be...**

- 1 SHE DOES IT ALL
- 2
- 3
- 4
- 5 WE BOTH DO THIS ABOUT EQUALLY
- 6
- 7
- 8
- 9 HE DOES IT ALL

**131. Deciding whether or how to respond to the child when upset: How it is NOW...**

- 1 SHE DOES IT ALL
- 2
- 3
- 4
- 5 WE BOTH DO THIS ABOUT EQUALLY
- 6
- 7
- 8
- 9 HE DOES IT ALL

**132. Deciding whether or how to respond to the child when upset: How you would LIKE it to be...**

- 1 SHE DOES IT ALL
- 2
- 3
- 4
- 5 WE BOTH DO THIS ABOUT EQUALLY
- 6
- 7
- 8
- 9 HE DOES IT ALL

**133. Taking the child out: walking, driving, visiting, etc.: How it is NOW...**

- 1 SHE DOES IT ALL
- 2
- 3
- 4
- 5 WE BOTH DO THIS ABOUT EQUALLY
- 6
- 7
- 8
- 9 HE DOES IT ALL



**134. Taking the child out: walking, driving, visiting, etc.: How you would LIKE it to be...**

- 1 SHE DOES IT ALL
- 2
- 3
- 4
- 5 WE BOTH DO THIS ABOUT EQUALLY
- 6
- 7
- 8
- 9 HE DOES IT ALL

**135. Getting the child to and from school (N/A if not in school): How it is NOW...**

- 1 SHE DOES IT ALL
- 2
- 3
- 4
- 5 WE BOTH DO THIS ABOUT EQUALLY
- 6
- 7
- 8
- 9 HE DOES IT ALL

**136. Getting the child to and from school (N/A if not in school): How you would LIKE it to be...**

- 1 SHE DOES IT ALL
- 2
- 3
- 4
- 5 WE BOTH DO THIS ABOUT EQUALLY
- 6
- 7
- 8
- 9 HE DOES IT ALL

**137. Choosing or being involved with child choosing own toys: How it is NOW...**

- 1 SHE DOES IT ALL
- 2
- 3
- 4
- 5 WE BOTH DO THIS ABOUT EQUALLY
- 6
- 7
- 8
- 9 HE DOES IT ALL

**138. Choosing or being involved with child choosing own toys: How you would LIKE it to be...**

- 1 SHE DOES IT ALL
- 2
- 3
- 4
- 5 WE BOTH DO THIS ABOUT EQUALLY
- 6
- 7
- 8
- 9 HE DOES IT ALL

**139. Playing with the child: How it is NOW...**

- 1 SHE DOES IT ALL
- 2
- 3
- 4
- 5 WE BOTH DO THIS ABOUT EQUALLY
- 6
- 7
- 8
- 9 HE DOES IT ALL

**140. Playing with the child: How you would LIKE it to be...**

- 1 SHE DOES IT ALL
- 2
- 3
- 4
- 5 WE BOTH DO THIS ABOUT EQUALLY
- 6
- 7
- 8
- 9 HE DOES IT ALL

**141. Disciplining the child: How it is NOW...**

- 1 SHE DOES IT ALL
- 2
- 3
- 4
- 5 WE BOTH DO THIS ABOUT EQUALLY
- 6
- 7
- 8
- 9 HE DOES IT ALL

**142. Disciplining the child: How you would LIKE it to be...**

- 1 SHE DOES IT ALL
- 2
- 3
- 4
- 5 WE BOTH DO THIS ABOUT EQUALLY
- 6
- 7
- 8
- 9 HE DOES IT ALL

**143. Dealing with the doctor regarding the child's health: How it is NOW...**

- 1 SHE DOES IT ALL
- 2
- 3
- 4
- 5 WE BOTH DO THIS ABOUT EQUALLY
- 6
- 7
- 8
- 9 HE DOES IT ALL

**144. Dealing with the doctor regarding the child's health: How you would LIKE it to be...**

- 1 SHE DOES IT ALL
- 2
- 3
- 4
- 5 WE BOTH DO THIS ABOUT EQUALLY
- 6
- 7
- 8
- 9 HE DOES IT ALL

SATISFACTION WITH OVERALL DIVISION BETWEEN PARENTS

**145. Overall, how do you feel about YOUR level of involvement with your child?**

- 1 Very satisfied
- 2
- 3 Neutral
- 4
- 5 Very dissatisfied

**146. Overall, how do you feel about the other parent's level of involvement with your child?**

- 1 Very satisfied
- 2
- 3 Neutral
- 4
- 5 Very dissatisfied

**147. Overall, how do you think the other parent feels about your level of involvement with your child?**

- 1 Very satisfied
- 2
- 3 Neutral
- 4
- 5 Very dissatisfied

## 12. Quality of Marriage Index

Our Relationship (between the parents)

Please choose the number that best describes the degree of satisfaction you feel in each of these areas of your relationship.

**148. We have a good relationship.**

- 1 Very Strongly Disagree
- 2 Strongly Disagree
- 3 Disagree
- 4 Neither Agree nor Disagree
- 5 Agree
- 6 Strongly Agree
- 7 Very Strongly Agree

**149. My relationship with my child's other parent is very stable.**

- 1 Very Strongly Disagree
- 2 Strongly Disagree
- 3 Disagree
- 4 Neither Agree nor Disagree
- 5 Agree
- 6 Strongly Agree
- 7 Very Strongly Agree

**150. My relationship with my child's other parent is strong.**

- 1 Very Strongly Disagree
- 2 Strongly Disagree
- 3 Disagree
- 4 Neither Agree nor Disagree
- 5 Agree
- 6 Strongly Agree
- 7 Very Strongly Agree

**151. My relationship with my child's other parents makes me happy.**

- 1 Very Strongly Disagree
- 2 Strongly Disagree
- 3 Disagree
- 4 Neither Agree nor Disagree
- 5 Agree
- 6 Strongly Agree
- 7 Very Strongly Agree

**152. I really feel like part of a team with my child's other parent.**

- 1 Very Strongly Disagree
- 2 Strongly Disagree
- 3 Disagree
- 4 Neither Agree nor Disagree
- 5 Agree
- 6 Strongly Agree
- 7 Very Strongly Agree

**153. On a scale from one to ten, one being unhappy, five being happy, and ten being perfectly happy, all things considered, what degree of happiness best describes your relationship with your partner? Please choose a number.**

- 1 Unhappy
- 2
- 3
- 4
- 5 Happy
- 6
- 7
- 8
- 9
- 10 Perfectly happy

**154. How long have you two known each other?**

**(Please specify \_\_\_ months and \_\_\_ years)**

**155. PLEASE ANSWER ONE OF THE FOLLOWING:**

**(If you are romantically involved with your partner):**

**How long have you two been a couple?**

**(Please specify \_\_\_ months and \_\_\_ years)**

**156. (If you two co-parent the child but are not romantically involved with each other):  
How long have you been co-parenting the child who was involved in the SFI project?**

**(Please specify \_\_\_ months and \_\_\_ years)**



### 13. Experiences in Close Relationships - Revised

The statements below concern how you feel in emotionally intimate relationships. Please think about how you generally experience relationships, not just in what is happening in a current relationship. Respond to each statement by choosing a number to indicate how much you agree or disagree with the statement.

1 = Strongly Disagree.....7= Strong Agree

**157. I'm afraid that I will lose my partner's love.**

- 1 Strongly Disagree
- 2
- 3
- 4
- 5
- 6
- 7 Strongly Agree

**158. I often worry that my partner will not want to stay with me.**

- 1 Strongly Disagree
- 2
- 3
- 4
- 5
- 6
- 7 Strongly Agree

**159. I often worry that my partner doesn't really love me.**

- 1 Strongly Disagree
- 2
- 3
- 4
- 5
- 6
- 7 Strongly Agree

**160. I worry that romantic partners won't care about me as much as I care about them.**

- 1 Strongly Disagree
- 2
- 3
- 4
- 5
- 6
- 7 Strongly Agree

**161. I often wish that my partner's feelings for me were as strong as my feelings for him or her.**

- 1 Strongly Disagree
- 2
- 3
- 4
- 5
- 6
- 7 Strongly Agree

**162. I worry a lot about my relationships.**

- 1 Strongly Disagree
- 2
- 3
- 4
- 5
- 6
- 7 Strongly Agree

**163. When my partner is out of sight, I worry that he or she might become interested in someone else.**

- 1 Strongly Disagree
- 2
- 3
- 4
- 5
- 6
- 7 Strongly Agree

**164. When I show my feelings for romantic partners, I'm afraid they will not feel the same about me.**

- 1 Strongly Disagree
- 2
- 3
- 4
- 5
- 6
- 7 Strongly Agree

**165. I rarely worry about my partner leaving me.**

- 1 Strongly Disagree
- 2
- 3
- 4
- 5
- 6
- 7 Strongly Agree

**166. My romantic partner makes me doubt myself.**

- 1 Strongly Disagree
- 2
- 3
- 4
- 5
- 6
- 7 Strongly Agree

**167. I do not often worry about being abandoned.**

- 1 Strongly Disagree
- 2
- 3
- 4
- 5
- 6
- 7 Strongly Agree

**168. I find that my partner(s) don't want to get as close as I would like.**

- 1 Strongly Disagree
- 2
- 3
- 4
- 5
- 6
- 7 Strongly Agree

**169. Sometimes romantic partners change their feelings about me for no apparent reason.**

- 1 Strongly Disagree
- 2
- 3
- 4
- 5
- 6
- 7 Strongly Agree

**170. My desire to be very close sometimes scares people away.**

- 1 Strongly Disagree
- 2
- 3
- 4
- 5
- 6
- 7 Strongly Agree

**171. I'm afraid that once a romantic partner gets to know me, he or she won't like who I really am.**

- 1 Strongly Disagree
- 2
- 3
- 4
- 5
- 6
- 7 Strongly Agree

**172. It makes me mad that I don't get the affection and support I need from my partner.**

- 1 Strongly Disagree
- 2
- 3
- 4
- 5
- 6
- 7 Strongly Agree

**173. I worry that I won't measure up to other people.**

- 1 Strongly Disagree
- 2
- 3
- 4
- 5
- 6
- 7 Strongly Agree

**174. My partner only seems to notice me when I'm angry.**

- 1 Strongly Disagree
- 2
- 3
- 4
- 5
- 6
- 7 Strongly Agree

**175. I prefer not to show a partner how I feel deep down.**

- 1 Strongly Disagree
- 2
- 3
- 4
- 5
- 6
- 7 Strongly Agree

**176. I feel comfortable sharing my private thoughts and feelings with my partner.**

- 1 Strongly Disagree
- 2
- 3
- 4
- 5
- 6
- 7 Strongly Agree

**177. I find it difficult to allow myself to depend on romantic partners.**

- 1 Strongly Disagree
- 2
- 3
- 4
- 5
- 6
- 7 Strongly Agree

**178. I am very comfortable being close to romantic partners.**

- 1 Strongly Disagree
- 2
- 3
- 4
- 5
- 6
- 7 Strongly Agree

**179. I don't feel comfortable opening up to romantic partners.**

- 1 Strongly Disagree
- 2
- 3
- 4
- 5
- 6
- 7 Strongly Agree

**180. I prefer not to be too close to romantic partners.**

- 1 Strongly Disagree
- 2
- 3
- 4
- 5
- 6
- 7 Strongly Agree

**181. I get uncomfortable when a romantic partner wants to be very close.**

- 1 Strongly Disagree
- 2
- 3
- 4
- 5
- 6
- 7 Strongly Agree

**182. I find it relatively easy to get close to my partner.**

- 1 Strongly Disagree
- 2
- 3
- 4
- 5
- 6
- 7 Strongly Agree

**183. It's not difficult for me to get close to my partner.**

- 1 Strongly Disagree
- 2
- 3
- 4
- 5
- 6
- 7 Strongly Agree

**184. I usually discuss my problems and concerns with my partner.**

- 1 Strongly Disagree
- 2
- 3
- 4
- 5
- 6
- 7 Strongly Agree

**185. It helps to turn to my romantic partner in times of need.**

- 1 Strongly Disagree
- 2
- 3
- 4
- 5
- 6
- 7 Strongly Agree



**186. I tell my partner just about everything.**

- 1 Strongly Disagree
- 2
- 3
- 4
- 5
- 6
- 7 Strongly Agree

**187. I talk things over with my partner.**

- 1 Strongly Disagree
- 2
- 3
- 4
- 5
- 6
- 7 Strongly Agree

**188. I am nervous when partners get too close to me.**

- 1 Strongly Disagree
- 2
- 3
- 4
- 5
- 6
- 7 Strongly Agree

**189. I feel comfortable depending on romantic partners.**

- 1 Strongly Disagree
- 2
- 3
- 4
- 5
- 6
- 7 Strongly Agree

**190. I find it easy to depend on romantic partners.**

- 1 Strongly Disagree
- 2
- 3
- 4
- 5
- 6
- 7 Strongly Agree

**191. It's easy for me to be affectionate with my partner.**

- 1 Strongly Disagree
- 2
- 3
- 4
- 5
- 6
- 7 Strongly Agree

**192. My partner really understands me and my needs.**

- 1 Strongly Disagree
- 2
- 3
- 4
- 5
- 6
- 7 Strongly Agree