

Promoting Father Engagement through Enhanced Coparenting

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This line of research was conducted with support from
NIH Grants HD042575, MH064125, and DA025035

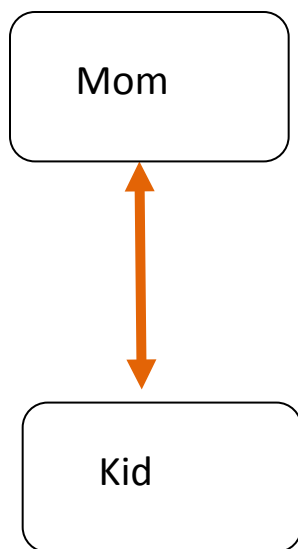
With much appreciation to:

Penn State graduate students Jesse Boring, Susie Doughty, Megan Goslin, Carmen Hamilton, Marni Kan, Carolyn Ransford, Elizabeth Riina, Anna Solmeyer, and Samuel Sturgeon.

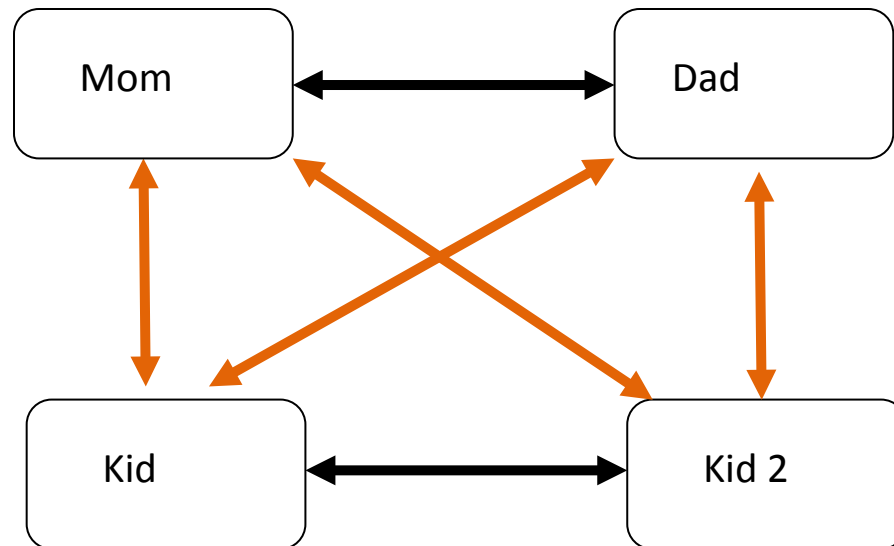
Penn State research associates Kari-Lyn Sakuma, Michelle Hostetler, Damon Jones, Richard Puddy, Louis Brown, and Jill Zeruth.

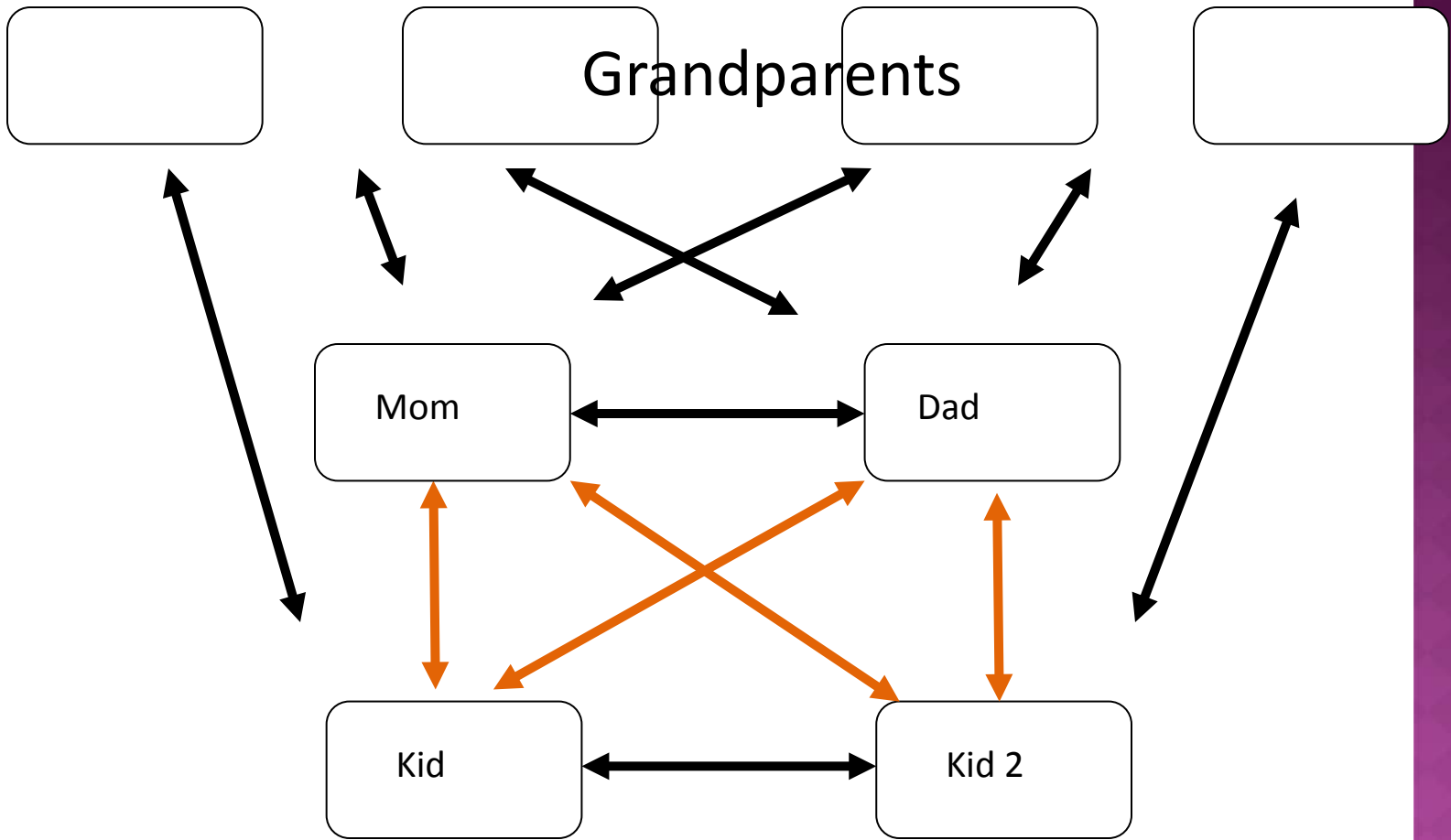
And to consultants and mentors:
Phil & Carolyn Cowan, Mark Greenberg,
George Howe, Jamie McHale

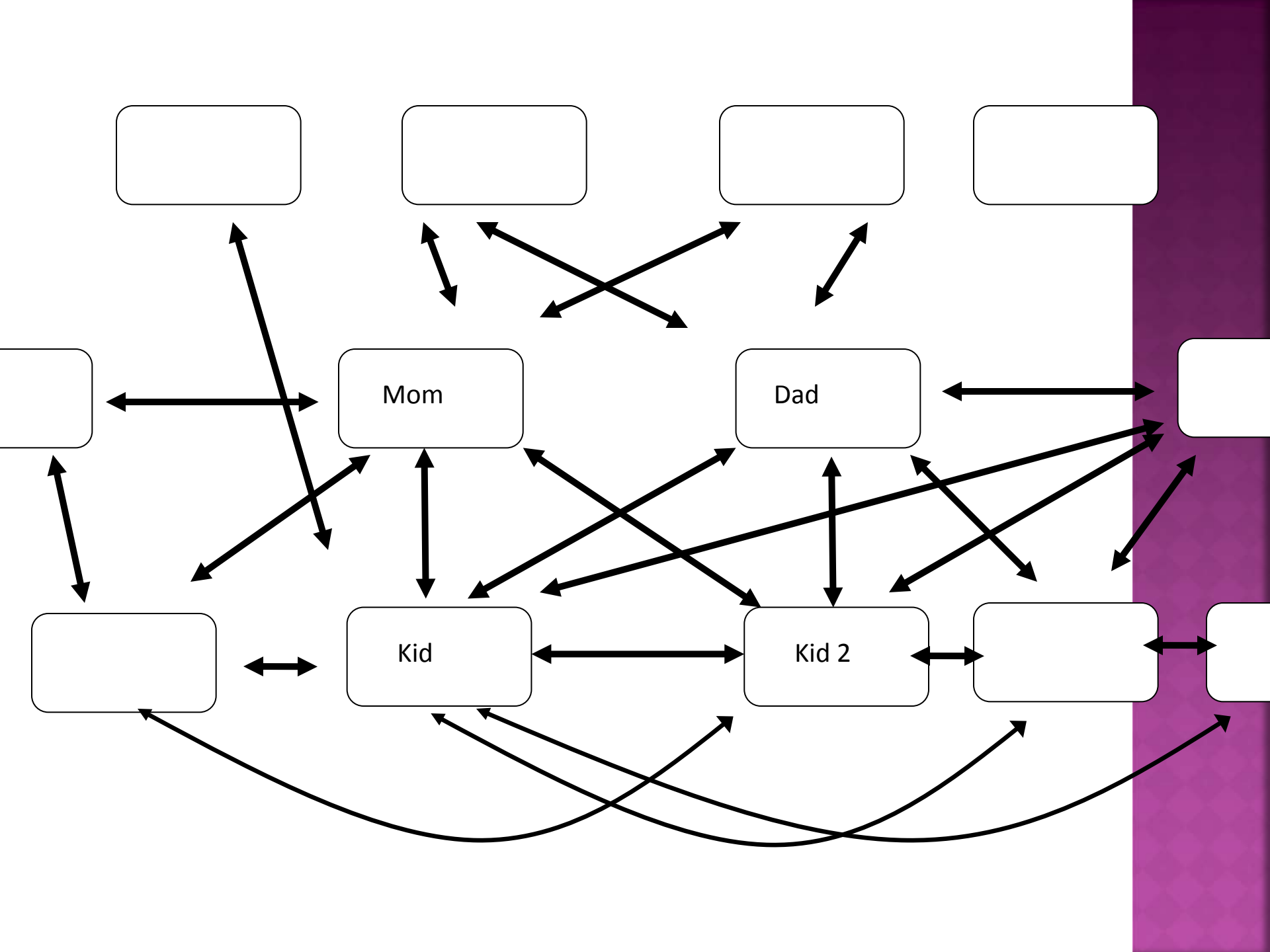
STANDARD PREVENTION

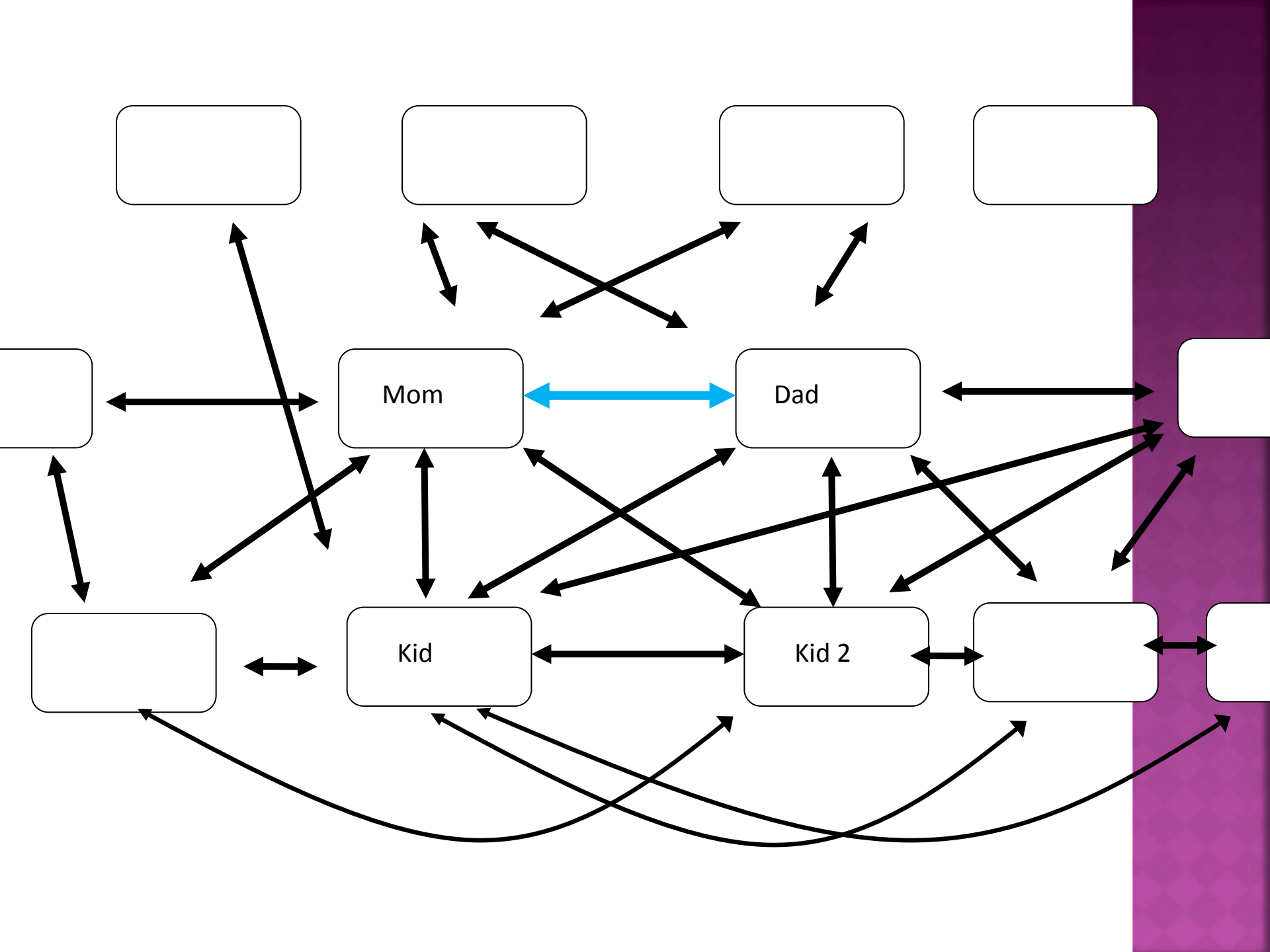


NUCLEAR FAMILY

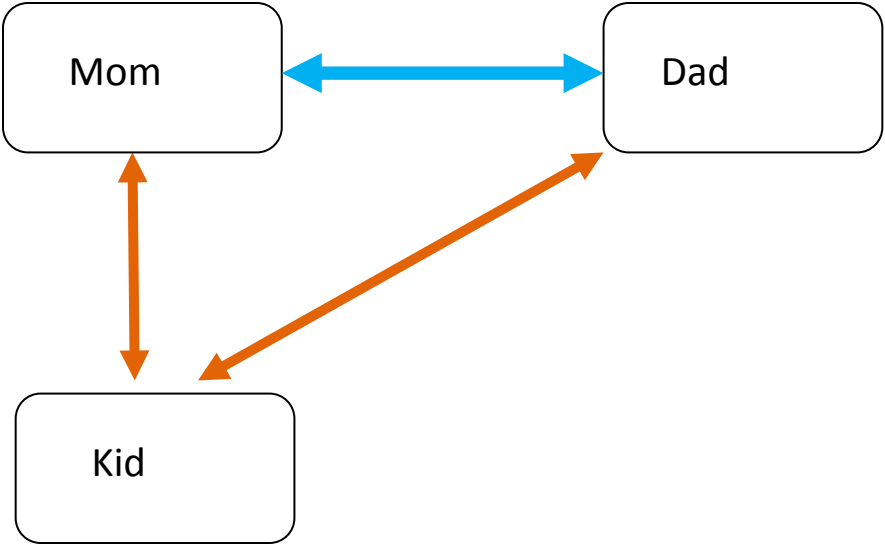








CORE PIVOT POINT...



COUPLE CONFLICT

Parent-related Outcomes:

- Depression
- Poor parenting quality (cold, harsh)
- Family violence

Child Outcomes:

- Attachment security
- Child depression, aggression
- School outcomes
- Substance use
- Poor peer relations
- Romantic relationship problems

WHAT WORKS TO ENHANCE
FATHER INVOLVEMENT
AND/OR
MOTHER-FATHER RELATIONS
AMONG “FRAGILE” FAMILIES?

Not much

PROGRAMS AND POLICIES TO ENHANCE FATHER INVOLVEMENT

Catalog of Research: Programs for Low-Income Fathers

Avellar et al., 2011

Mathematica, for ACF

“SUPPORTING FATHER INVOLVEMENT”

Cowan, Cowan, Pruett, Pruett, & Wong,
2009

32-hour, 16-week group curriculum

18 mos case manager services

TRIAL RESULTS

Father's group:

More psychological and behavioral engagement

Couples group:

Reduced parenting stress

More relationship satisfaction.

1/3 sample dropped out, largely higher risk

No significant effects on

- Parenting
- Child adjustment

BUILDING STRONG FAMILIES, ACF

-Mathematica, MDRC, Public Strategies

Funded program development

Multi-site trial, >2500 couples

BUILDING STRONG FAMILIES

- Recruitment
- Attendance
- Outcomes
- Lessons

STRONG HEALTHY MARRIAGES

Primarily couples with children

Services provided over 1 year:

- Healthy marriage curriculum,
 - 24-30 class hours
- Supplemental activities, events
- Support worker providing support

STRONG HEALTHY MARRIAGES

Randomized Trial

8 sites, each chose one of 4 Programs:

- *Within Our Reach* (based on PREP; Stanley and Markman, 2008)
- *Becoming Parents Program* (based on PREP, Jordan and Frei, 2007).
- *For Our Future, For Our Family* (adapted from PAIRS; Gordon et al., 2007).
- *Loving Couples, Loving Children* (adapted from Bringing Baby Home; Gottman)

STRONG HEALTHY MARRIAGES

N=6298 couples

Questionnaire and observation measures

Intervention couples:

Average of 23 contact hours per couple
(17 hours of class time)

Average cost of >\$9000/couple

STRONG HEALTHY MARRIAGES

Significant effects on:

- Relationship quality, obs. interaction, psychological abuse*
- Individual psychological distress

Effect Sizes range from .08 to .13

***No effect on coparenting**

RESET

A MOTHER...

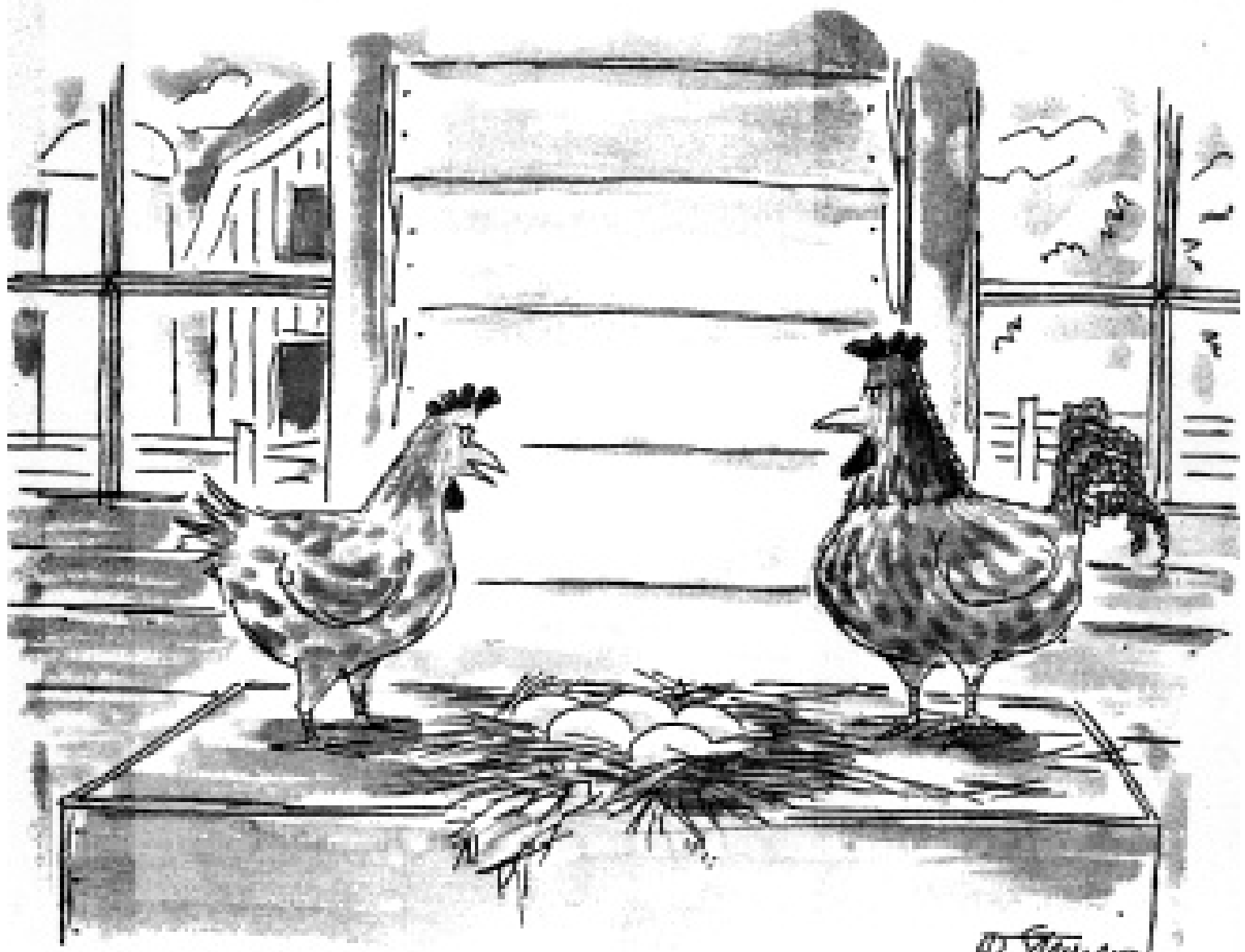
“I was very young when I had my son. I’ve seen other girls that were ...very rebellious and stubborn towards their baby’s father, and yes, I agree, I was one of those girls that were very, very hard on him. And it’s like back then I felt as though that’s what he needed. But now that I look back on it, he just needed somebody to encourage him more than instruct him, you know. They have feelings just like we have feelings. They just have a harder time showing it.”

A FATHER...

“I feel as though she makes all the decisions, important decisions about him, and I got no say so. And when I’ve been over and say something to her, she catch an attitude and I just leave it alone because I don’t want to [get into] it.”

A REFINEMENT: COPARENTING QUALITY

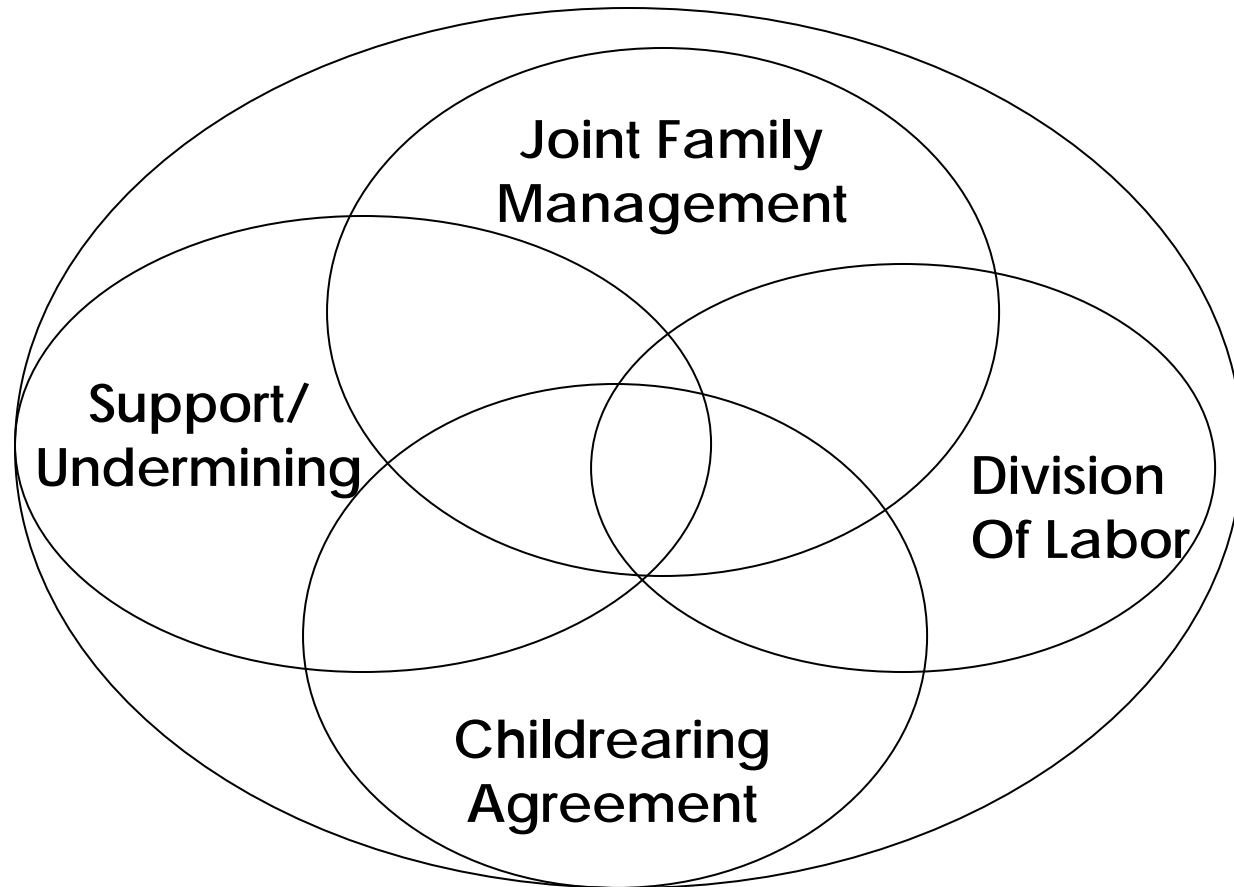
- 🐾 Shared parenting responsibility & coordination
- 🐾 More precise
- 🐾 Linked, but separate
- 🐾 Stronger predictor
- 🐾 Buffer



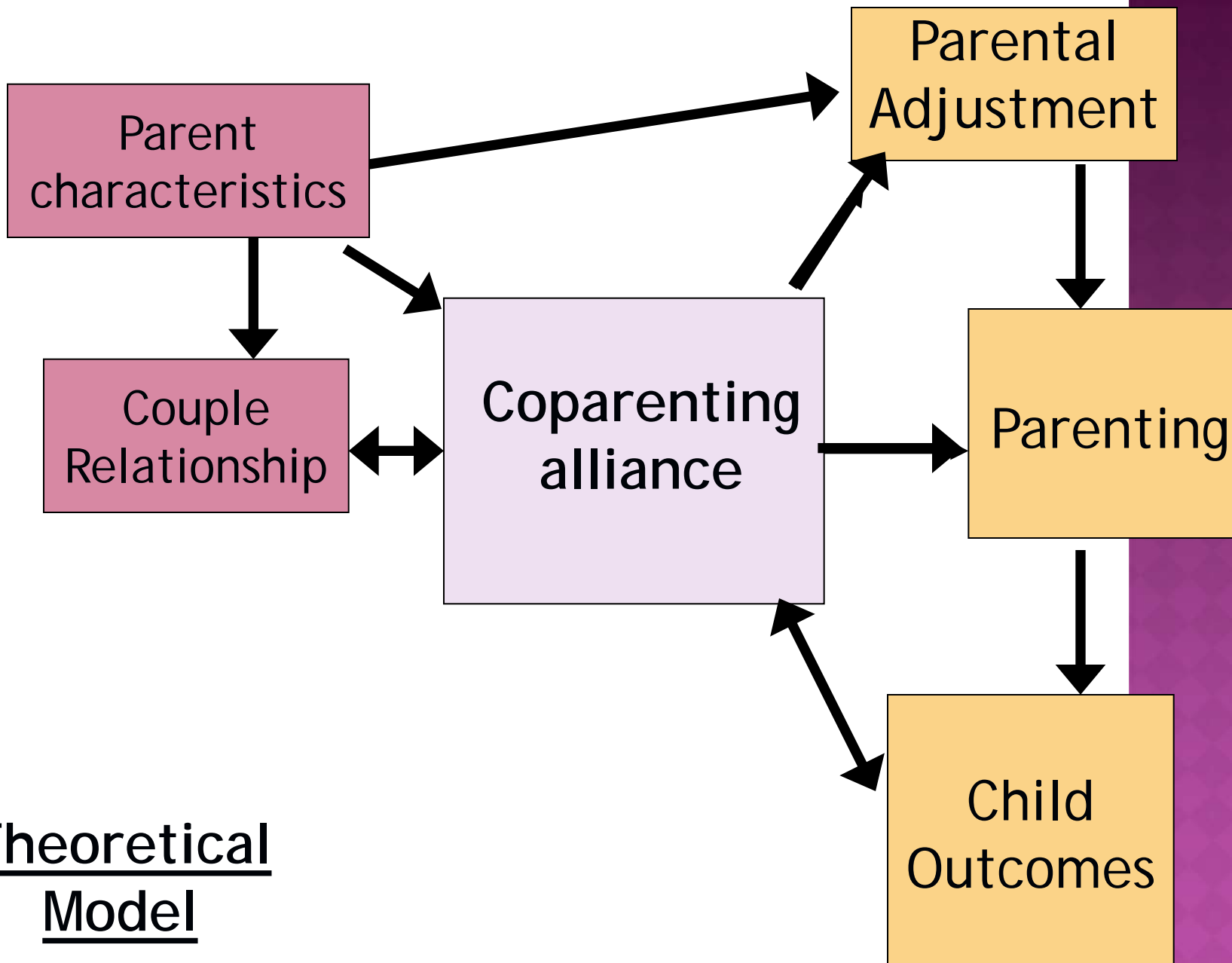
P. Steiner

"They're not just my eggs. They're your eggs, too."

Domains of Co-parenting

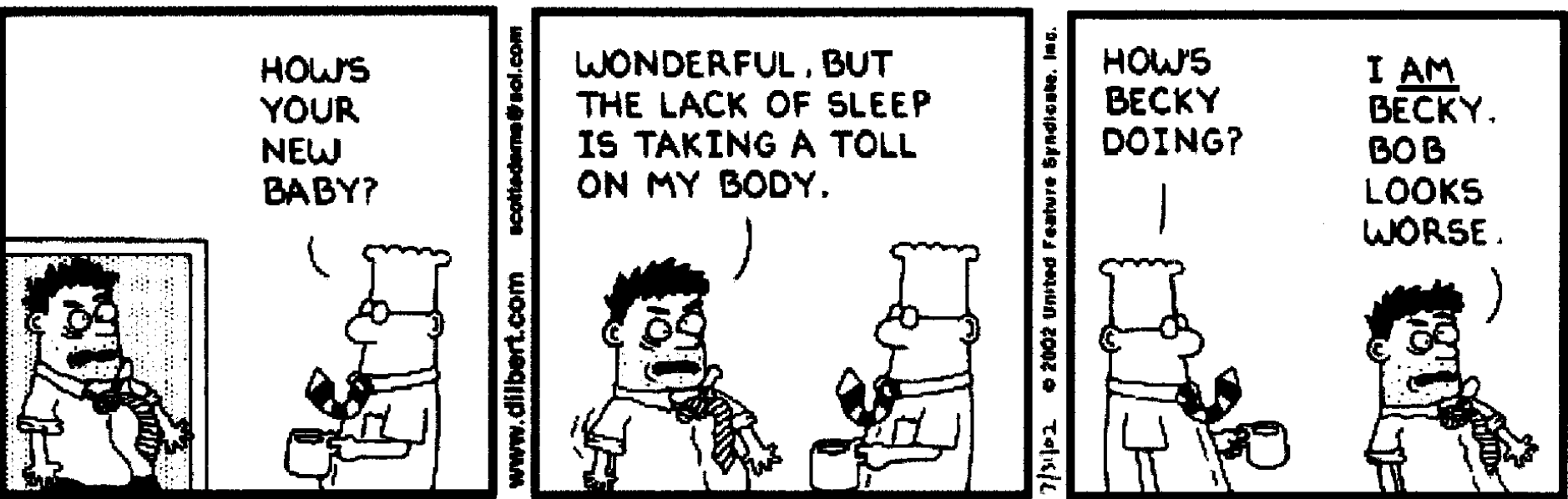


Feinberg, 2003



Theoretical
Model

Build Coparenting at the Transition to Parenthood





Delivery--local childbirth education

- ◉ 8 sessions, 16 hours
- ◉ male/female co-leaders

Topics Covered

- ◉ Expectations
- ◉ Co-parenting
- ◉ Parenting
- ◉ Self-regulation

FF PROJECTS

Randomized Trials

- ◉ Initial trial
- ◉ FF + Childbirth Education = “Childbirth Plus”
- ◉ DVD/workbook home-study version

Proposals Pending

- ◉ FF adapted for couples w/ autistic child
- ◉ FF adapted for couples at risk of violence
- ◉ Online version for military reserve couples

Large scale Implementation:

- ◉ UK, 12 cities in phase 1
- ◉ U.S. Dept of Defense, FY 2013

INITIAL RANDOMIZED TRIAL OF FF

N = 169 couples

Universal: wide range of income/education

Questionnaire and videotaped observation

Pretest = pregnancy

Posttest = 6-8 months post-birth

Follow-ups = 1 & 3 years post-birth

PARENT OUTCOMES: THROUGH CHILD AGE 3 (COMPARED TO RANDOMIZED CONTROL GROUP)

Coparenting:

🐾 more support

🐾 More maternal inclusion of father

🐾 less competition/triangulation

Parental Adjustment:

🐾 More parental efficacy

🐾 Less parental stress

🐾 [Less depression -mothers only]

PARENT OUTCOMES: THROUGH CHILD AGE 3 (COMPARED TO RANDOMIZED CONTROL GROUP)

Parenting:

- 🐾 Decreased father-infant dysfunctional interaction (infancy)
- 🐾 More warmth, sensitivity
- 🐾 Less negativity, harshness, over-reactivity, physical punishment

CHILD OUTCOMES: THROUGH AGE 3 (COMPARED TO RANDOMIZED CONTROL GROUP)

- 🐾 Better attention span
- 🐾 More capacity for self-regulation
- 🐾 Better social-emotional competence
- 🐾 Fewer behavior problems

LESSONS

- Focus on coparenting, not overall couple relationship
- Integrate new programs into existing services and structures
- Move forward with deliberate speed
- What components effective for whom?

**CAN THIS APPROACH ADDRESS
HEALTH DISPARITIES?**

1) DOES FF WORK FOR HIGHER-RISK FAMILIES?

Moderation of program effects by

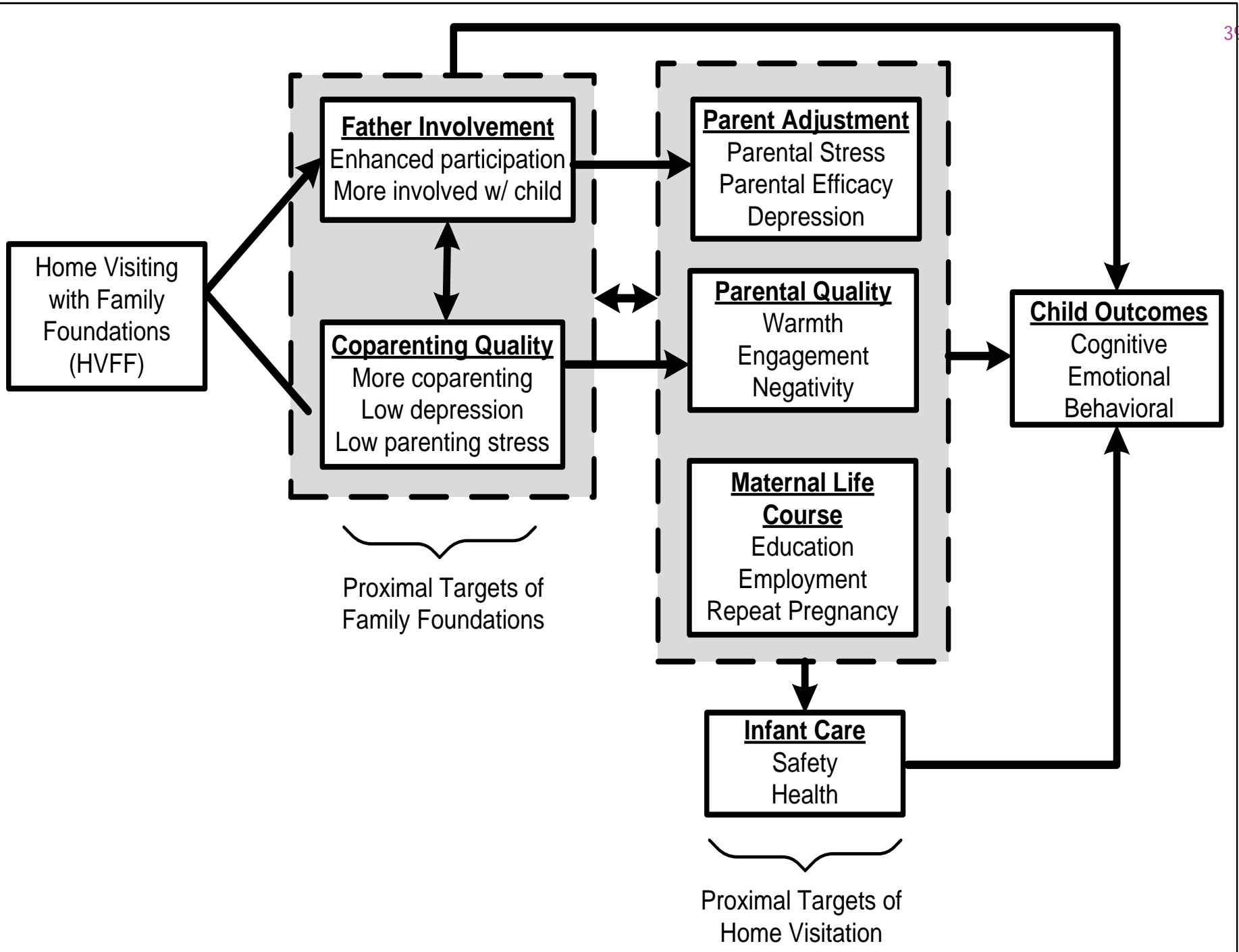
- ◉ Parent education
- ◉ Father emotional security
- ◉ Prenatal couple conflict

2) CAN FF BE ADAPTED FOR SPECIFIC SUB-POPULATIONS TO ENHANCE FATHER INVOLVEMENT?

- ◉ FF adapted for low-income, urban teens (Children's National Medical Center, D.C.)
 - Health system
 - Teen/tot
- ◉ FF integrated into Home visiting (Robert Ammerman, PI)
 - Pending Council Decision

FATHERS AND HOME VISITING:

GAPS



COMPONENTS NEEDED FOR HV:

- ◉ Father engagement, outreach
- ◉ Support father's needs, goals
- ◉ Motivate positive coparenting
- ◉ Skills for coparenting
- ◉ Manage obstacles:
 - break-up, other romances, jealousy
 - obligations to other children and mothers
 - Grandparents

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