

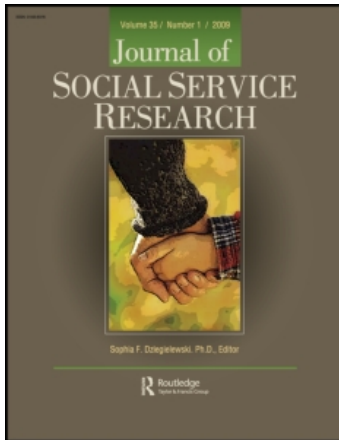
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Lessons Learned From the Supporting Father Involvement Study: A Cross-Cultural Preventive Intervention for Low-Income Families With Young Children

Marsha Kline Pruett ^a; Carolyn Pape Cowan ^b; Philip A. Cowan ^b; Kyle Pruett ^c

^a Smith College School for Social Work, Northampton, MA ^b Department of Psychology and the Institute for Human Development, University of California, Berkeley ^c Yale School of Medicine and the Yale Child Study Center,

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ABSTRACT. Despite the proliferation of fatherhood programs designed to promote paternal involvement and positive family outcomes, evaluations of these programs are scarce. The Supporting Father Involvement (SFI) study is a randomized clinical trial comprised of 289 low-income Spanish- and English-speaking families living in California. The evaluation design reflects a partnership stance that promotes empowerment of staff and social service agencies. This article examines lessons learned from the program's first 3 years (2002–2004) from the perspectives of both evaluators and program staff. The lessons cover a broad range of areas, including communication procedures, training, staffing, recruitment/retention, clinical needs, intervention content and process, and maintaining cultural sensitivity.

KEYWORDS. Father, preventive intervention, evaluation, lessons learned

We live in a time when the difficulties facing many families are understood to be manifestations of expanding poverty and shrinking resources. This problematic duo produces multiple risk factors combined with less available social support and stability to counter the risks families face in providing children with healthy environments. Moreover, changes in social structures and mores contribute to a dizzying reordering of family expectations and roles that often results

in couple conflict and confusion. The resulting picture is one in which theoretically sound interventions and social service programs for families are critical at a moment in history when shrinking federal and state dollars available to support these programs require vigilant accountability and indications of efficacy.

Despite the current interest in father involvement as one way of strengthening families, little is known about what makes a father-involvement

Marsha Kline Pruett, PhD, MSL, is Maconda Brown O'Connor Professor at the Smith College School for Social Work, Northampton, MA. Carolyn Pape Cowan, PhD, and Philip A. Cowan, PhD, are in the Department of Psychology and the Institute for Human Development, University of California, Berkeley. Kyle D. Pruett, MD, is clinical professor at the Yale School of Medicine and the Yale Child Study Center.

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Address correspondence to: Marsha Kline Pruett, Smith College School for Social Work, Lilly Hall, Northampton, MA 01063 (E-mail: mpruett@email.smith.edu).

program successful according to standards of scientific credibility. This article describes the Supporting Father Involvement (SFI) study, a systematically evaluated intervention program that is emerging as an empirical and clinical success, accompanied by hard-earned lessons about how to best offer a viable program, while studying it in a manner that is supported by the families and communities it was designed to serve.

THE IMPORTANCE OF FATHER INVOLVEMENT TO FAMILY LIFE

In the past 15 years, concern over the values and vulnerabilities of today's families has brought the role that fathers play in childrearing into sharp relief. Studies of the benefits of positive fathers' involvement and the detriment of father absence for children's development have produced convincing evidence that fathers play a significant role in their children's development (Argys, Peters, Brooks-Gunn, & Smith, 1998; Cowan, Cowan, Cohen, Pruett, & Pruett, in press; Gable, Crnic, & Belsky, 1994; Lamb, 1997; Pruett, 2000; Tamis-LeMonda & Cabrera, 2002). The benefits of father involvement hold across cultures, family structures, and types of parental relationships (see, for example, Fagan & Iglesias, 1999; Peters, Peterson, Steinmetz, & Day, 2000). Of particular relevance to the current study is the finding that fathers' involvement in family life is associated with lower levels of child neglect (Gaudin & Dubowitz, 1997) and serves a protective function against child abuse (Rosenberg & Wilcox, 2006).

This increasing understanding of the important role fathers play in children's development is coupled with enhanced awareness from researchers and theorists alike that fathers' parenting roles have changed in recent years, with no corresponding consensus about what the appropriate and expected roles for fathers should be (Lamb, 2000). One result of this ambiguity has been widespread support for the development of education and intervention programs to solidify fathers' positive involvement in the lives of their families (Levine & Pitt, 1995). Programs to engage fathers' responsibly in the lives of their children have sprung up

throughout the country (Knitzer & Bernard, 1997), yet quantitative and qualitative evaluations of these programs are scarce (Fagan & Iglesias, 1999; McAllister, Wilson, & Burton, 2004). We know little about program philosophies, and only a few published studies describe their recruitment and enrollment procedures, retention strategies, and successes (Heinrichs, Bertram, Kuschel, & Hahlweg, 2005). Without more detailed analysis, we do not have the opportunity to learn from history and are forced to "recreate the programmatic wheel" at great economic and emotional expense of program providers and participants (Griswold, 1993). This current state of affairs leads to the conclusion that we need more and better examinations of program efforts that engage fathers to learn about program strategies, successes, barriers encountered, and to evaluate their effects on the participants systematically. We also need assessments of the impact the programs have on the agencies that offer them.

The key feature of a systematic evaluation of intervention programs involves a randomized clinical trial design, which enables the evaluator to infer that participation in the intervention actually caused any observed changes in intervention participants that are significantly different from changes in control-group participants. Yet family service agencies are reluctant to participate in research with random assignment to intervention and control groups on the grounds that it is unethical to deny services to those in need. We will show that these designs can gain support in communities that typically resist them. We believe that the larger ethical issues involve continuing to use public funds for programs whose effectiveness has not been demonstrated.

Adding to the already daunting complexities of mounting a new intervention program, then, are the complexities involved in situating that program within a randomized clinical trial research and measurement operation. We are aware that these challenges, along with the lack of financial resources to support an evaluation component, contribute to the fact that very few family based services, and even fewer father-involvement interventions, include such a component. Having been given the encouragement and financial support needed to construct

a randomized clinical trial of two approaches to actively engage fathers in the lives of their children, we offer the lessons we are learning about supporting father involvement.

First we examine the lessons learned from prior father-involvement programs, based on what has been published or posted on the Internet from large-scale, well-funded programmatic efforts. Then we offer a brief description of the SFI study, a randomized clinical trial funded by the State of California Department of Social Services, Office of Child Abuse Prevention (OCAP). We assess lessons learned from the program's first 3 years from the perspectives of both evaluators and program staff. The lessons cover a broad range of areas, including communication procedures, training, staffing, recruitment/retention, clinical needs, intervention content and process, and maintaining cultural sensitivity.

LESSONS LEARNED FROM EXISTING FATHERHOOD PROGRAMS

Barriers to Effective Programs

Because of reported difficulties in recruiting and retaining fathers in existing social service programs, many program reports focus on barriers encountered rather than successes. A major reported barrier is the feminization of the family service industry, evident in programs staffed predominantly by women, with information targeting women as the clients or program participants. For example, McAllister and colleagues (2004) described Early Head Start staff who are not trained to work with men, the stereotypes and prejudices about men that persisted, and the focus on mothers and children, to the omission, if not the exclusion, of fathers. They described the role mothers play as gatekeepers, not only between fathers and children but also between fathers and programs. McAllister and colleagues examined systems issues, such as the lack of clarity about who holds the responsibility to influence and shape program practices and policy—the women managers or the male program staff, whose expertise as “men” was clearly defined.

Researchers also articulate environmental or situational barriers to men's positive involvement with their children that are posed by the economic realities of underemployment and unemployment (McAllister et al., 2004). These conditions pose difficult logistical issues, such as timing and scheduling of interventions (Heinrichs et al., 2005; Spoth, Redmond, Hockaday, & Shin, 1996); logistics that may be more particular to problems in father involvement than in mother involvement (Doherty, Kouneski, & Erikson, 1998; Fagan, 2000). Heinrichs and colleagues (2005) concluded that longer interventions were associated with lower attendance by men.

McAllister et al. (2004) also described various psychological barriers, such as the negative associations that some male staff had with their fathers and some women had with their former partners. Other psychological barriers included the men's low self-esteem; conflict and violence between fathers and mothers; and histories of abuse, mental illness, and personal immaturity that may make the goal of increasing some fathers' involvement with their children not only difficult but also inadvisable.

Program Keys to Success

Lessons learned about successes of father-involvement programs harken back to Bronfenbrenner's (1979) dictum that the positive potential for any setting is enhanced when supportive links within and between settings function as part of a harmonious network. The need to take context and cooperation among service providers into account has been one of the strongest recommendations coming out of programs that have been evaluated qualitatively. Programs are most successful when they adopt a relationship approach that emphasizes teamwork among the staff, reflective thinking, and strengths-based perspectives that view fathers as positive contributors, and make efforts to build relationships with fathers in much the same way as mothers have been approached in the past (Bellotti, 2004; McAllister et al., 2004; National Family Preservation Network [NFPN], 2005).

Successful programs offer a diversity of activities, emphasize “male” interests and needs (e.g., sports and child-development information), and use men as peer mentors for one another (McAllister et al., 2004; National Fatherhood Initiative [NFI], 2006). However, the overall approach and attitude may be more important than the particular activities offered to men (McAllister et al., 2004). The paramount importance of a male presence in and around the program has been emphasized (Bellotti, 2004; Fagan, 1996, 1999; McAllister et al., 2004), with such involvement ranging from inclusion of fathers as volunteers and paid staff—especially in leadership positions—to father-friendly images (e.g., men with children as subjects of posters on the wall) and materials (brochures that include images of men) at the program site. Moreover, staff must be trained to understand and appreciate the nuances of working with men (Fagan 1996, 1999), to “find” men through community network building (NFI, 2006), and to be sensitive to maintaining flexible scheduling that takes into account the economic role of men as family providers and the difficulty of juggling work and family demands, especially for low-income families (Rosenberg & Wilcox, 2006).

One of the unexpected lessons that emerged from evaluations of Early Head Start and other types of programs was the importance of supporting the coparenting relationship (Bellotti, 2004). Engaging mothers at the same time as fathers in activities that bring the family together (McAllister et al., 2004) and/or offering separate but concurrent activities for mothers and fathers (Rosenberg & Wilcox, 2006) helps keep men engaged. Given the strong tendency for maternal gatekeeping in the family, it makes sense that engaging mothers, rather than sidestepping them, is an important adjunct to father involvement in parenting and social service programs.

Similarly, case management provided to the family offers a supportive service that strengthens efforts to recruit and retain fathers (McAllister et al., 2004; NFI, 2006). Adopting a holistic family approach also includes providing food and child care during events and programs so that fathers and mothers find it easier to attend (NFI, 2006). The foregoing list points to valuable lessons that, when heeded, enhance

agencies’ abilities to recruit and engage fathers in programs, yet they do not necessarily make it easier to situate the program in the context of systematic research.

THE SUPPORTING FATHER-INVOLVEMENT STUDY

The SFI study was based on a model adopted from previous studies of married and divorced two-parent families (Belsky, 1984; Cowan & Cowan, 2000, 2005; Heinicke, 2002; Pruett, Insabella, & Gustafson, 2005), in which children’s development and adaptation are predicted by risks and buffers in five interconnected family domains: (1) family members’ personality characteristics, mental health, and well-being; (2) the three-generational transmission of expectations and relationship behavior patterns; (3) the quality of the parent-child relationships; (4) the quality of the relationship between the parents; and (5) the balance of life stresses and social supports in the family’s relationships with peers, schools, work, and other social systems. In prior studies, each of these domains contributed unique variance to the prediction of children’s cognitive, social, and emotional development and mental health status at different points in their development (Cowan, Cowan, & Heming, 2005). Risk and protective factors in these same domains are associated with fathers’ positive involvement (see Cookston [1999] and Parke [1995] for reviews). These five domains, each one representing a central aspect of family life, are the areas of focus for the SFI curriculum, the aims of which 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. Our assumption is that if we can effect positive changes in the five family domains (individual, couple relationship, parent-child relationships, family-of-origin relationships, and the life stress–social support balance), then we will have a positive preventive effect on many of the key factors implicated in child abuse (Cicchetti, Toth, & Maughan, 2000; Freisthler, Merritt, & LaScala, 2006) and, more generally, promote healthy family development. We conceptualize the SFI

interventions as preventive, intended to promote father involvement early in father-child relationships before life stresses and problematic family patterns become intractable and result in fathers' withdrawal or absence.

The SFI study represents an unusual collaboration between university-based clinician/researchers who designed, supervised, and evaluated the project, and the California Department of Social Services, Office of Child Abuse Prevention, which provided funding and administrative responsibility. This leadership team is referred to hereafter as The California Team.

The Intervention

The intervention is located in family resource centers serving primarily low-income families in small towns or rural areas in four different California counties (San Luis Obispo, Santa Cruz, Tulare, and Yuba). Project staff at each site include a project director, case managers, group leaders, a child care worker, and a data coordinator. The coordination of all of these staff at multiple centers of action provided much of the fodder for the lessons learned that we discuss after a brief description of the intervention (see Cowan, Cowan, Pruett, & Pruett [2007a] for a fuller description).

The Supporting Father Involvement study consists of two types of ongoing intervention groups—fathers-only groups and couples groups (32 hours each)—as well as a 3-hour information session for couples randomly assigned to a control condition. The intervention was developed utilizing the group format used by two of the authors of the current article in their previous research (e.g., Cowan et al., 2005), modified for applicability to low-income Latino and Anglo families. The fathers and couples groups are led by male-female pairs who have considerable clinical training and expertise in group and family process. Each group meets for 2 hours each week and adheres to a curriculum structured by activities, discussions, short presentations, and open-ended time during which participants raise immediate concerns from their own lives for group discussion and problem solving. The curriculum ensures that issues relevant to each of the family domains (e.g., couple relationship and

parenting issues, psychological health) are covered over the 16 weeks of meetings. Child care is provided during the parent meetings so that parents can focus undisturbed on their family goals and concerns. Over time, the curricula have been modified with input from the group leaders as they seek to meet the literacy and cultural needs of each site's parent population. Often, multiple versions of an activity are available for group leaders to choose from, based on the unique characteristics of each of their parent groups. This combination of structure and flexibility allows group leaders to maintain common agendas and group goals based on the aspects of family life to be addressed each session, while relying on their professional judgment in implementation.

An important element of the SFI intervention is that group leaders do not prescribe specific behaviors for men and women as partners or as parents. Instead, they offer a group environment in which partners can explore their own predilections, goals, and ways of relating to each other based on their own culture and values. Fathers' involvement is encouraged in each type of intervention through content in each session and, more directly, through 2 of the 16 meetings with the male group leader, in which fathers are encouraged to teach and play with their youngest child. Simultaneously, mothers meet with the female group leader to discuss their reactions to the fathers' participation in the project and talk about how they can support fathers' involvement with their children.

Each family, in intervention conditions and control participants, receives case management services throughout their involvement in the project. That is, the control is a low-dose rather than no-treatment intervention condition. The case managers stay in weekly contact with families during the intervention and periodic contact thereafter, responding to requests for services and acting as conduits between the families and additional community services that support the family's health and general welfare.

Recruitment and Eligibility to Participate

All potential participants are screened by the case managers for eligibility. Both parents must agree to participate and have at least one child

that is no older than age 7 years. Many of the parents have older children as well. Other eligibility requirements include: (a) both parents being the biological or adoptive parents of the target child, (b) neither parent suffering from a mental illness or drug or alcohol abuse problems severe enough to interfere with their daily functioning or regular group participation, (c) the family not having an open case with Child Protective Services, and (d) an instance within the past year of spousal violence or child abuse. This latter requirement is based on our belief that it is not in the family's best interest to encourage fathers' active family involvement when family violence is occurring.

Each eligible couple meets with the group leaders in a 1.5-hour structured interview to acquaint couples with the issues they will be discussing in the study intervention. At the end of the interview, if the couple agrees to accept random assignment to one of the three study conditions (couples groups, fathers-only groups, or the one-time meeting that constitutes the control condition), they are asked to sign a consent form that outlines the study procedures.

Data-Collection Procedures

Each participating couple in both intervention conditions and the control group is then given a separate preintervention assessment in the form of an interview by their case manager, which is administered in English or Spanish. These assessments include a range of widely used scales that assess the five domains under study. To cite a few examples, individual depression is assessed using the Center for Epidemiological Studies in Depression (CES-D) inventory; the couple relationship is assessed using the Quality of Marriage Index (QMI); parenting stress is assessed through the Parenting Stress Index (PSI); and children's behavior and symptoms are measured using the Child Adaptive Behavior Inventory (CABI). More details of the variables and data-collection procedures are offered in Cowan et al. (2007a).

The assessments occur at pretest, with posttests 2 months after the ongoing groups end and again approximately 18 months after couples enter the study. For a subset of the original sample, a final fourth assessment is conducted 30

months after the couples entered the study, in order to examine the longer-term effects of the interventions. Data are gathered primarily through responses to questionnaire items obtained in personal interviews, but some observational data of mother-child and father-child interactions are collected and videotaped for clinical coding. In addition to information from the participants, systems-level data concerning the agencies are obtained once a year from key informant interviews and questionnaire assessments of the degree of father friendliness at each site. These interviews and questionnaires are administered to SFI staff, other staff in the larger family resource centers hosting the project, and county liaison staff who have direct financial oversight of the SFI study in each location. The California Team also conducts multiday trainings and consultations with staff from all the sites twice per year, supported by individual site visits, to discuss the progress, problems, and successes encountered. These consultations provide voluminous qualitative data.

Participants

At present, 289 families are enrolled in the study. Slightly more than two-thirds (67%) of the participants are Mexican American, 25% are European American, and 8% are mixed race or other. On entering the study, 75% of the couples were married, 19% were cohabiting, and 6% were living separately and raising a child together (including several divorced, separated, never married, or cohabiting partners). Median household income was approximately \$28,000 per year, with more than two-thirds of the sample earning below twice the official poverty line. Fifty-five percent of the participants had completed high school or beyond.

Purpose of the Study

The SFI study has three identified purposes:

- 1 To create and evaluate the interventions' impact on the participants in the study and to identify the factors that are associated with change in fathers' involvement and family functioning over time;

- 2 To evaluate the impact of the SFI study on the family resource centers, the surrounding agencies, and the counties hosting the project (staff, environment, and practices); and
- 3 To examine and assess changes within the SFI study itself, and to garner new insights about community-based intervention studies located within large social service agencies.

As the SFI study enters its fourth year, we are beginning to summarize the many lessons we are learning. We describe some of the most prominent lessons below.

LESSONS LEARNED FROM THE SFI STUDY

Communication Procedures

Like many state-initiated service projects, but unlike many university-based intervention research projects, the SFI study was organized with multiple principle investigators in three geographically different sites (Sacramento, CA; Berkeley, CA; and New Haven, CT) and with family services provided in four different California counties. We have learned much about the significance of setting up regular and multi-level procedures for communication within and among sites early in the project. Without such procedures in place from the outset, valuable information is lost and opportunities for miscommunication accelerate. In stretching a project across large distances and multiple locations, these communication procedures ensured (a) continuity and similarity in design structure and curriculum fidelity across sites, and (b) that all procedures were implemented in ways that maximized the quality of program delivery and data collection.

All-Site Meetings and Conference Calls

It has been essential for the staff from all four sites to meet face-to-face twice a year. These meetings allow cross-site training, idea sharing, reporting of interim results, and motivation-enhancing functions. To carry on this

communication between meetings, one or more members of The California Team facilitate regular separate conference calls with case managers, group leaders, project directors, and data coordinators from all sites. In the project's first 6 months, calls worked best when they were held once weekly; they were then reduced to bi-monthly in year 2, and to monthly in year 3. All staff in each job category participate in separate calls and every staff member is expected to participate.

For example, eight group leaders plus a California Team member comprise the group leader calls. Regular calls function as a safe place for staff to discuss clinical issues, relationship problems between and among group leaders or between leaders and participants, and general questions about the project. Group leaders also share brief personal anecdotes during the calls, which serve to support a sense of group cohesion despite the distance among sites. Over time, the group leaders have been able to share sensitive information, and give and derive support, while sharing problem-solving strategies. While communication across and within sites is very important, the opportunity to reflect carefully and thoughtfully on the clinical tasks and systems issues with a trusted member of The California Team may be even more salient. In this regard, the calls have served an ongoing quality-assurance function.

For all conference calls, call notes are maintained and disseminated via a listserve so that (1) all participants can "catch up" with any meetings they missed; (2) project directors can have access to information about their staff; and (3) the project as a whole, and The California Team specifically, can stay apprised of successes and challenges that need addressing. Summaries of the calls provided by The California Team clinician indicate absences as a way of creating group awareness of each person's presence or absence and underscoring the importance of regular participation.

A predetermined agenda with shared leadership proves to be a useful structure for the group leader and case manager calls, which are clinically focused and reflective in nature. A brief check-in with staff about major events in their personal lives (e.g., who is getting married and

who is coping with family illness) occurs at the beginning of the call. Then an agenda is set, and rotating leadership facilitates each site's updates and discussions of participant struggles and successes. Although it was difficult early on to set a tone in which the more difficult clinical, cofacilitator, or collegial issues were discussed, over time talk about these harder issues has become the norm.

Similar calls are held among OCAP (study administrators), the principal investigators living on both coasts, and the data manager at the University of California, Berkeley. These calls facilitate information exchange on a timely basis and ensure that the study remains on track. Administrative, clinical, programmatic, and research issues each get addressed as needed, and quality control is exercised across geography and diverse sites.

Site Visits

Regular site visits for technical assistance are critical for identifying problems before they become unmanageable. Members of The California Team visited each site and met with staff—initially in large and small groups for an entire day or longer. This occurred two times during the first project year, and annually thereafter. The site visits are useful for monitoring data-collection procedures, supporting staff ideas for modifications, helping to manage staff conflicts, meeting the county liaisons who bear fiscal responsibility for the project and its institutionalization over time, and, of special import early on, allowing The California Team a first-hand glimpse into the culture and physical setting of each site.

Staff Meetings

All project staff at each site participate in weekly team meetings to coordinate information about each aspect and level of the project (issues about recruitment, the intervention, participants' progress, the assessments, and relationships with local agencies, local project administration, and central project administration). At first, staff at some sites met often, but inconsistently, with whomever on the staff was free to attend; this routinely resulted in reports that some aspect of

the study was not operating smoothly. Despite the difficulty in getting schedules matched up to hold meetings, when all staff attended meetings, recruitment was more fluid, family case management was more collaborative and intensive, and the sense of being a team, which is essential to a study this complex, was facilitated. Engagement and retention of families also improved when all team members were in active communication with each other.

Although regular communication is essential among all staff, we quickly learned that nowhere was a team approach and regular communication more critical than between case managers and group leaders. The clinical strength of the project rests with these two jobs, and their teamwork and trusted collaboration is one of the most important ingredients for the project's success, reflected in the reactions of both staff and participants.

Leadership Decisions When Disagreements Arose at the Site Level

The diversity at each site—while a unique strength of the study—also leads from time to time to problematic communications among site staff. The question typically arises: “When and to what extent should The California Team be called on to intervene on behalf of the project directors?” Our policy is to support sites in making their own decisions and managing conflicts, but The California Team also makes itself accessible when problems arise that threaten to compromise program fidelity or effectiveness. At various times, individual members of The California Team have made interventions by telephone, e-mail, or through on-site visits (the member who facilitates the clinical updates from conference calls and trainings, the staff at OCAP, or the members responsible for the evaluation data).

Training

Careful consideration was given to necessary staff skill levels during recruitment and hiring phases of the study. All staff hired had extensive experience (averaging 3 years) in multiple skill areas. We believed that in order to obtain a fair test of the interventions' effectiveness, we had to apply clinical rigor in all aspects of the project. We further recognized that regular

training meetings, even among the most highly skilled staff, provide skill-building and professional development opportunities. The trainings enable the study to absorb staff changes that occur regularly in social service agencies and maintain the quality of both program provision and data gathering. In addition, the training meetings foster the collective sense of identity and ownership of the study that makes involvement in the project stimulating to staff and enhances loyalty to the program over time in the face of all the challenges inherent in large-scale intervention studies.

Training begins with an extensive orientation held after all site personnel are hired. Each subsequent training incorporates some large-group, some site-specific, and some job level (case managers, data coordinators, etc.) meetings. The group leaders focus on curriculum familiarization (year 1) and later modifications (ongoing), while case managers focus on recruiting, retention, creating linkages, referral systems, case notes, and assessment procedures. Project directors assess their own leadership styles and capabilities and attend to the macro-level administrative needs of the project. Other topics that are regularly integrated into the trainings include team coordination, general couples and group issues, clinical problems pertaining to families facing severe stresses, and data-collection procedures. Under this model, training occurred not only between The California Team and the sites but also between peers across sites.

Staffing and Program Management

Personal Growth and Transition Among Staff

Because this study demands a higher level of involvement in both clinical and research capacities than does the typical state-funded program without an evaluation component, and because the content of the program deals with fathering and coparenting issues that lie close to many people's hearts, the SFI study has had a powerful impact on the staff as well as the participants. The first few years of the project have clearly demonstrated that the staff are highly motivated and very personally involved in bringing

the project to life. At each site, staff say that they feel that *they* have grown professionally and personally from their involvement in SFI. By their own testimony, case managers experienced a shift in their consciousness about the potential value of fathers, and as a result, became more articulate and competent in their strategies for outreach and engaging men. Similarly, staff report that the impact of the project has been felt both in terms of their personal growth and in terms of the quality of relationships with their own partners and children.

One paradoxical outcome of this impact is that we have suffered high staff turnover in the project as staff enhance their skills and move on to higher-paying jobs. Staff turnover is best managed through clear policies at the time of hiring. For example, group leaders are expected to complete a group intervention cycle before leaving, rather than leaving in the middle of an ongoing group.

The Role of the Project Director

The role of the project director is especially critical to the success of the SFI study. In addition to program management experience, directors must have sufficient management skills to manage rough spots that arise in relationships among the team members. Leadership development was necessary for project directors to help them communicate effectively with the members of their staff and to set and keep standards regarding expectations for staff behavior. Successful sites typically had directors that the staff felt were both part of their group *and* authoritative leaders. The directors had to be both "of" and "above" the fray.

Recruitment and Retention

The subject that has received most attention by other fatherhood projects is recruitment and retention successes and failures, as noted in the preceding literature review. While a fuller examination of engagement strategies awaits a subsequent article, we hope that some of our lessons learned in this area offer additional insights to those previously published.

Honing in on the Broadest and Truest Target Population

We originally struggled with the questions, “How should we define our target population?” and “Do we have the ‘best fit’ sample?” We found that we had to reconsider the breadth and reality of the target samples in each community and allow for the broadest recruitment possible. In the first phase, we restricted our original sample to biological and adoptive parents but later modified this policy to include long-term step-fathers. In a recently begun second phase with a new cadre of 300 families, other father figures, such as long-term partners of the mothers and grandparents, are being included to examine how our intervention model works for this broader group of adults who are coparenting children in the communities we are serving.

Recruitment Requires More Than Being Familiar With a Neighborhood

While we correctly assumed the case managers had ample experience in recruiting, the early case manager trainings focused on providing and brainstorming a multitude of recruitment strategies. No matter how often we determined that we had “thought of everything,” additional, creative strategies were inevitably developed at the different sites. Because the strategies that worked best varied across sites, the diversity of strategies made available was key to site-specific successes. Geographic and cultural differences influenced each site’s choice of strategies, although certain similarities are evident. Word-of-mouth has been working most efficiently, followed by social events at the family resource center, staff presence at community events, and small incentives (e.g., movie tickets, gift cards to local businesses, items with an SFI study logo). Public advertising (radio, newspaper) was identified as a useful strategy in some but not all locales.

Of course, recruiting people who agree to join the project is only half the battle. Actually completing the baseline interviews and assessments proves to be another level of recruiting and maintenance altogether. Concretizing scheduling included designing calendars for families and

using a poster board for staff to show the details of when recruitment, assessment interviews, ongoing groups, and follow-up activities must be scheduled to adhere to overall study protocols and timetables.

The Importance of Staff Cohesion to the Retention Process

Some sites were more effective at maintaining participants in the study from the initial screening, to actual attendance in an intervention, to completion of the posttest assessments. Quantitative analyses in progress now indicate that some of the problems of attrition and the successes of retention can be explained by the characteristics of the participants, for example, people are less likely to stay with the study if when they enter the project they have higher symptoms of anxiety or depression or lower couple relationship satisfaction. Qualitative analyses suggest that another important explanation for retention is the quality of staff coordination and collaboration. If the case managers communicate well with each other and back each other up, if they collaborate with the group leaders to conduct the assessments in a timely manner before the group meetings are scheduled to begin, and if the whole staff works together to reach out to the families when they fail to attend assessment appointments or group meetings, participants are more likely to complete each phase of the intervention and assessment. In fact, we are finding that once participants attend three sessions of the ongoing groups they seem to be “hooked” and are likely to finish at least 10 hours of the full 32 hours of the fathers and couples curricula. It is noteworthy that, in contrast to an initial impression on the part of both staff and participants that 16 weeks is a long commitment and prior studies suggesting that men will not attend longer groups (Heinrichs et al., 2005), what we actually find is that toward the end of many groups, participants begin asking whether there are ways to extend their connection to the project.

Clinical Needs

Running groups of couples or of fathers and discussing sensitive information ranging from the personal (e.g., depression, alcohol use,

underemployment) to the relational (e.g., relationship communication impasses, strained relationships with in-laws) requires a high degree of individual, family, and group clinical skills. Group leaders and case managers are confronted with participants who are contending with multiple, serious family issues or character difficulties. Our experiences continue to underscore the importance of hiring experienced group leaders and case managers and continuing to consult with them regularly about specific clinical and systems issues, using the reflective tone described previously.

Only Experienced Clinicians Need Apply

The initial skill set of group leaders is critical. Several sites tried early in the project to save money by hiring less experienced or nonlicensed clinicians. This failed. The sites learned that program quality and intervention effectiveness were compromised. Licensure turned out to be less important than we initially emphasized, but extensive experience with adults or couples, and especially experience in leading groups, proved to be essential for successful intervention.

Adopting Project-Wide Case Management Procedures

Each family in the SFI study is assigned a case manager. We quickly discovered that this type of project is not a good training ground for case management because the recruitment can be difficult and requires strong interpersonal acumen and outreach skills, and in this specific case, skills in conducting assessment interviews with parents. Case management in the context of a research study is proving to be especially difficult in terms of finding systematic ways of documenting the extent and types of case management that we offer to the SFI families, and ascertaining who received what services, for how long, and how often. To best explain any intervention effects we find, every attempt has been made to standardize forms used by the case managers, their procedures, and notes across sites. While sites argued at first to be permitted to develop different procedures that were more synchronous with the broader requirements of their host agency or already existing programs

or funding streams, the lack of comparability became a source of concern for The California Team. With different recording strategies, we could not be certain that families were receiving comparable levels and types of services at all sites.

These different strategies were further complicated by the fact that the case managers represented the greatest diversity of training and experience among staff in any one job level in the project. Over time, we sharpened our focus on detailed explication of who is to receive what services, how, and how often, and provided uniform training on how to keep case notes. While staff balked initially at the imposition of new forms, they not only conformed but became interested in sharing forms and procedures across sites. The stringency became a form of professional development for most of the staff, although several who found that these strict policies hampered their work ended up leaving the project.

Multilevel Supervision

The importance of staff access to regular supervision was established from the project's inception. For off-site reflective supervision, conference calls, supplemented by open access to clinical support from The California Team, worked sufficiently. On-site supervision for clinical issues and crisis situations was needed at each site and was arranged by the project directors.

Intervention Content and Process

We are learning how powerful the intervention component is as recruiting and retaining families for this intensive 32-hour program grows easier over time. Families who have been through the program send other families or bring them to social events and recruit them actively. These families offer testimonials about the changes they perceive in father involvement, in their efficiency as coparents, and in their relationships as couples. Some of the lessons that helped make the intervention and new recruitment successful include the following.

Mothers' Buy-In

Including mothers in order to more fully engage fathers in the first session of the father-only group improved retention and buy-in more generally. As we and others have noted, women are the gatekeepers in families with young children, and when mothers openly supported the fathers' involvement in the intervention, the fathers were better able to sort out work and family demands and scheduling conflicts to attend regularly.

Literacy Component

Two of the sessions engage fathers in reading or telling stories to their children. This reading and literacy component proved popular, successful, and highly relevant to both parents. At one site, some fathers began coming to the center on their lunch hour to read to their children.

Child Care Is Part of the Intervention, Not Just a Convenience

The provision of child care at intervention meetings proved essential to the retention of families. At some sites, the child-care staff were initially treated as peripheral figures in the larger picture of the study. Over time, it became clear that child-care staff should be included in staff meetings and periodically consulted. Adequate training of staff, and appropriate space and safe equipment are essential for the quality of the SFI interventions and the comfort of participants during group meetings.

Group Termination Reactions Are Inevitable if the Intervention Is Effective

In nearly every group at every site, the press to defeat the study design and change the "rules" of the project arose during group termination as the groups neared the end. This manifested itself in participant and/or staff lobbying to continue the groups after they ended, to have the staff take on additional roles with one or more families (e.g., as therapists), or to extend group boundaries in some other way. It was helpful to use the conference call supervision with group leaders to understand the issues as evidence of the group's success, and as wishes rather than demands that had to be granted. These issues were reinter-

preted as testimony to the power of the couples and fathers groups, rather than as problems.

Cultural Issues

Interviews, Not Questionnaires

The SFI site-level staff includes predominantly Latino and European American employees, with other races represented as well. In the initial recruitment and assessment phases, potential participants meet project staff and are assessed for their linguistic preference and proficiency. Initial interviews and all of the assessments are conducted in the participant's preferred language (English or Spanish). Because we expected both poverty and ethnicity to increase the range of language and style differences in answering our extensive battery of questionnaires, we designed the study assessment questionnaires to be administered in an interview form that does not require reading on the part of the participants.

Intervention Relevance

Anecdotally and from the early findings of the SFI interventions (Cowan, Cowan, Pruett, & Pruett, 2007b), we have learned that the intervention is effective with both Latino and Caucasian families. Exploration of the relevance of this intervention to African American families in yet another community is currently underway but in its initial stages.

Cross-Cultural Issues Within and Between Groups

Time is explicitly scheduled in several of the 16 group meetings to discuss issues associated with unemployment and job stress, and with brainstorming about how to take a more proactive stance in eliciting support from both kin and social institutions in times of distress. Natural disasters that occurred during the project, such as a freeze that killed much of the fruit crop on which many of the fathers depended for employment as pickers and harvesters, were crucial to address. Beyond this focus, participant responses to the curriculum have been strikingly similar across working-class and middle-class families in our earlier studies (e.g., Cowan &

Cowan, 2000) and Caucasian and Latino low-income families in the SFI study.

The group leaders have supplied many observations pertaining to cultural differences that need more systematic investigation. For instance, they report that the group climate and some communication patterns differ between Spanish- and English-speaking groups. They describe that Latino participants tend to be more open communicators earlier in the intervention, but they attribute the Caucasian-Latino differences to higher standards of living among the Caucasians rather than to an ethnic difference. When all of the project data are in hand, we expect to make headway on disentangling the role of socioeconomic status and observed differences between cultural groups (e.g., choice of open-ended topics in the groups).

Reconciling the Demands of Research and Provision of Services

We noted at the beginning that many considerations make it difficult to maintain a well-functioning research enterprise in a setting in which the staff have been hired and are dedicated to a mission of service. Part of the ongoing task of The California Team, which took a few years to effect, was to develop a solid, trusting relationship with staff in ways that convinced them that we too were dedicated to the task of providing appropriate help for people in need.

Selection

We had established at the beginning of the study several minimal criteria for inclusion in the study. For some months, we kept getting calls asking whether a father could be included who “would be perfect for the study” but had older children, or was a single father without a partner, or was still involved in an open family violence case. It took time for staff to see that (a) the exclusion criteria were designed primarily because some families were unlikely to benefit from the specific services offered in this project, and (b) sites could more than fill their caseloads with families that met the criteria. That is, the issue was not denial of services but, rather, having

procedures in place to refer families to services that were more likely to meet their needs.

Randomization

At the beginning of the study, group leaders and case managers found two aspects of the randomization procedure difficult to manage. First, of course, they rooted for eligible participants to be offered one of the intervention groups. They came to realize that the control-group families were also being offered ongoing case manager services and were encouraged to participate in other community services. Once there were enough participants to fill the intervention groups, it became clear that the SFI site would not be able to handle more ongoing clients, and so the fact that the control participants were actually being offered *some* services was an added bonus. Second, when the quantitative data were presented at the all-site meetings, staff began to appreciate that randomization was the only way that we could make scientific claims for the effectiveness of their work. At that point, questions about randomization simply ceased.

Assessment

Case managers do not ordinarily administer standardized questionnaires in interview form. The case managers in this project were trained not to engage in feedback about whether the participants were giving desirable answers. Some were concerned about asking what they felt were intrusive questions that did not come up in the course of typical case management conversations. Over time, most of the case managers reported that they began to feel they were obtaining a great deal of clinically useful information in a short period of time, which they could then use to be more helpful to each family.

Small Communities Invite Ethical Dilemmas in Inclusion Criteria

As favorable word spread about the intervention, we confronted an unanticipated ethical dilemma. We were successful at recruiting large numbers of families in isolated, small rural counties. Instances arose in which colleagues, friends, and relatives of project staff volunteered

to participate in the project. We feared this potential problem would create a greater tendency on the part of staff not only to share information inadvertently, which could compromise confidentiality, but also to minimize the importance of confidentiality because “everyone knows everyone’s business anyhow.” We found ourselves assessing issues of confidentiality and dual roles in lively discussions with staff about cultural mores versus ethical obligations. We generally excluded anyone from participation who was familiar with staff in a personal or intimate way, although we endeavored to identify other services for the people we excluded, just as we did for interested persons who were excluded because they did not fit our general study criteria.

LESSONS LEARNED ACCORDING TO SFI STAFF

We recently initiated the SFI study in a new site to test our approach and lessons learned in a predominantly African American community. To that end, we asked all staff from the original four predominantly Latino and Caucasian sites to compile a list of lessons they wished to convey to staff at the new site to help them get started. Their list and its overlap with the list compiled by The California Team serves as a summary of most of the major lessons we have learned to date.

When You Are Starting

- 1 Take time for team building. Some sites found off-site staff retreats conducted for longer time periods than meetings to be very helpful.
- 2 Get to know The California Team (Office of Child Abuse Prevention staff, the principal investigators, and the research staff). They can help orient you, answer questions, think things through with you, and offer a larger vision perspective. Similarly, it helps to understand the research component early in the project: how the data collection works, what we have learned so far, and all the details along the way. One way to ensure that staff members (especially the data coordinator and project director) understand the research piece is to have them spend a day or two working with the SFI data manager to orient them to the project.
- 3 Communication is essential in this project. Each site really needs to function as a team with all members contributing. We found that the one thing that helps communication flow smoothly is to have weekly staff meetings. Even when things get hectic, do not sacrifice your chance to meet and confer on a regular, weekly basis.
- 4 Keep in mind at all times that you function as a team. For example, recruiting isn’t over when participants have joined the project, but rather when the data coordinator indicates that the data from the participants are complete.
- 5 Hire people who have the training, experience, and credentials to do the job adequately. This is a demanding project; not your typical program. When staff are qualified and a good fit for their positions, the whole team functions more effectively and the work gets done. Don’t rush or skimp in your hiring just to get someone in.

Along the Way

- 1 Project director: He or she needs to have a comprehensive view of each person’s role and keep track and monitor the contribution of each staff member to the project goals.
- 2 Case managers: Use detailed case notes. Staff change over the course of the project, and it really helps to have a paper trail that enables the next case manager, or other staff persons, to pick up a file and know what a family’s needs are, the plan for helping that family, what has been offered to a family, what the family has or has not done with the referral, and so on. It helps the family stay connected in times of staff transition and makes the job easier for the new staff persons joining SFI.
- 3 Data coordinators: Play an active role in checking the flow of participants through the project and checking that the

- questionnaires and other records are filled out correctly and in a timely manner.
- 4 Group leaders: Make sure you have enough hours in the project to do all of the aspects of your role (lead groups, conduct initial interviews, process with coleader, talk with case managers, etc.). Get to know the curriculum thoroughly before you start so that it is familiar. Use the group's accumulated experience (e.g., conference calls) to discuss modifications that make sense for your site.
 - 5 Trust the process. Things evolve in this project all the time. Sometimes things seem confusing at first, because The California Team and/or all of us together haven't yet worked out all the kinks. Things eventually become clear (so far!). And there is a lot of give and take along the way; it is a respectful process.
 - 6 Be clear what your needs are, and ask for things you need. Speak up on the conference calls if you want The California Team to consider doing something new or different. Write or phone The California Team if you have questions or concerns about the data-gathering procedures. The California Team, including OCAP, is also available by phone and e-mail.
 - 7 This is a project that gets its participants from recruiting, not just from referrals. It is a really different process so make sure you hire staff that is knowledgeable and interested in doing the difficult work of "pounding the pavement" type of recruiting.
 - 8 Take your time. There is a lot of work to be done. Try not to get frustrated. Learn how to do the assessments and keep your records (do your paperwork) daily. Don't let the work pile up; it is hard to catch up with it.
 - 9 Make sure there is on-site clinical supervision available for the project staff to check in with when questionable situations arise in recruiting (deciding who is appropriate), case management, or intervention with families.
 - 10 Create detailed timelines for the project and use them to help you plan your work

flow. We have some wonderful models from which you can draw.

- 11 Take time to celebrate your successes.

CONCLUSIONS

The Supporting Father Involvement study is unique in many ways. To our knowledge it is the only father intervention study with a randomized clinical trial. It consists of a preventive intervention targeting low-income Spanish- and English-speaking families, and will compare outcomes across culture and across variations of the group intervention—couples versus fathers-only groups. The study represents a collaborative partnership between County Child Welfare Services, local family resource centers, a state Department of Social Services, and university faculty who are researchers with clinical experience. The design of the study utilizes a rigorous research design with a philosophy and methodology that takes a partnership stance to promote the empowerment of staff and social service agencies. There have been impressive successes and sobering challenges over the project's first few years in the field. In addition to the challenges of mobile families and turnover in staff at the sites, changes in government staff across levels ranging from program managers to high-level directors necessitate bringing new people up to speed about the overall approach and specific details of the project. A major challenge lies in the complexities of coping with the fact that the new staff, understandably, do not have the same personal investment and buy-in of those who collaborated in the creating and shaping of the project. The vision, once spearheaded by the funders, now lies in the hands of the implementation and evaluation team.

The SFI study is frequently described as both exciting and exceedingly complex by all who are involved with it. As in most other fatherhood projects (e.g., Bellotti, 2004; Fagan & Iglesias, 1999; Heinrichs et al., 2005; McAllister et al., 2004; NFI, 2006), at times recruitment, retention, and maintenance of the research design have posed serious obstacles to accomplishing the study aims. Yet, despite the frustrations and difficulties of conducting this project, 289

families have been enrolled, Phase I data collection has been completed, a 36-month assessment has been added to allow longer-term follow-up than the 18 months originally planned, and a new predominantly African American site was added to the primarily Latino and Caucasian sites under study. Most of the staff report feeling positive accomplishments of the project in their professional and personal lives and testimonials from the participants are almost uniformly positive. These testimonials are supported by quantitative analyses of the questionnaire data: although not yet published, preliminary analyses of an 18 month period indicate that the intervention (both conditions) had positive effects on conditions such as father involvement, couple relationship quality, parenting stress, and the children's aggression and hyperactivity. Telephone and e-mail consultations about problems and ambiguities have become hard-working meetings during which many of us share successes and strategies for coping with the difficulties.

If our success to date is any indication, fathers and mothers in SFI will also find that, despite the complexities involved in engaging fathers as coparents in the face of significant strains and stresses, the investment is a sound one at many levels. Although analysis of the quantitative data is still in process, we have found clear early benefits to parents participating in both types of intervention groups (see Cowan et al., 2007b). In the near future, we expect to share results showing that the positive effects radiate from fathers and mothers as parents and as partners to their children's adaptation. We hope that reduced incidence of child abuse and neglect will be just one of many benefits that have stymied social service providers and required new interventions and ways of thinking about America's more vulnerable fathers and families.

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