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Enhancing Father Involvement in Low-Income Families: A Couples Group Approach to Preventive Intervention

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To address the problem of fathers' absence from children's lives and the difficulty of paternal engagement, especially among lower income families, government agencies have given increasing attention to funding father involvement interventions. Few of these interventions have yielded promising results. Father involvement research that focuses on the couple/coparenting relationship offers a pathway to support fathers' involvement while strengthening family relationships. Relevant research is reviewed and an exemplar is provided in the Supporting Father Involvement intervention and its positive effects on parental and parent–child relationships and children's outcomes. The article concludes with policy implications of this choice of target populations and the need to develop new strategies to involve fathers in the lives of their children.

Since the 1990s, the absence of fathers from the lives of their children, especially in low-income families, has been a concern in social and behavioral science departments, policy think tanks, and bipartisan government, administrative, and legislative offices. A considerable array of U.S. federal resources has been devoted to finding new ways to deal with concerns about absent fathers and single-parent families, with a total of $150 million per year for three rounds of 5-year grants allocated to creating and evaluating father involvement and couple relationship strengthening programs. Federal interest in father involvement has focused primarily on low-income families, as poverty is associated with a host of health and community risks for children (Engle & Black, 2008), as well as parental stress, and strains in both couple and parent–child relationships (Barnett, 2008). One consequence of individual and couple stresses that mark family instability is the vulnerability of father–child relationships, especially among young, unmarried, less educated men, and those less likely to pay child support (Cheadle, Amato, & King, 2010).

With a major problem among impoverished families framed as "absent fathers," federal programs first attempted to motivate low-income men, in groups led by men, to become more involved with children from whom they have already been separated. Interventions to enhance nonresident father involvement in families in which child support payments are in arrears and the parents have new relationships have by and large not proven successful (see Knox, Cowan, Cowan, & Bildner, 2011). Unless new evidence emerges to the contrary, we believe that it is unreasonable to hope that father involvement interventions will be successful when men are long estranged from both mother and child.

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The question that we address in this article is what kind of preventive intervention programs might strengthen low-income fathers' commitment to be involved in their children's lives and thereby strengthen all of the relationships in the family? Our argument centers around two tenets: (a) there are many men who can become engaged or whose involvement in the family can be strengthened and (b) the key lies in the extension of parenting programs and a father involvement focus to hone in on the impact of the relationship between the parents. We thus argue that relationship-based interventions, still greatly underrepresented among parenting programs (Zemp, Milek, Cummings, Cina, & Bodenmann, 2016), offer a powerful added value to traditional parenting models.

In the following sections we provide a brief review of studies supporting our claim that fathers' *un*involvement and coparenting disharmony are each risk factors affecting children's development that must be the simultaneous foci of interventions. We then describe the few evaluated interventions designed to address these risks. We next offer the Supporting Father Involvement (SFI) intervention as the only randomized clinical trial of a couple-focused father involvement intervention for low-income families that assesses the impact on children and has results from more than one study.

Fathers' (Un)involvement as a Risk/Protective Factor

Decades of increasingly sophisticated studies that include longitudinal psychosocial studies and brain research have revealed consistent associations between fathers' positive parenting and children's cognitive, social, and emotional development and mental health (cf. Cabrera & Tamis-LeMonda, 2013; Lamb & Lewis, 2013; Pruett, 2000). In research conducted in many Western countries, fathers who are warm and responsive but able to set limits and make appropriate maturity demands (i.e., have an authoritative parenting style) have children who fare better in measures of cognitive, social, and emotional development (Larzelere, Morris, & Harrist, 2013). This finding, originally established in middle-class European-American families, also holds in studies of low-socioeconomic status African American (Roopnarine & Hossain, 2013) and Latino families (Cabrera, Aldoney, & Tamis-LeMonda, 2013). It is noteworthy that although the vast majority of parenting studies have focused on mothers, studies of family violence and harsh parenting from occasional spanking to physical abuse tend to focus on angry violent fathers, stepfathers, and boyfriends (Rudolph & Hughes, 2014). These studies report correlations between fathers' behavior and child outcomes, but intervention studies with randomized control designs are necessary to determine which aspects of fathers' behavior are causally connected to which aspects of children's development.

Couple and Coparenting Relationship Quality as Risk/Protective Factors

Studies of both middle-class (Harold, Aitken, & Shelton, 2007) and low-income families (Adler-Baeder et al., 2013; Conger, Rueter, & Conger, 2000) show that when parents are more satisfied with their couple relationship, both mothers and fathers are observed to have warmer, more sensitive, and appropriate limit-setting interactions with their children, and the children score higher on academic achievement tests and are described by research staff and teachers as having fewer behavior problems. Links between couple relationship quality and children's outcomes are both direct and indirect. Conflict between parents puts children at risk for academic, emotional, and behavioral difficulties, depending on the type, intensity, and frequency of conflict, and also on situational variables such as children's witnessing of conflict or being at the center of ongoing family strife (Harold et al., 2007). On the positive/protective side, parents' marital satisfaction correlates with various measures of effective parenting, perhaps because more satisfied partners are better able to be attuned and sensitive to their children's needs (Adler-Baeder et al., 2013).

Distinct from, but overlapping with, the intimate relationship between parents as partners is the coparenting relationship. Coparenting is characterized by a sense of solidarity, a joint perspective and belief that "we are a team" with mutual engagement and shared labor distribution (Pruett & Pruett, 2009). In intact couples, coparenting quality is associated with parenting quality (Bonds & Gondoli, 2007) even more closely than is marital satisfaction or division of labor (e.g., Feinberg, Jones, Kan, & Goslin, 2010). In an informative, nonintervention study, Sturge-Apple, Davies, and Cummings (2006) followed a sample of 225 economically and ethnically diverse mothers and fathers and their children over one year's time. They showed that marital withdrawal (i.e. disengaged parent-parent involvement) was associated with parental unavailability.

The negative fallout of conflict can be neutralized in a brief intervention that improves parenting collaboration; Cummings, Faircloth Mitchell, Cummmings, and Schermerhorn (2008) increased partner supportiveness and constructive interaction, resulting in better parenting and child outcomes.

The connection between couple conflict and coparenting collaboration is especially strong for fathers (e.g., Pruett, Ebling, & Cowan, 2011). Fathers are less likely to be involved with their children when the relationship with the children's mother is characterized by an argumentative, competitive, noncollaborative connection as coparents, regardless of their marital or coresidence status (Fagan, 2013). Mothers may be more likely to restrict fathers' free access to their children (regardless of marital status) when they are upset with his fathering or treatment of her (Pruett, Arthur, & Ebling, 2007).

Interventions Addressing the Risk/Protective Factors

The risk/protective studies that we have described above support observations that among low-income families, father absence or ineffective, harsh parenting, and couple/coparenting disharmony predict children's behavior problems or lack of progress in school. Thus, interventions to reduce these risks and increase protective factors ought to provide demonstrable benefits for children. But risk studies, following their progenitors in Public Health and Demography, simply identify correlates of negative outcomes as the source of hypotheses about how to target interventions.

What we need are intervention studies to identify which risk factors are tied directly to child outcomes; here, we find little to guide our thinking about father involvement as fathers have been largely absent from parenting intervention research. Panter-Brick et al. (2014) found that only a small fraction of existing parenting studies included fathers or obtained information from them and that many of the investigations have serious methodological flaws.

There are notable exceptions that turn our attention to father involvement in the context of couple relationships. Federally funded Healthy Marriage and Responsible Fatherhood initiatives built upon multidomain family risk models and included family supports as well as group interventions. By definition, the requirement that both parents participate aimed to involve fathers actively in family life. The Building Strong Families (BSF) program targeted unmarried parents with very young children. Disappointingly, BSF reported no overall effects on couples' relationship quality, coparenting, or likelihood of staying in romantic relationships. One of the eight sites (Oklahoma) did report positive findings, and children's behavior improved, with the authors attributing that to home visiting rather than the couples group interventions (Wood, Moore, Clarkwest, Killewald, & Monahan, 2012). The Supporting Healthy Marriage program, not specifically a father involvement intervention, focused on 6,300 low-income married couples in eight locations and had some favorable results. Small positive effects were obtained on couple relationships (happiness, communication, less hostility) and maternal well-being, although paternal well-being, long-term couple stability, coparenting, and parenting were not affected (Lundquist, Hsueh, Lowenstein, Faucetta, Gubits, Michalopoulos, & Knox, 2014).

Thus, it is arguable that both privately funded efforts and the first two rounds of federal funding for father involvement and two-parent programs among low-income families have produced few outcomes of practical value in terms of successful intervention outcomes or suggested policies. However, given the findings in Supporting Healthy Marriage and the Oklahoma site of BSF, it is equally arguable that low-income married couples and unwed couples could benefit from father involvement intervention, especially when the intervention occurs early in the family's trajectory and calls attention to the relationship between father and mother (Knox et al., 2011).

Other than our own work, to be described below, we know of only two father involvement intervention studies of low-income fathers that include a couples focus. Fagan (2008) conducted a randomized trial with young fathers and adolescent mothers. A coparenting condition was associated with greater father engagement than either childbirth or control program conditions. Rienks, Wadsworth, Markman, Einhorn, and Etter (2011) randomly assigned participants to couples group, groups attended by only one of the parents, or a no-treatment control condition. Father involvement increased more for couples group participants than for no-treatment control families or men whose partners attended groups alone. Notably, as suggested by prior correlational studies, an increasingly strong alliance between the parents was associated with increased father involvement.

When we looked at the intervention evidence to support the assertion that couple relationship quality promotes children's adaptation, we found that of the hundreds of group interventions to improve couple relationships reported in the past 3 decades, *only nine assessed the impact on the couples' children* (Cowan & Cowan, 2014), despite the fact that potential benefits for children are one of the central justifications for funding couple relationship interventions. Eight of the nine studies found that improvements in the quality of the relationship between the partners led to positive outcomes for their children.

We found even fewer intervention studies with child outcomes that focused directly on coparenting. The Couples Coping Enhancement Training (Bodenmann, Cina, Ledermann, & Sanders, 2008) aimed to foster individual and dyadic skills as well as relationship quality in a sample of European middle-class parents. They reported positive effects on couple relationship quality and child outcomes. Interestingly, mothers benefitted more than fathers with regard to parenting and their views of the children's development.

In another example with middle-class U.S. couples, the Family Foundations Program (Feinberg, Kan, & Goslin, 2009) followed 169 couples through their transition to parenthood, employing an eight meeting curriculum. The curriculum emphasized parents' emotional self-management, problem solving, communication, and mutual support strategies that foster positive joint parenting of an infant. Their findings included significant positive program effects on parenting stress, coparental support, and harsh parenting, as well as positive outcomes for children's emotional, behavioral, and school adjustment over several years (Feinberg, Jones, Roettger, Solmeyer, & Hostetler, 2014).

A comprehensive coparenting intervention designed for low-income families is McHale's transition to parenthood program, Figuring It Out for the Child (McHale, Salman-Engin, & Coovert, 2015). Figuring It Out for the Child differed from other programs, focusing on African American parents and a dyadic rather than group modality; results showed improved coparenting communication and problem solving as observed during parent conflict discussions, increased support for father involvement, and declines in mothers' depression. Although it has been tested on only a small sample to date ($n = 20$), the program is promising.

An Integrated Approach to Father Involvement and Couple Interventions

Based on the research we have summarized, our modest proposal is that we begin to reduce the siloed approach to families (father involvement and couple relationship interventions funded separately and planned and offered by different agencies in different settings). We propose instead father involvement programs in which fathers and mothers meet together, which is counter to current practice. Couple-focused programs include fathers, of course, but most focus on the relationship between the partners and rarely, if at all, deal with both parents' relationships with their children. Father involvement programs address issues of parenting, but because mothers are not present, they can only deal with the relationship between the parents indirectly.

When we have discussed our proposal to combine father involvement and couple relationship interventions for low-income families with intervention researchers and family service providers, they commonly raise objections: "That won't work because there is such a high proportion of single mothers," and "We already offer programs for families, but fathers don't often come." These objections rest on perceptions that, fortunately, are in the process of change. We believe that the designation of women as "single mothers" is misleading on two counts. First, the very large Fragile Families Study (McLanahan & Beck, 2010) with samples in 20 American cities followed about 5,000 children, about 75% of whom were born to parents who were not married. The study found that around the time of childbirth, more than half of "single mothers" listed the biological father as a romantic partner living in the home, and another 30% who were *not* living together were still in a romantic relationship with the biological fathers, who wanted to "play an active role in their child's life."

The Fragile Families Study began with a majority of *unmarried* low-income fathers. The proportion of *married* low-income fathers involved with their young children could be substantially higher. In addition, men who are not biological fathers of the children may have a parenting role with the child, and fathers who do not live with their children report that their children are important to their identity and they provide for them financially in informal (untracked) ways (Coley, 2001). Thus, many more young children from low-income families are spending their earliest years with a father or father figure who is involved with them in

important ways, more than formal estimates would suggest. If most men are involved when their babies are born and for some years afterward, primary prevention principles suggest that this is a window of opportunity to intervene with the parents, before family problems become intractable and parents are hopelessly estranged. This argument does not mitigate the fact that, in some families, it is neither prudent (for safety reasons) nor possible to recruit fathers into intervention programs or retain them. We focus here on those with a higher likelihood of being positively affected.

A Case Example: The Supporting Father Involvement Intervention

In 2003, the Chief of the California Office of Child Abuse Prevention proposed to mount an intervention for low-income families that would increase and maintain fathers' positive involvement in their families. The SFI project was implemented in five California counties. We have published the details of two intervention trials of our approach to enhancing father involvement (Cowan, Cowan, Pruett, Pruett, & Wong, 2009; Cowan, Cowan, Pruett, Pruett, & Gillette, 2014) and are preparing a report on the third iteration. Our purpose here is not to give a detailed report of the intervention, but to demonstrate that our concept of an intervention that integrates a focus on father involvement and couple relationships has produced positive results.

We modeled SFI on an intervention approach that we had created and tested in two previous longitudinal, randomized controlled trials (RCTs) of a group intervention with middle-class couples, the first set making the transition to first-time parenthood (Cowan & Cowan, 2000) and the second managing their first child's transition to school (Cowan, Cowan, Ablow, Johnson, & Measelle, 2005). Both trials provided evidence of the effectiveness of the curriculum for strengthening couple relationships—in the first, between pregnancy and the first child's completion of kindergarten 6 years later, and in the second, between prekindergarten and ninth grade 10 years later. The second trial also demonstrated positive effects on children's tested achievement 2 years after the intervention, and on teachers' ratings of children's internalizing and externalizing behavior 2 and 10 years later (Cowan, Cowan, & Barry, 2011).

The central question during the SFI planning phase was "what adjustments are needed in the curriculum to address the needs of low-income families?" First, especially because we were recruiting parents in areas with a large number of Mexican-American families for whom literacy in English was an issue, we made certain that each session following the same curriculum involved fewer written materials and more hands-on activities than our previous couples group intervention had. We made all materials available in English and Spanish, and hired bilingual staff so that some groups and their assessment materials were conducted in Spanish. Second, a case worker was assigned to each participating couple to monitor and facilitate group attendance and to make appropriate referrals as needed for health, mental health, housing, and other vulnerabilities. Third, we made certain that the sessions on coping with life stress and obtaining external supports were relevant to the specific health, mental health, and employment stresses associated with the low-income families we were recruiting. Fourth, each session began with a family meal, and child care was provided on site to make transitions from work or home to SFI more manageable. Finally, and perhaps most important, as in our earlier interventions, each week's half-hour check-in and the content of issues raised by the exercises in each session (see below) were determined by challenges that the couples brought from their daily lives. In this way, we were able to minimize the imposition of middle-class issues and content on families with fewer resources (Pruett, Cowan, Cowan, & Pruett, 2009).

Participants

The SFI project involved more than 800 families in three trials (two of them RCTs) in five California counties. In the first two trials, participants were not referred because of identified family distress nor did they constitute a special, well-functioning subgroup of the low-income population. In the third trial of this intervention, the Office of Child Abuse Prevention asked us to extend the intervention to higher risk couples who had come to the attention of the Child Welfare System because of domestic violence, child abuse, or neglect.

Across the first two trials, results of which have been published (Cowan et al., 2009, 2014), about 57% of the participants were Mexican American, mostly farm workers, about half of them immigrants to the United States. Just over a quarter (28%) were European American, 10% were African American, and 5% were Asian American. About 66% of the participants in the first two trials were married (influenced by the typically high marriage

rate for Mexican-American immigrants), 24% were unmarried/cohabiting, and 10% were living separately but committed to raising a young child together; all had at least one child between birth and 11 years (median age of youngest child 2+ years, with only 13% of the sample over age 6). The modal household annual income for the California families was about $24,000; approximately two third of the couples were below twice the federally determined poverty line, the usual standard for describing a family as "poor."

Recruitment and Retention

To combat the stereotype that "men won't come," we used a number of strategies to recruit men and their coparenting partners over a 6-year period. We helped the Family Resource Centers become more friendly to men in appearance and practice, for example, by changing the physical space (including pictures of child-caring men on the walls, male-oriented magazines) to be more welcoming to fathers. These changes helped to mitigate what can be an antimale bias in staff who have viewed men as largely absent or violent. To recruit directly, both male and female SFI staff posted flyers, handed out materials, and gave talks in the community where fathers could be found:—soccer games, shopping malls, employment centers, and so on. Our "pitch" was strength based; it offered men and their partners a chance to discuss what kind of fathers they wanted to be to foster their children's well-being and development. Child care next to the meeting rooms was offered for all meetings, and food was served before sessions began. We attribute our high retention rate for the 16-week intervention and follow-up 18 months after baseline (80% for couples groups, 73% for fathers groups) to positive reception of the program and to the case workers who followed up couples regularly, especially after a missed session, to inquire about obstacles to attendance or other stressful circumstances (illness, lack of transportation, housing issues, etc.).

The Groups

The first trial included comparisons of 16-week (32 hr) couples groups and fathers-only groups, and a low-dose 3-hr control group, all led by the same clinically trained male–female pairs of facilitators. All of the trials included couples and fathers groups, with more couples than fathers groups selected after the first clinical trial results were known. Four to six couples who were raising at least one young child (M_{age} = 2.3) and who were not recruited because of specific parent or child problems met weekly for 16 weeks (32 hr). In two of the weeks, mothers and fathers met separately; fathers brought their youngest child for a play session to highlight the men's parenting ideas and experiences without the women present, while mothers met to share their experience of encouraging fathers' parenting while honoring their own central parenting ideas and attending to their own health and well-being as individuals.

Group leaders were male–female teams, with the equivalent of master's level education or beyond and experience in counseling or conducting therapy individually or in groups with individuals, couples, or children, or children. Additional training and consultation were provided by the SFI development team. After the first introductory meeting with the parents, coleaders began each subsequent session with a half-hour check-in during which couples were invited to bring issues that arose during the week or as they tried to do the "homework" suggested at the end of the previous session. The remaining time in each 2-hr session focused on a topic related to the two targeted risk factors—fathers' involvement and parenting (four sessions) and couple relationship and coparenting quality (five sessions)—and three
content areas closely related to these risk factors: fostering parents' well-being as individuals (three sessions), preventing the transmission of negative intergenerational cycles (two sessions), and finding help in dealing with external stresses and building more external support (two sessions).

If we think of types of group process on a continuum ranging from open-ended group therapy on one end to didactic psychoeducational skills training on the other end, our intervention is located in between. Clinically trained coleaders do not try to teach specific parenting or couple communication skills. Instead, they provide a setting in which partners are encouraged to examine their ideas and goals, confide rather than attack or withdraw from each other when they disagree, and rely on each other and the group for help and support to try more effective problem-solving strategies—all with the goal of trying to move closer to the partners and parents they hope to be. Although topics are offered by the group leaders from the curriculum, much of the explicit content originates from the parents themselves. We believe that this is why the program has been helpful to couples from varied economic and ethnic backgrounds—often in the same groups (see Pruett et al., 2009). Our goals

were to provide fathers and mothers with a space in which they could be more reflective about themselves and their relationship with each other and their child (see Fearon et al., 2006 for a discussion of how self-reflection and mentalizing in parents fosters behavioral change in parenting).

What We Found

Each partner responded to a set of questionnaires administered through interviews with their case worker in English or Spanish at baseline (preintervention) and at 2 and 11 months postintervention. Up until now, all published data have been obtained from mothers' and fathers' reports. It is desirable to have information from other perspectives (laboratory observations, case work reports), but analyses from independent coders of parent–child and parent–parent videotapes are not yet available.

In Trial 1's randomized design (n = 289 couples), fathers and mothers who participated in the one-time informational meeting revealed no positive changes and some negative changes over 18 months—as individuals, couples, and parents. They also described increases in acting out, aggressive or shy, withdrawn, depressed behaviors in their children. Partners who participated in the 16-week fathers-only groups reported increased father involvement, no increase in the children's problematic behaviors, but as in the control condition, declining satisfaction as a couple. By contrast, parents who participated in a couples group reported all the positive changes of those in the fathers-only groups, as well as reductions in parenting stress, and no declines in their satisfaction as couples over 18 months. Trial 2 (n = 236 couples) focused predominantly on couples groups, yielding equivalent findings and several even more positive results.

Over both trials, the intervention was equally effective for fathers and mothers, and for parents with initially higher or lower levels of income, conflict, depressive symptoms, and couple satisfaction. Moreover, the program was equally successful for European-American, Mexican-American, and African American families.

Although the initial trials of this couples group model with middle-class families had produced child outcomes with effect sizes equivalent to Cohen's d values ranging from 0.75 to 1.34, the SFI intervention for low-income families produced generally smaller effects. These ranged from the 0.20s to mid 0.40s, with only the impact of parent participation on children's socially withdrawn behavior reaching a very high level (d = 1.88). Cohen (1988) tentatively described effect sizes as small (0.20), medium (0.50), and large (0.80). Compared with other interventions with low-income couples, the effect sizes described here are above average (Hawkins, Blanchard, Baldwin, & Fawcett, 2008; Hawkins & Fackrell, 2010).

Policy Implications

Despite the family risk factors associated with poverty, the findings reported in this article support the hypothesis that a couples group approach to father involvement in low-income families can provide couple relationship and parenting benefits for fathers, mothers, and their children. Beyond the demonstration that these interventions "work," RCTs help to provide tests of assumptions held by research and policymakers, validating theories about causal connections between risk factors and outcomes, thereby sharpening intervention designs.

Based on the ideology of prevention and findings from the Fragile Families studies showing that many low-income unmarried fathers are involved with their partners and babies at birth (Carlson & McLanahan, 2004), we contend that we can do better at encouraging fathers' positive involvement in their children's lives in low-income families by starting when paternity begins. Here are suggestions based on our research and clinical experience:

1. Intervene early. We need to intervene early with fathers who are still connected emotionally to their children and the children's mother.
2. Invite fathers directly (not through mothers) to enhance the relationship with their child(ren). This is less intimidating than inviting them into a group that focuses on the couple relationship.
3. Work on the coparenting and couple relationship, because children fare better when their parenting figures have positive interactions and are collaborative in their approach to their children rather than in conflict.
4. Extend the definition of the coparenting couple to include same-sex fathers and other instances of actively coparenting figures such as grandparents, parent–grandparent pairs, aunts/uncles, and close friends.
5. Avoid being prescriptive and implying that the intervenors have "the answers" about how to parent effectively. Instead, help parents work

together to become the kinds of parents and partners that they were hoping to be.

There is not a cheap or quick fix for the multilevel risk factors that affect families living in poverty with destabilized relationships. Successful interventions are intensive and relatively expensive. SFI costs approximately $10,000/family, which includes the cost of the evaluation research—about the same cost as the widely disseminated Family–Nurse Partnership (Dawley, Loch, & Bindrich, 2007). With a leaner, non-RCT research budget, SFI program costs have run between $1,200 and $6,000 per family, as replicated in other parts of the United States and Canada.

What, then, of the low-income nonresident fathers that the federal government has been particularly concerned about, men that have not been helped to have more involved and rewarding contact with their children? One possibility is to find ways to reach out to the mothers to provide parallel sessions that emphasize the importance of fathers to children's well-being, gradually leading to joint sessions. It may not be possible, or even wise, to recruit these men for couple-based interventions. It may be necessary to focus more on providing financial incentives to both partners for raising their child together. Meanwhile, we can begin to support low-income families in increasing fathers' positive family involvement and improving the relationship between the parents for the benefit of their children so that fewer will become members of the population of low-income families that have not been responsive to father involvement interventions tried thus far. The idea for a family systems approach to father involvement is taking hold; now we must do the research to find out what is working and for whom.

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