

Final Evaluation Report: Evaluating Mother and Nonresidential Father Engagement in Coparenting Services in a Fatherhood Program



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Contents

Executive Summary.....	3
Background.....	4
A. Study Aims	5
A.1. The Initial (Planned) Study.....	5
A.2. The Final (Revised) Study.....	5
B. Methods	6
B.1. Setting: The Talbert House Fatherhood Project	6
B.2. Recruitment and Randomization Procedures	6
<i>B.2.a. Fathers</i>	6
<i>B.2.b. Mothers</i>	7
<i>B.2.c. Recruitment for Qualitative Interviews</i>	7
B.3. Conditions: Description of Interventions.....	7
<i>B.3.a. Standard Coparenting Services (Control Condition)</i>	7
<i>B.3.b. Enhanced Coparenting Services (Experimental Condition)</i>	8
B.4. Data Collection.....	9
<i>B.4.a. Surveys</i>	9
<i>B.4.b. Semi-Structured Interviews</i>	9
B.5. Measures.....	10
<i>B.5.a. Coparenting Variables</i>	11
<i>B.5.b. Child-Related Variables</i>	11
<i>B.5.c. Interviews on Barriers to Service Participation: Qualitative and Quantitative Measure</i>	12
C. Results	12
C.1. Participation Flow and Attendance.....	12
C.2. Missing Data	15
C.3. Results for Aim 1: Baseline Characteristics of Men in Fatherhood Programs	16
<i>C.3.a. Demographic Characteristics</i>	16
<i>C.3.b. Father's Perceptions of Coparenting Relationships, Relationships with Their Child, and Child Well-Being</i>	16
C.4. Results for Aim 2: Predictors of Father Participation in Coparenting Services.....	19
C.5. Perceived Barriers to Participation in Coparenting Services (Aim 3).....	22
<i>C.5.a. Mother Interviews</i>	22
<i>C.5.b. Father Interviews</i>	26
D. Discussion	32
D.1. Discussion of Key Findings.....	32
<i>D.1.a. Aim 1: Assess Characteristics of Fatherhood Program Participants</i>	32
<i>D.1.b. Aim 2: Identify Predictors of Father Engagement in Coparenting Services</i>	33
<i>D.1.c. Aim 3: Identify Barriers to Participation in Coparenting Services, and Factors that Might Promote Interest in These Services</i>	33
D.2. Study Strengths and Limitations.....	36
E. Implications for Practice	37
F. Conclusions	38



Executive Summary

Many low-income, non-custodial fathers desire to be good fathers but face significant barriers stemming from a weak or highly conflicted relationship with their child's mother. In addition, many mothers and fathers have poor affect regulation and communication skills, which significantly impede coparenting and can negatively impact the child through exposure to destructive parental conflict. Improving coparenting between low-income, non-residential fathers and the mother of their child, therefore, is an important step toward increasing father involvement and thereby improving child outcomes. However, little is known about how to improve coparenting in this population.

To address these issues, we developed an "enhanced coparenting service" to be offered through the Talbert House Fatherhood Project in Cincinnati, Ohio. It focuses on recruiting, engaging, and retaining mothers by conveying empathy for her situation and potential reservations about participating, addressing maternal issues such as lingering relationship pain, and offering individual and groups services for mothers. In this research project, we originally aimed to evaluate the enhanced coparenting service; however, we experienced ongoing challenges with recruitment into services. We therefore revised the study aims to best make use of the data we had and to focus on exploring the reasons why it was so difficult to recruit fathers or mothers into coparenting services. To accomplish this, we:

- 1. examined characteristics of 97 nonresidential fathers participating in a fatherhood program;**
- 2. examined possible predictors of father engagement in coparenting services for these 97 fathers, and;**
- 3. identified barriers to engagement in coparenting services for both nonresidential fathers and the mothers of their children based on interviews with 16 mothers and 30 fathers.**

Not surprising was that study fathers reported significant challenges in their relationships with the mother of their child. Specifically, they reported high levels of maternal undermining of their parenting attempts, little to no positive coparenting alliance, and destructive communication behaviors between themselves and the child's mother. These same difficulties and conflict in their relationship with the child's mother were the most robust predictors of father participation in coparenting services. Qualitative interviews with both mothers and fathers revealed that nonresidential fathers and the mother of their child both appeared to largely view coparenting services as valuable even though engagement in coparenting services was low. This indicates that low perceived value of services was not a driver of low uptake of services.

Themes from the interviews suggest that the primary drivers to low engagement in coparenting services were the poor quality of the relationship between the coparents, the mother's distrust of the Fatherhood Project to represent her interests, practical barriers such as busy schedules and perceived inconvenience of the location, lack of formalized and systematic staff communication/outreach protocols, and a need for more effective advertising of the existence and intent of the coparenting services.



Background

One out of every three U.S. children, and nearly two out of three African-American children, live apart from their biological father (Kreider, 2007). These children are at risk for poverty, delinquency, lower academic achievement, school dropout, and substance use (Entwistle & Alexander, 1996; Harper & McLanahan, 2004; Lang & Zagorsky, 2001; Matseuda & Heimer, 1987; Morrison & Cherlin, 1995; Painter & Levine, 2000; Sigle-Rushton & McLanahan, 2004). Efforts to improve these children's outcomes are clearly needed. Fatherhood programs designed to improve involvement of non-custodial fathers with their children may be valid approaches toward this aim, given that relationships with engaged and competent fathers are associated with children's self-concept, security and attachment, cognitive ability, emotional regulation, school performance, social skills, and mental health (Amato & Gilbreth, 1999; Cabrera, Shannon, & Tamis-LeMonda, 2007; King & Sobolewski, 2006; Nelson, 2004). Such fatherhood programs are particularly needed for low-income, never married, minority fathers, who are not only more likely to live apart from their child, but often face greater challenges to becoming or staying involved with their child (Nelson, 2004).



One common barrier to effective father involvement is a poor coparenting relationship with the child's mother. Children benefit from high-quality coparenting, in which the two parents communicate respectfully and effectively with each other about the child, share control, support each other's parenting, and protect the child from exposure to their conflict with each other. Unfortunately, there are many obstacles to such quality coparenting, especially for the populations we serve. Many mothers have significant pain surrounding their relationship with the father, do not trust him or his parenting abilities, and have new partners who do not want them to be in contact with the father. All of these factors can lead to high levels of maternal gatekeeping, which has shown a significant, negative relationship with father involvement (e.g., Fagan & Barnett, 2003). Many low-income, non-custodial fathers desire to be good fathers but face significant barriers stemming from a weak or highly conflicted relationship with the child's mother. In addition, many mothers and fathers have poor affect regulation and communication skills, which significantly impede coparenting and can negatively impact their child through exposure to destructive parental conflict.

Improving coparenting between low-income, nonresidential fathers and the mother of their child, therefore, is an important step toward increasing father involvement and thereby improving child outcomes. However, little is known about how to improve coparenting in this population. Few programs exist, and we are aware of none that target the specific barriers to effective coparenting that we see repeatedly within Talbert House's Fatherhood Project (e.g., relationship pain, maternal gatekeeping, and poor communication skills). Further, there is a lack of knowledge about how to increase accessibility and attractiveness of coparenting programs, particularly in regard to engaging mothers. We feel that coparenting is most likely to improve when both parents receive services. Yet, in our experience, few mothers agree to be involved.



A. Study Aims

A.1. The Initial (Planned) Study

To address these issues, we developed an “enhanced coparenting service” to be offered through the Talbert House Fatherhood Project, which focuses heavily on recruiting, engaging, and retaining mothers by conveying an understanding of their concerns about the father and engaging in coparenting services, indicating our intentions to help the mother and her child rather than forcing her to allow father involvement, attending to common maternal issues such as lingering relationship pain and emotional dysregulation, and offering mothers-only individual and group services.

In this research project, we originally aimed to evaluate the enhanced coparenting service.

Specifically, we aimed to:

- 1.** Use a randomized design to test if the enhanced services were associated with better engagement, participation, and program satisfaction in coparenting services by mothers and fathers, as well as improved fathering, coparenting, and child outcomes than our standard coparenting services.
- 2.** Use in-depth qualitative methods to explore barriers to participation in coparenting, as perceived by mothers and fathers.

A.2. The Final (Revised) Study

Based on Fatherhood Project enrollment numbers at the time we designed the study, we expected 250 men to enroll during a recruitment period of 13 months and 200 men (80%) to complete the study. However, between applying for funds (2015) and launching the study (2016), new admissions decreased by 40 percent from FY2015 to FY2016, largely due to a loss of funding that restricted the program's ability to market services and recruit participants. Further, the Early Intervention program, a new Fatherhood Project track for young, non-custodial parents who have encountered their first child support order in Hamilton County launched in 2016, was not successful in enrolling participants and had a no-show rate for intake appointments of more than 50 percent. The program also demonstrated little success engaging men from the existing Nurturing Fathers track of the Fatherhood Project, or the mother of their child, in coparenting services during the randomized controlled trial. Therefore, the design and aims of the study were changed in July 2017. We shifted from a randomized design to an open trial, in which all participants were offered the enhanced coparenting services, including fathers who had originally been randomized into the standard coparenting arm of the study. However, even with all new participants being offered the enhanced coparenting services, we were unsuccessful in getting sufficient numbers of father or mother participants to be able to achieve our initial study aims (Details about the number of participants are provided below, in Section C.1, Results: Participant Flow and Attendance.)

We therefore revised the study aims to best make use of the data we had and to focus on exploring the reasons why it was so difficult to recruit fathers or mothers into coparenting services. This is a common issue faced by practitioners who wish to provide coparenting services, and thereby improve child outcomes, to low-income, nonresidential fathers and the mother of their child.



The final study aims were to:

- 1.** Assess the characteristics of fathers participating in a fatherhood program, including demographics and their perceptions of their coparenting relationships, relationships with their child, and child well-being. This information could be used to better understand the population who might be reached via coparenting services offered through fatherhood programs, and how they perceive their existing coparenting relationships.
- 2.** Identify whether these father characteristics predict father engagement in coparenting services.
- 3.** Use qualitative and quantitative data to examine perceived barriers to participation in coparenting services among mothers and fathers and gather information about what might increase interest in such services.

To accomplish these aims, we changed the study methods to de-emphasize quantitative evaluation of the effects of the enhanced coparenting services and to increase our focus on collecting data relevant to the barriers to participation. Specifically, we conducted interviews focused on barriers to participation with both fathers (n = 30) and mothers (n = 16).

In this report, we will describe our methods as they unfolded, which includes efforts aligned with the initial study design and aims, but focus on presenting results relevant to the specific aims of the final (revised) study.

B. Methods

B.1. Setting: The Talbert House Fatherhood Project

Talbert House is a community-wide, nonprofit network of services focusing on prevention, assessment, treatment, and reintegration provided at multiple sites throughout southwest Ohio. Talbert House's Fatherhood Project has, for 18 years, served low-income, non-custodial and custodial fathers seeking to improve parenting skills and access to their children, nearly all of whom face a host of internal and external barriers to fathering well. Each Fatherhood Project client is offered an array of services including case management services, legal services, employment services, and attendance at a Nurturing Father Class, which is a 10-week/25-hour class focused on nurturing children and selves, effective discipline, anger management and conflict resolution, teamwork with spouse or partner, communication and problem solving, balancing work and fathering responsibilities, and dealing with feelings. The Project also employs a fatherhood coach who offers one-on-one class opportunities to fathers who cannot attend the traditional classes.

B.2. Recruitment and Randomization Procedures

B.2.a. Fathers

Beginning in October 2016, nonresidential fathers of minor children who were age 21 or older and who were participating in any Fatherhood Project (FP) services at Talbert House were invited to participate in the FRPN Study. Fathers under age 21 were excluded because, per contractual requirements, the services offered to this age group by the Talbert House Fatherhood Project were substantially different (in curricula and dosage) from services offered to fathers age 21 and over.



Once the father had been recruited into the study and had completed the informed consent process, he was randomly assigned to either the standard coparenting condition or to the enhanced coparenting condition. During the randomized controlled trial period of the study (until July 2017), half of the fathers were randomly assigned to standard coparenting services and half to enhanced coparenting services through computerized randomization. The study used a two-group parallel trial design with 1:1 allocation. Randomization was stratified by program track (Nurturing Fathers and Early Intervention) to control for any potential differences by track.

Beginning in July 2017, all fathers (and the corresponding mother of their child) were recruited for and assigned to the enhanced condition only (see above for Final/Revised Study). Recruitment into coparenting services continued through September 30, 2017.

B.2.b. Mothers

Upon assignment to study condition, program staff next reached out to the father's identified coparenting mother to invite her to participate in coparenting services. Within the standard coparenting condition, outreach was conducted by either the father or the male Fatherhood Project coparenting clinician (as was standard practice). In the enhanced coparenting condition, outreach was conducted by a female Fatherhood Project clinician trained in the study protocol for engaging mothers. If the mother agreed to services, the clinician introduced the study via an IRB-approved script and asked if she was interested in participating in the study. If interested, a member of the research team met with the mother to discuss the study and to conduct informed consent procedures. The mother's participation or refusal to participate did not impact the father's randomization, ability to receive the full range of services offered to fathers, the number of assessments he was to complete, or compensation for participating in research activities. The only inclusion criterion for mothers was being age 18 or older.

B.2.c. Recruitment for Qualitative Interviews

The original study design included qualitative interviews with up to 30 mothers and 30 fathers. The aims of the interviews were to identify reasons for participating in or declining to participate in coparenting services and to gather feedback on coparenting services from mothers and fathers who did participate in coparenting services. Recruitment for participation in interviews began in October 2017 and continued until May 2018. Fathers who had been enrolled in the study as of June 15, 2017, were eligible for the interviews, both to allow for a sufficient number of interviews and to minimize recall difficulties due to time elapsed from enrollment into services and the date of the interview. The plan was to complete interviews with 15 fathers who had participated in coparenting services and 15 fathers who had not participated in coparenting services. Due to the low number of mothers enrolled into the study and the low number of mothers with documented contact information, all mothers of study fathers were eligible for the qualitative interviews. The goal was to conduct interviews with all five of the mother study participants along with an additional 15 mothers. All mothers and fathers who completed interviews were provided with a \$30 Walmart gift card for their time and effort.

Note: The results of our recruitment efforts (i.e., numbers of participants in each stage of the study) appear in section C.1.

B.3. Conditions: Description of Interventions

B.3.a. Standard Coparenting Services (Control Condition)

Standard coparenting services include (1) an initial individual session for the father with the male coparenting coach; (2) an invitation to the child's mother to attend coparenting services; (3) at least one individual session between the mother and the coparenting coach; and (4) joint participation by the mother and father in one to three coparenting sessions with the coparenting coach. Outreach to the mothers to participate in coparenting services with the father is



done by the father or the male coparenting coach. Individual sessions for the mother are also facilitated by the male coparenting coach and typically focus on helping the mother identify her individual goals for the parenting relationship, while joint sessions with the father often focus on mediation. Prior to the current study, most mothers participating in the standard coparenting services only attended a single individual session, and approximately 15 percent of the individual sessions with the mother resulted in attendance at a joint coparenting session with the father.

B.3.b. Enhanced Coparenting Services (Experimental Condition)

While the Fatherhood Project has offered standard coparenting services since 2013, fewer than 15 percent of mothers agreed to participate in these services prior to the study. Consequently, the program developed enhanced coparenting services focused heavily on recruiting, engaging, and retaining mothers. The intent of the enhanced services was to (1) convey an understanding of the mother's concerns about the father and engaging in coparenting services, (2) indicate staff intentions to help the mother and her child rather than forcing her to allow father involvement, (3) attend to common maternal issues such as lingering relationship pain and emotional dysregulation, and (4) offer mothers-only individual and group services.

The enhanced coparenting services were designed to differ from standardized services in several ways. First, outreach to the mother to participate in coparenting services was conducted by a female staff member. The female coach was trained to emphasize an understanding of the mother's position and potential concerns about engagement, to convey that Talbert House is not "on the father's side" against the mother, and to highlight the potential benefits to the mother of participating in services, especially the mother-focused individual and group services. Second, the enhanced services included a three-session support group for mothers only to allow the mother to gain support from other women in similar circumstances. The support group was to be co-led by a female and a male coparenting coach using standardized materials from *Mom as Gateway* (National Fatherhood Initiative, 2008) and PREP's unpublished father-focused program, *On My Shoulders*. The focus of these sessions was designed to focus on identifying and meeting the mother's individual needs, addressing relationship pain, minimizing excessive gatekeeping, and learning communication skills.

Third, the enhanced services included a greater number of joint coparenting sessions. Whereas the standard condition offered up to three sessions, the enhanced services offered six sessions. While the standard joint sessions often focused on mediation, the enhanced joint sessions were focused on teaching new skills to the parents using a standardized curriculum drawn from *PREP* (Markman, Stanley, & Blumberg, 2010) and its unpublished father-focused program, *On My Shoulders*. *PREP* is an evidence-based relationship education program that has demonstrated efficacy in improving couple communication, conflict management, and relationship quality in numerous longitudinal studies (see Markman & Rhoades, 2012). *On My Shoulders* is a research-based curriculum adapted for use with fathers, particularly low-income, nonresidential fathers, that heavily emphasizes skill building for effective coparenting. It is modeled upon *Within My Reach* (Stanley, Pearson, & Kline, 2005), another adaptation of *PREP* that research has shown is effective in improving relationship skills and conflict resolution in low-income, high-risk individuals (Antle, Karam, Christensen, Barbee, & Sar, 2013). Session topics included healthy communication, stress management, personality and parenting, strategies for effective coparenting relationships, and human feelings and needs.

B.4. Data Collection

B.4.a. Surveys

The original study design stipulated three quantitative data collection points: baseline (at study enrollment), six months later (designed to correspond with service completion), and nine months later (i.e., three-month follow-up). Baseline surveys were most often completed at intake into the larger fatherhood program for fathers, and at the intake appointment for coparenting services for mothers. The six- and nine-month surveys were to be administered to



father participants in person during individual appointments or by telephone for fathers who were unable or unwilling to come into the program to complete the survey.

However, due to the low numbers of participants that prohibited us from evaluating pre- to post- differences, minimal resources were put into the six- and nine-month surveys and very few were collected. In addition, too few mothers completed baseline surveys for the data to be useful. Therefore, we do not include either in this report, but only present data from the fathers' baseline surveys.

B.4.b. Semi-Structured Interviews

The original study design also included semi-structured interviews with mothers (including those who had participated in coparenting services and those who had not) focused on barriers to and motivation for participation. In the final study design, we conducted these interviews with fathers in addition to mothers.

B.5. Measures

The measures for this study came from three sources: standardized program data that are collected during the intake process, self-report surveys, and telephone interviews. Data gathered from the intake process mainly consisted of demographic information. The surveys focused on communication and conflict between coparents, parent-child relationship and interactions, and child well-being (see specific measures in [Table 1](#), below). Some other variables relevant to the current questions (the relationship history of the coparents, the current relationship status of each parent with others partners, adherence to child support orders, and level of father contact with the focal child) were not available for various reasons, including lack of information collected by the Fatherhood Project and clerical errors.

Parents who had more than one child were asked to respond to questionnaires thinking of the child who motivated them the most to participate in the Fatherhood Project, hereafter referred to as the focal child. Parents were also asked to report on focal child age and gender. In instances where parents left focal child gender blank, child name was used to determine gender. Names that were frequently used for both males and females were treated as missing. [Table 1](#) shows the outcomes measured via the self-report surveys, the scale or subscales used, and the internal consistency coefficient calculated from the baseline assessments. Most measures show high reliability and are consistent with what other researchers have reported in the available published literature (e.g., Feinberg et al., 2012; Goodman, 2001; Jenkins & Saiz, 1995; Sacco & Murray, 1997).



Table 1. Reliability Results from Baseline Assessment (Fathers Only)

Outcome Variables	Measures	Cronbach's alpha
Coparenting Variables		
Coparenting Relationship Quality	Coparenting Relationship Scale (Dyer et al., 2017)	.76 (Mean)
	2 Sub-Scales	
	Undermining	.85
	Alliance	.90
Child Exposure to Conflict	Conflict Subscale of Coparenting Relationship Scale (Feinberg et al., 2012)	.90
General Destructive Conflict	Communication Skills Test, Negative Interactions Subscale (Jenkins & Saiz, 1995)	.85
Child-Related Variables		
Parent-Child Relationship	Parent-Child Relationship Satisfaction Scale (Sacco & Murray, 1997)	.94
Father Financial Involvement	Father Financial Responsibility Subscale (Cabrera et al., 2008)	.64
Parental Discipline Behaviors	Parent-Child Conflict Tactics Scales (CTSPC) (Straus et al., 1997)	.76 (Mean)
	Three Subscales	
	Non-Violent Discipline	.81
	Psychological Aggression	.66
	Physical Assault	.80
Child Psychological Well-Being	Strengths and Difficulties Questionnaire (Goodman, 2001)	.60 (Mean)
	Five Subscales	
	Hyper	.77
	Emotion	.65
	Prosocial	.78
	Conduct	.54
	Peer	.26

B.5.a. Coparenting Variables**Coparenting Relationship Quality**

The quality of the coparenting relationship was assessed via two subscales from the Coparenting of Non-Resident Fathers Scale (Dyer, Fagan, Kaufman, Pearson, & Cabrera, 2017), which has demonstrated good psychometric properties (reliability, construct validity, and interrater agreement; Dyer et al., 2017). This study used two subscales that capture undermining between coparents and coparenting alliance. A five-point scale ranging from strongly agree to strongly disagree was used. The baseline data showed excellent internal consistency for the undermining ($\alpha = .85$) and alliance ($\alpha = .90$) subscales.

Child Exposure to Conflict

The five-item Exposure to Conflict Subscale of the Coparenting Relationship Scale (Feinberg, Brown, & Kan, 2012) assesses destructive conflict between coparents in front of the child. Researchers changed the response categories



from a six-point "never to very often" scale to a five-point "strongly agree to disagree" scale. This was done to give study participants a more consistent scale throughout the survey and to avoid confusion from continually changing scales for each battery of questions. Despite this, consistency remained high ($\alpha = .90$).

General Destructive Conflict

Destructive conflict between coparents was assessed using the eight-item Negative Interactions Subscale of the Communication Skills Test (Jenkins & Saiz, 1995). Participants rate the frequency of negative interaction events, including withdrawal, negative escalation, and invalidation. The subscale has shown evidence of reliability and validity (Stanley, Markman, & Whitton, 2002).

B.5.b. Child-Related Variables

Parent-Child Relationship

The Parent-Child Relationship Satisfaction Scale (PCRSS; Sacco & Murray, 1997) was created by adapting five questions from the Quality Marriage Index (QMI; Norton, 1983). Although the questions originally used a seven-point Likert scale, researchers for this study used a five-point scale ranging from strongly disagree to strongly agree. Changes were made to keep consistency of response categories between the different scales administered to respondents. The PCRSS has demonstrated excellent internal consistency ($\alpha = .92-.94$; Sacco & Murray, 2003); similarly the baseline data collected here showed high consistency at $\alpha = .94$.

Father Financial Involvement

Father financial involvement with the focal child was measured using three items from Cabrera et al. (2008) that assess how often fathers provided clothing, toys, or presents; how often fathers paid for medicine/doctors; and how often fathers gave the mother extra money. Items were rated on a five-point Likert scale ranging from never to very often. Consistency for this three-item scale was moderate at $\alpha = .64$.

Parental Discipline Behaviors

To measure parent-child conflict, researchers selected three subscales from the Parent-Child Conflict Tactics Scales (CTSPC); these include physical assault (e.g., spanking, slapping, hitting with a belt), psychological aggression (e.g., yelling at child, swearing, threatening, calling names), and non-violent discipline (e.g., time out, redirecting behavior, explaining why something is wrong) (Straus, Hamby, Finkelhor, Moore, & Runyan, 1997). For this study, however, researchers adapted the 14-item scale in two different ways. First, the "shook" the child item (CTSPC item-3) was deleted based on expectations of participating study clinicians and researchers that the study not be used to trigger mandated abuse reporting activities, and because of low rates of self-reported shaking reported in the literature. Second, participants were asked to rate how often in the past month that they have engaged in one of 13 behaviors, using a five-point response scale ranging from "never" to "two or more times a week." The original scale had seven-points and asked the respondent to recall behavior over the past year. The original CTSPC items have moderate internal consistency. The CTSPC internal consistency calculated from the data used by Straus et al. (1997) include physical assault scale ($\alpha = .55$), psychological aggression ($\alpha = .60$), and non-violent discipline ($\alpha = .70$). Data collected in this research showed increased reliability correlations for all three subscales: physical assault scale ($\alpha = .80$), psychological aggression ($\alpha = .66$), and non-violent discipline ($\alpha = .81$). Prior research has also shown the original PCTS items to have good concurrent validity ($r > .60$) with other reports of discipline and maltreatment (Jaffee et al., 2004).

Children's Psychological Well-being

The Strengths and Difficulties Questionnaire (SDQ), a brief behavioral screening questionnaire about 3- to 16-year olds (Goodman, 2001), is efficient at detecting internalizing and externalizing problems and is preferred over the CBCL by many (Goodman & Scott, 1999). Goodman (2001) describes the internal consistencies of the SDQ as *generally satisfactory* with reliability correlations (α) ranging between .77 and .57 for the five subscales (hyper, emotion,



prosocial, conduct, and peer) generated from the parent responses (p. 1343). Our findings were mostly similar except for the peer subscale, which was unexpectedly low at $\alpha = .26$, likely because our sample consists exclusively of nonresidential fathers who only had to see their child one time in the past 30 days to respond to the questions; Goodman's parent sample, although not specifically defined, likely included many residential parents.

B.5.c. Interviews on Barriers to Service Participation: Qualitative and Quantitative Measures

Qualitative Data: During semi-structured telephone interviews, we collected qualitative data through open-ended interview questions focused on exploring:

- a)** barriers to participation in coparenting services, including structural barriers (e.g., time, transportation), relational issues with the coparent (e.g., lingering pain from a breakup), and concerns about protecting the child (e.g., due to violence, substance use).
- b)** factors that would or did make participation more appealing or feasible, including ways to improve outreach and services, structural supports, gender of the outreach staff, and staff understanding of the mother's perspective.
- c)** perceptions of the value and impact of the services, including satisfaction with services received, changes in the coparenting relationship, and changes in father involvement with the child.

Quantitative Data: During the interview, participants were asked to rate a series of items adapted from the Barriers to Treatment Participation Scale (Kazdin, Holland, Crowley, & Breton, 1997). Items on the scale reflect concerns related to obstacles that compete with services, demands of participating in services, perceived relevance of the services, and the relationship with program staff.

C. Results

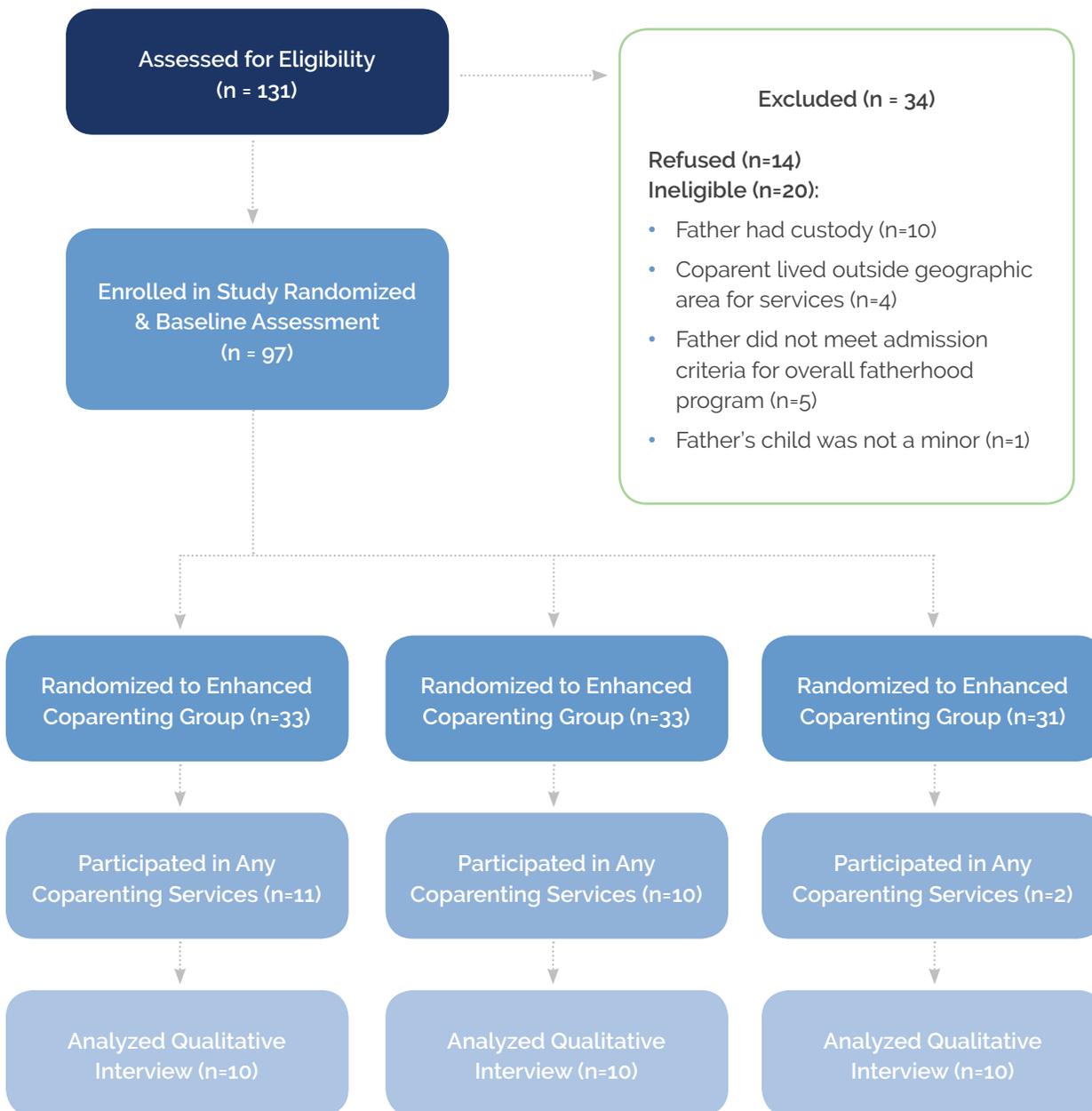
This section summarizes the quantitative and qualitative results from the study. First, a summary of participant recruitment and attendance is presented. Second, an analysis of missing data is presented. Finally, the results pertinent to the study aims are presented.

C.1. Participation Flow and Attendance

In total, researchers were able to ask 131 nonresidential fathers if they would participate in the FRPN Research Study (see [Figure 1](#)). Twenty individuals were ineligible for the study because they had custody of their child, the mother lived too far away to participate in coparenting services, or the mother did not want contact with the child. Of the remaining 111 fathers eligible for the study, researchers recruited 97 fathers into the study (66 during early phases when we were randomizing them to conditions; 31 during the open trial phase when all were assigned to the enhanced coparenting services), representing an overall enrollment rate of 87.4 percent. All were consented and completed the baseline survey.

Upon consent, the father's name and contact information was sent to the clinician who would attempt to contact the father and invite him to participate in coparenting services. [Figure 1](#) shows the number of men who were assessed, determined eligible, assigned to each condition, and participated in coparenting and the qualitative interviews.

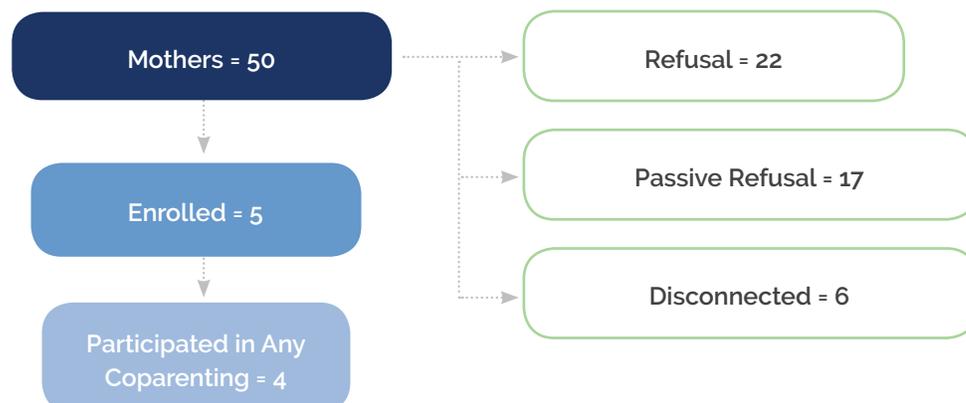


Figure 1. Consort Diagram of Study Recruitment of Fathers

Because the rates of participation in coparenting services were so low, we created another figure ([Figure 2](#), below), which depicts the flow of participants and shows that the study clinician attempted to contact 93 of the fathers. Due to clerical errors, four fathers were not forwarded for referrals and were never contacted. The clinician was able to contact 75 (80.6%) of the fathers and discuss the possibility of participating in coparenting. The clinician was not able to contact the remaining 18 fathers due to invalid contact information and refusal to return phone calls. Thirty-eight fathers attended a session with the clinician to discuss coparenting; 23 of these agreed to attend one or more coparenting sessions.

Figure 2. Father Participation in Coparenting Services

The program also demonstrated little success with engaging mothers into coparenting services during the course of the study. Of the 97 fathers in the study, the clinician was able to get the name and contact information for a child's mother from 45 fathers, with five fathers giving the name and contact information of two mothers with whom they have children, for a total of 50 mothers who researchers attempted to contact for coparenting services. This represents a father cooperation rate of 46.4 percent. Mother recruitment and participation in coparenting was as follows: 22 mothers refused, 17 were passive refusals (i.e., they were left multiple messages but refused to return phone calls), six had phone numbers that were disconnected or no longer in service, and five mothers were successfully enrolled and four of the five had at least one coparenting session (see [Figure 3](#) below). This represented an engagement rate of 10 percent. *Note: Information regarding mother recruitment into and participation in qualitative interviews is presented in section C.5.*

Figure 3. Mothers' Recruitment into Study/Services

C.2. Missing Data

[Table 2](#) outlines the missing data for the sample of father participants ($n = 97$). For demographic variables, missing data ranged from 10 to 17 percent of the total sample. This may be attributable, in part, to the methods used to collect demographic data. Few demographic questions were asked on the baseline assessment in an effort to reduce the length of the assessment. Instead, researchers gathered demographic data from the intake data recorded by program staff at intake into services. This method presented some challenges, as there was no standardized practice for collecting demographic data at intake and the data are collected via pencil and paper forms, therefore making it difficult both to record and to retrieve the data for use in a systematic fashion. Many of the fathers with missing intake data were also fathers who failed to return to the program after the intake session, diminishing the program's ability to secure any missing information once discovered.

Demographic questions related to the "focal child" of the study, such as child age and gender, were the only ones collected from the father via the Time 1 assessment. [Table 2](#) shows that of these two variables, focal child age had the highest level of missing data. This may have been because child age was assessed through date of birth, which some fathers may have been hesitant to list.

[Table 2](#) also shows that the Time 1 survey variables also have a fairly high level of missing cases (4 to 23%). This was likely due to the fathers having difficulty answering some of the questions, many of which were time-dependent, dependent on contact between the father and child or between the father and mother, or dependent on the age of the child. For example, 19 items asked about events in the past 30 days, during which time some fathers had no contact with the mother or child. Eight items were based on father contact with the mother; therefore, fathers who were not currently in contact with the mother skipped these items. Finally, the 25 items in the SDQ were not relevant to very young children, causing fathers of very young focal children to skip these items.

Table 2. Missing Data, from Fathers Who Completed Baseline Assessment ($n = 97$)

Variable	n	%
Demographics		
Age	10	10.3
Race	11	11.3
Education	11	11.3
Employment	14	14.4
Number of Children	16	16.5
Gender Focal Child	2	2.1
Focal Child Age	13	13.4
Coparenting Service Attendance	0	0.0
Survey Measures		
Parent-Child Relationship Scale	4	4.1
Father Financial Involvement	5	5.2
Child Exposure to Conflict Scale	13	13.4
Negative Interactions Subscale	8	8.2
Coparenting Relationship Quality		
Mother Undermining	4	4.1
Alliance Subscale	7	7.2
Child Psychological Well-Being Strengths and Difficulties Scale		
Hyper Subscale	22	22.7
Emotion Subscale	20	20.6
Prosocial Subscale	19	19.6
Conduct Subscale	20	20.6
Peer Subscale	22	22.7

C.3. Results for Aim 1: Baseline Characteristics of Men in Fatherhood Programs

C.3.a. Demographic Characteristics

Table 3 shows that the majority of fathers in the sample were 30 years or older (70%), with a mean age of 35 years; were African American (79.1%); and were employed at the time of admission into the program (62.7%). The majority had also earned at least a high school diploma or GED (70.9%). Almost one-third of the sample had also attended at least some college. Sixty-two percent of the fathers had more than one child, and 55.6 percent identified a female child as the focal child for the study. The mean age of the focal child was seven years of age.

Table 3. Demographic Characteristics of Fathers

Variable	n	%	
Age			
21–29 years	26	30.0	
30–39 years	38	43.7	
40+ years	23	26.4	
Race			
African American	68	79.1	
White	17	19.8	
Pacific Islander	1	1.2	
Education			
Less than high school	25	29.1	
High school grad/GED	34	39.5	
At least some college	27	31.4	
Employed	52	62.7	
Number of Children			
1 child	31	38.3	
2 children	17	21.0	
3+ children	33	40.7	
Gender of Focal Child			
Male	36	44.4	
Female	45	55.6	
Metric Variables			
Father Age	<i>M</i> 35.0	<i>SD</i> 7.6	Range 21–52
Focal Child Age (years)	7.3	4.9	.08–17.2

C.3.b. Father's Perceptions of Coparenting Relationships, Relationships with Their Child, and Child Well-Being

Coparenting Relationship Variables

Fathers' survey responses (shown in Table 4, below) indicate that they perceive their coparenting relationships with the mother of their child as poor quality, characterized by mother undermining of their parenting, a poor alliance, and destructive conflict. Specifically, the average *undermining* score was a 3.5 on a 1–5 scale, indicating that the fathers as a whole agreed with statements that the mother undermines the father's parenting. Specifically, almost 60

percent of the men agreed or strongly agreed that their coparent contradicted his decisions (57.5%), made negative comments or jokes about him as a parent (59.2%), and undermined him as a parent (59.6%). Similarly, fathers reported low levels of a positive *alliance* with the mother (mean score = 2.6 on a 1–5 scale). On specific items assessing alliance, 40 to 65 percent of men disagreed or strongly disagreed with statements that he and the mother discuss the best ways to meet the child's needs, share information with each other about the child, or make joint decisions about the child (23.7%). Fathers also reported high levels of destructive conflict communication behaviors with the mother. The average scale score was 3.6 on a 1–5 scale, with 5 representing the highest levels of destructive conflict. On individual items, three-quarters of the fathers (75.8%) agreed or strongly agreed that their child's mother refuses to see their points of view, while very few fathers feel as if the mother tries to see their point of view (15.8%) or tries to understand how they feel (18.9%). More than half of the fathers agreed that (1) it was hard to discuss things with the coparent without getting into an argument (59.1%); (2) the coparent insults him (54.8%); (3) his child's mother puts down his feelings (58.1%); (4) he did not feel like a team when solving a problem with the child's mother (68.1%); and (5) their interactions tend to involve negative escalation (i.e., responding to a negative comment by saying something negative back) (56.8%).

Together, these findings suggest that nonresidential fathers in fatherhood programs have very strained relationships with the mothers of their children, with high levels of undermining and destructive conflict, with little to no positive coparenting alliance. As such, these findings highlight the need for coparenting interventions that aim to improve basic communication between the coparents, reduce negative behaviors such as undermining, and build a positive coparenting alliance.

Interestingly, father responses to items assessing child exposure to conflict between parents demonstrate that most fathers reported that they refrain from negative behavior directed at the mother in front of their children. For example, the majority of fathers reported that they never or rarely argue with the child's mother in front of the child, either about the child (64%) or about their relationship with the mother (75%). Most also reported that they refrain from saying cruel things (69%) and yelling (75%) at the mother in front of the child. However, when the language is softened and described as "mild" or simply sarcastic, more fathers (62%) acknowledge they sometimes, often, or very often engage in this behavior. This may indicate that children are most often exposed to these milder, but still hurtful, conflict behaviors between parents, suggesting that coparenting interventions should target them rather than only more severe types of conflict. It is also possible, however, that fathers are simply more willing to admit engagement in the more minor behaviors on surveys.

Parent-Child relationship

Responses to the PCRSS (Sacco & Murray, 1997) reveal that, on average, fathers view their relationship with the focal child as fairly good (mean of 3.9 on a 1–5 scale). Examination of individual items (not shown) revealed that the majority of fathers either agreed or strongly agreed that their relationship with their focal child was good (76%), stable (57%), strong (67%), and makes them happy (77%).

Father Financial Involvement

Responses to the Father Financial Involvement scale report average financial involvement (mean of 3.5 on a 1–5 scale). Responses to individual items revealed that fathers were much more likely to report having provided clothing, toys, or presents for the child than to have paid for medicine or doctors or to have given the child extra money. For example, 80.4 percent reported that they had often or very often given the child clothing, toys, or presents, while only about half (49.4%) of the fathers reported often or very often giving the child extra money. Finally, 43.3 percent reported that they rarely or paid for medicine or doctors, with 36.1 percent reporting that they did so often or very often.

Child's Psychological Well-Being

Overall, most fathers reported below average levels of the range of child psychological difficulties assessed by the



SDQ (hyperactivity, emotional symptoms, conduct problems, and peer relationship problems). The average scores of 1.4 to 1.8 on a three-point scale (in which 1 = not true, 2 = somewhat true, and 3 = certainly true) for each subscale indicate that, on average, fathers viewed their children as having few issues in each of these areas. It should be noted, however, that many fathers may lack knowledge or have misconceptions of their children's well-being due to limited exposure.

Table 4. Father Perceptions of Coparenting and Related Constructs

	Count	<i>M</i>	<i>SD</i>	Range
Coparenting Relationship Variables				
Coparenting Relationship Quality				
<i>Undermining Subscale</i>	93	3.5	1.14	1.00–5.00
<i>Alliance Subscale</i>	90	2.6	1.13	1.00–5.00
Child Exposure to Conflict	84	2.1	1.01	1.00–5.00
General Destructive Conflict	89	3.6	.86	1.25–5.00
Child-Related Variables				
Parent-Child Relationship	93	3.9	1.22	1.00–5.00
Father Financial Involvement	92	3.5	.96	1.00–5.00
Child Psychological Well-being				
<i>Hyperactivity Symptoms Subscale</i>	75	1.8	.52	1.00–3.00
<i>Emotion Symptoms Subscale</i>	77	1.4	.36	1.00–2.20
<i>Prosocial Behavior Subscale</i>	78	2.5	.44	1.00–3.00
<i>Conduct Problems Subscale</i>	77	1.4	.35	1.00–2.80
<i>Peer Relationship Problems Subscale</i>	75	1.4	.28	1.00–2.20

Father's Reports of Disciplining Their Child

Distributions of father-reported disciplinary tactics (scores recoded as binary Y/N indicating past month tactic application) are reported in [Table 5](#). At intake into the study, fewer than 40 percent of the fathers reported disciplining or punishing the focal child during the past month, with a small number of fathers reporting that they did not discipline their child due to the child's age ($n = 1$) or to having had no contact with the child in the past month ($n = 5$). The percentage of fathers reporting discipline of the child in the past 30 days did not differ significantly for fathers of focal boys (35%) and girls (41%). Rates of past month engagement in specific PC-CTS tactics also did not differ significantly according to focal child sex. On average, "explaining" was the most reported tactic and "calling dumb/lazy" was the least reported tactic.

PC-CTS scores among participants in the study were similar to published studies, which have indicated parents most commonly report tactics that are non-aggressive (explaining 62%, give something else 46%, take away privilege 44%), particular verbally aggressive tactics were least commonly reported (call dumb/lazy 0.2%), and bodily aggressive behaviors were reported among fewer than half of participants (spank 20%, slap 19%, hit 15%). Rates of theoretically harmful tactics including "spanking" and "slapping" were substantially lower than rates published in the literature; however, "hitting" (15%) was very similar to rates in other studies (Lee, Kim, Taylor, & Perron, 2011). It is likely that these are underestimates, due to father concerns about negative consequences of admitting to physical discipline (e.g., being reported to child protective services).

Overall, the findings show that sizeable minorities of fathers who reported use of discipline engaged in verbally or physical aggressive discipline behaviors. Specifically, around a third of fathers shouted, yelled, or screamed at the child; 38 percent threatened physical consequences like spanking; and around 20 percent spanked the child or slapped the child on the hand, arm, or leg. These numbers suggest the potential value of including psychoeducation about the negative effects of such aggressive discipline strategies and training in more effective parenting in fatherhood programs. One of the goals of fatherhood programs is to increase father access to the child; because greater access increases the opportunities for father-child disciplinary interactions, it becomes increasingly important for fathers to use effective discipline strategies and not use harsh, punitive strategies. Tracking changes in discipline behaviors as fathers complete fatherhood programs, including coparenting services, will be critical for understanding program effects and monitoring potential safety risks of increased father involvement.

Table 5. Proportions of Fathers Who Reported Use of Specific Discipline Strategies with Child

Variable	n	%
Ever Disciplined in the Past Month		
Yes	36	37.1
No	51	52.6
No contact with the child in past month	5	
Child too young to discipline	1	
PC-CTS Non-Aggressive		
Explained why something was wrong	61	62.9
Gave child something to do instead of what he/she was doing wrong	46	47.4
Put child in "time out" (sent child to room)	32	33.0
Took away privileges or grounded child	43	44.3
PC-CTS Verbally Aggressive		
Shouted, yelled, or screamed at child	30	30.9
Said you would send child away or kick out of the house	5	5.2
Swore or cursed at child	11	11.3
Called child dumb or lazy or some other name like that	2	2.1
Threatened to spank or hit the child but did not actually do it	37	38.1
PC-CTS Bodily Aggressive		
Spanked child on the bottom with your bare hand	20	20.6
Slapped child on the hand, arm, or leg	19	19.6
Pinched child	2	2.1
Hit child on the bottom with something like a belt, hairbrush, a stick, or some other hard object	14	14.4

C.4. Results for Aim 2: Predictors of Father Participation in Coparenting Services

Father participation in coparenting was low overall, with 16 percent of fathers attending a single coparenting assessment session only and 24 percent of fathers attending at least one session of individualized coparenting with the clinician. In addition, 34 of the 38 men who attended coparenting sessions did so without the mother/coparent. Only four of the mothers attended any coparenting sessions.

In our revised study, our second aim was to attempt to better understand the low rates of recruitment and participation in coparenting by identifying factors that might predict father willingness to engage in at least some level of coparenting services, even in the absence of their coparents. Specifically, we examined whether coparenting participation was associated with demographic variables and/or father perceptions of the coparenting relationship, parent-child relationship, or child well-being. Chi-square and *t* tests were used to compare study fathers who participated in any coparenting sessions to study fathers who did not participate in any coparenting sessions. The sample size and degrees of freedom for each test varied slightly, based on the amount of missing data for the given variable (see information on missing data in [Table 2](#)).

Results from the independent samples *t* test (see [Table 6](#)) revealed that fathers who participated in any coparenting sessions were significantly different from fathers who did not participate in any coparenting services on four variables: coparenting participants were more likely to have a younger focal child, reported higher levels of destructive conflict with the mother of the focal child, reported higher levels of perceived undermining by the mother of the focal child, and reported lower levels of alliance with the mother of the focal child. The two groups of study fathers did not significantly differ in terms of father age¹, perceptions of their relationship with the focal child, focal child exposure to conflict between the father and mother, father involvement with the focal child, and measures of the focal child's psychological well-being. As shown in [Table 7](#), the two groups of study fathers did not significantly differ in terms of program referral source, gender of the focal child, father employment, number of children, and race of the father. (Note that limitations posed by sample size and missing data precluded the use of logistic regression to assess the unique predictive ability of the variables considered in the context of the others.)

Together, these findings preliminarily suggest that fathers with younger children and those who perceive their relationship with the child's mother to be more distressed are more likely to participate in coparenting services. Perhaps when the child is younger fathers are less likely to have given up on improving their coparenting relationship than after years have passed and the child has grown older. It is notable that participation in coparenting was associated with all three measures that capture the quality of their relationship with the child's mother: undermining, poor alliance, and more destructive conflict with the mother. This suggests that fathers who perceive difficulties in the coparenting relationship may be motivated to engage in services to improve that relationship.

It is also interesting that father demographic variables, including race, age, employment status, and number of children, were not predictive of participation in coparenting. At a very preliminary level, this suggests that future programs interested in recruiting fathers into coparenting services should not target any particular demographic group. There were some hints, however, that employed fathers may be more likely to attend such services (48%) than unemployed fathers (29%); we may have lacked power to detect a true effect in this small sample. Similarly, fathers with one child were non-significantly more likely to participate (51%) than fathers with more children (36%). Future research is warranted to explore these potential predictors in larger samples.

¹Mean replacement was used to handle missing data for father age prior to running *t*-tests.



Table 6. Differences Between Fathers Who Did and Did Not Participate in Coparenting Services on Demographic and Coparenting-Related Variables

	No Coparenting		Any Coparenting		<i>t</i> -test
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
Father age	35.53	7.93	34.24	6.02	.855
Child age	8.63	5.12	5.98	4.28	2.498***
Coparenting Relationship Quality					
Undermining	3.29	1.17	3.96	.98	-3.006**
Alliance	2.75	1.12	2.31	1.12	1.849*
Child Exposure to Conflict	1.96	1.04	2.28	.96	-1.457
Destructive Conflict	3.29	.86	3.93	.72	-3.723****
Parent-Child Relationship	3.83	1.28	4.04	1.12	-.832
Father Financial Involvement	3.31	1.29	3.28	1.10	.118
Child Psychological Well-Being					
Hyper	2.18	.53	2.16	.52	.128
Emotion	2.66	.34	2.58	.40	.923
Prosocial	2.55	.40	2.50	.51	.484
Conduct	2.65	.32	2.59	.41	.802
Peer	2.67	.24	2.57	.34	1.377

* $p < .10$; ** $p < .05$; *** $p < .01$; **** $p < .001$

Table 7. Differences Between Fathers Who Did and Did Not Participate in Coparenting Services on Demographic Variables

	No Coparenting		Any Coparenting		χ^2	<i>p</i>
	<i>n</i>	%	<i>n</i>	%		
Referral Track						
Nurturing Father	36	58.1	26	41.9	.275	.520
Early Intervention	23	65.7	12	34.3		
Gender of Focal Child						
Male	28	63.6	16	36.4	.000	1.000
Female	31	62.0	19	38.0		
Employed						
Yes	27	51.9	25	48.1	2.179	.109
No	22	71.0	9	29.0		
Number of Children						
One child	15	48.4	16	51.6	1.328	.247
Two or more children	32	64.0	18	36.0		
Father Race						
Black	43	63.2	25	36.8	.003	.784
White	10	58.8	7	41.2		

C.5. Perceived Barriers to Participation in Coparenting Services (Aim 3)

The third study aim was to use qualitative and quantitative data to examine perceived barriers to participation in coparenting services among mothers and fathers and to gather information about what might increase interest in such services.

This section summarizes findings from telephone interviews conducted with (1) mothers who participated in coparenting services, (2) mothers who declined to participate in coparenting services, (3) fathers who participated in coparenting services, and (4) fathers who did not participate in coparenting services (either because the mother declined to participate or because the father had no interest in participating). Interviews were conducted with mothers and fathers separately, and the majority of interviews were conducted by telephone using a semi-structured interview guide. Responses to open-ended and forced choice items are described. Interviews focused on barriers to participation, suggestions for outreach and program improvements, and relationship status with the coparent.

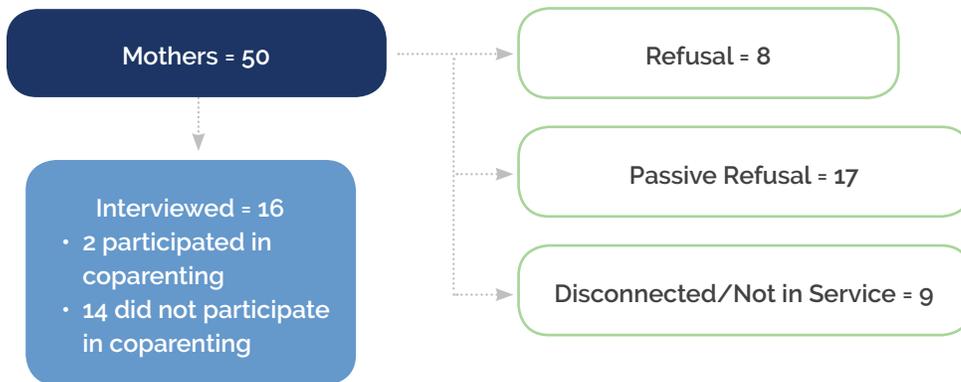
To identify themes from the interview responses, we used the process described by Charmaz (2014), which involves coding responses in two phases: an initial phase and a focused phase. In the initial phase, the co-investigator and a research associate independently named each statement provided by respondents to create initial codes. In the focused phase, they then compared initial codes to identify the most frequent and the most significant codes to organize and synthesize the initial codes into agreed-upon themes. Once these themes had been established, the co-investigator and research associate again independently coded the interview responses using the subset of focused codes. Cohen's κ was run to determine if there was agreement between the two coders. There was excellent/very good agreement between the two researchers for mother codes, $\kappa = .869$, $p < .000$, substantial/good agreement between the two researchers for initial father participant codes, $\kappa = .764$, $p < .000$, and father non-participant codes, $\kappa = .769$, $p < .000$ (Landis & Koch, 1977; Fleiss et al., 2003; Altman, DG, 1991). Disagreement between coders was resolved by consensus for determining final focused codes for all groups. During this process, one father code was removed, as it was associated with the majority of disagreement between raters. This resulted in excellent/very good agreement between the raters on the final set of participant father codes, $\kappa = .896$, $p < .000$, as well as the father non-participant codes $\kappa = .872$, $p < .000$.

C.5.a. Mother Interviews

Participating Mothers

A total of 16 mothers were interviewed during the study. The research team started with a pool of 50 mothers for whom the Fatherhood Project had contact information. Of these 50 women, eight women refused to participate in the interview, 17 women did not respond to outreach attempts (labeled as passive refusals), and nine had phone numbers that were no longer valid (see [Figure 4](#)). Of the 16 women interviewed, only two women participated in any coparenting services. Due to the small number of women who participated in services, responses from these women were combined with responses from women who had not participated in coparenting services when coding themes, except in instances where not applicable.



Figure 4. Mother Recruitment for Qualitative Interviews**Qualitative Results: Mothers**

Four themes emerged related to mother reasons for not participating in coparenting services. We characterized these as mother distrust, father behavior/relationship issues, safety concerns, and logistics. Two themes emerged from the women in terms of what they think would be helpful for programs that want to engage mother coparents into services: communication skills and service equity.

Reasons for Not Participating in Coparenting: Four Themes

1. Mother distrust of the fatherhood program. A number of the women interviewed expressed distrust as a barrier to engagement. This distrust was aimed both at the Talbert House Fatherhood Project specifically and father-serving programs generally. In terms of distrust aimed at the Talbert House Fatherhood Project, more than one mother expressed skepticism that a program that has had a tradition of only serving fathers could be trusted to represent her point of view. As one mother pointed out when asked why she declined to participate in coparenting services:

There were a couple of reasons. First being that the program had already been working with my child's father and in my and my attorney's opinion, he already had a relationship with program staff and I didn't... He also wanted to do what was in my family's best interest rather than my child's best interest. I found that to be alarming. My son is on the visitation schedule he is on for a reason.

This skepticism that staff might not equally represent the interest of both the mother and the father was validated for one mother who did attend joint coparenting sessions with the father. This mother shared that she had stated to the coparenting facilitators that she "had no interest in discussing child support" and that the topic of her child support case against the father was "completely off the table" but that the facilitator brought it up anyway during her fourth or fifth coparenting session. She shared that this was the reason that she discontinued her participation in services.

2. Frustration with father behaviors. About three-fourths of the women interviewed expressed frustration with father behaviors. While the majority were related to inconsistent parenting and perceptions that the father was unlikely to change his behaviors, a couple of mothers also cited past violence or anger management issues as concerns that impacted their decisions to decline participation. The following quotes from three of the interviewees illustrate frustrations with inconsistent parenting practices of the father:

My situation's not too bad. We just don't see eye to eye. He's not an absent father, so can't really say that's an issue....I've known him over half my life. I know how closed minded he is and don't see that changing. He's the fun time dad. But if she's sick and needs medicine and I can't afford it, then he doesn't want to help. I can count on one hand how many times I ask him for help with something like that and then he doesn't want to do that or understand why he should have to help with that. He doesn't have parents so he lacks understanding of what it means to be a parent.

Later in the interview she reiterated these sentiments by stating: *he's very difficult, stuck in his ways. We have very different views on what it means to raise a child. We have different priorities.*

Mainly because we were not really coparenting. It's really just me; he just visits. Like he hasn't seen him in two months. He's not consistent. He's often not available...physically, financially, emotionally.

I don't believe it would help. I don't know what his deal is. He's with his daughter every other week (from another woman) but not sure what the deal is with his son. Not sure if it's his feelings toward me. I see him making an effort with his daughter, but not with our son.

3. Safety concerns. Three of the 16 women (18.8%) interviewed shared that they had current or past protection orders against the father and that concerns related to safety accounted for a great deal of their apprehension in participating in services. For example, when asked about the primary reason for declining to participate in coparenting services, one mother responded: *concern for me and my son's safety at the time.* She provided contextual information during the interview related to her concerns about safety that included the following:

We are divorced now. It just became final two weeks ago. He's a very abusive person. He was in a standoff with the SWAT team, 16 hours in <city>.² He pulled a gun on me and the police officer.

4. Logistics. A third theme from the open-ended interviews was that many mothers face logistical barriers to participating in the coparenting services offered by the Fatherhood Project (these are also supported by responses to forced choice items displayed in [Table 7](#) below). The two primary logistical barriers identified by interviewees were inconvenient location of the Fatherhood Project (inconvenience as defined by travel distance to the program) and other family responsibilities such as child care and caring for sick or aging relatives.

Suggestions for Coparenting Services: Two Themes

When asked what types of programs or services would be helpful to women who have children with nonresidential fathers, mothers' responses fell into two themes: communication and service equity.

1. Communication skills. Many of the women acknowledged that some form of counseling or mediation would be helpful. The primary skill cited for inclusion in such services was communication skills that could be used with the other parent. In describing how these services should be delivered, there appeared to be agreement that parents should participate in individual services prior to participating in joint services. For example, one woman shared:

²Name of city was withheld to protect identities of parties involved.



Best thing, depends on the age of the child, is if each parent does individual counseling first, then come together for counseling, and then involve the child last. Adult issues should not be discussed with the child.

2. Service equity. A number of women gave responses indicative of perceptions that current services available through the Fatherhood Project did not equally represent mothers and fathers. In other words, there was a perception that the program was primarily for the benefit of the father rather than the mother. When asked for examples of the types of assistance that they would like to see offered to women in addition to coparenting, the responses focused mostly on practical assistance such as food, housing, legal representation, child care and activities for the kids, gift cards, and household supplies.

Quantitative Results: Mothers

[Table 7](#) below shows mother responses to the items modified from the Barriers to Treatment Participation Scale. The top three challenges listed as a “big reason” for declining to participate in coparenting services were an inconvenient location (42.9%), being too busy (35.7%), and not having any contact with the child’s father (35.7%). When combining women who endorsed items as a “small reason” with women who endorsed items as a “big reason” for non-participation, we see that being too busy was endorsed by 71.4 percent of the women, being angry at the father for things that he has done to the mother in the past was endorsed by 60 percent of the women, and not wanting contact with the father was endorsed by 55.2 percent of the women. Finally, none of the women indicated that they did not like the person who called them about the program or that a current significant other did not want them to come to the program as reasons for non-participation.

Table 8. Mother Barriers to Coparenting Engagement (n = 14)

Barriers	Not a Reason at All	Small Reason	Big Reason
Child care	71.4	21.4	7.1
Transportation	78.6	14.3	7.1
I'm too busy – it wouldn't fit into my schedule	28.6	35.7	35.7
Inconvenient location	50.0	7.1	42.9
I didn't like the person who called me about it	100.0	0.0	0.0
I didn't like the person providing the services	--	--	--
I thought that Talbert House would be on his side, not mine	64.3	14.3	21.4
I don't have any contact with my kids' father	57.1	7.1	35.7
I don't want contact with my kids' father	42.9	28.6	28.6
I'm angry at him for the things he's done to me	40.0	30.0	30.0
I'm angry at him for the things that he's done to child(ren)	78.6	0.0	21.4
I want to protect my kids from him	78.6	0.0	21.4
I want to protect myself from him	78.6	0.0	21.4
I get along with my kids' father so I don't need services	71.4	14.3	14.3
We have participated in services before, and it didn't help	71.4	21.4	7.1
I didn't think services would help	64.3	14.3	21.4
My current partner/boyfriend/husband didn't want me to come	100.0	0.0	0.0

Note: Values in table are percentages of mothers who selected the given response option for each barrier.

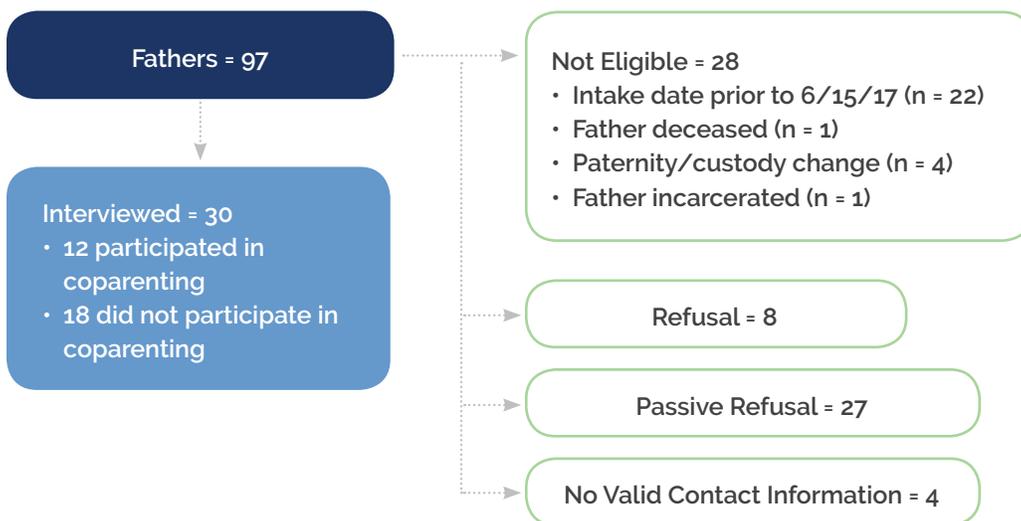


C.5.b. Father Interviews

Participants

A total of 30 fathers were interviewed during the study. From the original sample of 97 fathers enrolled into the study, 28 fathers were deemed ineligible for the interviews. Reasons for ineligibility included intake into services prior to June 15, 2017; father death in the community; custody changes that resulted in the father becoming the custodial parent; and father incarceration. An additional eight fathers refused to participate in the interview and 27 fathers failed to respond to outreach efforts (labeled as passive refusals). The original aim was to interview 15 men who had participated in coparenting services and 15 men who had declined to participate in coparenting services. Of the 30 men interviewed, 12 participated in at least one coparenting session, and 18 declined to participate in coparenting services (see [Figure 5](#)). [Figure 5](#) shows the recruitment results for the qualitative interviews.

Figure 5. Father Recruitment for Qualitative Interviews



Results from Interviews with Fathers Who Declined Coparenting Services

Declining Father Characteristics

The average age of the 18 declining fathers (i.e., who did not participate in any coparenting services) who completed the qualitative interviews was 37. Over half (61.1 percent) were single at the time of the interview and about 44 percent had at least some college education. Almost 40 percent of the fathers had more than one child, with 61.1 percent sharing a single child with the identified study mother. Of the fathers, 83.4 percent had been married to or had lived with the mother in the past, and only two fathers characterized the relationship with the mother as hostile. Conversely, one-third indicated that they had no relationship with the mother, one-third characterized their relationship as “neutral,” and 22.3 percent characterized the relationship as friendly. Half of the fathers reported that they see the focal child at least once per week, with an additional 16.7 percent reporting that they see the child one to three times per month. Almost a quarter (22.3%) reported that they had not seen their child in the past 12 months, however. When asked whether fatherhood programs should seek to include mothers in services, all but one nonparticipant father affirmed that mothers should be included.

Qualitative Results: Declining Fathers

Reasons for Not Participating in Coparenting: Two Themes

Two primary themes emerged related to father reasons for declining coparenting services. We characterized these as perceived time constraints and assumptions or knowledge of the mother's unwillingness to participate in coparenting services. These two themes are consistent with the primary barriers identified by father non-participants through the forced choice items included in [Table 8](#).

1. Time constraints. Among the fathers, 83.3 percent indicated that they were too busy to participate in coparenting services, with employment cited as the primary barrier to having time to participate. This was illustrated by such comments as *I have been working two jobs for the past year so I do not have a lot of time*. Other employment examples included working long shifts (e.g., 12 hours per day), overtime, time spent job seeking, and wanting to secure employment and an income before starting services.

2. Unwilling mother. Among the fathers, 58.3 percent cited the mother's unwillingness to participate as the reason for their own unwillingness to participate in coparenting services. Of these men, only two indicated that the mother had actually refused to participate, and in one of these instances the decision to decline participation was made jointly with the father, as they were trying to work out their relationship issues on their own. For the remaining men, decisions not to participate were not based on an actual refusal by the mother but rather on an assumed refusal on her part. This assumption was often described within the context of a relationship with the mother characterized by poor or no communication with the father and seemed to reflect assumptions that trying to engage the mother would be futile, as evidenced by such statements as *you really cannot make people be involved*.

Suggestions for Coparenting Services: Three Themes

Three themes emerged from father nonparticipants in terms of what they think would be helpful for programs that want to engage mothers and fathers in coparenting services: increased marketing, improved staff communication, and more meaningful inclusion of mothers in program recruitment and service provision.

1. Marketing. A number of fathers expressed the opinion that there is insufficient information about the Fatherhood Project as a whole out in the larger community. As one father stated, *there is not much information about the program out there. Talbert House needs to make it more available to fathers*.

Of no surprise, then, is that one-third of the nonparticipants cited improved or increased marketing strategies when asked what the program could have done differently to make them more interested in the services or when asked what types of services would be helpful. Some specific examples provided included advertising services on Facebook and other social media sites, distributing flyers, and sharing stories of fathers involved in the Fatherhood Project.

2. Improved staff communication. Twenty-eight percent of the men indicated that they had experienced challenges with Fatherhood Project staff that impacted their experience with the program. These challenges centered on communication. Examples included father perceptions of unclear communication about coparenting services, difficulty making contact with Fatherhood Project staff, a lack of follow-up communication from staff regarding outcomes of outreach attempts with the mother, and a need for more aggressive and persistent outreach attempts to both mothers and fathers.



3. More meaningful inclusion of mothers. Eleven of the 18 (61%) fathers identified more meaningful inclusion of mothers as a potential opportunity to improve services offered by the Fatherhood Project. One example given was to offer more activities for the children that both parents can attend so as to provide a low-stress environment for the parents to come together and interact with each other. Other examples included providing groups for mothers only, having mothers and fathers attend individualized services separately before coming together for joint services, using social media to share information and let mothers know that they are not alone and help is available, using more persistent and consistent outreach methods to recruit and engage mothers, and offering gift cards as incentives.

Quantitative Findings: Non-Participating Fathers

Table 9 shows father responses to the items modified from the Barriers to Treatment Participation Scale for fathers who declined to participate in coparenting services. The primary reported barrier to participating in coparenting services was being too busy. To illustrate, 55.6 percent indicated that this was a “big reason” for declining to participate, with an additional 11.1 percent indicating that it was a “small reason.” In total, two thirds of the men interviewed endorsed this as a barrier to participation. In addition, about one-third of the fathers also identified not having contact with the focal child's mother, not wanting contact with the focal child's mother, and transportation as barriers to participating in coparenting services. Of note, four of the six men who indicated that lack of contact with the mother was a big reason for declining to participate in coparenting services also reported that they had not seen the focal child in the past 12 months.

Table 9. Father Barriers to Coparenting Engagement for Declining Fathers (n = 18)

Barriers	Not A Reason	A Small Reason	A Big Reason
Child care	88.9	5.6	5.6
Transportation	66.7	5.6	27.8
I'm too busy – it wouldn't fit into my schedule	33.3	11.1	55.6
Inconvenient location	88.9	11.1	0.0
I didn't like the person who called me about it	94.4	5.6	0.0
I thought that Talbert House would be on her side, not mine	83.3	11.1	5.6
I don't have any contact with my kids' mother	66.7	0.0	33.3
I don't want contact with my kids' mother	66.7	5.6	27.8
I'm angry at her for the things she's done to me*	94.1	0.0	5.9
I'm angry at her for the things that she's done to child(ren)*	94.1	5.9	0.0
I want to protect myself from her	94.7	0.0	5.6
I get along with my kids' mother so I don't need services	88.9	11.1	0.0
We have participated in services before, and it didn't help	77.8	16.7	5.6
I didn't think services would help (non)/were helpful (participants)	83.3	16.7	0.0
My current partner/girlfriend/wife didn't want me to come	77.8	16.7	5.6

Note: Values in table are percentages of fathers who selected the given response option for each barrier.

* Count for this question is 17 due to client non-response.

Results from Interviews with Fathers Who Participated in Coparenting Services

Participating Father Characteristics

The average age of the 12 fathers who participated in coparenting services and completed the qualitative interviews was 35 years. Forty-one percent were currently married or living with someone, and almost 60 percent had at least some college. Almost 60 percent had more than one child, with two-thirds sharing only one child with the identified coparent for the study. Almost 60 percent had either lived with or been married to the mother. Five fathers (41.7%) reported seeing the focal child at least once per week in the year prior to participation in coparenting services, with an additional five fathers (41.7%) reporting that they saw the child one to three times per month prior to participation in services. Only two fathers reported that they had not seen the focal child at all in the 12 months preceding participation in coparenting services.

Qualitative Results: Participating Fathers

Satisfaction with Coparenting Services: Five Themes

Five primary themes emerged related to father satisfaction with coparenting services. We characterized these as improvements in coparenting relationship, perceived value of services, peer support, satisfaction with coparenting coach, and participant-driven services.

1. Improved coparenting relationship. All 12 of the participating fathers who were interviewed agreed that mothers should be involved in services. Seventy-five percent indicated that they now get along better with the mother of the focal child, and almost 60 percent indicated that they now see their child more. Because the coparenting dosage was so low, however, it is difficult to distinguish impact of coparenting versus traditional fatherhood programming impact on these outcomes. Finally, participant fathers indicated a high level of satisfaction with services, rating their satisfaction as 9.1 (SD = 1.38) on a 10-point scale.

2. Value of services. Fathers expressed a perceived value of participating in services as a reason for their participation as illustrated by the comment, *I wanted to be as involved as possible in my daughter's life without interruptions of the custodial parent.* In addition, participants appeared to perceive value in the services they received, particularly sessions related to communication skills. As one participant noted, *it really helped with communication, which is the main thing in coparenting.* All of the men reported that communication was the primary topic and skill focused on during their sessions with the coparenting coach. The primary focus appeared to be on communication with the mother, followed by communication with the child. The benefit of these sessions was evidenced by 83.3 percent of the men agreeing that they learned how to work with the other parent as a result of services, with one participant noting, *Before the mom always made all of the decisions. Now I get to be a part of them.* Finally, 66.7 percent agreed they had learned how to raise their kids when the kids do not live with them.

3. Peer support. All but one of the participants answered in the affirmative that participation in services made them feel that there are other fathers who face the same things they do. For the father who did not agree with this statement, this was attributed to the fact that he saw his situation as unique due to specific health issues of his child. Benefits of interacting with other fathers that were identified by program participants included both interpersonal benefits hearing other participant fathers give them positive messages that their situation will get better



and encouragement to apply themselves and intrapersonal benefits, beliefs that they are not the only ones going through “stuff,” appreciation that others are experiencing similar or worse situations, and positive attitudes related to appreciating what they have. It should be noted that some of the experiences related to support from other fathers were also the result of participation in the Nurturing Fathers classes available to all Fatherhood Project participants.

4. Satisfaction with coparenting coach. Two-thirds of the father participants specifically noted a high level of satisfaction with the study’s male coparenting coach. Among the men, 58.3 percent specifically noted the coparenting coach’s flexibility with working around the father’s schedule for coparenting sessions, as noted by the comment, *work was my main issue but [coach’s name] worked around it so I did not miss any sessions*. The next most frequently noted theme was that the coach individualized the content of the individual sessions to the father’s specific needs. The coach was also described as *one of a kind* and *brilliant* by one participant.

5. Participant-driven services. Another major theme that permeated the responses was liking the extent to which the services appeared to be driven by the participant. This theme presented in a number of responses that cut across different topical questions in the interview. Evidence of participant-driven services was seen in comments about the content worked on during coparenting sessions, valued characteristics of the coparenting coach, and the number of coparenting sessions that the father attended. For example, in response to a question about whether the program offered the right amount of sessions, all who provided an opinion agreed that they received the right number of sessions (even though the majority only attended one or two coparenting sessions).

Barriers to Participating in Coparenting: One Theme

One theme emerged related to potential barriers to participation: communication challenges with program staff.

1. Communication challenges with program staff. Similar to non-participants, 41.6 percent of father participants reported experiencing some challenges related to communication with the Fatherhood Project staff. Specific communication issues identified by participants included inadequate follow-up by case managers, disorganization of the program related to communication, and communication barriers such as not being able to reach staff. In addition, one father participant did note that he thought Fatherhood Project staff should engage in more aggressive follow-up with mothers they are attempting to engage in coparenting services.



Suggestions for Coparenting Services: Three Themes

Notably, there was no clear trend on what additional types of services would be helpful, as many of the men were satisfied with their experience and few offered concrete suggestions. Within the few suggestions provided, however, three themes emerged for what would be helpful for programs that want to engage mothers and fathers in coparenting services: increased marketing of services to fathers, more efforts to engage mothers, and that programs may have limited ability to engage some parents who simply do not want to attend the services.

1. Increased marketing to fathers. When asked what program staff should do to encourage fathers to attend coparenting services, the most frequent responses were related to increased marketing of the program to ensure that fathers know about the existence of the services in the first place. Most of these recommendations focused on increased use of flyers, social media, internet, and general advertising. There were two fathers, however, who recommended coparenting services be advertised internally to all Nurturing Fathers participants and that the program require all fathers to attend at least one introductory session with the coparenting coach. Interestingly, very few of the responses provided recommendations about message content for recruiting fathers into coparenting services. The one exception was:

Maybe have Talbert House try to emphasize that it is not about the relationship you have with the mother, it is about the relationship you both have with the child. Parents have to get over their differences and focus on the child.

2. More efforts to involve mothers. Several fathers expressed that coparenting programs might be more successful in recruiting participants if they engaged in targeted efforts to recruit mothers. Some examples included providing coparenting sessions for mothers separate from the father, using a female staff person to conduct outreach with mothers, and using more aggressive outreach methods for engaging mothers.

3. Participating is up to the parents, not the program. A few father participants expressed that they thought there was not much that Talbert House could do to encourage participation because it is up to parents to want to engage in services, which is beyond the control of the program. This is evidenced by the quote:

Personally I think you can offer services, but people have to want to accept them and Talbert House is trying to help. Fathers and mothers have to want to do it and come together for the good of the child.

Quantitative Findings: Participating Fathers

[Table 10](#) shows father responses to the items modified from the Barriers to Treatment Participation Scale for fathers who agreed to participate in coparenting services. [Table 10](#) shows that the primary barriers to ongoing participation in coparenting services for the fathers interviewed was lack of mother involvement in services and lack of contact with the mother. For example, 41.7 percent of fathers indicated that the mother's unwillingness to attend sessions as a "big reason" for discontinuing participation, with a total of 50 percent of fathers indicating that this was at least a "small reason." Fifty percent of the fathers interviewed also indicated that not having contact with the mother was at least a small reason for discontinuing participation. Finally, 41.7 percent also indicated that being too busy was at least a small reason for discontinuing services.



Table 10. Father Barriers to Coparenting Engagement for Participating Fathers (n = 12)

Barriers	Not A Reason	A Small Reason	A Big Reason
Child care	100.0	0.0	0.0
Transportation	91.7	0.0	8.3
I'm too busy – it wouldn't fit into my schedule	58.3	25.0	16.7
Inconvenient location	83.3	8.3	8.3
I didn't like the person providing the services	100.0	0.0	0.0
I thought that Talbert House would be on her side, not mine	91.7	8.3	0.0
I don't have any contact with my kids' mother	50.0	33.3	16.7
My kids' mother wasn't willing to attend sessions	50.0	8.3	41.7
I'm angry at her for the things she's done to me	91.7	8.3	0.0
I'm angry at her for the things that she's done to child(ren)	100.0	0.0	0.0
I get along with my kids' mother so I don't need services	75.0	25.0	0.0
I didn't think services would help (non)/were helpful (participants)	91.7	8.3	0.0
My current partner/girlfriend/wife didn't want me to come	75.0	25.0	0.0
I get along with my kids' mother so I don't need services	75.0	25.0	0.0
I didn't think services would help (non)/were helpful (participants)	91.7	8.3	0.0
My current partner/girlfriend/wife didn't want me to come	75.0	25.0	0.0

Note: Values in table are percentages of fathers who selected the given response option for each barrier.

D. Discussion

D.1. Discussion of Key Findings

D.1.a. Aim 1: Assess Characteristics of Fatherhood Program Participants

Our assessment of the characteristics of fathers participating in the Talbert House Fatherhood Project yielded a few interesting findings that may help practitioners interested in providing coparenting services through fatherhood programs. First, the demographic characteristics of the sample indicated that large proportions of the fathers may have been facing significant, broad stressors in their lives. The fathers were largely (80%) racial minorities (which involves significant experiences of minority stress), over one-third were unemployed, around one-third had less than a high school education, and another 40 percent had only a GED or high school degree. To the extent that the participants in other fatherhood programs are demographically similar to those at Talbert House, these findings suggest that efforts to recruit men from fatherhood programs into coparenting services and to provide those services should be sensitive to the broader context of the men's lives. Aiding with education, employment, and—if appropriate—dealing with implicit and explicit racism in the community may need to occur prior to offering coparenting services to help get the fathers to a place where they can participate in and benefit from coparenting services.

Second, the nonresidential fathers in the Talbert House Fatherhood Project reported significant challenges in their relationships with the mothers of their children. Specifically, they reported high levels of maternal undermining of their parenting attempts, little to no positive coparenting alliance, and destructive communication behaviors between themselves and the child's mother. These findings fit with anecdotal observations of fatherhood program staff that both parents have so much built up anger and resentment towards each other, it is difficult for them to communicate without significant negative affect and lashing out at one another. They may relate to comments from many past

coparents in our programs, who have said that healthy communication was never displayed in their own parents' relationship, so they lack a model of positive coparenting behaviors. Together, these findings underscore the need for coparenting interventions focused on improving basic communication between the coparents, reducing negative behaviors such as undermining, and building a positive coparenting alliance.

Third, many fathers reported that, if they did have any opportunity to discipline their child or children recently, they often did so via verbally or physically aggressive behaviors, including shouting, yelling, or screaming at the child, threatening physical consequences, and spanking or slapping the child on the hand, arm, or leg. These findings suggest the potential value of training men in effective parenting and discipline through fatherhood programs. Ideally, this would include psychoeducation about the negative effects of aggressive discipline strategies and behavioral rehearsal of more effective skills.

D.1.b. Aim 2: Identify Predictors of Father Engagement in Coparenting Services

In this project, we encountered significant difficulty engaging fathers in coparenting services. Through our second study aim, we sought to shed some light on the low rates of participation in coparenting by assessing factors associated with participation versus non-participation in coparenting services. The intention was to identify particular characteristics of fathers that might predict father willingness to engage in at least some level of coparenting services, which future programs might use to inform targeted recruitment efforts. Due to fairly low sample sizes and lack of data on some potential factors of interest (e.g., relationship history of coparents, current relationship status of either parent with another person, child support compliance), we were only able to take a preliminary look at this issue by looking at a limited number of demographic variables and father perceptions of the coparenting relationship, the relationship with the child, and child well-being. Therefore, all findings should be considered preliminary. Nevertheless, they do suggest interesting possibilities for further examination.

Overall, father demographic variables, including race, age, employment status, and number of children, were not predictive of participation in coparenting. At a very preliminary level, this suggests that future programs interested in recruiting fathers into coparenting services should not target any particular demographic group. However, there were some (non-statistically significant) indications that employed fathers may be more likely to attend coparenting services than unemployed fathers, that fathers with one child may be more likely to participate than fathers with more children, and fathers with younger versus older children may be more likely to engage in coparenting services.

The most robust predictor of participating in coparenting services was father perceptions of difficulties and conflict in their relationship with the child's mother. Participation in coparenting was associated with all three measures that capture the quality of this relationship: undermining of the father's parenting, poor coparenting alliance, and more destructive conflict with the mother. Although it might logically be speculated that men who perceive such challenges in their coparenting relationship might be reluctant to participate in services focused on that relationship (potentially including dyadic sessions with the mother), these data suggest that fathers who perceive difficulties in the coparenting relationship may in fact be motivated to engage in services to improve that relationship.

D.1.c. Aim 3: Identify Barriers to Participation in Coparenting Services, and Factors that Might Promote Interest in These Services

Our difficulty in recruiting nonresidential fathers, and the mothers of their children, to participate in coparenting services was quite striking: of 97 fathers enrolled in the study, only 23 participated in any coparenting services beyond an initial assessment, and only four of their children's mothers participated in any coparenting services. Consequently, the key findings from our study are those that shed light on the barriers that fathers and mothers perceive to participating in coparenting services, along with their suggestions for how to promote interest in these services. Ultimately, we hope these findings can inform future efforts to reduce barriers and improve participation



in coparenting services. In this section, we summarize the major themes that were present in the qualitative and quantitative data from interviews with the mothers and fathers in our study, at times tying in observations from staff that help explain or underscore those themes.

1. Poor mother-father relationships are a significant barrier to participating in coparenting services. The lack of contact and poor relationships between fathers and the mother of their child were significant barriers to participation in coparenting services. This was evidenced in several ways. First, only 46 percent (45 of the 97) of fathers who enrolled in the study were able or willing to provide the mother's name and contact information to staff; further, this information was out of date for six of them. These numbers indicate that a number of fathers do not even have the means to be in touch with their child's mother if they wanted to do so. Corroborating evidence of this point comes from the interviews with fathers, during which about one-third to one-half of fathers indicated that not having contact with the mother was at least a small reason for declining or discontinuing participation. Many of the men who declined participation also reported no contact with their children, whereas most men who participated in coparenting did have child contact. Together these findings suggest a lack of contact with both mother and child may be a particular barrier.

Second, 55 percent of mothers and about one-third of the fathers reported that not wanting contact with the focal child's mother was a reason for declining to participate in coparenting services. Mothers' responses in interviews and to a measure of perceived barriers further explain this finding. When asked an open-ended question about barriers to participation, about three-fourths of women replied by describing a poor relationship with the child's father, involving distrust of his motives and abilities to parent, frustration with his absent or inconsistent parenting, concerns about his aggressive or violent behavior, and perceptions that the father was unlikely to change his behaviors even if he participated in coparenting services. Consistent with these themes, 60 percent of the women endorsed being angry at the father for things that he has done, and one-fifth endorsed being angry about things he had done to the child in the past as reasons for declining services. About one-fifth of mothers endorsed wanting to protect herself or her children from the father as a reason for declining to participate. These numbers suggest that safety concerns are important barriers for a sizeable minority of women (around 20%), but do not support common perceptions that domestic violence issues are pervasive in this population.

Third, many fathers perceived that the mother would be unwilling to participate in coparenting services. In interviews, 58.3 percent of the fathers who declined all coparenting services cited the mother's unwillingness to participate as the reason for their own unwillingness to participate in coparenting services. Though a small number of mothers actually did decline to participate, the vast majority of these men simply assumed the mother would refuse, due to their lack of contact or the poor quality of their relationship. In addition, half of fathers who participated in some coparenting services indicated that the mother's unwillingness to attend sessions was a "big reason" for discontinuing participation.

It is interesting that this theme was so striking in the qualitative and quantitative data from interviews, but that (as described in Aim 2) fathers who agreed to participate in coparenting reported worse relationships with their child's mother than fathers who declined participation. That data suggests that a worse relationship increases, rather than serves as a barrier to, participation. The reason for these conflicting findings is not clear and indicates the need for more research. However, it is possible that the lack of contact between fathers and mothers, fathers not wanting a relationship with the mother, and fathers' perceptions that the mother does not want a relationship (even limited to a coparenting relationship) are the key barriers to engagement in coparenting services for fathers. In contrast, fathers who do have contact and some sort of a relationship with the mother may be more motivated to engage in services when they view that relationship as characterized by destructive conflict and poor coparenting. For mothers, distressed relations with the father may serve as a more salient barrier to engaging in coparenting services.



2. To engage mothers in coparenting services, fatherhood programs will need to better serve, recruit, and build the trust of mothers.

When asked about barriers to participation, several women described concerns that a program that has had a tradition of only serving fathers could be trusted to represent her point of view. More specifically, some mothers who declined participation felt that the pre-existing relationship between the fatherhood program and the father of her child would lead to bias against her, so that participation might not be wise legally or in the best interest of the child or the mother. Further, one woman who did agree to participate in joint coparenting sessions with the father had an experience in which the facilitator did not respect her boundaries and wishes. Such experiences undermine any trust that has begun to build that the coparenting services will support the mother, not just the father.

Interestingly, fathers also recommended that the fatherhood program put more effort into serving mothers and into sending the message to mothers that programs were intended to benefit her. This feedback came from both fathers who participated in coparenting and those who declined coparenting services. One part of this feedback was the recommendation to improve efforts to inform mothers about the coparenting services, including advertising the services via social media, using a female staff person to conduct outreach with mothers, and using more targeted, aggressive, and persistent outreach methods for engaging mothers. Some fathers specifically suggested the importance of letting mothers know that they are not alone and that help is available via the program. Another aspect of the feedback was the suggestion that the fatherhood program offer more services to mothers, both those focused on coparenting and other aspects of the mother's lives. In particular, men suggested that we offer individual coparenting sessions for mothers separate from the father, group sessions just for mothers, and activities for children.

It is interesting that some of these suggestions (e.g., a female outreach staff, emphasizing that the programs were designed specifically to help mothers, offering individual sessions to mothers without the father present, and offering mother-only groups) were actually part of the enhanced coparenting services we designed to facilitate mother involvement and planned to test in the study as originally designed. Despite having a female outreach staff who was instructed to emphasize that the services were designed with mothers' needs in mind and offer individual coparenting and a support group for moms, we were largely unsuccessful in engaging mothers: of the 28 mothers we were able to speak to, 22 refused the offered services.

3. Staff issues interfered with recruitment of fathers and mothers and with successful delivery of coparenting services.

Sizeable minorities of both participating and declining fathers described challenges with Fatherhood Project staff. Examples included difficulty getting in contact with the staff, inadequate follow-up by staff in outreach and other communications, and disorganization of the program in their communications about the services. Several participants mentioned that staff's outreach attempts (to fathers and mothers) were not as persistent or aggressive as they could have been, and that staff often did not let fathers know how their attempts to reach their child's mother had gone. As noted above, one mother (out of only four who received services) also felt that the coparenting staff had not remembered or valued her clear statements about not wanting to discuss certain topics, which she raised in one of the sessions.

These comments fit with many of the research staff's experiences with fatherhood/coparenting staff during the project. We found that staff who were responsible for the outreach and coparenting service delivery were often inconsistent in their follow-through with plans to contact and recontact potential program participants, and at times forgot central elements of what should be included in recruiting messages or coparenting sessions. There was a fair amount of difficulty in maintaining staff adherence to keeping records of who should be contacted or what contact attempts had been made. That said, once coparenting services were initiated, the fathers viewed the



coparenting coach very positively. They remarked upon his very client-centered approach, including his flexibility in scheduling around the father's needs and the way he tailored the content of the individual coparenting sessions to the father's specific needs.

Together, these findings may reflect how coparenting staff are often trained in providing client-centered services and are highly motivated to respond to the needs of clients in the moment. In contrast, they typically don't have much experience in tracking down people who are difficult to contact, persisting in efforts to reach people who may seem like they do not wish to be reached, or following set protocols in outreach or service delivery. Further, the program did not have systems of oversight that would keep the staff accountable for task completion. Perhaps programs would benefit from hiring staff with different skills sets and priorities for outreach and retention efforts, separate from the service-focused staff who provide the services. Alternately, it might help to providing training to clinically focused staff in these activities and setting up systems of accountability for completing outreach and other activities.

4. Attention to and assistance with practical barriers may facilitate participation in coparenting services. As is almost always found in research on community-based services, fathers and mothers reported significant logistical barriers to participating in coparenting services, including lack of time, transportation, and conflicts with other responsibilities, like child and elder care. Future efforts to provide coparenting services might benefit from anticipating such issues and working with parents to minimize the time required to participate, perhaps by finding convenient times and locations for providing the services, providing transportation vouchers, or providing help with child and elder care.

5. Better marketing might improve participation in coparenting services. Fathers in particular suggested the importance of increased and more effective marketing strategies to reach parents and encourage them to attend coparenting services. Both declining and participating fathers reported that they felt there was very little information available about the services and that increasing this information out in the community and internally to the fatherhood program (not just through discussions with case managers) might improve participation rates. Overall, this qualitative data suggests that to engage parents, the key thing may be making them aware of the services rather than delivering any specific message about it. Specific methods of advertising suggested included flyers and notices, but primarily focused on use of social media, including Facebook and other social media outlets. Within the fatherhood program, our data suggest that more effective marketing might include having fathers who participated share their stories with other men, and perhaps requiring at least one introductory session with the coparenting coach as part of the broader program.

D.2. Study Strengths and Limitations

There are several strengths associated with the current study. The first is that there is no existing literature on perceptions of women who are targeted by existing fatherhood programs to participate in coparenting services with nonresidential fathers. Despite the small number of women interviewed, this study represents a first attempt to solicit, codify, and interpret mother perceptions of, and barriers to, voluntary participation in coparenting services with the nonresidential father when such services are offered by an existing father serving program. Relatedly, the second strength of this study is its efforts to understand why some fathers participating in fatherhood programs elect to participate in coparenting services often in the absence of the mother's participation while some fathers decline to participate. This is important, as there is currently no literature on predictors of nonresidential father engagement in coparenting services. Finally, the findings of this study translate into a number of practical tips for father-serving practitioners currently seeking to recruit, engage, and retain both nonresidential fathers and the mother of their child into coparenting services while at the same time providing guidance for future research efforts.



Notwithstanding the strengths of the study, there are also some limitations to note. The first limitation is that low recruitment of fathers into the program and subsequently into the study, combined with missing data on some key independent variables, meant that we were not able to achieve a sufficient sample size to conduct more robust multivariate analyses when examining predictors of father engagement. Nevertheless, the bivariate analyses yielded important preliminary findings that can guide both current practitioner efforts and future study designs. The second limitation of the study was the small number of women that participated in the structured interviews. Missing contact information for many of the mothers, combined with a high non-response rate to outreach attempts for interviews, yielded a smaller number of interviews than planned for coding and analysis. However, as noted above, salient themes were identified through these interviews that are of important consideration.

E. Implications for Practice

Results from the current study present a number of practical implications for practitioners attempting to engage mothers in coparenting services with nonresidential fathers through existing fatherhood programs. These implications are listed below.

- Baseline characteristics of study fathers, results from bivariate analyses, and themes identified in both mother and father interviews point to the perceived value of, and need for, interventions that improve basic communication between coparents to reduce undermining behaviors and to improve the coparenting alliance.
- Mother responses on the whole suggest that traditional programs that are father-serving will need to re-engineer their services if they choose to include mothers in a more meaningful way. Themes around distrust, service equity, and types of services that women desire all suggest the need for a more balanced and perhaps more family-focused approach. Altering the focus of existing fatherhood programs to be more inclusive of family (including possibly renaming programs) may provide women with their own reasons to come to the program other than to supplement the father's programming. If women already had a reason to be involved with services, the program also would not need to rely on the father as the conduit to offering coparenting services and would not be as vulnerable to jeopardizing the relationship between the coparents if/when they conducted outreach. An alternate approach would be to use a third-party provider to work independent of the fatherhood program to conduct mother outreach and provide coparenting services.
- Programs that have traditionally only, or primarily, served fathers will need to provide comprehensive and ongoing training to staff about the differences in working with mothers and families rather than fathers only if they seek to offer coparenting services. Staff will likely need training and ongoing consultation to help them view parenting issues through a lens that is not exclusively father-focused and incorporate perspectives of all participants.
- Study operations and findings point to a need for structured, communication/outreach protocols for staff to use when engaging clients in coparenting services. Both mothers and fathers expressed issues with staff communication, and staff showed considerable difficulty in completing assigned recruitment and enrollment activities. High no-show rates for intake appointments experienced by the program also indicate a need for standardized processes for follow-up and reminder calls. Such protocols will need to acknowledge and accommodate the fragile nature of the relationships between many of the mothers and fathers, however, so as to avoid further harm to the coparenting relationship.
- Further exploration into how and to whom coparenting services are offered is warranted. In the current study, services were participant-driven rather than program-driven or assessment-driven. No formal assessment process existed to help staff triage families into services and/or to determine necessary services that should



precede coparenting services (e.g., some parents may need other behavioral health services or assistance meeting basic needs before they are ready to participate in coparenting).

- Increased marketing, along with using a variety of marketing strategies, may increase successful coparenting engagement. Many fathers who were interviewed specifically cited use of social media as a forum for advertising services. Given that all of the participant fathers affirmed value in the coparenting services, liked the coparenting coach, and expressed satisfaction with the individualized nature of services, it may be helpful to have satisfied participants speak to fathers who are reluctant to participate.

F. Conclusions

In 2008, Martinson and Nightingale noted that increasing mother participation in fatherhood programs “might provide opportunities to reduce conflict, address mothers’ concerns, and ensure the fathers’ efforts to become more involved parents proceed on track” (p. 8). However, little is known about how to best recruit, engage, and retain mothers and nonresidential fathers into coparenting services offered by fatherhood programs. Through this study, we found that it was extremely difficult to engage nonresidential fathers into coparenting services, and even more difficult to engage mothers, even when our outreach strategies and services were carefully designed with mothers in mind (i.e., to increase mother’s sense of safety and perception that the services were designed for mothers, not fathers). Our exploration of the barriers to engaging in coparenting services shed some light on the reasons behind the very low rates of participation.

First, we found that a lack of perceived need for help was not a key reason for non-participation. Rather, both sets of parents viewed their coparenting relationships as problematic, with significant destructive conflict and little to no coparenting alliance. Second, low perceived value of services was not a driver of non-participation; nonresidential fathers and the mothers of their children both viewed coparenting services as valuable. Instead, our findings suggest that the primary drivers to low engagement in coparenting services were the mother’s distrust of the Fatherhood Project to represent her interests, practical barriers such as busy schedules and perceived inconvenience of the location, lack of formalized and systematic communication/outreach protocols for staff, lack of experienced staff with accountability for their recruitment and enrollment activities, and a need for more effective advertising of the existence and intent of the coparenting services. Further, it appears that the intersection of relationship difficulties and current level of contact with the mother motivates some fathers to participate in coparenting services while discouraging other fathers from doing so. This is an area that warrants further research.

In the end, the findings from this study, along with our experiences in conducting it, suggest that fatherhood programs seeking to offer coparenting services that involve mothers are likely to face significant challenges in engaging mothers, and to a lesser extent, fathers. They are unlikely to be successful in doing so unless their organization uses a well-planned approach and dedicates considerable resources to creating the infrastructure necessary to sustain its execution. This may require significant changes from typical operations, such as hiring staff with specialized skills in outreach and recruitment (rather than just service delivery) or providing specialized training to existing staff to conduct outreach and recruitment, allocating sufficient staff time to recruitment and retention activities, ensuring involvement of senior leadership to emphasize the importance of outreach and follow-up and to hold staff accountable for completing these activities, training staff at all levels in a new approach and mission that is less strictly focused on fathers and more inclusive of the mother’s and child’s interests, devoting staff with the appropriate skills to market the programs (especially via social media), and creating an environment that is more appealing to women by offering a wider array of services, thereby providing opportunities for mothers to form their own independent relationships with the program.



References

- Altman, D. G. (1991). *Practical statistics for medical research*. London: Chapman & Hall.
- Amato, P. R., & Gilbreth, J. G. (1999). Nonresident fathers and children's well-being: A meta-analysis. *Journal of Marriage and Family*, 61(3), 557–573. doi:10.2307/353560
- Antle, B. F., Karam, E., Christensen, D. N., Barbee, A. P., & Sar, B. K. (2011). An evaluation of healthy relationship education to reduce intimate partner violence. *Journal of Family Social Work*, 14(5), 387–406. doi:10.1080/10522158.2011.616482
- Antle, B., Sar, B., Christensen, D., Ellers, F., Barbee, A., & van Zyl, M. (2013). The impact of the Within My Reach relationship training on relationship skills and outcomes for low-income individuals. *Journal of Marital & Family Therapy*, 39(3), 346–357. doi:10.1111/j.1752-0606.2012.00314.x
- Cabrera, N. J., Ryan, R. M., Mitchell, S. J., Shannon, J. D., & Tamis-LeMonda, C. S. (2008). Low-income, nonresident father involvement with their toddlers: Variation by fathers' race and ethnicity. *Journal of Family Psychology*, 22(3), 643–647. doi:10.1037/0893-3200.22.3.643
- Cabrera, N. J., Shannon, J. D., & Tamis-LeMonda, C. (2007). Fathers' influence on their children's cognitive and emotional development: From toddlers to pre-K. *Developmental Science*, 11(4), 208–213. doi:10.1080/10888690701762100
- Charmaz, K. (2014). *Constructing grounded theory* (2nd ed.). London: Sage.
- Dyer, W. J., Fagan, J., Kaufman, R., Pearson, J., & Cabrera, N. (2017). Self-perceived coparenting of nonresident fathers: Scale development and validation. *Family Process*. Advanced online publication. doi:10.1111/famp.12331
- Entwistle, D. R., & Alexander, K. L. (1996). Family type and children's growth in reading and math over the primary grades. *Journal of Marriage and the Family*, 58(2), 341–355.
- Fagan, J., & Barnett, M. (2003). The relationship between maternal gatekeeping, paternal competence, mothers' attitudes about the father role, and father involvement. *Journal of Family Issues*, 24(8), 1010–1043. doi:10.1177/0192513X03256397
- Feinberg, M. E., Brown, L. D., & Kan, M. L. (2012). A multi-domain self-report measure of coparenting. *Parenting: Science and Practice*, 12(1), 1–21. doi:10.1080/15295192.2012.638870
- Fleiss J., Levin B., & Paik, M. (2003). *Statistical methods for rates and proportions* (3rd ed.). New York: Wiley & Sons.
- Goodman, R. (2001). Psychometric properties of the Strengths and Difficulties Questionnaire (SDQ). *Journal of the American Academy of Child and Adolescent Psychiatry*, 40(11), 1337–1345. doi:10.1097/00004583-200111000-00015
- Goodman, R., & Scott, S. (1999). Comparing the Strengths and Difficulties Questionnaire and the Child Behavior Checklist: Is small beautiful? *Journal of Abnormal Child Psychology*, 27(1), 17–24. doi:10.1023/A:1022658222914
- Harper, C. C., & McLanahan, S. S. (2004). Father absence and youth incarceration. *Journal of Research on Adolescence*, 14(3), 369–397. doi:10.1111/j.1532-7795.2004.00079.x
- Jenkins, N., & Saiz, C. C. (1995). *The Communication Skills Test*. Unpublished manuscript, University of Denver, Denver, CO.
- Kazdin, A. E., Holland, L., Crowley, M., & Breton, S. (1997). Barriers to Treatment Participation Scale: Evaluation and validation in the context of child outpatient treatment. *The Journal of Child Psychology and Psychiatry*, 38(8), 1051–1062. doi:10.1111/j.1469-7610.1997.tb01621.x
- King, V., & Sobolewski, J. M. (2006). Nonresident fathers' contribution to adolescent well-being. *Journal of Marriage and Family*, 68(3), 537–557. doi:10.1111/j.1741-3737.2006.00274.x
- Kreider, R. M. (2007). Living arrangements of children: 2004. *Current Population Reports* (Publication No. P70-114). Washington, DC: U.S. Census Bureau.
- Jaffee, S. R., Caspi, A., Moffitt, T. E., Polo-Tomas, M., Price, T. S., & Taylor, A. (2004). The limits of child effects: Evidence for genetically mediated child effects on corporal punishment but not on physical maltreatment. *Developmental Psychology*, 40(6), 1047–1058. doi:10.1037/0012-1649.40.6.1047
- Landis, J., & Koch, G. (1977). Measurement of observer agreement for categorical data. *Biometrics*, 33(1), 159–174. doi:10.2307/2529310
- Lang, K., & Zagorsky, J. L. (2001). Does growing up with a parent absent really hurt? *Journal of Human Resources*, 36(2), 253–273. doi:10.2307/3069659
- Little, R. J. A. (1995). Modeling the drop-out mechanism in repeated-measures studies. *Journal of the American Statistical Association*, 90 (431), 1112–1121. doi:10.1080/01621459.1995.10476615
- Lamb, M. E., Pleck, J. H., Charnov, E. L., & Levine, J. A. (1987). A biosocial perspective on paternal care and involvement. In J. B. Lancaster, J. Altmann, A. Rossi, & L. Sherrod (Eds.), *Parenting across the lifespan: Biosocial perspectives* (pp. 111– 142). Chicago, IL: Aldine.
- Lee, S. J., Kim, J., Taylor, C. A., & Perron, B. E. (2011). Profiles of disciplinary behaviors among biological fathers. *Child Maltreatment*, 16(1), 51–62. doi:10.1177/1077559510385841
- Markman, H. J., & Rhoades, G. K. (2012). Relationship education research: Current status and future directions. *Journal of Marital and Family Therapy*, 38(1), 169–200. doi:10.1111/j.1752-0606.2011.00247.x
- Martinson, K., & Nightingale, D. (2008). *Ten key findings from responsible fatherhood initiatives*. Retrieved from The Urban Institute website: <https://www.urban.org/sites/default/files/publication/31516/411623-Ten-Key-Findings-from-Responsible-Fatherhood-Initiatives.PDF>
- Matsueda, R. L., & Heimer, K. (1987). Race, family structure and delinquency: A test of differential association and control theories. *American Sociological Review*, 52(6), 826–840.
- Morrison, D. R., & Cherlin, A. J. (1995). The divorce process and young children's well-being: A prospective analysis. *Journal of Marriage and the Family*, 57(3), 800–812.

- National Fatherhood Initiative. (2008). *Mom as gateway: A module for 24/7 Dad and other fathering programs*. [Curriculum] Germantown, MD: Author.
- Nelson, T. J. (2004). Low-income fathers. *Annual Review of Sociology*, 30, 427–451. doi:10.1146/annurev.soc.29.010202.095947
- Norton, R. (1983). Measuring marital quality: A critical look at the dependent variable. *Journal of Marriage and the Family*, 45(1), 141–151. doi:10.2307/351302
- Painter, G., & Levine, D. I. (2000). Family structure and youths' outcomes: Which correlations are causal? *Journal of Human Resources*, 35(3), 524–549.
- Sacco, W. P., & Murray, D. W. (1997). Mother-child relationship satisfaction: The role of attributions and trait conceptions. *Journal of Social and Clinical Psychology*, 16(1), 24–42. doi:10.1521/jscp.1997.16.1.24
- Sacco, W. P., & Murray, D. W. (2003). Maternal dyadic relationship satisfaction as a function of child hyperactivity and conduct problems: A social-cognitive analysis. *Journal of Social and Clinical Psychology*, 22(6), 665–684. doi:10.1521/jscp.22.6.665.22934
- Single-Rushton, W., & McLanahan, S. (2004). Father absence and child wellbeing: A critical review. In D. P. Moynihan, T. Smeeding, & L. Rainwater (Eds.), *The future of the family* (pp. 116–158). New York: Russel Sage Foundation.
- Sparks, A. (2008). Implementation of 'Within My Reach:' Providing a relationship awareness and communications skills program to TANF recipients in Oklahoma (Working paper #08-11) Retrieved from The National Poverty Center: http://www.npc.umich.edu/publications/working_papers/?publication_id=161
- Stanley, S. M., Pearson, M., & Kline, G. H. (2005). The development of relationship education for low income individuals: *Lessons from research and experience*. Paper presented at the Association for Public Policy Analysis and Management Fall Conference, Washington, D.C.
- Stanley, S. M., Markman, H.J., & Whitton, S. W. (2002). Communication, conflict, and commitment: Insights on the foundations of relationship success from a national survey. *Family Process*, 41(4), 659–675. doi:10.1111/j.1545-5300.2002.00659.x
- Straus, M. A., Hamby, S. L., Finkelhor, D., Moore, D., & Runyan, D. (1998). Identification of child maltreatment with the parent-child conflict tactics scales: Development & psychometric data for a national sample of American parents. *Child Abuse & Neglect*, 22(4), 249–270. doi:10.1016/S0145-2134(97)00174-9

