

# Summary Report: Evaluating Mother and Nonresidential Father Engagement in Coparenting Services in a Fatherhood Program



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## Introduction

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. While a key component in improving mother-father relationships is to get mothers involved in coparenting interventions, little is known about how to involve mothers in these services.

This project aimed to deliver and evaluate the effectiveness of an "enhanced coparenting service" to be offered through the Talbert House Fatherhood Project, which is based in a multi-service community organization in southwest Ohio. The intervention stressed recruiting and engaging mothers by conveying an understanding of their concerns about their child's father, addressing common maternal issues such as lingering relationship pain and emotional dysregulation, and offering mothers-only individual and group services.



Although researchers originally aimed to evaluate the enhanced coparenting recruitment and service delivery methods through a randomized controlled trial, the study plan changed when only five of 50 mothers agreed to the offered coparenting services and fewer than half of the 97 fathers recruited for the study cooperated with the recruitment plan and provided clinicians with contact information for mothers ( $n = 45$ ). As a result, the current study focused on exploring the reasons why it was so difficult to recruit fathers or mothers into coparenting services. Towards this aim, we conducted interviews with 30 nonresidential fathers and 16 mothers of their children, which focused on barriers to engagement in coparenting services and suggestions for how to improve engagement in these services.<sup>1</sup>

## Methods

All nonresidential fathers of minor children who were age 21 or older and who were participating in any Fatherhood Project services at Talbert were eligible to participate in the FRPN Study, while mothers who participated in the study had to be age 18 or older. Researchers recruited 97 of 111 eligible fathers into the study, representing an overall enrollment rate of 87.4 percent. Of the 97 fathers in the study, 23 attended one or more session(s) of coparenting. We were able to get the names 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 had children, for a total of 50 eligible mothers; we were able to recruit five mothers into the study, with four mothers attending at least one coparenting session.

<sup>1</sup>Please see the full report for information on the original study design and results of quantitative analyses regarding associations between father characteristics and engagement in coparenting services.



We sought to explore the reasons why it was so difficult to recruit fathers and mothers into coparenting services via qualitative interviews. The qualitative Interviews on barriers to participation in coparenting services were collected via semi-structured telephone interviews to both fathers and mothers for whom the research team had valid contact information. Attempts were made to contact all mothers (n = 50) and all fathers who participated in coparenting (n = 23), as well as fathers who refused coparenting but had an intake date of June 15, 2017, or later (n = 42). Sixteen mothers and 30 fathers participated in the qualitative interviews. Of the 16 women interviewed, only two women participated in any coparenting services. Of the 30 men interviewed, 12 participated in at least one coparenting session and 18 declined to participate in coparenting services.

## Measures

A primary aim of the study 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. Consequently, we conducted telephone interviews using a semi-structured interview guide. Interviews focused on barriers to participation and suggestions for outreach and program improvements. During these 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 their child.

During the interview, participants were also 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.

## Coding

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 compared initial coding and synthesized them into agreed-upon themes. Once these themes were established, the co-investigator and research associate again independently coded the interview responses using agreed-upon codes. Cohen's  $\kappa$  was run to determine if there was agreement between the two coders. The final coding scheme resulted in excellent/very good agreement between the two researchers for mother codes,  $\kappa = .869$ ,  $p < .000$ , participant father codes,  $\kappa = .896$ ,  $p < .000$ , and father non-participant codes  $\kappa = .872$ ,  $p < .000$  (Landis & Koch, 1977; Fleiss et al., 2003; Altman, 1991).



## Results

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). Responses to open-ended and forced choice items are described.

### Mothers

Four themes emerged among the reasons that women described for declining to participate in coparenting service:

- **Mother distrust of the Fatherhood Project.** A number of the women were skeptical that a program that traditionally serves fathers could be trusted to represent the mother fairly. Mothers expressed that staff might not equally represent the interest of mothers and noted that fathers already have an established relationship with the staff.
- **Frustration with father behaviors.** About three-fourths of the women interviewed expressed frustration with how the fathers of their children were inconsistent in their parenting, often only parenting when it was convenient or fun. Many expressed feeling that the father was unlikely to change these behaviors.
- **Logistics.** The two primary logistical barriers identified by interviewees were inconvenient location of the Fatherhood Project (defined by travel distance to the program) and other family responsibilities such as child or elder care.
- **Safety concerns.** Three of the 16 interviewees (18.8%) disclosed current or past protection orders against the father and said that concerns related to safety (e.g., past violence or anger management issues) accounted for a great deal of their apprehension in participating in services.

Two themes emerged for improving outreach and service delivery to mothers:

- **Teaching communication skills.** Many of the women acknowledged that some form of counseling or mediation would be helpful, particularly if it focused on improving communication between coparents. In describing how these services should be delivered, most mothers felt that both parents should participate in individual services prior to attempting joint services with the mother and father.
- **Service equity.** A number of women gave responses indicating 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, activities for the kids, gift cards, and household supplies.

Mother responses to the items modified from the Barriers to Treatment Participation Scale revealed that an inconvenient location (42.9%), being too busy (35.7%), and not having any contact with the child's father (35.7%) were the top "big reasons" for declining to participate in coparenting services. When combining women who endorsed items as a "small reason" with women who endorsed items as a "big reason" for non-participation, we found that being too busy was endorsed by 71.4 percent of the women, being angry at the father for things that he had done to the mother in the past was endorsed by 60 percent, and not wanting contact with the father was endorsed by 55.2 percent of the women.



## Fathers

A total of 30 fathers were interviewed during the study. Of the 30 men interviewed, 12 participated in at least one coparenting session, and 18 declined to participate in coparenting services.

Three themes emerged as barriers to coparenting services. These are described below.

- **Time constraints.** Eighty-three percent of the nonparticipant fathers indicated that they were too busy to participate in coparenting services, with employment being the chief barrier to participation. Working long shifts, overtime, time spent job seeking, and wanting to secure employment and an income before starting fatherhood services were the major challenges that they cited.
- **Unwilling mother.** Fifty-eight percent of the nonparticipant fathers 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; the rest assumed that she would refuse if asked.
- **Communication challenges with program staff.** Forty-two percent of participant fathers 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, not being able to reach staff, and inconsistent messages communicated by program staff.

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 suggestions provided, however, three primary themes emerged.

- **Marketing.** A number of fathers who both did and did not participate in coparenting services felt that there is insufficient information about the Fatherhood Project and its coparenting services in the larger community. They suggested that Talbert House adopt more effective marketing strategies such as advertising services on Facebook and other social media sites, distributing flyers, and sharing stories of fathers involved in the Fatherhood Project.
- **Improved staff communication.** Fathers from both groups also recommended that program staff do a better job at communicating. They suggested that Talbert House staff be more aggressive and persistent in their outreach attempts with both mothers and fathers and reach out to fathers about the outcomes of their outreach attempts with mothers. In addition, they suggested that staff should generally make themselves easier to reach and more responsive to fathers who leave messages.
- **More meaningful inclusion of mothers.** Both participant and nonparticipant fathers suggested that mothers be involved in services in a more meaningful way. Examples given include having more activities for the children that both parents can attend, which provide a low-stress environment so parents can come together and interact; providing groups for mothers only; having mothers and fathers attend individualized services separately before attending joint services; using more persistent outreach methods to recruit and engage mothers; using a female staff person to conduct outreach with mothers; and offering gift cards as incentives.

For participant fathers, five primary themes emerged related to father satisfaction with coparenting services:

- **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 the impact of coparenting versus



traditional fatherhood programming 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.

- **Value of services.** Fathers valued the services they received, with 83.3 percent of the men agreeing that they had learned how to work with the other parent as a result of services and 66.7 percent saying they had learned how to better raise their nonresident child.
- **Peer support.** All but one of the participants with unique child health circumstances said that coparenting services had reduced their sense of isolation, making them feel that there are other fathers who face the same things. They perceived the program as having both interpersonal and intrapersonal benefits. (Note, however, that these were not specific to the coparenting services and may have referred to the Nurturing Fathers classes available to all Fatherhood Project participants.)
- **Satisfaction with coparenting coach.** Two-thirds of the father participants specifically noted a high level of satisfaction with the study's male coparenting coach. Fifty-eight percent specifically noted the coparenting coach's flexibility with working around the father's schedule for coparenting sessions, and many appreciated that the coach individualized the content of the individual sessions to the father's specific needs.
- **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. For example, fathers felt that they received the right number of sessions (even though the majority only attended one or two coparenting sessions), largely because the men themselves selected how many sessions they attended.

Father responses to the items modified from the Barriers to Treatment Participation Scale reinforce the qualitative findings. Both father nonparticipants and participants identified being too busy as a barrier to participation in coparenting services. For non-participant fathers, 55.6 percent indicated that this was a "big reason" for declining to participate and an additional 11.1 percent indicating that it was a "small reason." In total, two-thirds of non-participant fathers endorsed this as a barrier to participation. To a lesser degree, 41.7 percent of participant fathers indicated that being too busy was at least a small reason for discontinuing services.

Both father participants and father nonparticipants identified lack of mother involvement in services and lack of contact with the mother as barriers to participation in coparenting services. Specifically, 41.7 percent of participant



fathers indicated that the mother's unwillingness to attend sessions was a "big reason" for discontinuing participation, and a total of 50 percent of non-participant fathers indicating that this was at least a "small reason" why they declined to participate. Fifty percent of the participant fathers and one-third of non-participating fathers also indicated that not having contact with the mother was at least a small reason for discontinuing or failing to participate, respectively. Finally, about one-third of non-participant fathers also identified transportation as barriers to participating in coparenting services.

## Discussion and Key Findings

Our difficulty in recruiting nonresidential fathers, and the mother 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.

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. First, some fathers who enrolled in the study were not able or not willing to provide the mother's name and contact information to staff, indicating that a number of fathers do not have the means to be in touch with their child's mother. Further, many mothers and fathers declined services because they did not want contact with the child's other parent. Similarly, many fathers did not ask, but simply assumed the mother would refuse coparenting, due to their lack of contact or the poor quality of their relationship. In quantitative and qualitative data, parents of both genders described their relationships with the child's other parent as conflictual, with little to no coparenting alliance. Many mothers were frustrated by various past father behaviors towards them and their shared child, with approximately 20 percent of mothers citing domestic violence and safety concerns.

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 structured specifically for fathers could be trusted to represent her point of view. Some mothers felt that the pre-existing relationship between the Fatherhood Project and the father would result in bias that would make her participation legally unwise or against her best interests and those of her child. Interestingly, fathers also recommended that the fatherhood program put more effort into serving mothers and sending the message to mothers that programs were intended to benefit her.

Staff issues interfered with recruitment and successful delivery of coparenting services. Several parents reported difficulties reaching staff, disorganization in communication about the program, and that staff did not follow up with them as planned. In one case, staff did not respect a mother's clear statements about not wanting to discuss certain topics during coparenting sessions. Similarly, the research team found that clinical staff often did not follow through with outreach plans and forgot central elements of recruitment messages and coparenting sessions. Together, these findings suggest that staff who deliver coparenting services may not be well equipped to be effective recruiters and outreach workers. Further, the program did not have robust systems of oversight to keep the staff accountable for task completion. It might help programs to hire staff with different skills sets and priorities for outreach and retention efforts or to provide training to clinically focused staff in these activities and to set up systems of accountability.

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 and work. Future efforts to provide coparenting services might benefit from anticipating such issues and working with parents to minimize the time required to participate.

Better marketing might improve participation in coparenting services. Fathers in particular suggested the importance of increased and more effective marketing strategies in reaching parents 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 Project. Specific methods of advertising suggested included flyers and notices, but primarily focused on use of social media, including Facebook and other social media outlets.

## Implications for Practice

Results from the current study present several practical implications for future attempts to engage mothers in coparenting services with nonresidential fathers through existing fatherhood programs:

- 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 coparenting alliance.
- Mother responses on the whole would suggest that traditional fatherhood programs will need to re-engineer their services 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. However, such efforts will need to take care not to alienate fathers or reduce the degree to which fathers feel supported by fatherhood programs. Alternately, fatherhood programs might consider partnering with other agencies that serve women, or mothers specifically, to recruit and engage mothers in coparenting services.
- Programs that have 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.
- Increased marketing, along with use of up-to-date marketing strategies that make use of social media, may increase successful coparenting engagement. 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.
- Fatherhood programs may be more successful in providing coparenting services if they devote systems-level resources toward those services, such as staff training, clear information about the mission of coparenting services, and accountability for completion of outreach activities and fidelity to service protocols.



## References

Altman, D. G. (1991). *Practical statistics for medical research*. London: Chapman & Hall.

Charmaz, K. (2014). *Constructing grounded theory* (2nd ed.). London: Sage.

Fleiss J., Levin B., & Paik, M. (2003). *Statistical methods for rates and proportions* (3rd ed). New York: Wiley & Sons.

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

Landis, J., & Koch, G. (1977). Measurement of observer agreement for categorical data. *Biometrics*, 33(1), 159–174. doi:10.2307/2529310

