

The Society for Clinical Child and Adolescent Psychology (SCCAP): Initiative for Dissemination of Evidence-based Treatments for Childhood and Adolescent Mental Health Problems

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Center for
Children and
Families

Keynote

Getting Dads Off the Sidelines: Practices for Promoting Father Involvement in Mental Health Interventions

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What do fathers do?

- Economic Provision (“Bread-winning”)
- Involvement
 - Engagement
 - Availability
- Responsibility
- Parenting
- Co-Parenting
- Spouse/Partner
- All these parameters are on a continuum, thus fathering is multi-dimensional.

Pleck, 1997

What don't fathers do?*

* In general

- Interface with the child's teacher (Downer, 2007)
- Participate in school-related functions (Downer, 2007).
- Primary child care-taking (Pleck, 1997)
- Enroll in mental health interventions or clinical trials/studies of same (Costigan & Cox, 2001; Fabiano et al., 2007; Tiano & McNeil, 2005)

Father Influence on Child Development

- The development of:
 - emotion regulation
 - social cognition
 - focused attention
 - likely because of these factors, appropriate peer relationships (Parke, et al., 2002).
- Positive father involvement results in fewer mother-reported behavior problems (Amato & Rivera, 1999).
- Fathers contribute uniquely to the child's academic achievement and academic sense of competence (Forehand, et al., 1986; McBride, et al., 2005; Nord, 1997).

Father Influence on Child Development

- Longitudinal studies support the benefits of positive father involvement
 - McCord (1991) – fathers who had low levels of conflict with the mother had well-adjusted children 50 years later
 - Kellam et al. (1977) – father presence had a positive impact on children's social adaptation

- For children with mental health disorders, it may be critical to involve fathers in interventions.
 - Fathers contribute to parenting
 - Positive parenting and discipline
 - Helps promote consistency between parents
 - Provides an additional point of view
 - May support other parent
 - May promote maintenance of treatment over time or as children progress through development (Bagner & Eyberg, 2003; Webster-Stratton, 1980).

Father Negative Influence on Child Development

- Fathers are responsible for 40% of maltreatment cases (US DHHS, 2011)
- Fathers are over-represented in the most severe forms of maltreatment (Schnitzer & Ewigman, 2005; Stiffman et al., 2002)
- Antisocial fathers living in the home can exacerbate child behavior problems (Jaffee, Moffit, Caspi & Taylor, 2003)
- Schacht, Cummings, & Davies (2009) – paternal drinking and depression lead to child externalizing/internalizing problems.
- Father depression related to family functioning problems (Cunningham et al., 1988)

What are the Evidence-Based Interventions for Fathers?

- Effective parenting treatments include behavior modification procedures (Chorpita, 2002).
- Behavior modification, based on social learning theory is an evidence-based treatment for disruptive behavior disorders.
- Settings where behavior modification is used include:
 - Home (Behavioral Parent Training)
 - School (Contingency Management Programs)
 - Peer/recreational settings (Summer Treatment Programs)
- It teaches parents and teachers how to change environmental contingencies to improve behavior.

Parenting Interventions

- **Anxiety** (Ollendick & King, 1998; Puliafico, Comer, & Albano, 2012; Silverman, 1999, 2008)
- **Autism** (Lovaas, 1987; Rogers, 1998)
- **Conduct/Oppositional Defiant disorder** (Brestan & Eyberg, 1998; Conduct Problems Prevention Research Group, 1999; Cunningham et al., 1995; Eyberg et al., 2008; Patterson, 1974)
- **ADHD** (Fabiano et al., 2009; Lundahl et al., 2006; Pelham & Fabiano, 2008; Pelham, Wheeler & Chronis, 1998)
- **Step-fathers** (DeGarmo & Forgatch, 2007)

Barriers to Behavior Parent Training

- Parent training programs are characterized by poor parental engagement/attendance in clinical settings.
- Studies suggest up to 87% of families who enroll in BPT may discontinue treatment prematurely (e.g., Barkley et al., 2001; Chacko et al., 2012; Kazdin, 1996; Miller & Prinz, 1990)

- Given these tremendous problems in attendance and engagement, attention has turned to modifying parenting programs to encourage participation (Chronis, Chacko, Fabiano, Wymbs, & Pelham, 2004).
 - Chronis et al. (2006)
 - Chacko et al., (2009, 2012)

Fathers in particular are under-represented in BPT studies.

In the ADHD treatment literature:

- 30 studies investigate BPT including 1,993 participants.
- These studies *clearly* support BPT as a “well-established” treatment for ADHD (Pelham & Fabiano, 2008; Pelham, Wheeler, & Chronis, 1998)

- BUT
 - Almost no studies specifically dealt with fathers
 - Only a few collected and analyzed father outcome measures separately.
 - Over half of the studies made no mention of father involvement or explicitly excluded fathers from participation.

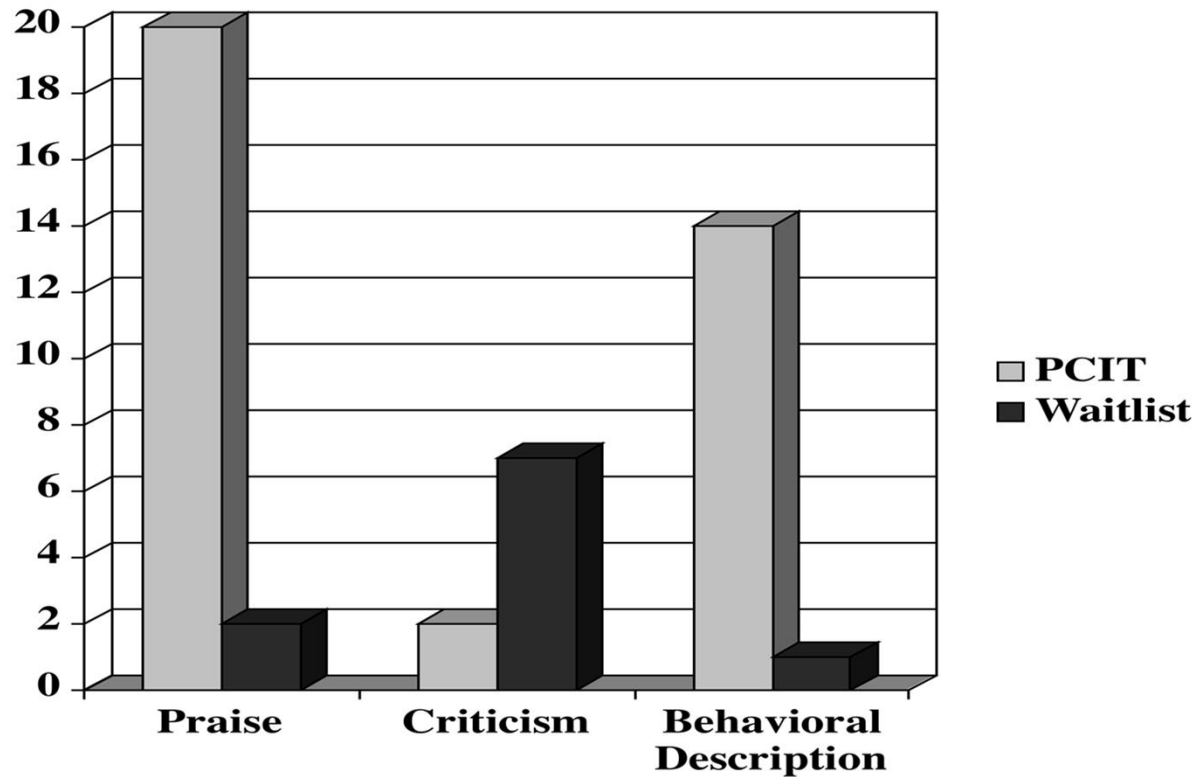
- Expanding to the entire parent training literature, few studies investigate the effectiveness of psychoeducational classes for fathers (e.g., Tiano & McNeil, 2005)
- Some BPT studies indicate equivocal results of including fathers in parent training (Firestone, Kelly, & Fike, 1980; Martin, 1977).
- Others report a significant effect (Adesso & Lipson, 1982; Fagan & Stevenson, 2002; Schuhmann et al., 1998)

Examples From the Literature

Schuhmann et al. 1998

- Mothers *and* Fathers participated in Parent-Child Interaction Therapy.
 - N=12 Fathers in Intervention
 - N=12 Fathers on waitlist
 - Father participants were approximately half the number of mothers in each group.

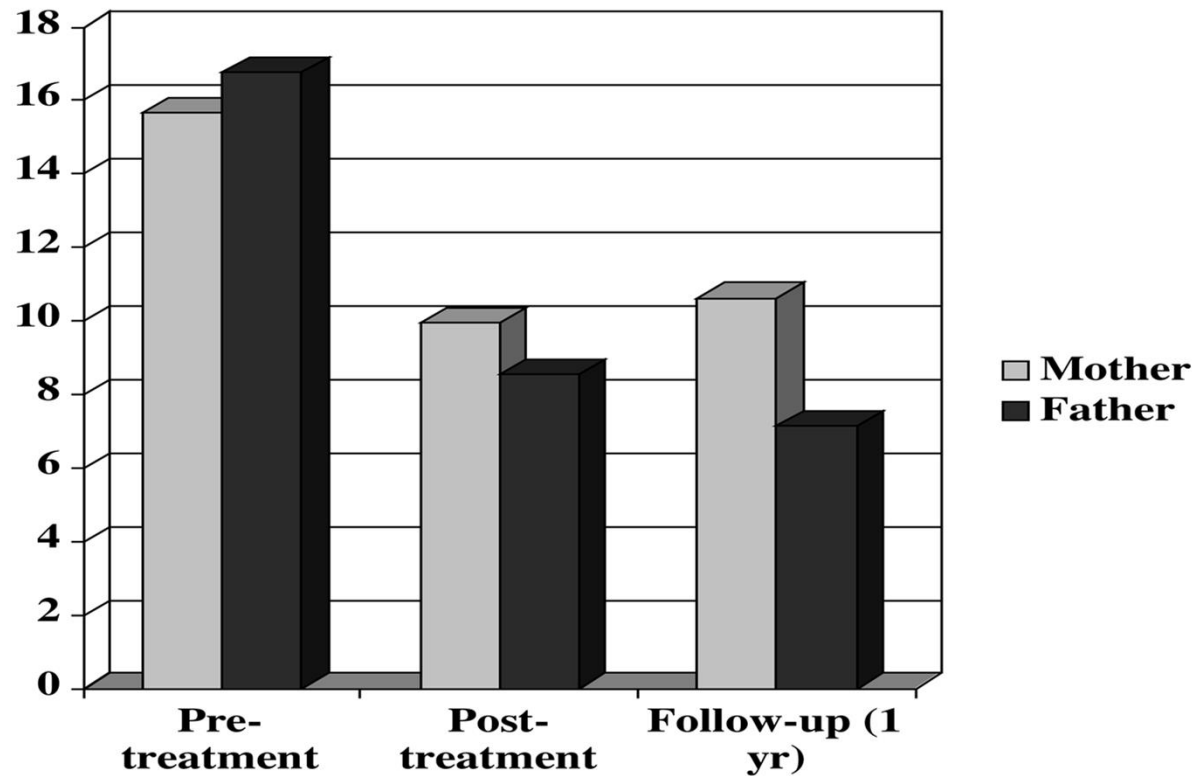
- At post-treatment, fathers improved on use of Praise, Criticism, and Behavioral Description relative to waitlist ($p < .05$).



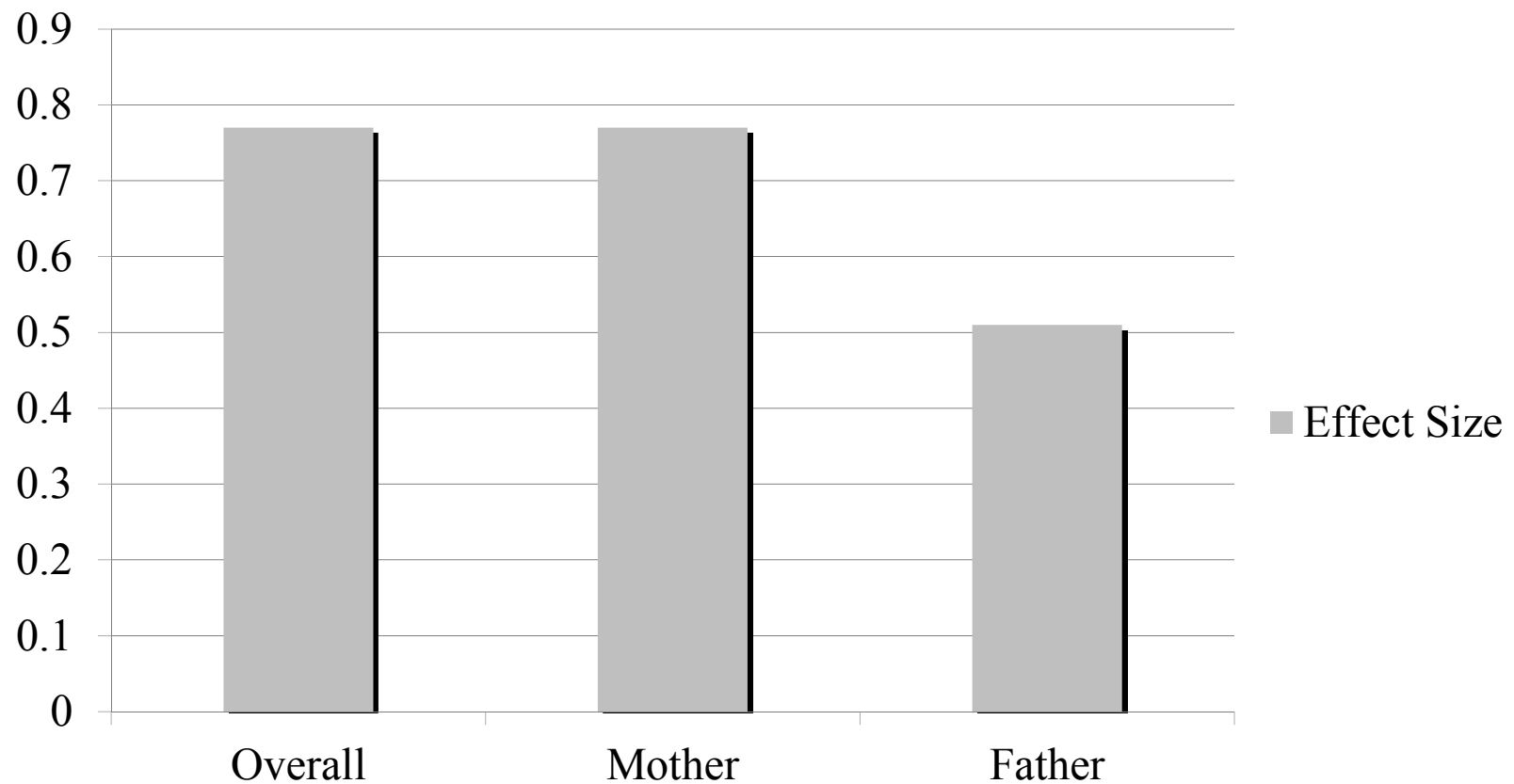
Webster-Stratton & Hammond, 1990

- Mothers *and* Fathers participated in Webster-Stratton's Parenting Program.
 - N=70 Fathers in Intervention

- At post-treatment and follow-up, fathers significantly reduced their use of Negative discipline strategies ($p < .05$).



Triple-P Meta-analysis (N=21 studies)



Fletcher et al., 2011

Triple-P Meta-analysis (N=21 studies)

- When attrition rates were reported separately, they were:
 - 0-28% for mothers
 - 0-100% for fathers
- Fathers did not reliably improve in the self-directed Triple-P format, in contrast to mothers.

State of the Literature on Fathers in BPT

- Only a small number of studies specifically investigated the role of BPT programs for fathers (Fabiano, 2007; Fletcher et al., 2011; Phares, 1996; Tiano & McNeil, 2005; see also Phares & Compas, 1992/Cassano et al., 2006 - only 1% of the psychopathology literature investigates fathers alone)
- Some current studies have serious methodological limitations that preclude conclusions regarding the effectiveness of BPT for fathers.
- Finally, *few studies have specifically addressed BPT outcomes for fathers, even though BPT is an established first line treatment for ADHD* (Eyberg, et al., 2008; Pelham & Fabiano, 2008)

Why are fathers not involved in
BPT studies?

- Approach to/Engagement of fathers during initial clinical contact:
 - Clinicians may implicitly exclude fathers by addressing correspondence to only mothers or require only mothers for interviews.
 - Because most rating forms are normed on *mothers*, fathers are often not asked for their input.
 - Standard clinical hours (i.e., 9 to 5 weekdays) are not convenient for employed mothers or fathers

- Parents of children with ADHD have an increased likelihood to have ADHD themselves (Biederman, Faraone, Monuteaux, 2002)
- ADHD impedes parenting and BPT progress (Arnold, O' Leary, & Edwards, 1997; Evans, Vallano, & Pelham, 1994; Sonuga-Barke et al., 1999)
 - Caregiver Strain (Sosa-Lowry, Fabiano, & Schatz, under review)
- Most BPT classes are classroom-based, and use didactic lectures to introduce parenting skills.
- The format may act to discourage fathers from participating

“Research has yet to identify any child-care task for which fathers have primary responsibility.” (Pleck, 1997)

- Fathers’ participation in recreational activities and unstructured play times is more typical relative to mothers’ activities (Russell & Russell, 1987).
- The content of BPT classes may therefore fail to address the needs of many fathers.

- Men generally do not seek out or ask for help for health/mental health services (Addis & Mihalik, 2003).
 - Recruitment of fathers for our studies (Smalls & Fabiano, in prep)
- Fathers report few problems in parenting, even in the face of self-reported dysfunctional discipline techniques (Hoza et al., 2000; Sosa-Lowry, Fabiano, & Schatz, under review)

Why is increased father
participation needed?

- When parents agree on discipline strategies, mothers welcome increased father involvement.
- Mothers and fathers who disagree on parenting strategies are worse off when fathers are more involved.

Arnold et al., 1997

- Although they may not report problems, observations of father-child interactions and parenting strategies indicate that fathers clearly struggle when parenting a child with ADHD (e.g., Danforth et al., 2006; Pelham et al., 1998; Schuhmann et al., 2001).

- Mothers and fathers may have different perspectives on their child's treatment
 - Fathers are more likely to prefer a treatment approach that does not include medication for children with ADHD (Waschbusch, Cunningham, Pelham, et al., 2011).
- In families presenting for treatment, mothers were more likely to be interested in active intervention, whereas fathers preferred receiving information first/were less interested in group meetings/therapist contact (Cunningham et al., 2008).

- As mentioned, fathers are primarily responsible for children during recreational and sports activities and unstructured times independent of other roles they fill (Marsiglio, 1991), and they are a critical agent for helping their child establish appropriate peer relationships (Parke, 2002).
- Children with ADHD exhibit poor sportsmanship behaviors that result in poor peer relationships and are likely to struggle with behavior during such activities (Hupp & Reitman, 1999; Pelham et al., 1990; Reitman et al., 2005).
- Fathers may also need skills to help them appropriately parent/coach during unstructured activities and sports.

Jury convicts hockey dad of manslaughter

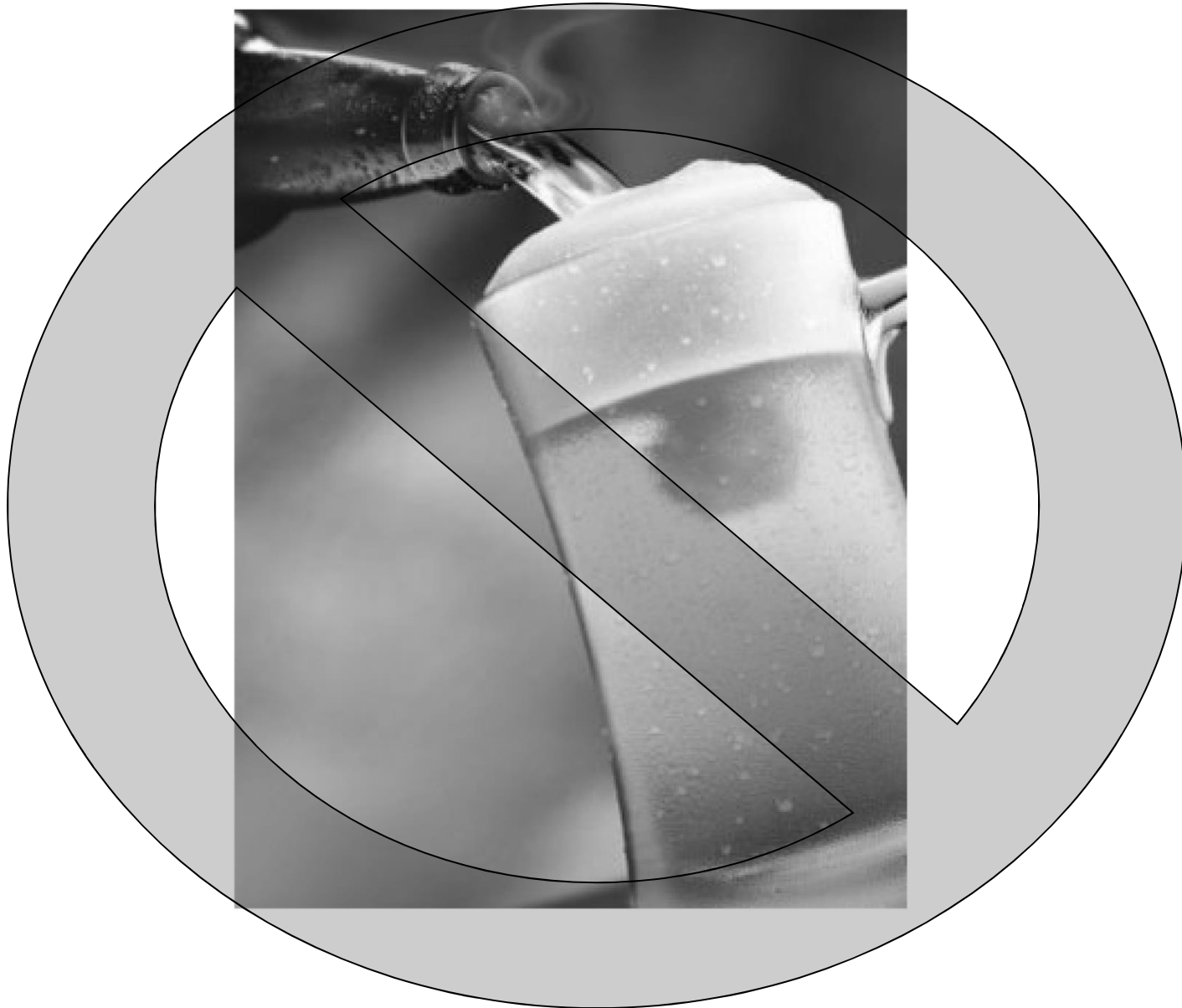
Thomas Junta, whose case was considered one of the worst examples of the national problem of "sideline rage," faces 20 years in prison.

So What Can We Do to Increase
Father Participation?

FREE BEER!!!???



BAD IDEA (Pelham et al., 1997, 1998)



A BPT PROGRAM DESIGNED SPECIFICALLY FOR FATHERS

- To involve and engage fathers in ADHD treatment the Coaching Our Acting-out Children: Heightening Essential Skills (COACHES) program was developed.
- COACHES is a two-hour, weekly, eight-session parent training program.

- The COACHES program combines and synergizes two manualized treatments commonly used for children with ADHD:
 - *Summer Treatment Program (Pelham, Greiner, & Gnagy, 1998)*
 - *Community Parent Education Program (Cunningham, Secord, & Bremner, 1998)*
- Treatment components from these programs are adapted for use in the father-based parenting class, the child-based skill drills, and the father-child interactions.

COACHES format

- During the first hour, fathers review how to implement effective parenting strategies in a group class (e.g., using praise, using time out).
- Concurrently, children practice soccer skill drills with para-professional counselors, to increase competencies in the sports domain (Pelham et al., in press; Pelham, Greiner, & Gnagy, 1997; Pelham & Hoza, 1996).

Content of COACHES BPT Sessions

Session number	Session content
1	Introduction to social learning theory and constructing a home behavior management plan
2	Appropriate rewards and praise
3	Ignoring mild, inappropriate behaviors
4	Delivering effective commands and instructions
5	Using Premack contingencies and transitional warnings
6	Using time out
7	Problem-solving
8	Closing Session; Programming for maintenance

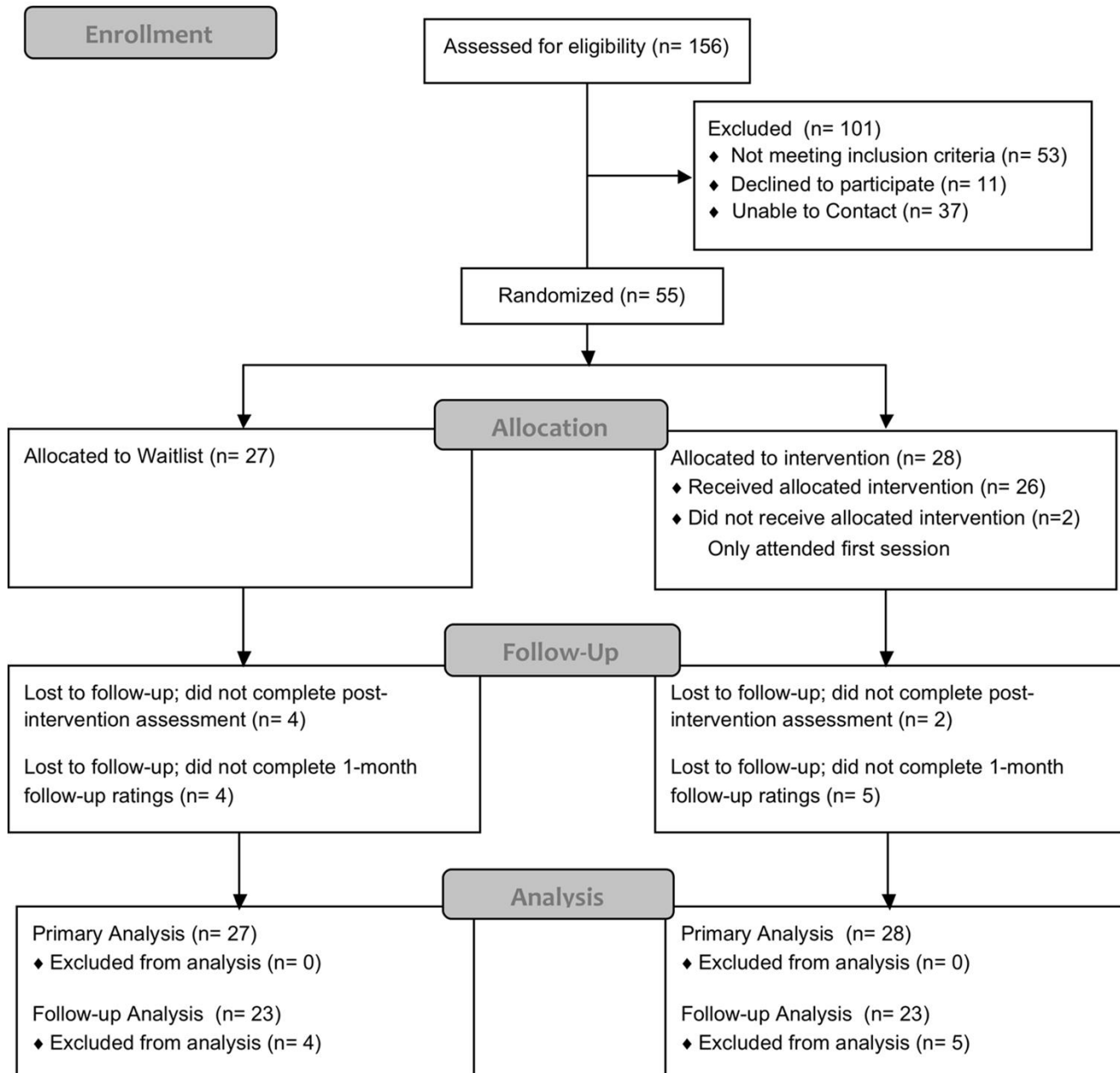
- During the second hour, the fathers and children join together for a soccer game.
- Fathers “coach” the soccer game by employing the strategies discussed during the first half of the program.
- During frequent breaks, fathers receive on-line feedback from trained staff, work together to trouble-shoot problems that occur, and reinforce each other for the successful implementation of parenting strategies.

- How is the COACHES program different from other parenting programs?
 - Does not approach fathers as “deficient” in parenting strategies. Frames treatment as a way to build competencies in an area where many may already have skills (e.g., coaching).
 - Framing treatment in this way may reduce stigma associated with initiating and participating in mental health services.
 - Includes a sports competency-building component for the children, known to be effective and well-liked by parents *and* children (Pelham, et al., in press; Pelham, Greiner, & Gnagy, 1997).
 - Soccer game provides a naturally reinforcing activity as part of treatment (as opposed to a two-hour class).
 - Research suggests fathers benefit from practicing parenting strategies with children (Adesso & Lipson, 1981; Kaminski 2008).

Clinical Trial of COACHES Efficacy

Fabiano et al., 2012

CONSORT 2010 Flow Diagram



	COACHES (N=28)	Waitlist (N=27)
Child age in years	8.36 (SD=1.81)	8.67 (SD=1.78)
Child sex	89% male	85% male
Father age in years	40.52 (SD=7.37)	41.63 (SD=7.26)
Father education	48% High School/GED 8% Some college 16% Associate's degree 8% Bachelor's degree 20% Graduate degree	19% High School/GED 4% Some college 19% Associate's degree 33% Bachelor's degree 26% Graduate degree
Child race	88% Caucasian 13% AA 0% Biracial	85% Caucasian 11% AA 4% Biracial
Child ethnicity	0% Hispanic/Latino	11% Hispanic/Latino
% taking medication for ADHD	54%	54%
Child Comorbidity	61% ODD 4% CD	78% ODD 7% CD

Inclusion Criteria

- Fathers (i.e., any primary male guardian) of a 6-12 year old child with ADHD.
- Children with well-diagnosed ADHD
- English as primary language
- Had contact/visitation with the child on Saturdays.

- Fathers who gave informed consent and completed intake procedures were randomly assigned to one of two parent training groups:
 - COACHES
 - Fathers watch videotapes of exaggerated parenting errors, identify errors, generate solutions, and then role-play suggested solutions.
 - Children practice soccer skills.
 - Parents and children join for soccer game; fathers practice skills
 - Waitlist
 - Fathers assigned to the waitlist received business as usual until the completion of 1-month follow-up assessments. At that point they enrolled in the COACHES program.

Schedule	COACHES
10 minutes	Homework Review
50 minutes	Small and large group discussions of weekly parenting program topic. Discussions include direct instruction, group discussions, and role plays.
5 minutes	Break
50 minutes	<i>Fathers participate with child in soccer game.</i>
5 minutes	Explain homework procedures for the week.

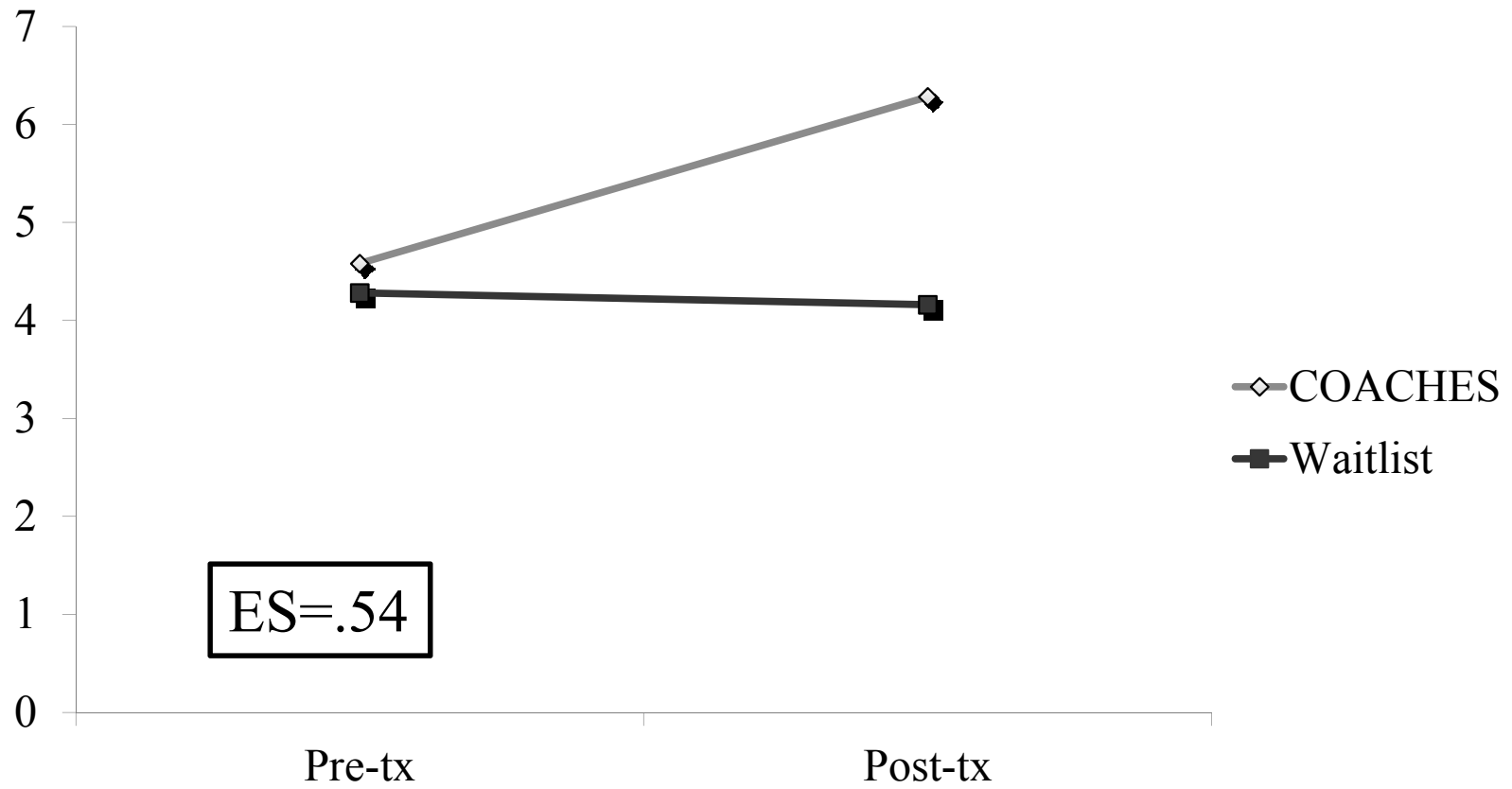
Treatment Integrity

- Parent training group leader was a PhD level psychologist with extensive parent training experience.
- Program was manualized
- Weekly group supervision immediately after the program with all staff
- All sessions audiotaped and random tapes reviewed by an independent rater who was uninformed of the study hypotheses for treatment integrity.
- A review of 10% of these audiotapes distributed across sessions and cohorts indicated that program content was implemented as prescribed.
- Fathers attended an average of 6.75 sessions (SD=1.81; Mdn=7)

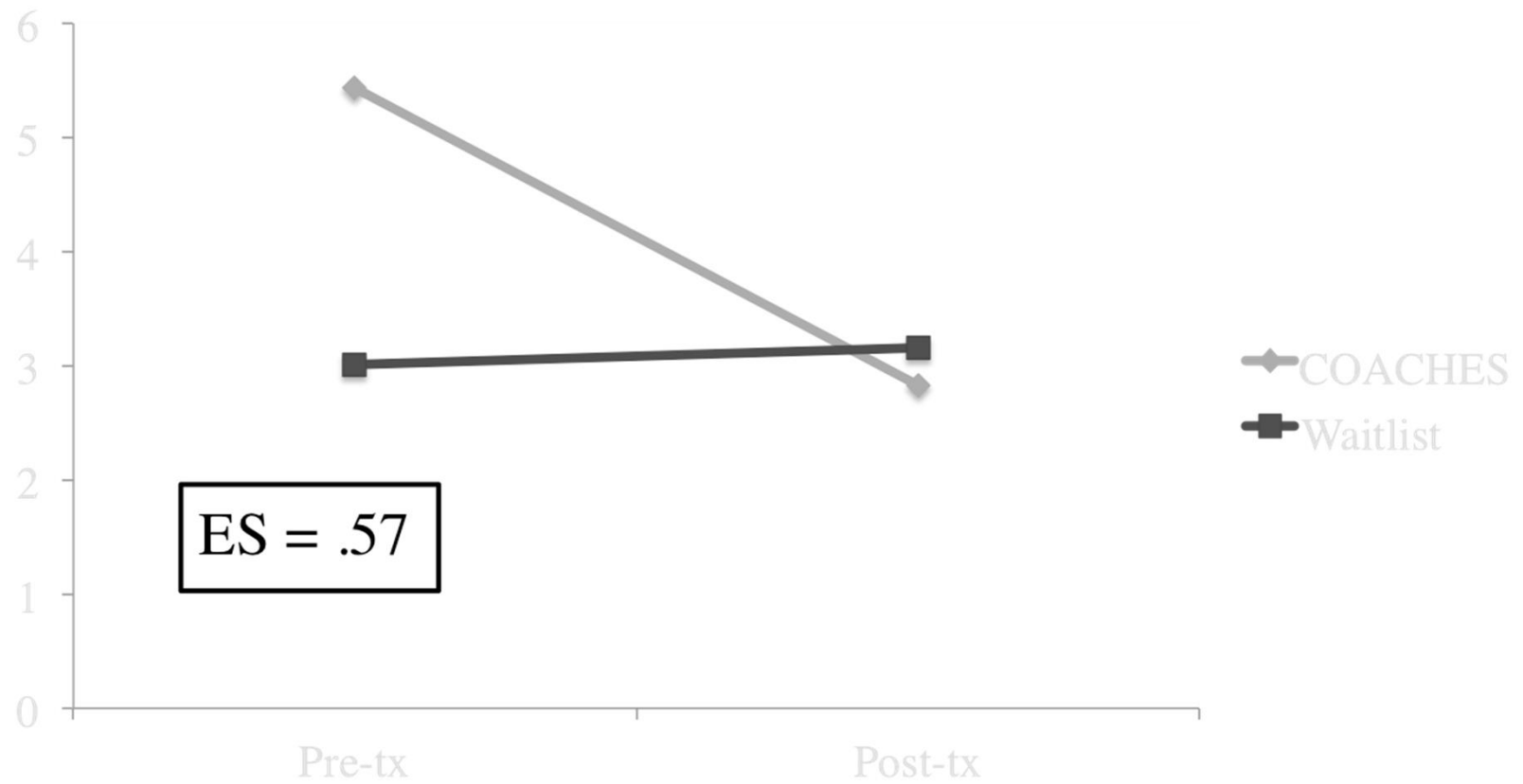
Measures

- Measures of parenting
 - DPICS
 - Praise
 - Criticism
 - Commands
- Measures of problem behaviors
 - Eyberg Child Behavior Inventory (ECBI)
 - Frequency Rating
 - Intensity Rating
- Measures of Satisfaction with treatment
 - Therapy Attitude Inventory
 - Process factor
 - Outcome factor

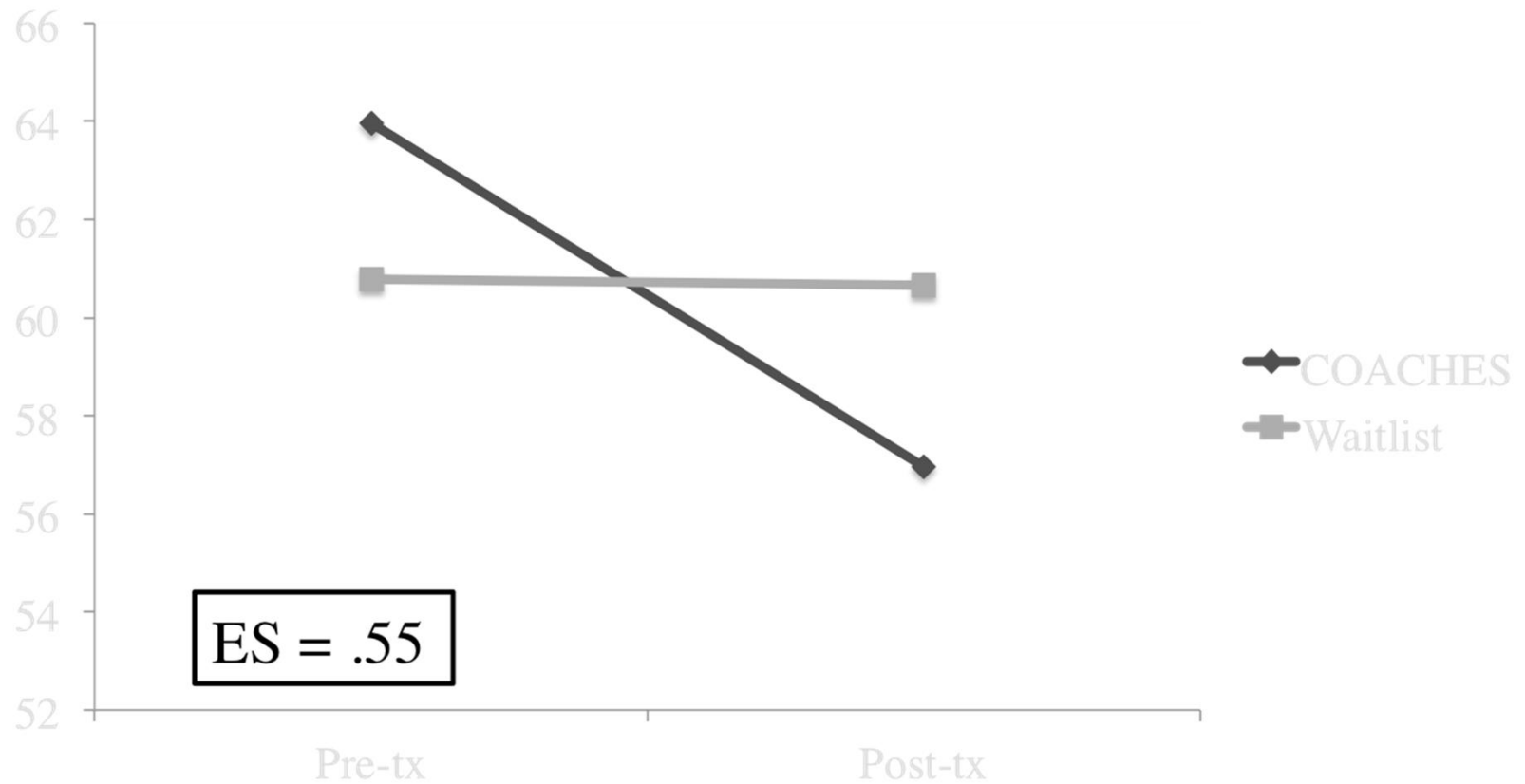
DPIICS - Praise



DPIICS-Negative Talk



ECBI – Intensity Rating



No significant differences

- DPICS- Commands
- ECBI – Problem Rating
- Observations/Ratings for Untreated Mothers (Effect sizes range from .20-.53)
- Effects receded at follow-up assessments one month later on the ECBI rating scale.

Treatment Satisfaction

- 100% of fathers reported they were Satisfied with Outcomes.
- 89% of fathers reported they were Satisfied with Treatment Process.

Clinical Trial of COACHES Effectiveness

Fabiano et al., 2009

Participants

- 75 fathers recruited between September 2001-March 2004.
- Recruited via radio and newspaper ads, mailings, and notices distributed in schools.
- Randomly assigned to a BPT group: traditional BPT or the Coaching Our Acting Out Children: Heightening Essential Skills (COACHES) program.
- 28 additional fathers were recruited from a waiting list that used the same recruitment methods for a comparison group.

Inclusion Criteria

- Fathers (i.e., any primary male guardian) of a 6-12 year old child with ADHD.
- Children with well-diagnosed ADHD
- English as primary language
- Had contact/visitation with the child on Saturdays.

Participant Characteristics

	COACHES	Traditional	Comparison
Child age in years	8.48 (SD=1.62)	8.92 (SD=1.91)	9.33 (SD=1.87)
Child sex	87% male	84% male	93% male
Father age in years	41.91 (SD=8.86)	41.69 (SD=6.14)	40.41 (SD=6.72)
Father education in years	14 (SD=2.78)	13.67 (SD=2.35)	14.11 (1.97)
Child race/ethnicity	84% Caucasian 11% AA 3% Asian 3% Biracial	84% Caucasian 11% AA 3% Latino 3% Asian	83% Caucasian 14% AA 4% Latino
Father race/ethnicity	84% Caucasian 13% AA 3% Asian	87% Caucasian 11% AA 3% Asian	89% Caucasian 11% AA
Marital status	89% Married 8% Separated/ Divorced 3% Single	78% Married 14% Separated/ Divorced 8% Single	96% Married 4% Separated/ Divorced

No significant differences between groups.

Method

- Fathers who gave informed consent and completed intake procedures were randomly assigned to one of two parent training groups:
 - COACHES
 - Fathers watch videotapes of exaggerated parenting errors, identify errors, generate solutions, and then role-play suggested solutions.
 - Children practice soccer skills.
 - Parents and children join for soccer game; fathers practice skills
 - Traditional Behavioral Parent Training
 - Fathers watch videotapes of exaggerated parenting errors, identify errors, generate solutions, and then role-play suggested solutions (Cunningham et al., 1997).
 - Children participate in group board game activities during the parenting group (Pelham et al., 2001)

Schedule	COACHES	Traditional program
10 minutes	Homework Review	Homework Review
50 minutes	Small and large group discussions of weekly parenting program topic. Discussions include direct instruction, group discussions, and role plays.	Small and large group discussions of weekly parenting program topic. Discussions include direct instruction, group discussions, and role plays.
5 minutes	Break	Break
50 minutes	Fathers participate with child in soccer game.	Leader models use of strategies and fathers role play use of the strategies with each other.
5 minutes	Explain homework procedures for the week.	Explain homework procedures for the week.

- The major difference between BPT groups is the parent-child interactions in COACHES.

- Both BPT groups explicitly address barriers to fathers' participation in BPT.
 - Each father is involved in the intake/assessment process.
 - Classes are held on Saturdays to be accessible to many working families.
 - Child-care is provided.
 - Coping-modeling approach is used rather than didactic BPT (e.g., Cunningham, Bremner, & Secord, 1997).
 - Groups are composed solely of fathers
 - Fathers are encouraged to think about their parenting in a manner that does not directly threaten their self-concept (e.g., the therapist does not offer solutions, the group does).

- A second group of fathers was recruited as a quasi-control group (Cook & Campbell, 1979), and ratings were collected initially and then eight weeks later to allow comparisons to the fathers who participate in BPT.

Treatment Integrity

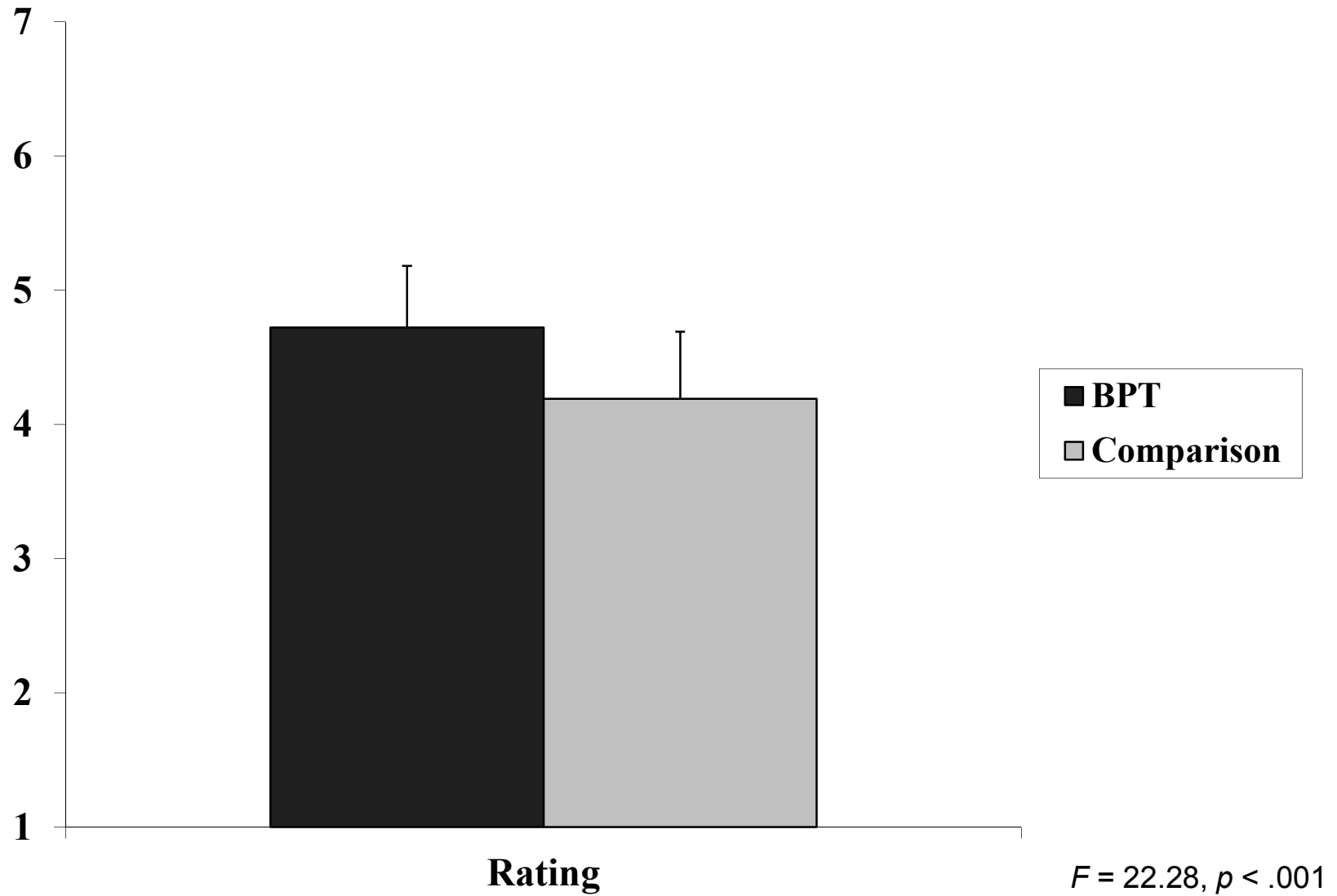
- Parent training group leaders were advanced graduate students with extensive parent training experience.
- Program was manualized
- Weekly group supervision immediately after the program with all staff
- All sessions audiotaped and random tapes reviewed by an independent rater who was uninformed of the study hypotheses for treatment integrity.

Measures

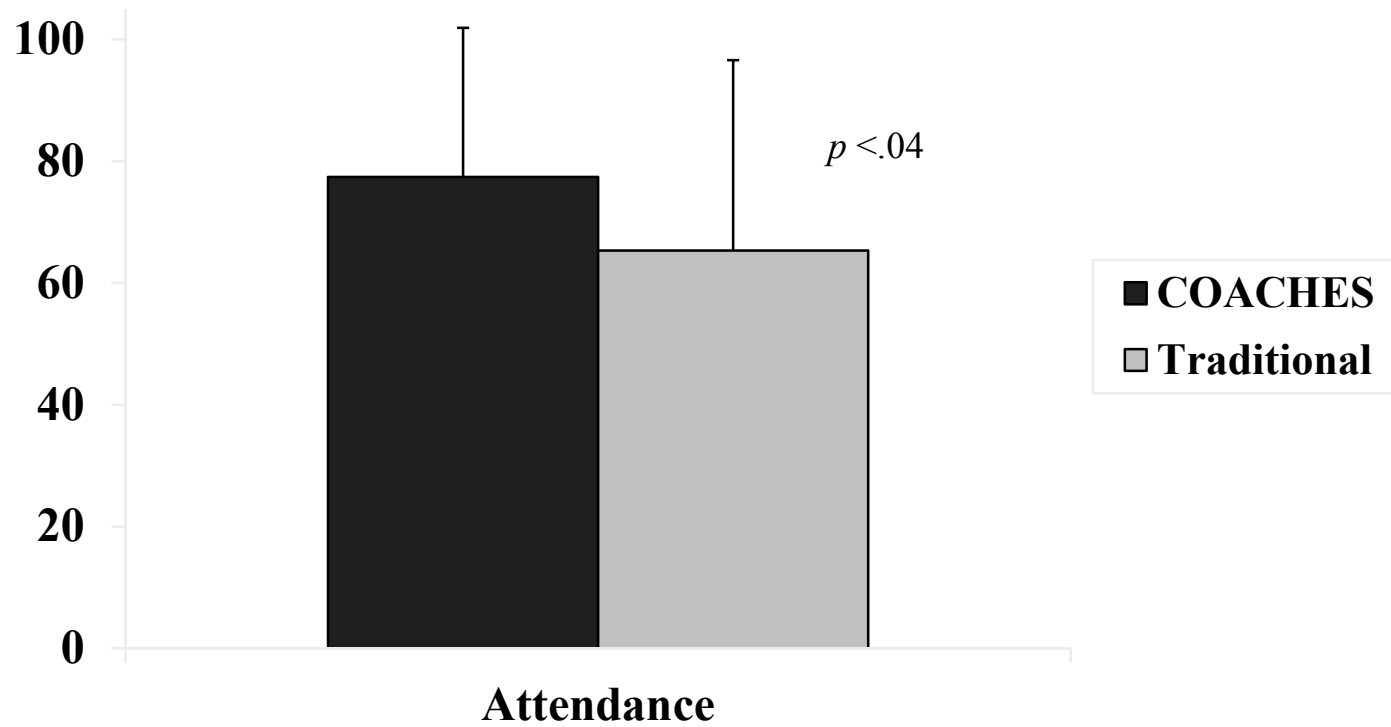
- Fathers rated child improvement at post-treatment across domain-specific targeted behaviors (Pelham et al., 2001)
- Measures of engagement included
 - Father Attendance/Drop-out
 - Father on-time arrival for meetings
 - Child Attendance/Drop-out
 - Father homework completion
- Father satisfaction with treatment (TAI; Brestan et al.)

Results

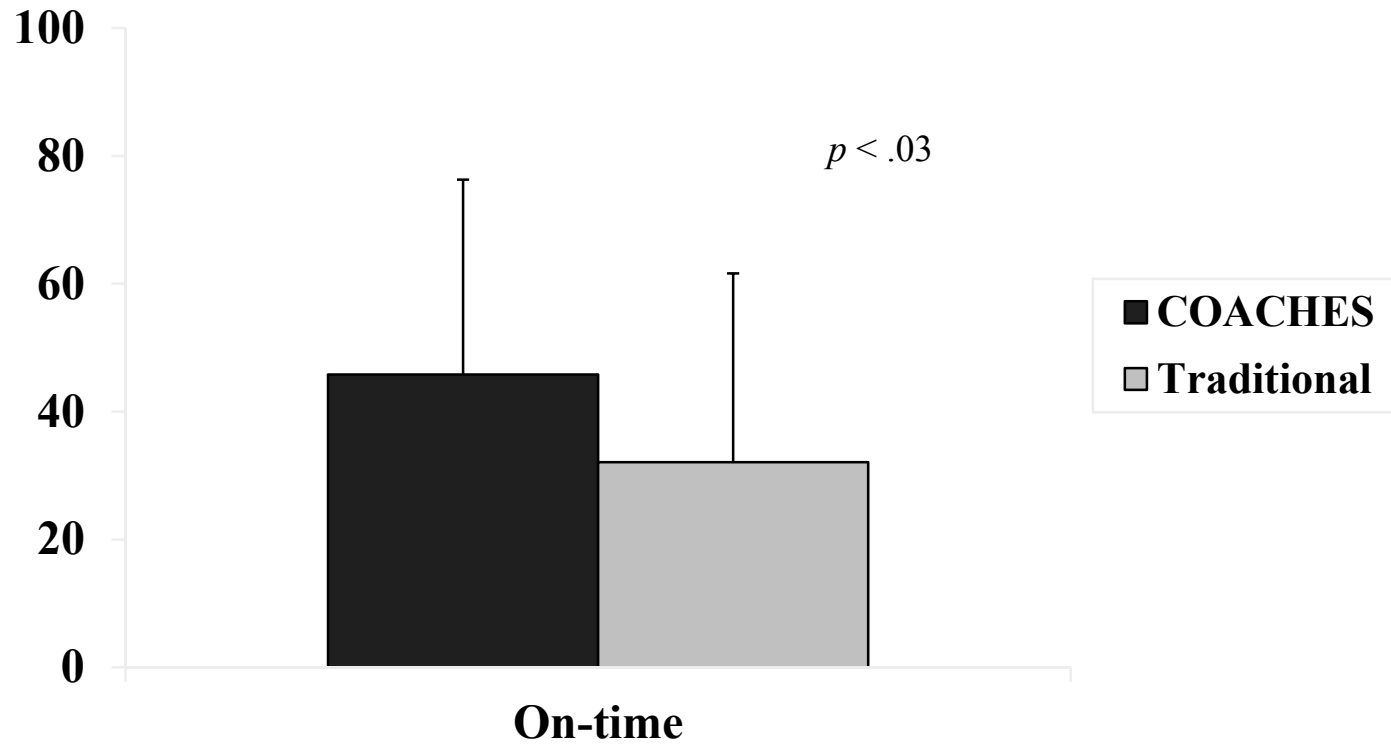
Average Improvement Rating



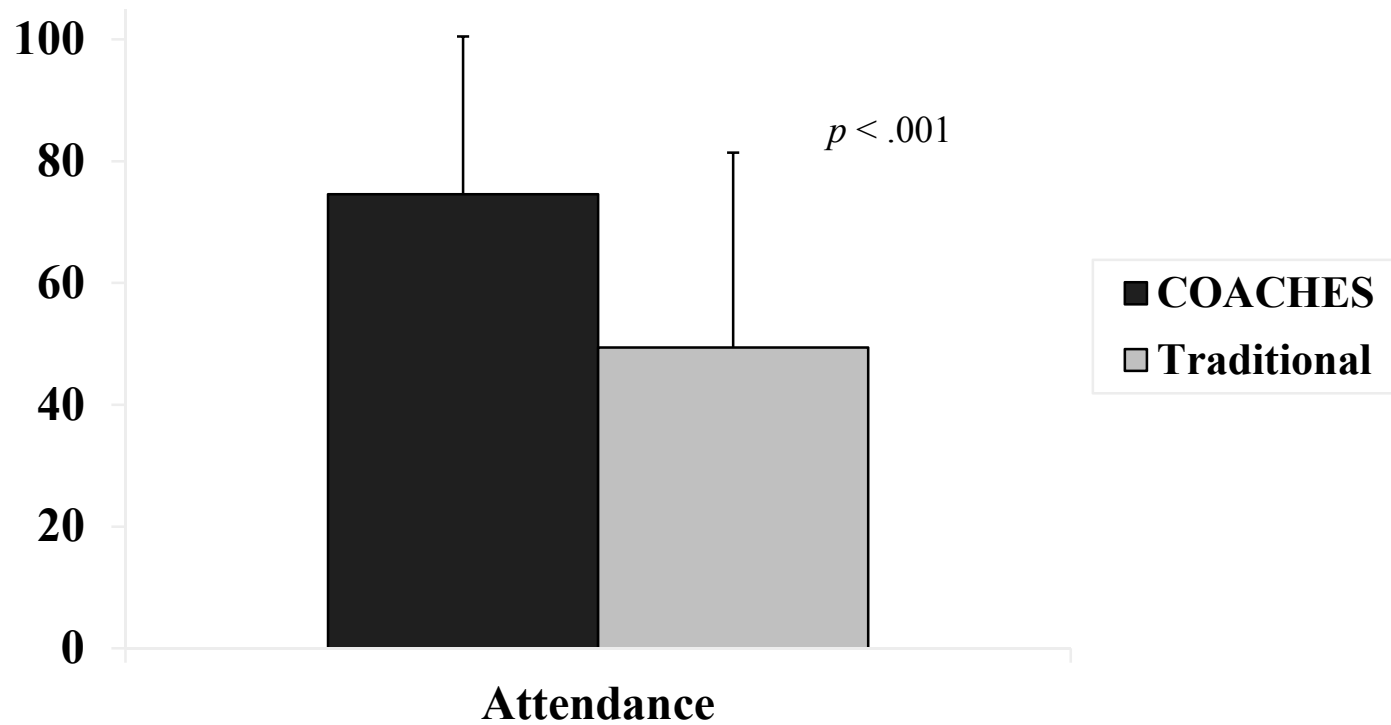
COACHES vs. Traditional: Father Attendance



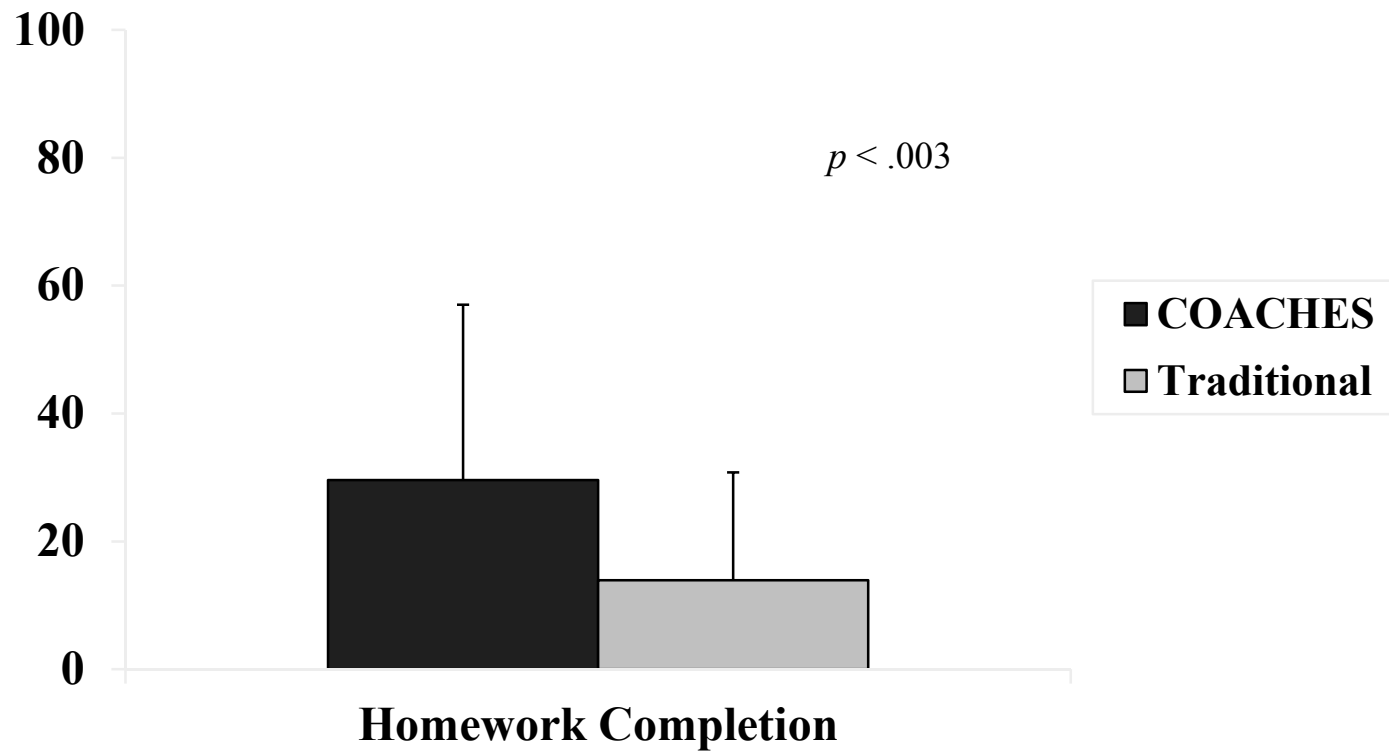
COACHES vs. Traditional: On-time for Session Attended



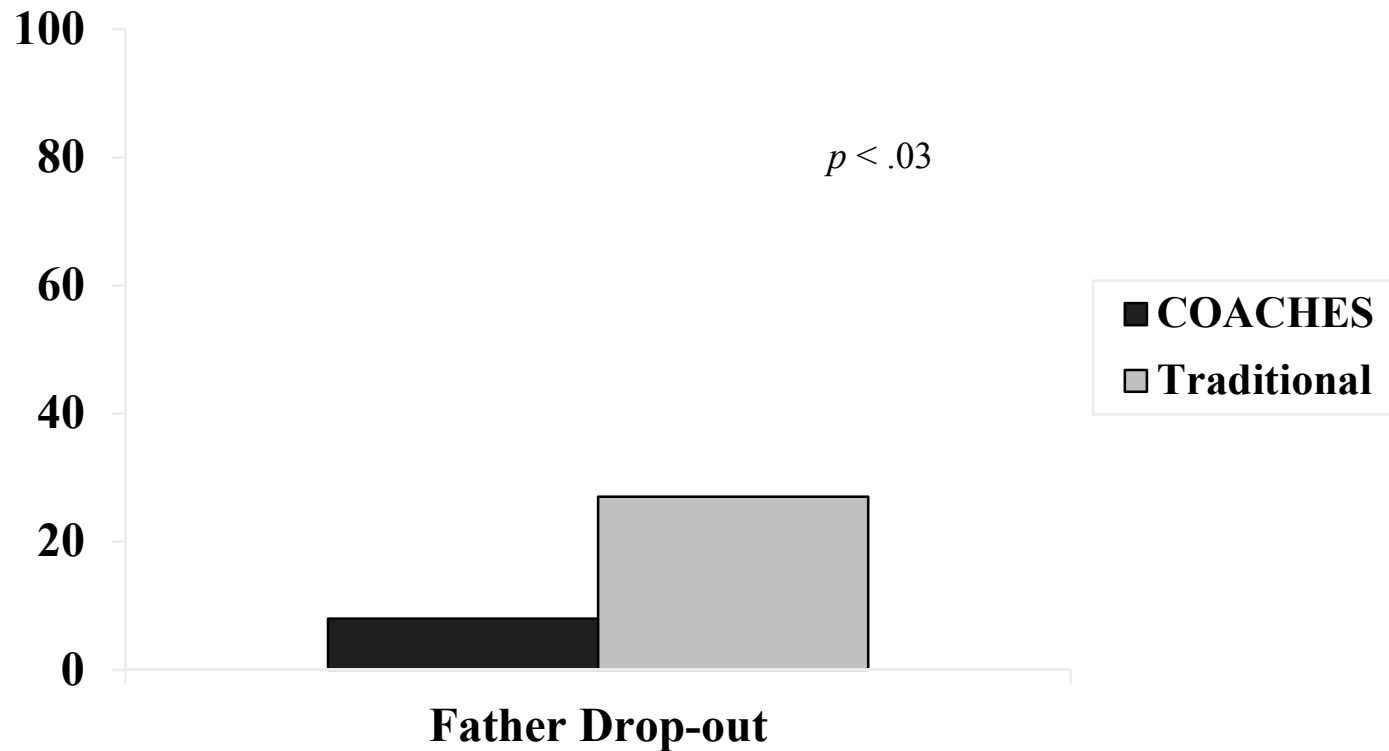
COACHES vs. Traditional: Child Attendance



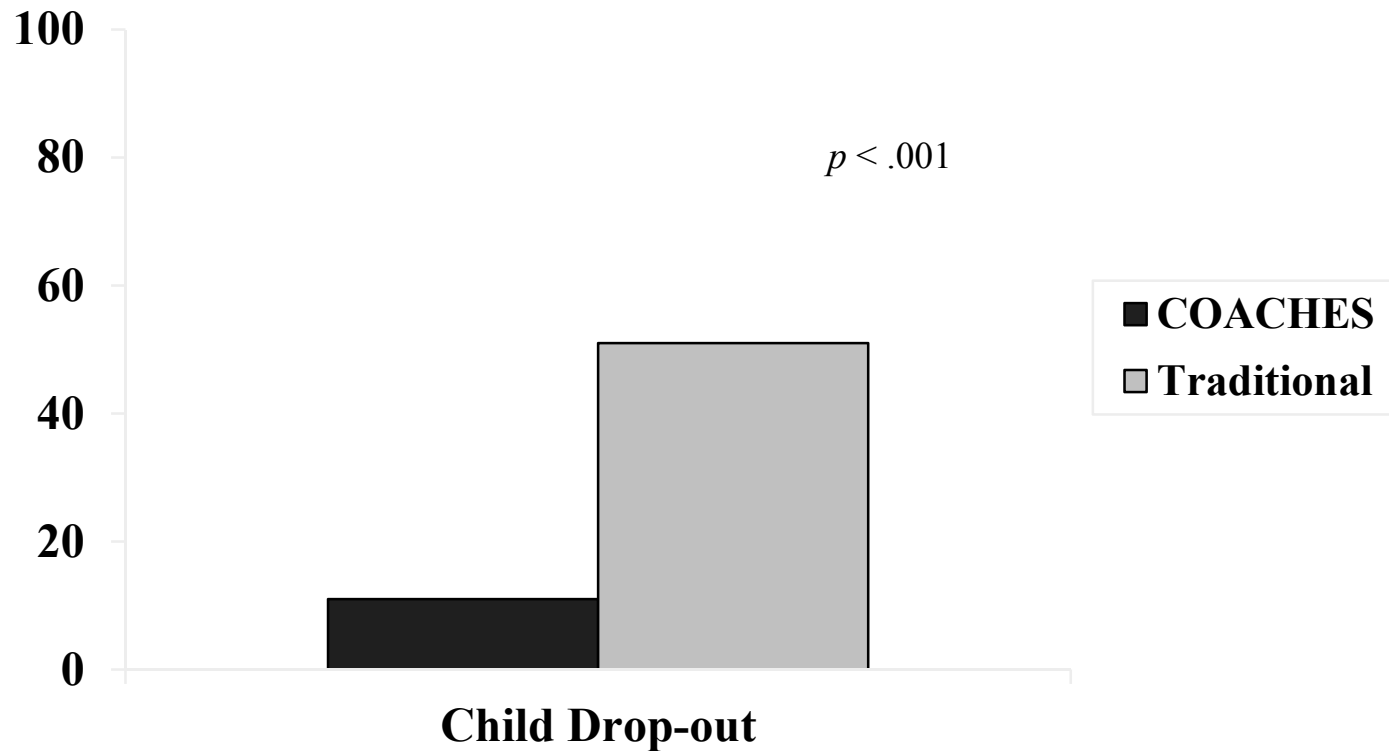
COACHES vs. Traditional: Homework Compliance



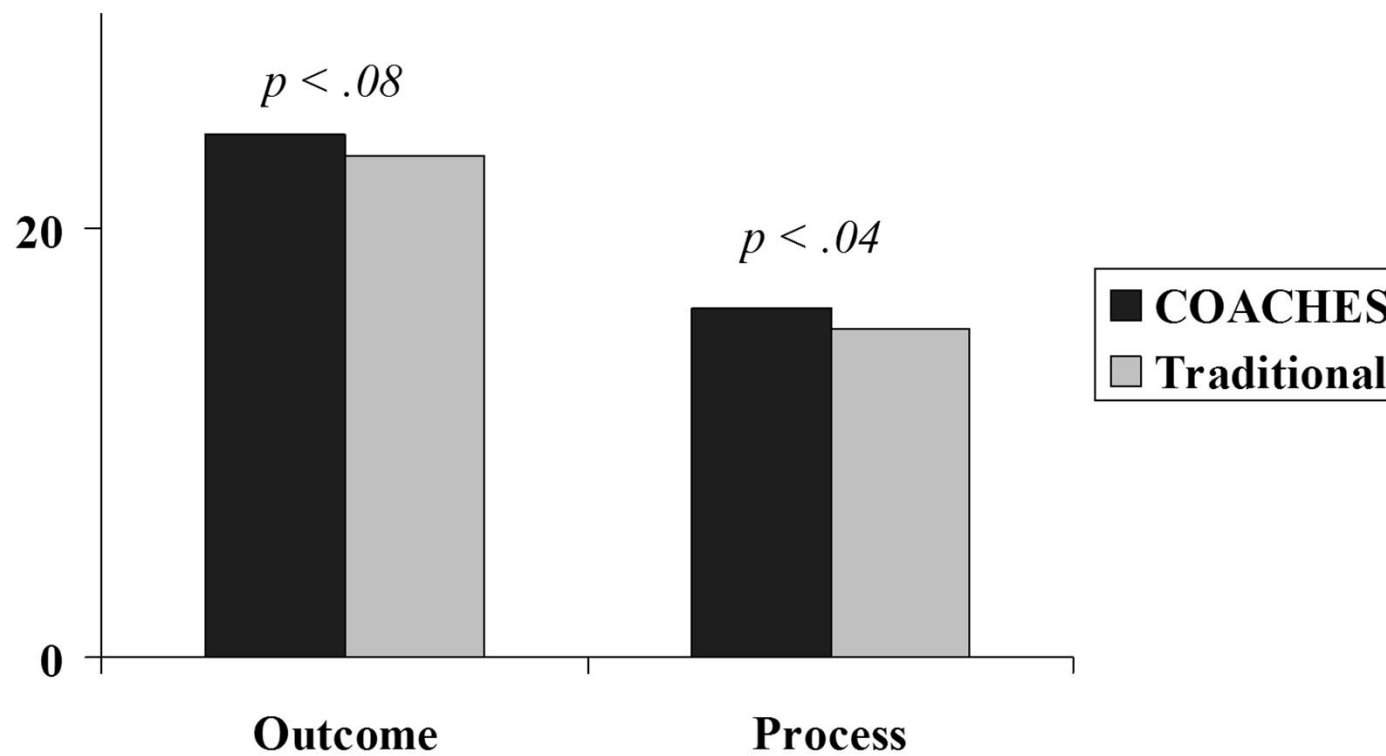
COACHES vs. Traditional: Father Drop-Out (Defined as Attendance at Fewer than Half of Sessions)



COACHES vs. Traditional: Child Drop-Out (Defined as Attendance at Fewer than Half of Sessions)



COACHES vs. Traditional: Consumer Satisfaction



Conclusions

- BPT is an effective intervention for fathers.
 - Resulted in improve parenting behaviors (i.e., praise, reduced negative talk)
 - Reductions in ratings of problem behavior intensity
- Children rated as improved in their behavior by fathers following intervention

- The COACHES program resulted in clinically significant benefits relative to a traditional program.
 - Increased parent and child attendance
 - Reduced parent and child drop-out
 - Increased on-time arrival to sessions
 - Increased homework compliance

Clinical Implications

- BPT is an effective approach for improving father-related parenting behavior.
- Programs for fathers should include recreational based activities that promote skill development for children.
- Fathers should be given the opportunity to interact with their children and practice parenting skills during the session.
- Future studies need to address interventions to facilitate effective co-parenting and inter-parental consistency

For more information, please go to the main website and browse for workshops on this topic or check out our additional resources.

Additional Resources

Online resources:

1. Center for Children and Families website: <http://ccf.fiu.edu>
2. Society of Clinical Child and Adolescent Psychology website: <http://effectivechildtherapy.com>

Books:

Phares, V. (1996). *Fathers and developmental psychopathology*. New York, NY: Wiley.

Peer-reviewed Journal Articles:

1. Arnold, E. H., O'Leary, S. G., Edwards, G. H. (1997). Father involvement and self-report parenting of children with attention deficit-hyperactivity disorder. *Journal of Consulting and Clinical Psychology*, 65(2), 337-342.
2. Bagner, D. M., & Eyberg, S. M. (2003). Father involvement in parent training: When does it matter? *Journal of Clinical Child and Adolescent Psychology*, 32, 599–605.
3. DeGarmo, D. S.; Forgatch, M. S. (2007). Efficacy of parent training for stepfathers: From playful spectator and polite stranger to effective stepfathering. *Parenting: Science and Practice*, 7(4), 331-355.
4. Fabiano, G. A. (2007). Father participation in behavioral parent training for ADHD: Review and recommendations for increasing inclusion and engagement. *Journal of Family Psychology*, 21,683–693.
5. Fabiano, G. A., Pelham, W. E., Cunningham, C., Yu, J., Gangloff, B., et al. (2012). A waitlist-controlled trial of behavioral parent training for fathers of children with ADHD. *Journal of Clinical Child and Adolescent Psychology*, 41, 337-345.
6. Tiano, J. D., & McNeil, C. B. (2005). The inclusion of fathers in behavioral parent training: A critical evaluation. *Child and Family Behavior Therapy*, 27, 1–28.
7. Schacht, Patricia M.; Cummings, E. Mark; Davies, Patrick T. (2009). Fathering in family context and child adjustment: A longitudinal analysis. *Journal of Family Psychology*, 23(6), 790-797.

