WELCOME TO TODAY'S WEBINAR!

Engaging Fathers in Home Visiting Services: A Coparenting Framework

June 24, 10 AM to 12 PM

Today's audio will be coming through your computer. Please make sure your computer's microphone is muted and that your volume is turned up.



Healthy Families Florida

- HFF serves the entire family and has always focused on engaging fathers and other male caregivers
- Track father participation in our data system
- Father Engagement Quality Improvement Group
 - Identifying father involvement strategies
 - Identifying barriers to father/male caregiver engagement
 - "Father inclusivity" on forms and tools
- Self Assessment: Engaging Fathers & Male Caregivers
- Future plans:
 - Development of a father-specific training
 - Focus groups

Nurse-Family Partnership

- Implementing partners and nurse home visitors are encouraged to support father engagement and involvement
- 24+ Home visit Facilitators designed specifically for use with Dads across each program phase. Sample topics include:
 - Pregnancy: Feelings about My Partner's Pregnancy, My Baby & Me (for Dad), When Will I Feel Like a Mom/Dad, Things to Do Before Baby is Born
 - Infancy: Family Meetings, Healthy Male Role Models (for Dad), Helping the Men in My Life Support Me, Spending Time with Baby (for Dad)
 - Toddlerhood: A Letter to Daddy, Family Strengths, My Family Culture ETO data system measurement & tracking of father involvement
 - Indicator: Frequency in which the baby's biological father spent time taking care of and/or playing with the baby during the past 3 months

Parents As Teachers

- Parents as Teachers intentionally uses inclusive language in all parent materials & handouts specifically designed to include fathers and other significant caregivers and relatives.
- The PAT curriculum specifically emphasizes importance of fathers and unique roles they play in the life of their child.
- PAT training emphasizes involving the whole family in home visiting. Training videos and live home visit demonstrations during training include fathers whenever possible.
- PAT offers technical assistance to PAT affiliate programs interested in specific strategies to engage fathers.
- At the national level, PAT regularly participates in fatherhood initiatives; PAT has a free toolkit available on its public website:
 http://www.parentsasteachers.org/resources/promoting-responsible-fatherhood/fatherhood-toolkit

About the Trainer

James McHale is Director of the Family Study Center and Founding Chair of the Psychology Department at USF St. Petersburg. For the past 20 years, his studies of coparenting have been providing an inclusive new model for understanding infants and young children and the adults principally responsible for their care and upbringing – whomever those adults may be. His most recent work has introduced a promising new prenatal intervention to promote coparenting by unmarried and non-co-residential African American mothers and fathers expecting their first child together.

Engaging Fathers in Home Visiting Services: A Coparenting Framework

James P. McHale
Director, Family Study Center
University of South Florida St. Petersburg
Healthy Families Florida Webinar
June 24, 2014



The USFSP Family Study Center www.usfsp.edu/fsc

- The Family Study Center at USF St. Petersburg is home of both basic and applied research studies concerned with understanding, supporting, and advocating for families with young children.
- We are unique on the national scene; all of the Center's activities
 address the relationship adults share as coparents to infants and young
 children, and the impact of coparental functioning on the social and
 emotional adjustment of very young children.
- Funders of Center projects have included local and state agencies, the Brady Education Foundation and the National Institutes of Health, all sponsors of investigations examining effects of coparenting in diverse, family systems.

Our priority at the Family Study Center and one thrust of today's webinar is on support for children and families during pregnancy and the earliest months and years of life



Today's Webinar Objectives

- Explain what a coparenting framework is and how truly assuming such a framework alters everything about how we think about, approach, and work with families
- Review what we know about promising means of engaging fathers in home visiting – and why promising approaches have failed to change the landscape
- Offer solutions, for both direct service personnel and for agency heads and supervisors, for truly supporting fathers and mothers as coparents



Office of Adoption and Child Protection Executive Office of the Governor

Florida
Child Abuse Prevention
and Permanency Plan:
July 2010 – June 2015

Together we can ensure that Florida's children are raised in healthy, safe, stable and nurturing family environments.



Section 1 - Introduction

Florida Child Abuse Prevention and Permanency Plan: July 2010 - June 2015

The central focus of Florida Child Abuse Prevention and Permanency Plan: July 2010 – June 2015 is to build resilience in all of Florida's families and communities in order to equip them to better care for and nurture their children. In accordance with the State law (§39.001, Florida Statutes), this five-year prevention and permanency plan provides for the prevention of child abuse, abandonment and neglect; promotion of adoption; and for the support of adoptive families. The vision, mission, overarching goal and desired results of the plan are:

Vision

Florida's highest priority is that children are raised in healthy, safe, stable, and nurturing families.

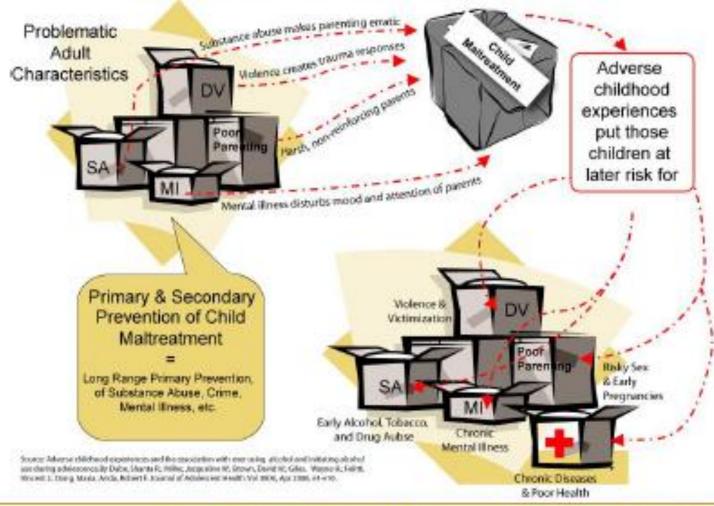
Mission

To serve as a blueprint that will be implemented to provide for the care, safety, and protection of all of Florida's children in an environment that fosters healthy social, emotional, intellectual, and physical development.

Overarching Goal

All families and communities ensure that children are safe and nurtured and live in stable environments that promote well-being.

Diagram 1. Early Experiences Put Children at Risk



Fiorida Child Abuse Prevention and Permanency Plan: July 2010 - June 2015, Introduction

Six Protective Factors

Research conducted by the Center for the Study of Social Policy found that there are Five Protective Factors that make a difference for families. When families experience the stressors that are highly correlated with child maltreatment, some families maltreat their children and others do not. The Center found that in the homes that do not maltreat their children, although they are experiencing the same stressors, the difference in these homes is the presence of Five Protective Factors. These Five

- Nurturing and Attachment
- Knowledge of Parenting and Child Development
- Parental Resilience
- Social Connections
- Concrete Supports for Parents
- Social-Emotional Competence

Prevention Gameplan

- Secondary prevention using targeted strategies
 - Secondary prevention is geared to communities and/or families who are vulnerable and at risk of child abuse, abandonment and neglect.
 - o Targeted strategies are those activities or services that are targeted to a group with specific risk factors with the goal of preventing child abuse and neglect from ever occurring in the first place within that target group. Risk factors correlated with child maltreatment include parent age, poverty, substance abuse, domestic violence, or maternal depression. Examples include:
 - Intensive home visitation programs for first time low-income mothers who meet a particular threshold on a screening instrument.
 - Parent training for adolescent mothers.
 - Respite care for parents of children with special needs.
 - Parent support groups for single parents.

Maternal Infant and Early Childhood Home Visiting Initiative



Where are the dads in the plans?



We have lots of work to do today...

LET'S GET STARTED

Objective 1: What is coparenting, and how does assuming such a framework alter how we think about, approach, and work with families?

Professionals who work with infants and toddlers have historically based their efforts on a dyadic, mother-child model as they try to promote the healthy development of babies



Efforts have been made to expand the mother-infant lens through initiatives to:

Promote Responsible Fatherhood

Encourage Healthy Marriages

Create Social Supports for Mothers

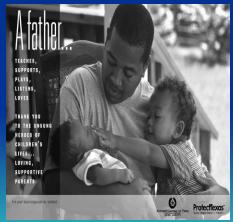
Such efforts are limited in that they do not explicitly address:

Coparental, triadic, and inter-caregiver dynamics



In the U.S., most babies and toddlers are cared for by many individuals: mothers, fathers, extended family members, child care providers, and sometimes others





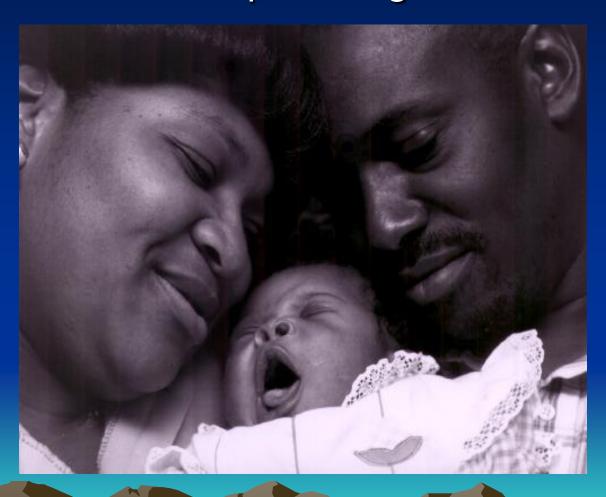




25 years ago, I began a research program that moved beyond mother-child dyads to test out a premise central to family therapy, but absent at that time from the child development literature:

- The emotional health of young children is promoted when adults share their joint knowledge about the child and collaborate effectively as parents and caregivers.
- Conversely, in families where these adults...
- ...see children, or their roles with children, very differently
- ...do not endeavor to get "on the same page"; and
- ...parent in a non-supportive or incompatible manner
- children would be at great risk for a wide range of social, emotional and behavioral adjustment difficulties.

This premise gave wings to a concept now known throughout the child development field as "Coparenting"



Coparenting refers to the mutual, joint efforts of adults raising children for whom they share responsibility

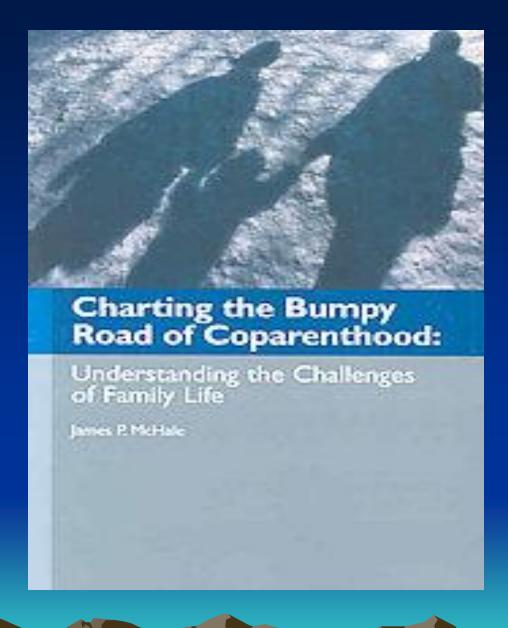






When functioning effectively, coparenting alliances catalyze healthy emotional growth of infants and toddlers. For this to happen, the involved adults must *collaborate* to create a context of:

- ✓ Support and solidarity between parenting figures
- ✓ Consistency and predictability in the approaches the different caregivers take in the child's life
- ✓ Security and integrity of the family's home base (regardless of whether that home base is a single domicile or spans multiple residences)
- ✓ Accurate empathy and attunement to the child's needs.



Families through Time: A study of the transition to first-time coparenthood:

- Initially assessed during the third trimester of the couple's first pregnancy
- Later seen at 3 months post-partum (home visits)
- 12 months post-partum
- 30 months post-partum
- 54 months post-partum (home visits)

During each post-partum assessment phase, comprehensive evaluations of coparenting were completed







Coparenting is a triangular concept



Coparenting dynamics were revealed by how adults parented together when assessed with children.

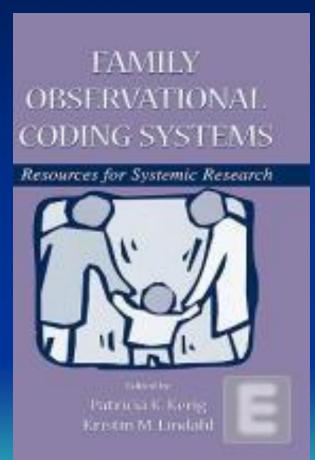
Evaluating Coparenting and Family-Level Dynamics During Infancy and Early Childhood: The Coparenting and Family Rating System

James P. McHale Clark University

Regina Kuersten-Hogan Bradley Hospital, Brown University Medical Center

Allison Lauretti Clark University

This chapter describes a system for evaluating several dimensions of coparenting and family process, introducing concepts based on the framework of structural family theory (S. Minuchin, 1974). The Coparenting and Family Rating System (CFRS) and its scales were developed as an alternative to several family-rating approaches that existed at the time of its development (see, e.g., Walsh, 1982) but that



Core coparenting dynamics reliably distinguished among families with infants and young children

- Degree of disparity in levels of engagement by the child's parents
- Rhythmic patterning of the family interaction (Child- or adult-driven)
- Degree of inter-adult cohesion and harmony
- Presence of inter-adult interference/antagonism

Parents disagree on what they believe is best for the baby

Babies know this, and they are affected by the dissonance

Our study, and literally dozens since then, established unequivocally that coparenting dynamics are associated with infant and toddler social and emotional development









This is so from the very earliest months of life...

New Evidence for the Social Embeddedness of Infants' Early Triangular Capacities

JAMES McHALE, PH.D. *
ELISABETH FIVAZ-DEPEURSINGE, PH.D.†
SUSAN DICKSTEIN, PH.D.‡
JANET ROBERTSON, B.A.§
MATTHEW DALEY, B.A.¶

Infants appear to be active participants in complex interactional sequences with their parents far earlier than previously theorized. In this report, we document the capacity of 3-month-old infants to share attention with two partners (mothers and fathers) simultaneously, and trace links between this capacity and early family group-level dynamics. During comprehensive evaluations of the family's emergent coparenting alliance completed in 113 homes, we charted infants' eye gaze patterns during two different mother-father-infant assessment paradigms. Triangular capacities (operationalized as the frequency of rapid multishift gaze transitions between parents during interactions) were stable across interaction context. Infants exhibiting more advanced triangular capacities belonged to families showing evidence of better coparental adjustment. Theoretical and practice implications of these findings are discussed.

Keywords: Coparenting, Infants, Triangular Relationships

Fam Proc 47:445–463, 2008

...and by 30 months post-partum, coparenting problems have pervasive, across-the-board impacts. Toddlers in low coparenting solidarity families at age 2 ½...

- □are rated by parents as showing *more total behavior problems* on the CBCL 1 ½-5
- □are rated by teachers as showing **poorer pre- academic skills** on the CABI
- □ exhibit a *less mature understanding of different emotions* on standard developmental assessments
- □display *less self- and more other-regulation* when frustrated (in delay-of-gratification challenges)

McHale, J. (2007), Charting the Bumpy Road of Coparenthood. Washington: Zero to Three Press

Collaborative coparenting in nuclear families is **central** to healthy infant socioemotional development. What about coparenting in unmarried, "fragile family" systems?

FAMILY PROCESS

Coparenting Interventions for Fragile Families: What Do We Know and Where Do We Need To Go Next?

JAMES MCHALE' MAUREEN R. WALLER' JESSICA PEARSON

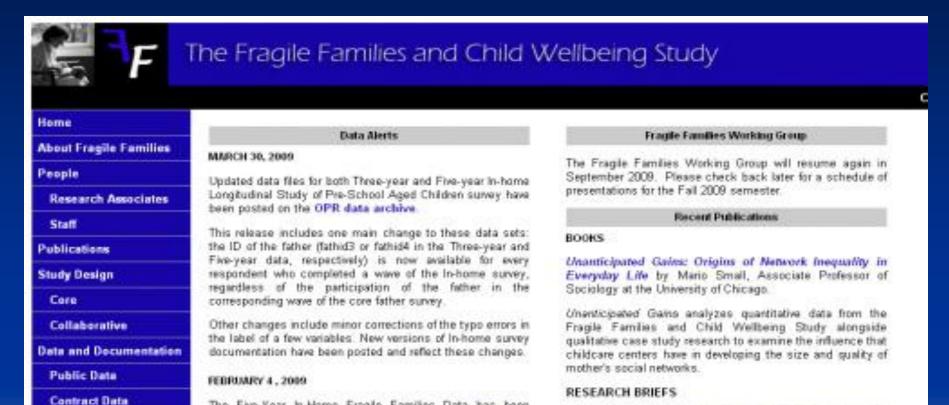
With a large and growing share of American families now forming outside of marriage, triangular infant-mather-father relationship systems in "fragile families" have begun to attract the interest of family scholars and clinicians. A relatively novel conceptualization has concerned the feasibility of intervening to support the development of a sustained and positive coparenting alliance between mothers and fathers who have not made an enduring relationship commitment to one another. At this point in time, there are very few published outcome studies of programs explicitly conceived to help build coparenting alliances in such families. This article reviews what we currently know from this evolving field of study, and from those related responsible fatherhood and marriage and relationship enhancement (MRE) initiatives that included any explicit targeting, strengthening, and assessment of fragile family caparenting in their designs. We summarize lessons learned thus far from Access and Visitation (AV) programs for non-residential fathers, from MRE programs for low-income, unmarried couples, and from newer programs for fragile families directly designed to target and support coparenting per se. We close with recommendations for charting this important new family process terrain.

Keywords: Coparenting; Triangular Relationships; Fragile Families; Family Interventions; Public Policy

Fam Proc 51:284-306, 2012



What is a Fragile Family?

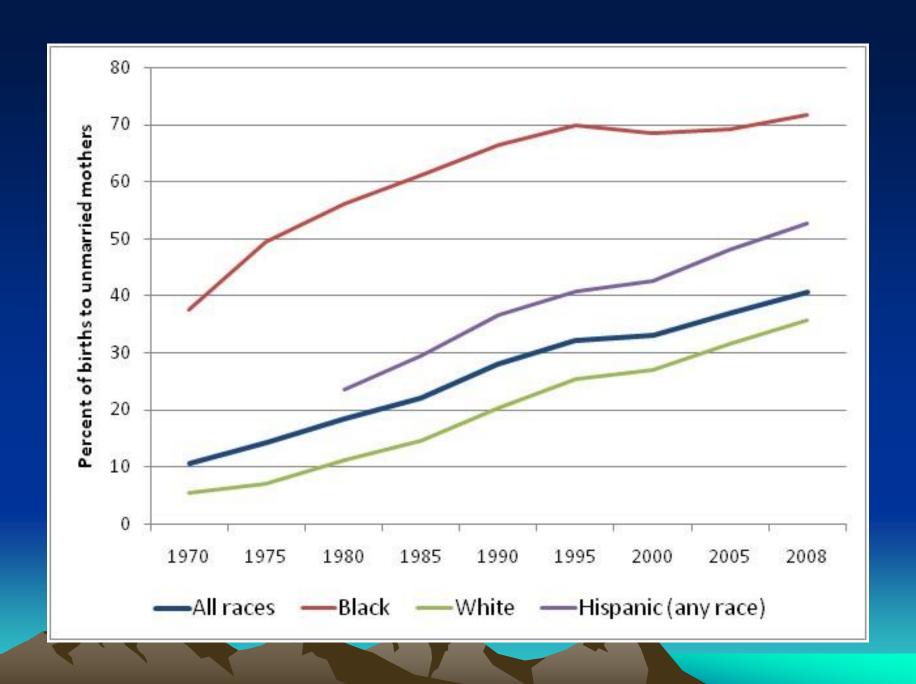


Princeton Fragile Families Study

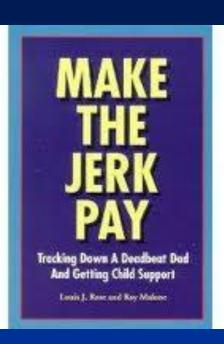
The Five-Year In-Home Fragile Families Data has been

Fragile Families and Child Wellbeing Study

- Following a cohort of nearly 5,000 children born mostly to unmarried parents.
- Study designed to primarily address four questions:
- (1) What are the conditions and capabilities of unmarried parents, especially fathers?
- (2)What is the nature of the relationships between unmarried parents?
- (3) How do children born into these families fare?
- (4) How do policies and environmental conditions affect families and children?



Unmarried fathers are often villified







The terminology is disturbing





WILL COST THE TAXPAYER OVER £2MILLION

KEITH MACDONALD

■ Receives incapacity benefit for a bad back of up to £68.95 plus £44 a week for

income support. Rarely works

■ Contributes just £5 BARKER

Child: Emily, three. Also has a

son by another man. Relationship: Met Macdonald on a bus. ■ Benefits: Working tax credit and child tax credit, council tax rebate.
TOTAL BENEFITS: £210 per week



months Relationship: Met Macdonald at Sunderland bus station

She said: Tm not telling you anything."

support, child tax credit, housing benefit. TOTAL BENEFITS: £170.10 per week



JUNE GARRICK (26) Child: Brandon, six. born October

2003. Also has a daughter by another man.

Facebook page reads: 'I like gone out with friends and I love been with my to kids. Love havin my own place, (sic)

a week to support each of his legion of offspring

■ There are claims of five more children: Two said to be living in Bristol and one in Durham. and two more said to be on way. The total benefit bill racked up by MacDonald and his offspring would be £2m+ from birth to 18.

> ■ Benefits: Income support, housing benefit, child tax credit, child benefit TOTAL BENEFITS:

£248 per week (estimate)



BANKS (22) Child: Angelis, seven. Has two other children and

JORDAN

council bouse Relationship: Had a son by Macdonald when

she was 15 M She said: 'He's not paying any maintenance. Maybe he should pay."

Benefits: Housing benefit, income support, child benefit. TOTAL BENEFITS: £355 per week



Relationshin: Met at a bus stop ■ Benefits: Housing benefit, income support, child tax credit



TOTAL BENEFITS:

£288 per week (estimate)

BECKY WRIGHT (21) Child: Gave birth to Clio in 2008. She is expecting a

STEPHANIE

Child: Matt.

JUBB (25)

baby with a new boyfriend. ■ Benefits: Income support £65.45 per week plus child benefit £20.30 a week. Lives in a two bedroom council house, thought to be claiming housing benefit. TOTAL BENEFITS: At least £85 per week



CHARLOTTE ANDERSON

Child: Kadv. born 2002, has since remarried.

Benefits: Child benefit £20.30 a week. TOTAL BENEFITS: Unknown



MICHELLE **PURVIS** (32) Child: Jamie Leah, 10

Fell pregnant when Macdonald was 15 ■ Benefits: Child benefit £20.30 a week.

TOTAL BENEFITS: Unknown



DANIELLE LITTLE (24) Child: Due in May 2011 Benefits:

Unknown but will be entitled to child benefit £20.30 a week.

Lives: Unknown but had been living in council housing until last year TOTAL BENEFITS: Unknown



SARAH ARMSTRONG Child: Due in April 2011 Benefits:

Entitled to child benefit £20.30 a week. TOTAL BENEFITS: Unknown

Are unmarried fathers coparents?





Unmarried Father Involvement

Nationally, nearly 40% of all children were born to unmarried parents in 2007. In Minnesota. nearly 2/3 of open child support cases involve children born to unmarried parents.

Until recently, the situation and capabilities of unmarried parents, and unmarried fathers in particular, were not well known. Therefore, little reliable data was available to guide policies and practice relating to unmarried parents. The Fragile Families and Child Wellbeing Study helps fill this gap 1

UNMARRIED PARENTS' CAPABILITIES AT THE BIRTH OF THEIR CHILD:

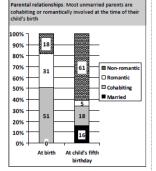
- . Most are poor or near-poor, 73% of mothers and 56% of fathers were at or below 200. percent of federal poverty guidelines.
- Many lack education, 43% of mothers and 38% of fathers lacked a high school degree.
- A majority have children with someone else. 59% of mothers and 53% of fathers already had a child with another partner
- A small percent report drug/alcohol or abuse issues. 4% of mothers and 6% of fathers had drug or alcohol problems: 5% of mothers reported violent or abusive behavior on the part of the father towards her. 11% of mothers reported physical abuse at year 3 (possibly due to improved questionnaires, not increased violence).
- Most unmarried mothers and fathers are healthy and bear healthy children.

FINDINGS FROM RESEARCH:

 Almost all mothers want fathers to be involved, 93% of all unmarried mothers report at the birth of their child that they want the father to be involved; and 2/3 of mothers who are not romantically involved with the father want the child's father to be involved. A recent national study of mothers found that mothers with lower incomes and fewer years of education were more likely than other mothers to want greater father

- Almost all fathers want to be involved. 99% of unmarried fathers interviewed report at the birth of their child that they want to be involved. Over 4/5 of fathers supported the baby's mother during pregnancy, either financially or in other ways
- Most unmarried parents start out together as families, but their family relationships are indeed fragile. At their child's birth, 4 out of 5 unmarried parents are cohabiting or romantically involved. By the time of the child's fifth birthday, 3 out of 5 are no longer romantically involved
- Poor unmarried families start out with high father involvement. 1 of 4 poor children under the age of 2 who were born outside of marriage lived with both biological parents while another 35% lived with their mother and saw their father at least every week.3 Poor nonblack infants primarily experience father involvement through marriage, while poor black infants primarily do so through fragile-visiting relationships.4

Continued on page 2 . >



Leading Minnesota's campaign for healthy fatherhood

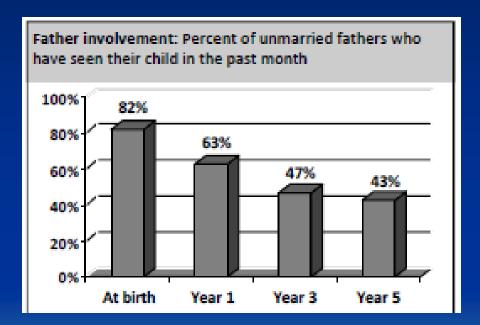
Research on unmarried families explores father involvement

Our mission

The Minnesota Fathers & Families Network enhances healthy fatherchild relationships by pro moting initiatives that in form public policy and further develop the field fatherhood practitioners statewide

November 2008

Minnesota Fathers & Families Network 161 Saint Anthony Ave Suite 845 Saint Paul, MN 55103 (651) 222-7432 info@mnfathers.org www.mnfathers.org



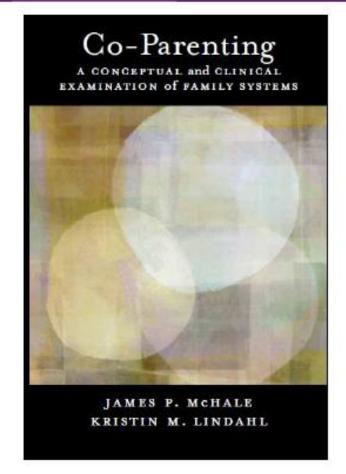






- What is Coparenting?
- Legal definition: access, visitation, custody
- Child's definition: how adults work together to socialize, care for and raise children for whom they share responsibility (McHale & Lindahl, 2011)
 - Honors children's and families' true, lived reality
 - Recognizes presence and importance of other family and kin caregivers

The Child Support Connection: Giving Children a Brighter Future







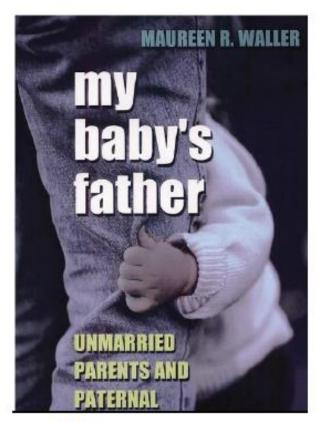






What Do We Know about Why Parents Don't Participate in A/V and Responsible Fatherhood programs?

- A/V and Responsible
 Fatherhood evaluations report
 trust of Child Support
 Enforcement (CSE) is an issue
 for noncustodial parents
- Unmarried mothers and fathers are concerned that by participating in CSE, they would increase conflict in their coparenting relationships (e.g., Waller, 2002)









Unmarried parents are a diverse group

- Relationships among unmarried parents are diverse in important ways
 - One group resembles divorced parents
 - A second group never had a close, enduring relationship
 - A third group is still romantically involved
- Their coparenting experiences also differ

Prior to the new baby's arrival, unmarried parents struggle

Pre-Intervention Couple Interaction

Yet FFWB data indicate that coparenting alliances can and do form in unmarried families, and frequently also endure through the infant and toddler years -- even in families where there is no committed romantic involvement – so long as the unmarried coparents maintain rapport and remain on reasonably good terms

(Carlson & McLanahan, 2007; Fagan & Palkovitz, 2007; Mincy et al., 2004; Waller, 2007)

Intervening with fragile families to promote coparenting should be a national priority...

FAMILY PROCESS

Coparenting Interventions for Fragile Families: What Do We Know and Where Do We Need To Go Next?

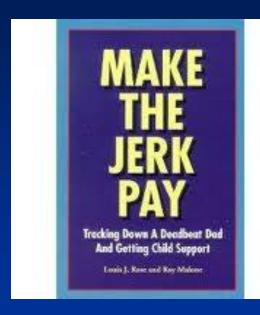
JAMES MCHALE* MAUREEN R. WALLER[†] JESSICA PEARSON[‡]

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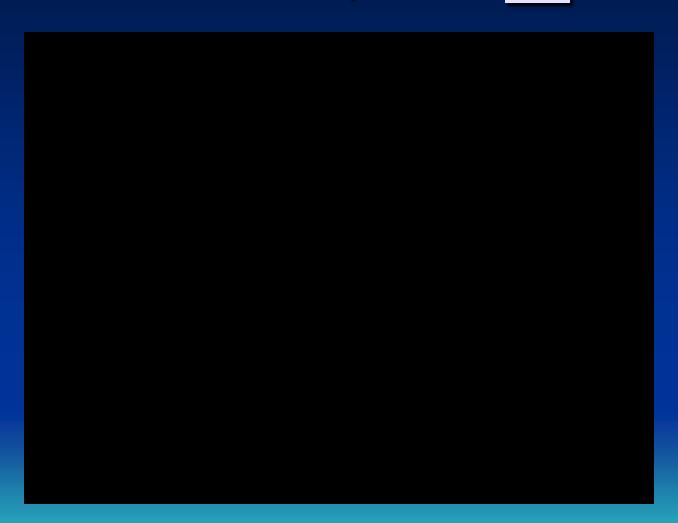
...but it will become so *only* if we believe fathers matter to children







...and to children, dads do matter



Yet remarkably, no one besides children seem to fully grasp this – including dads themselves



How many U.S. dads & stepdads say:

A) 25 %

B) 50%

C) 66%

D) 75%

My relationship with my daughter is either good or excellent.



How many U.S. dads & stepdads say:

My active involvement in her life is <u>NOT</u> key to her health and well-being.

- A) 25 %
- B) 50%
- C) 66%
- D) 75%



How many U.S. dads think they are replaceable by other men:

A) 7%

B) 29%

C) 57%

D) 73%

A teacher or a family friend could substitute for me in my daughter's life.



How many U.S. dads think they are replaceable by the mother:

My daughters are going to be fine without me; as long as their mom is around.

- A) 37%
- B) 53%
- C) 69%
- D) 83%



How many
U.S. moms think
they are
replaceable:

A) 7%

B) 29%

C) 57%

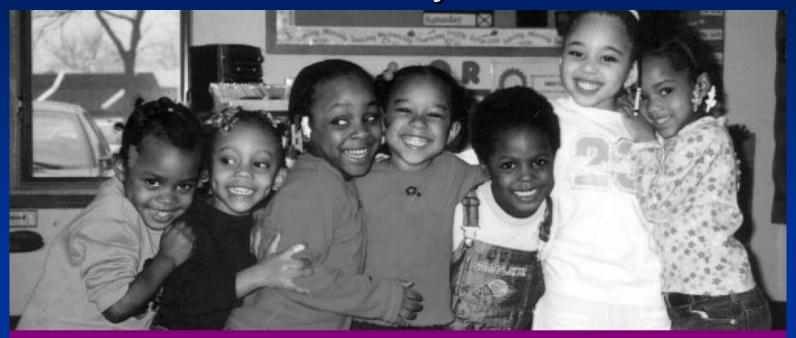
D) 73%

My contribution isn't that unique for my sons.
Other caring adults could replace me.



Motherhood Study, 2005

Dads aren't the only ones unsure they have something to offer. Moms aren't always so sure either. And frankly...neither are we



In one program evaluation, it was found that Head Start staff addressed only the mother in the intake process, even when the father was sitting right there. When asked why the father wasn't addressed also, the staff was not aware that he was being excluded. Be sure to treat dad like a player in the game.

Father involvement is crucial for infant health and mental health

- When fathers are involved during the pregnancy, babies have fewer complications at birth (Alio, A.P., Mbah, A.K., Kornosky, J.L., Marty, P.J. & Salihu, H.M. (2010). The Impact of Paternal Involvement on Feto-Infant Morbidity among Whites, Blacks, and Hispanics. Maternal and Child Health Journal 2010; 14(5): 735-41).
- High-quality interaction by any type of father predicts better infant health. Carr, D. & Springer, K. W. (2010). Advances in families and health research in the 21st century. Journal of Marriage and Family, 72, 743-761.

Father involvement is crucial

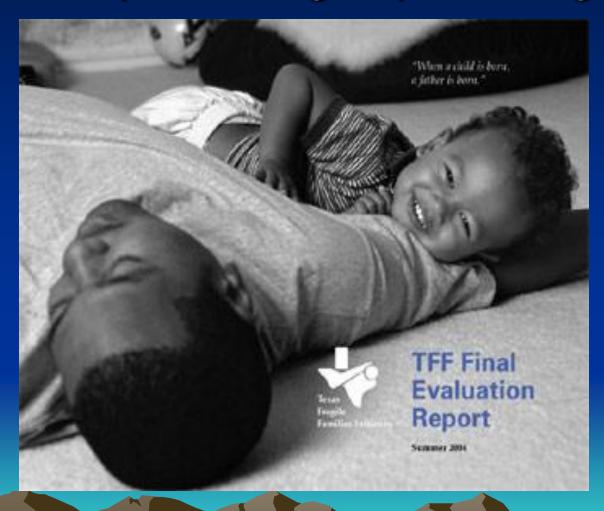
- Premature infants who have increased visits from fathers during hospitalization have improved weight gain and score higher on developmental tests (Coleman WL and the Committee on Psychosocial Aspects of Child and Family Health (2004). Fathers and Pediatricians: Enhancing Men's Roles in the Care and Development of their Children. American Academy of Pediatrics Policy Statement, Pediatrics, May, 2004).
- Babies with father's name on the birth certificate are 4 times more likely to live past 1 year of age (Alio, A.P., et al. (2010). "The Impact of Paternal Involvement on Feto-Infant Morbidity among Whites, Blacks, and Hispanics". Maternal and Child Health Journal 14(5): 735-41).

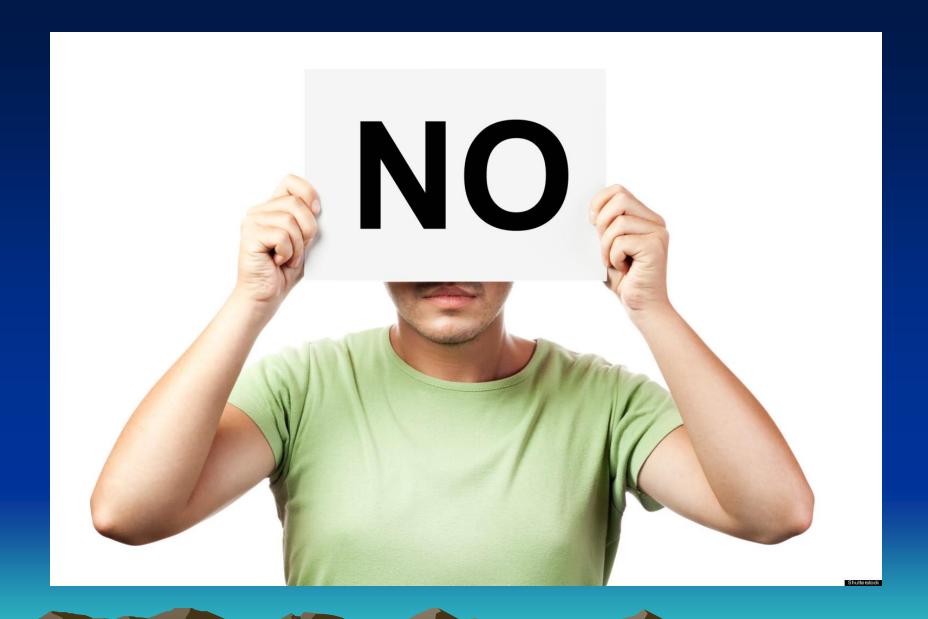
Responsible fatherhood programs have fathers meet with other men – but not with their babies mothers





But is promoting father engagement the same as promoting coparenting?





For mothers and fathers in fragile families to coparent, many obstacles must be overcome



Grandmaternal gatekeeping, children from other partners, child support enforcement...



But remember – coparenting alliances can and do emerge in unmarried families,

and are hence possible to seed and nurture during the pregnancy, infant and toddler years --

even when the parents maintain no sustained romantic involvement –

so long as the mother and father commit to the baby and remain on reasonably good terms

(Carlson & McLanahan, 2007; Fagan & Palkovitz, 2007; Mincy et al., 2004; Waller, 2007).

Focused Coparenting Consultation: Helping Parents Coordinate to Support Children

— James P. McHale & Karina Irace

his article provides an overview of Focused Coparenting Consultation (FCC), a new dyadic intervention model designed to improve parents' capacity to work effectively together in their children's best interests. The FCC model incorporates elements from a variety of different forms of individual, couple and family interventions, but is unique in the explicit contract it makes with parents from the outset that the exclusive aim of the work will be to help them develop a more effective coparenting alliance. We will describe theoretical and empirical foundations for this work. outline the model's three main stages, comment on the skill repertoire required of interventionists engaging in this work, and conclude with commentary on special topics of concern and contraindications for undertaking work of this nature.

Conceptual Foundations. FCC stands on the shoulders of S. Minuchin's (1974) structural family theory and its emphasis on the collaborative creation of effective safety structures to protect children and support their emotional adjustment. In adequately-functioning coparenting relationships there are mutually-shared parenting goals and rules for children, joint decisionmaking about the children, sensitivity to one another's perspectives about parenting, teamwork without rivalry or competition for the child's affection, and attunement to and understanding of the children. Problems ensue when coparents cannot accommodate one another and work together, fail to communicate or share leadership and decision-making, and co-opt the child into their own relationship issues. Parents who triangulate their children or show a chronic inability to communicate and coordinate together about them fail to achieve a consistently protective structure that will keep children monitored and safe and to adequately understand and support the child's emotional and developmental needs (McHale & Sullivan, 2008)...

With the accelerating independence and autonomy of increasingly younger children at risk of getting into significant trouble not just in schools and on the streets. but also when tucked protectively away in their rooms (thanks to the ubiquity of the internet in their lives), coordinated, allied parenting has never been more critical. Most parents do intuitively understand the importance of working together for their child and in fact, many maintain even before their children are born that they plan to create a cooperative, collaborative coparenting alliance (McHale, 2007). But ultimately, most parents find reconciling their values with their behavior to be challenging, for coparenting effectively does not come easily. Indeed, even the best functioning parents can benefit from regular "tune-ups". Unfortunately, few blueprints exist for helping parents to deal in a forthright, intentional way with the coparenting issues they face in their family. It was these factors that prompted the development of Focused Coparenting Consultation.

FCC's guiding premise is that for parents to better their collaborative efforts as coparents, they must first (a) cultivate a clearer recognition of why it is that coparenting cooperation, communication and coordination matter for their children, and of how they currently coparent, then (b) cultivate the skills needed to promote better cooperation, communication and coordination, and finally (c) make use of these new insights and skills to break free of repeated patterns of interaction and mutually tackle important issues

Steps in FCC

- 1. Heightening consciousness, awareness, and motivation to coparent
- 2. Skill-building helping couples acquire skills needed to problem-solve and communicate effectively about coparenting
- 3. Guided enactments
- Most FCC interventions end with co-creating of a parenting plan – a set of goals that the child's mother and father mutually determine and agree to agree upon

We set out to establish whether we could intervene prenatally to build coparenting alliances

Focus on Clinical Practice

Applications of Focused Coparenting Consultation with Unmarried and Divorced Families

—James P. McHale and Debra K. Carter

ractitioners who work with couples parenting young children have witnessed an explosion of interest in coparenting theory and research since 1995 (McHale & Sullivan, 2008). Once viewed as a family process that demanded close attention only post-divorce, attainment of coordinated and cooperative parenting efforts between parenting adults is now recognized to be critically important for healthy child adjustment. This is in every family system where more than one adult contributes to the care and upbringing of children - married, never married or divorced biological or adoptive parents, step-parents, parents and grandparents in 3-generational family systems, biological and foster parents (McHale et al., 2002; McHale, 2009; McHale & Lindahl, 2011). Each of these systems provides its own unique challenges and dynamics important to target in clinical interventions.

In this article, we address application of a model initially developed to help married or romanticallyinvolved couples strengthen their coparental alliance - Focused Coparenting Consultation (FCC; McHale & Irace, 2010) -- to two other family systems. We first examine FCC's utility as a model for guiding "front end" work with expectant couples who have not made a commitment to marry (referred to in contemporary writings as "fragile families") and then speak to FCC's applicability in "back end" efforts with couples post-divorce, in the context of parenting coordination efforts. The root principles of FCC remain the same in work with both types of family systems. However, strategies for helping raise couple consciousness about the imperative to work collaboratively in the best interests of the child vary as a function of the couple's relational history and degree of commitment to one another.

Focused Coparenting Consultation: Overview

FCC was developed as a time-limited consultation, one with a clear focus and clear goals. Its guiding premise is that parents, even those experiencing distance or acri-

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Our view of fragile families is that they, too, are an evolving coparenting and triangular family system; that they must be understood as a threesome and not a "2+1"; and that their babies play an important contributory role



PARENTS' KEEPSAKE BINDER

Figuring it Out for the Child:

A Coparenting Intervention for Unmarried African American Parents











BINDER MATERIALS CREAT Gypsy C. Gallardo, Mt. Zion Human Se

Vikki T. Gaskin-Butler and James P. N University of South Florida St. Peter



CURRICULUM & INSTRUCTOR'S GUIDE

INTRODUCTION:

Figuring it Out for the Child

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Figuring it Out for the Child is a prenatal intervention designed to strengthen the mother-father coparenting alliance of expectant, unmarried non-co-resident parents, regardless of whether the two anticipate future romantic involvement. It was designed to address the unique cultural experience and socioeconomic status of targeted moms and dads in three important ways:

- First, it advances the science on cultural competency using participants' socioeconomic position and race as a determinant of their perspectives and life outcomes.
- Second, it addresses the practical, everyday circumstances of single parents – whether or not they are romantically involved – and in that regard, more effectively prepares them to overcome the obstacles known to collapse the coparenting alliance.
- Third, it was intentionally constructed to honor the actual liferhythms, cultural experiences, family structures and social networks of participants in ways that some other interventions have succeeded in doing.

Much has been written about the importance of marriage educators promoting relationships between African American couples in a culturally competent manner. The African American Healthy Marriage Initiative (AAHMI) and the Program for Strong African American Marriages (ProSAAM) have devoted substantial effort to understanding the variety of economic, historical, and cultural issues that underlie the "decline in marriage" among African Americans. These and other

Relationship building, rapport were important to success

PARENTS' KEEPSAKE BINDER

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BINDER MATERIALS CREATED BY:

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PARENTS' KEEPSAKE BINDER

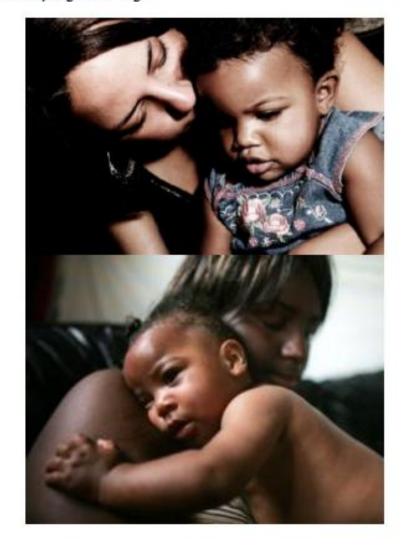
SESSION 1: SIT-REP SESSION







SESSION 2: IS THIS FOR REAL?
The Realities of Single Parenting



Show Your Love



SESSION 3: "THAT'S WHAT MY FATHER WOULD DO"

Positive and Not-So-Positive Legacies, and What to Do About Them



- Practicing effective communication using the "W.I.N." Method (The Mentors will choose an idea about parenting – not the one the parents disagree on – and pretend that they are parents disagreeing about how to deal with the baby. They will model a communication using the method:
 - "When you..." (State the specific parenting behavior you don't like).
 - b. "I feel..." (Express your feeling or thought using "I" or "me" rather than "you").
 - c. "I need/want..." (Specify what it is you want the other parent to change or do differently)

When a coparent is expressing concern about safety in the other parent's home:

(a) OK to use this as a "teachable moment" - since the other parent is there...
(b) ...we'd say "if that's a concern, how might you be able to let dad know about your concern in a way that he can hear that?"



SESSION 4: "KEEPING IT REAL"

Is it Possible to Control My Anger Instead of Letting It Control Me?





Anger is natural

- Anger often masks other emotions we are feeling
- Everybody has their own anger triggers
- What happens when you begin to get angry?
- What are other feelings beneath the surface of your anger

Typical responses to anger

What do you normally do when you're angry? (DISCUSSION)

Alternate responses

What other things could you do instead?

- Release the energy
- Calm down
- Talk/remain silent

Benefits of effective anger management

- Creates a positive and healthy atmosphere for the baby
- It keeps the atmosphere positive for coparenting



The session will then turn to having the coparents practice using conflict resolution by discussing, oneby-one, potential areas of conflict, selecting from the following list or choosing other topics

- Establishing paternity
- Economic provisions
- Grandparents' support/non-support

- Commitments to other children/other relationships
- Father's prenatal visits and presence at the birth.
- Visitation and overnights

SESSION 6: "THE VISION: OUR PLAN FOR OUR CHILD"



Our Top 5 Goals for Our Child

- 1.
- 2.
- 3.
- 4.
- 5.

A STRONG COPARENTING ALLIANCE IN THE FAMILY MEANS DOING THESE THINGS:

- Coordinating what you're each doing for your baby, keeping routines similar, and helping
 your baby to develop regular rhythms and a sense of the world as being a predictable place
- Helping your baby feel safe and loved, and not confused, when together with different family members
- Helping to reduce your baby's stress to promote healthy brain development and a strong foundation
- 4. Leaning on one another when you need help parenting more effectively yourself
- Mom supporting dad even when he's away. This will help him stay connected to the baby and help the baby feel close to dad. This will help so much later on, when the baby is older and dad takes some turns at parenting.
- 6. Dad staying involved to help take some of the pressure off of mom. By communicating regularly with Mom and the baby, Dad will prevent a lot of disappointment. Sometimes if dads let kids down, moms wonder whether the kids might be better off without them. The answer is no kids need their moms and their dads and they feel traumsted if they feel they've lost or are losing one of them. Dads have to do their part by staying involved, even if from a distance and even when it might seem easier to disappear.
- 7. Coparenting gives both of you someone to talk to about your baby's needs. It also gives each of you some rest when you really need it. If you each keep your promise to step up when it's looking like your coparent needs it, your baby will get the best parenting possible from both of you.
- Coparenting will be a great resource for you as once your baby gets older, more demanding, and in need of more limits. Beginning to have successes now as coparents gets you ready for the bigger challenges ahead.
- Coparenting requires practice! Remind yourselves, and one another, of the big picture constantly. Put aside your differences so you can talk productively about your baby.
- 10. Listen, work to understand each other's positions, try out interventions and revise them as needed. Make a date to talk weekly about the child's needs. And above all take care of yourself so you can be the best possible resource to your coparent and your baby.



Who are the FIOC Families?

Demographic		Mothers	Fathers
Age	Average	22 y/o	26 y/o
	Range	14-35 y/o	14-53 y/o
Race	Black	17	19
	White	1	-
	Bi-Racial	2	1
Income	*Below Poverty	100%	100%
Other Children	From 1+ Previous Relationships	35%	18%
Length of Relationship	Average	3.7 years	
	Range	0.7- 15.0 years	

At 3 Months Post-partum, the standard LTP was administered to all FIOC families













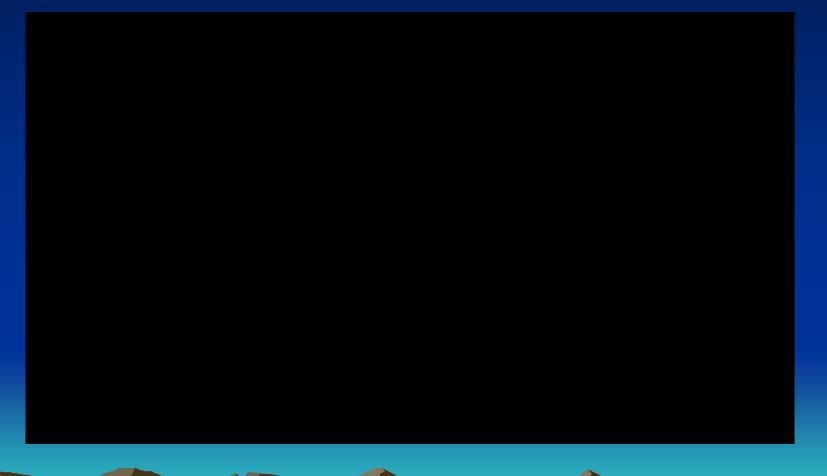




In families where infants showed more advanced triangular capacity, coparenting was less disengaged and marginally more cooperative

CFRS Ratings for families where babies did and did not exhibit evidence of triangular capacity				
	Some Multishift	No-Multishift	Sig Dif? (p < .05)	
CFRS Rating	M, SD	M, SD		
Cooperation	5.22 1.64	3.90 2.08	No	
Family Warmth	4.89 1.27	4.50 1.78	No	
Sensitivity	4.78 1.20	4.20 1.32	No	
Competition	2.89 2.15	2.90 2.28	No	
Verbal Sparring	2.33 1.41	2.50 1.51	No	
Overstimulation	2.22 1.56	1.90 1.20	No	
Disengagement	2.11 1.05	3.70 1.77	Yes; F=5.50, p=.03	
Baby Distress	2.56 1.42	2.50 1.51	No	

What's more – babies were drawing fathers in



The babies – at 3 months postpartum – made bids for their fathers' attention – and their fathers responded





Babies' looks to father amplified ongoing engaged behavior.



Babies' gaze also succeeded in coaxing responsiveness among most less involved dads



Preliminary conclusions

- Following Focused Coparenting Consultation, mothers and fathers in "fragile families" join together for LTP interactions with no trepidation or concerns about one another
- About half of FCC-involved African American infants show beginning evidence of triangular capacities between 3 and 4 months of age
- Infants show signs of interest in fathers and their signals catalyze father responsivity
- Foundations of triangular systems are clear

Our earlier coparents revisited after FIOC (3-months post-partum)

Post-Intervention Couple Interaction

Objective 2: Assessing what we know about promising means of engaging fathers in home visiting – and why what we know about these promising approaches has failed to change the home visiting landscape

What we know, and why what we know isn't enough

 The Office of Planning, Research, and Evaluation (OPRE) contracted with Mathematica to review research on programs and services that supported fathers. Only a handful of the programs identified offered home visiting as a method of service delivery



Most programs grew out of Early-Childhood Home Visiting



- Common program strategies:
- –Maintain home visits as the primary service but also include fathers
- Add or adapt other services for fathers, such as father-child socialization activities or group sessions
- Programs that did not grow out of earlychildhood home visiting sometimes offered case management during home visits

Services were offered for only a few months



- Father-focused components often lasted no more than 12 weeks
- For programs offering longer-term home visits to mothers and children, it was not always clear whether fathers would be encouraged to continue participating
- Avellar and Mathematica only identified one program that clearly tried to change approach to become more inclusive of fathers

What obstacles were identified?



- Fathers feeling the program wasn't for men
- Staff stereotyping fathers, e.g., as primarily interested in employment or in sports
- Some women who felt the program benefited them being reluctant to share the services with the father

What obstacles were identified?



- Mothers' reluctance to share information, fearing loss of public assistance or childsupport enforcement
- Challenging relationship issues between mothers and fathers
- High rates of incarceration, especially among young African American fathers

If you want to including fathers just inviting them to home visits isn't enough

- Plan home visits around father's schedule
- Consider engaging him in specific tasks, directing his attention to the child, pointing out the child's positive reactions to him
- Get to know dad as an individual, understand his goals, provide support for those goals
- Believe in the importance of fathers and recognize your personal biases

Do These Programs Work?

- To date, there is limited information on the effectiveness of these programs
 - Of the six identified studies, only one had a comparison group
- Some evidence suggests that home-visiting services may improve fathers' play skills, but this outcome could not be definitively attributed to the program

Case Study: Massachusetts



Haji Shearer
 Director of the
 Fatherhood
 Initiative,
 Massachusetts
 Children's Trust
 Fund

In Massachusetts,

- The Children's Trust Fund funds HFM, a 15 year old, statewide, home visiting program for first time parents under 21
- Approx 3000 families served by 250 staff on a weekly, biweekly or monthly schedule
- In 2009, CTF ran a 3-6 month Intensive Support model (FITS) with some of its programs to increase father participation

What happened?

- Within a few months, the first three programs we worked with tripled their percentage of fathers on home visits from single digits to high 20s/low 30s
- However, rates reached a plateau and started dropping after the intensive support ended

So, benchmarks were established

- In 2010, for the first time, CTF created a benchmark for father engagement
- 45% of participants are required to have a visit with father present
- From 2nd Quarter FY11 to the same time FY12, the program average rate for fathers on one HV went from 25% to 45%

In another high-profile project...



In 7 communities, the Texas Health and Human Services Commission is implementing and evaluating four program models - PAT, Nurse Family Partnership, the Early Head Start Home-Based Model, and the Home Instruction for Parents of Preschool Youngsters program. PI Cynthia Osborne is evaluating fathers' reasons for participating in the programs and whether programs can do more to encourage father involvement.

An Example of Program Transformation

Focus on mothers and children Develop fatheronly activities Invite fathers to all activities Fully involve fathers in all activities

Recognize fathers as integral to program

Healthy Families New York/Home Visiting Program Father Advocate Home Visit Log

	This is a two page form is filled out by the Fatherhood Advocate only.				
1. Primary Caretaker 1's Identifier					
Lost Nome (3 let)	FI Bir	th Date (Month/Day/Yr)	Date of Intake (Month/Day/Yr)		
2. Fatherhood Advoc	ate's Name	3. Father	/Father Figure's Name		
4. Is Father/Father Figure living in home with PC1 and target Child on this date?					
5. Date of Visit	Day Y ser	6. Visit	t was: Scheduled Unscheduled		
5a. Start time of visit	:	am pm	_		
7. Type of Visit (Check all that apply) 1. In home visit (Check all that apply) a. Home of primary care taker 1 b. Home of father/father figure if not living with primary caretaker 1 2. Outside of primary caretaker 1 home and outside of father/figure home if not living with PC1 3. Attempted—father/father figure not home or unable to meet after FA visit to meeting site (DO NOT complete rest of the FA Home Visit Log)					
8. Total Length of Vis Hours Minutes If visit took pla	1. Primary 2. Primary 3. Biologica Primary Ca 4. Father Fig PC2 or Biologic 5. Target Ch	Caretaker 1 Caretaker 2 Il Parent (if not retaker 1 or 2) gure (if not cal Parent) Sp Ild	visit? (Check all that apply) 6. Grandparent 7. Target Child Siblings 8. Home Visiting Program Supervisor 8. As Observation by Supervisor 9. Other ecify		
Date Form Submitted	Reviewer's Initials	Date of Data Entry	Initials of Data Entry Operator		

Second Page of Father Advocate Home Visit Log				
Primary Caretaker 1's Identifier Date of Visit				
Last Name (3 let) Pt Birth Date (Month/Day/Yr) Date:	of Intake (Minrth/Day)*Yr) Month Day Year			
Activities engaged in during home visit with father/fath	ser figure (check all those that apply to this visit).			
Child Development	Self Sufficiency			
10. A5Q	41. Teach how to use calendar or appointment book			
11. Provide education, information or activities on	 Teach home management or housekeeping 			
child development and age-appropriate behavior	sidils			
Provide developmentally appropriate toys,	48. Teach to use public transportation or provide			
books or activities	maps or directions			
13. Other (Specify	44. Discuss employ options/help parent(s) look for job			
Parent/Child Interaction	45. Teach money management			
14. Provide education, modeling or activities on	46. Addressed needs for baby-sitting or day care			
parent/child interaction	46. Addressed needs for baby-sitting or day care			
Provide education, information or activities	 Teach problem solving/decision-making skills 			
re: child management (including discipline)				
Discuss feelings about baby	48. Discuss educational and training options			
17. Provide support or positive feedback to	49. Teach job readiness, job seelding skills			
parent(s) regarding the stresses of parenting				
18. Addressed infant basic care needs	50. Other			
(sleeping, bathing, diapering, dressing, etc.)	(Specify			
19. Discuss Shaken Baby Syndrome	Crisis Intervention			
20. View video "Portrait of a Promise" with	51. Help resolve problems and handle crises			
Family (Shaken Baby Syndrome film)	51. Help resolve problems and namue crises			
21. Other (Specify)	52. Other			
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Objective 3: Provide some solutions, for both direct service personnel and for agency heads and supervisors, that can help to truly support fathers and mothers as coparents

MIECHV is poised to do a lot of good.



MIECHV Benchmarks

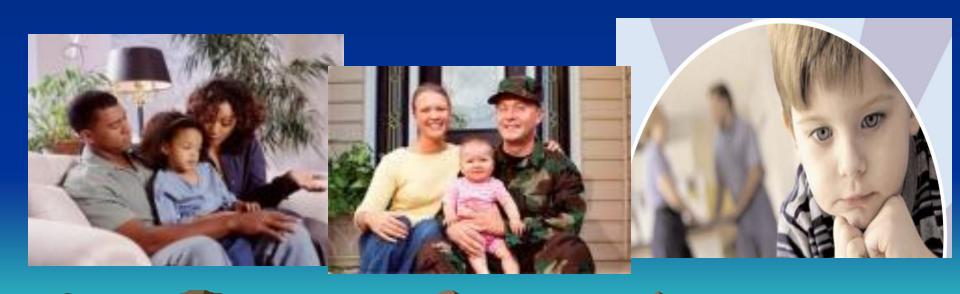
- Benchmark 1 focuses on improved maternal and newborn health and measures impact based on engagement with mothers.
- Measures include:
 - Prenatal care
 - Maternal used of alcohol, tobacco, or illicit drugs.
 - Pre-conception care
 - Inter-birth intervals
 - Screening for maternal depressive symptoms
 - Breastfeeding
 - Maternal and child health insurance status

Florida Needs Assessment

- Poverty
- Crime
- Domestic violence
- High rates of high school dropouts
- Substance abuse
- Unemployment
- Child maltreatment



Coparenting refers to the mutual, joint efforts of adults raising children for whom they share responsibility



Barriers to working with coparents (rather than mothers, or fathers, individually)

- Deep-seated doubts about whether it is wise to engage fathers at all
- Training bias: Home visitors do a lot of teaching, have a propensity to educate rather than facilitating conversation between parents
- Lack of "couples" skills -- fear of not knowing what to do if conflict were to arise
- Fear of being called upon to arbitrate and not knowing the "right" solution

Step 1: To help moms and dads believe dads are important, you must believe they are important

- Address invisible biases that fathers do not matter to children
- Few people acknowledge such biases but they remain rampant and they affect all we do



Address own biases and skill sets

- What do you truly believe about the importance of father engagement?
- What do you feel about the wisdom of bringing fathers into the equation?
- What might stop you, consciously or unconsciously?
- Develop basic skills to help fathers engage with their babies, to help mothers let them, to teach and coach communication skills, and to quell squabbles as they evolve

Take to heart the facts about fathers -- Children with involved dads:

- More successful in school
- More ambitious
- More self confident with their identity
- Self-protective and self-reliant
- Less likely to drop out
- Less susceptible to peer pressure
- Less likely to get in trouble with the law

Moms can be tough sells – you must stand ready to help them understand what is at stake if father is not a part of the child's life – and you must believe this yourself

Response: While many kids turn out okay being

Mother says: My kid doesn't need him. I can raise him just fine by myself.

raised by one parent, research shows that children that grow up absent a father-figure are at increased risk for problems at school, teen pregnancy, lower academic achievement, and delinquency. 12 On the other hand, children of highly involved fathers tend to have better friendships, fewer behavioral problems, better educational outcomes, greater capacity for empathy, non-traditional attitudes to earning/childcare, higher self-esteem and life satisfaction, lower criminality and substance abuse problems. 13 Fathers help children develop skills and competence in sometimes different ways than mothers. For example, fathers tend to provide more rough and tumble play and less immediate support when a young child gets frustrated, which promotes children's problemsolving abilities. 14

You must be prepared to deal with the common concern of mothers that they can't trust fathers



You must also be familiar with the propensity of mothers to position as experts



Baby Blues

By Rick Kirkman and Jerry Scott







Mother says: I don't like the way he parents. Response: No two people parent alike. It is inevitable that parents will disagree over minor aspects of parenting. But it is best if parents are on the same page about major

aspects of parenting, such as discipline, bed-time routines, etc. And of course it is important that both parents provide a safe and loving environment. Sometimes a professional can help figure out what a mother doesn't like about the father's parenting and whether those differences will negatively impact the child's well-being. Help to get on the same page about parenting together is another useful strategy. A parenting plan is one way to seek compromise and to get on the same page. Learn more here: www.wecanparenttogether.org.

Fathers need to develop their own ways with their children



Not sure what to do with a dad? If in doubt just remember---

- Cuddle
- Talk
- Read



Not sure what to do with a dad? Coach dad (and mom) to

 Build security by holding the child close. Babies love to be held and rocked

 Say "I love you" many times a day, every day. Let baby know why. Never stop.



Talk, sing, laugh, clown around

- Talk to the baby, and say the names of things you see, even if she cannot
- Sing songs, especially songs with motions and finger-play. Babies never tire of familiar songs
- Use lots of facial expressions, and let the child touch your face



Read, even to newborns

- Read, every day, even before baby learns how to read along.
 She'll be listening and will come to expect and love it
- You can read to her from the first day of life. Cuddle her in your lap. Point to pictures.



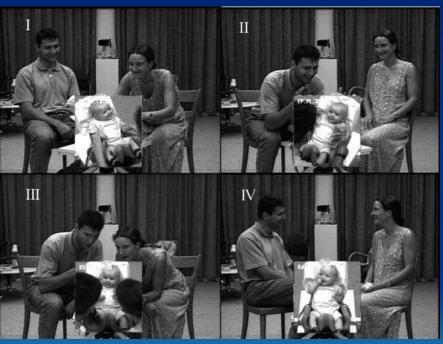
Floor time and activities

- Encourage tummy and later floor time
- Explain how physical contact promotes bonding!
- Lift babies, hold them gently but safely
- Go for walks and talk while you're walking



As you work with dads, help keep moms from interfering with their efforts

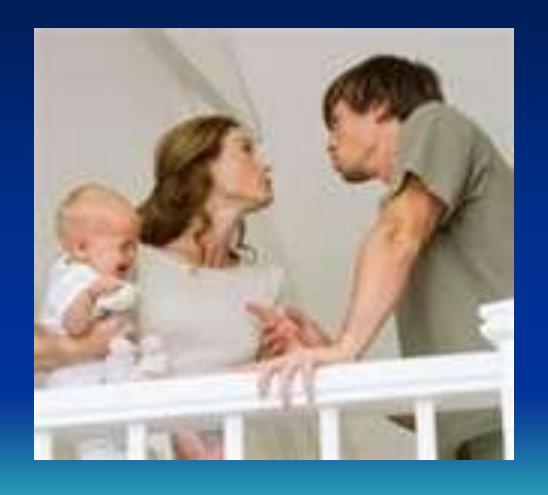




Once mothers and fathers are engaged, help them discuss their gameplan...a way that both mother *and* father can maintain a focus on supportive coparenting



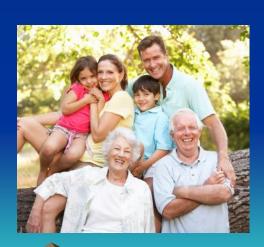
You can teach Coparenting 101



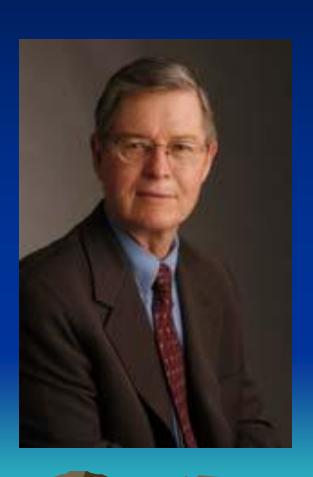
Every child can be given two priceless gifts by his or her family:

- The liberty to enjoy close and loving relationships with each individual adult who takes on responsibility to help parent her.
- A sense of family-level security (Byng-Hall, 2005; McHale, 2007).





Infants can -- and do -- form multiple attachments







The attachments children form to adults can be supported, or undermined, by coparenting



Help both parents understand: Infants thrive when they have *multiple secure* attachments

- The strength of an infant or toddler's attachment to each coparent will be a function of the quantity and quality of transactions they have with that person
- A lower quantity of high quality care by a parent or caregiver is more important for secure attachment than is a higher quantity of poor-quality care





The main mission...

 Work with parents to do whatever it takes to promote the child's bonds with each coparenting adult so as to create for the child a sense of family-level security

Coparenting is *not* for 100% of families



The BUILDING STRONG

The Baltimore BSF program had negative effects on couples' relationships. BSF couples were less likely than control group couples to remain romantically involved, 59 percent versus 70 percent. Baltimore BSF couples reported being less supportive and affectionate toward each other than control group couples did. In addition, women in the Baltimore BSF program were more likely than women in the control group to report having been severely physically assaulted by a romantic partner in the past year, 15 percent compared with 9 percent. Baltimore BSF couples also rated the quality of their co-parenting relationship lower than control group couples did and reported that BSF fathers spent less time with their children and were less likely to provide them financial support than control group fathers were.

Robert G. Wood Sheena McConnell Quinn Moore Andrew Clarkwest JoAnn Hsueh

May 2010





When might there be cause to work with a father with violence history?

Stover & Morgos (2013) Professional Psychology Research and Practice

Circumstances in which to consider the father's inclusion in child-focused case assessment and treatment planning:

- 1. The child still lives with the perpetrator
- 2. The child has contact with the perpetrator
- 3. The perpetrator expresses a wish to participate, supported by the child's mother

If ongoing IPV is present, mother-father dyadic coparenting work in HV is contraindicated



A perpetrator will not be appropriate for inclusion in treatment when there is...

- 1) History of severe physical violence (e.g. choking, causing hospitalization) or when the risk of violent recidivism is high
- 2) An active NO CONTACT protective order
- 3) The child indicates fear of the perpetrator and does not want sessions with that person under ANY circumstances.
- 4) Is substance dependent and NOT in treatment
- 5) Manifests significant untreated psychosis, suicidality
- 6) Denies past violence despite arrest history/CP record;
- 7) Refuses to take any responsibility for previous actions (e.g. completely blames his partner for violence);
- 8) Refuses to sign release of info for DCF or prior treatment

What if there is not IPV?

- If IPV is not in the parents' relationship history, a coparenting framework and coparenting interventions may be of help to parents.
- Immaturity, conflict, "anger issues" while unpleasant are not the same as DV and are important to address with parents



How do you decide?

- 1. Nature/severity of abuse
- 2. Does the perpetrator recognize that what they did was wrong and take some responsibility for their actions?
- 3. Does the child want the perpetrator involved?
- 4. Does the child still have significant contact or will have contact with the perpetrator in the future?

- 5. The status and mental health of the perpetrator
- 6. What is motivating the offending parent to want to participate?
- 7. Is the perpetrator engaged in their own treatment?
- 8. Does the child want the perpetrator involved?
- 9. The goals of treatment

When concerned, **always** consult with a supervisor. But always remember too...

 The overwhelming majority of all men and fathers in all socio-demographic groups are not dangerous and are assets and buffers for children – without them, children's life chances will suffer





Summary and Recommendations to begin supporting coparenting in HV





It is not only possible **but it is vital for children** that their parents create a lasting and
strong mother-father coparenting alliance –
one that reads and meets the child's needs

EVERYCHILD
WILLCOPARENTED



How well a child's coparents communicate and cooperate with one another affects how well the child adjusts in life.

to learn more about coparenting and child development visit www.stpete.usf.edu/fsc





Coparents need not be married – or even living together – for a strong coparenting alliance to form



You are most likely to engage dads if you take pains and go out of your way to seek their presence right from the start





Some moms will be ready to welcome dad's involvement. Others won't, and will need you to help explain why coparenting matters



Once ready -- meaning once **you yourself** truly believe that fathers matter greatly to children – always aim to talk to both mothers and fathers together from the start of your work:

"We know that how the two of you work together to care for him these first two years will help determine how well he adjusts as he gets older"

Think triangles, triangles, triangles – Remember: every child *has* two parents

Clinical Child and Family Psychology Review, Vol. 2, No. 2, 1999

Understanding Triadic and Family Group Interactions
During Infancy and Toddlerhood

James P. McHale^{1,3} and Elisabeth Fivaz-Depeursinge²

This paper outlines recent conceptual and methodological development of triadic and family group process during infancy and toddlerhood. It emerging family group process are identified, and conditions specific to the family during the early phases of family formation are summarized, and global approaches to evaluating mother-father-child interactions highlight both similarities and differences in the strategies and methods et different investigators who have been studying the group dynamics of f and toddler children, and underscore several important family patterns an that appear to be cutting across these different methods and measurement nary evidence for the validity and clinical significance of family-level assertized, and directions currently being pursued by researchers engaged in a triad are outlined. We close by identifying several conceptual and clinical to be addressed by subsequent work.

KEY WORDS: Family assessment; triads; coparenting; infants; toddlers.

INTRODUCTION

Fifty years ago, two clinical psychologists first initiated the practice of evaluating the children who had been referred to them for treatment as they interacted together with multiple others in their family group (Ackerman, 1954; Bell, 1961). This shift in theory. Those involved in such wor families' complex, internal rhythm writings how family groups possesse conclision, much as did individual

sonalities," much as did individual bed 2006 family. About 25 years after Bell and Ackerman launched the family therapy movement, the excitement that had attended the "discovery" of family



:

Non-residential fathers are most likely to stay engaged with children if an infant-father attachment bond develops



Dads differ. Some non-residential dads will be ready to coparent immediately; other dads will need some support from you learning how to be sensitive and responsive to baby

Levels of discrimination between infants and caregivers

It's not just attached or not attached:

Recognition/ Familiarity/ Comfort/ Pleasure/ Reliance/ familiarity comfort pleasure reliance preference

Once you have both parents' on board, spend time heightening their awareness about the specific effects of coparenting -- and strengthening their resolve to coparent



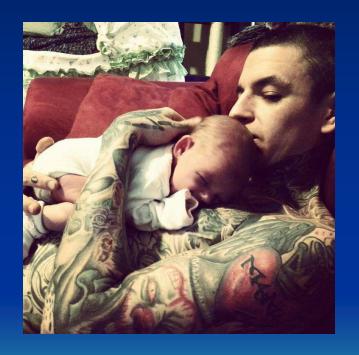


Provide parents with insights about why children **need** coparents to work together...



As for your skill set – always pose questions to and seek answers from both mom and dad; if dad defers to mom, ask "how do you see it?"





Spend some time learning a few basic communication techniques, for those times when parents have different views

"WIN" Technique

W "When you..." (State the specific behavior you don't like)

I "I fee!..." (Express your feeling or thought using "I" or "me" rather

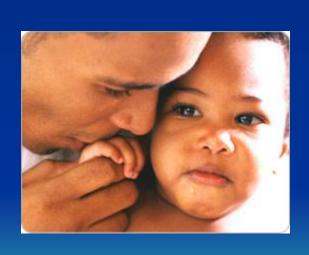
than "you")

N "I need/want..." (Specify what it is you want to change)

So instead of just saying "you spoil her," which can sound blaming and make the other person defensive, a way to express this same feeling in a non-blaming way might be "when you give her lots of special toys or treats (W), I feel sad and Jealous, because I can't compete with you (I). I need you to understand that I am trying to connect with her too, and support me whenever you can (N)."

The "magic" secret to building lasting coparenting alliances is simple: Fathers will care for their children if they know and love their children







For coparents to get to where kids need them to go, we will need to jettison these images





WILL COST THE TAXPAYER OVER £2MILLION

KEITH MACDONALD

■ Receives incapacity benefit for a bad back of up to £68.95 plus £44 a week for

income support. Rarely works ■ Contributes just £5

BARKER Child: Emily, three. Also has a

son by another man. Relationship: Met Macdonald on a bus. ■ Benefits: Working tax credit and child tax credit, council tax rebate. TOTAL BENEFITS: £210 per week



Relationship: Met Macdonald at Sunderland bus station

Child:

She said: Tm not telling you anything." Benefits: Income

support, child tax credit, housing benefit. TOTAL BENEFITS: £170.10 per week



JUNE GARRICK (26) Child: Brandon, six. born October

2003. Also has a daughter by another man.

Facebook page reads: 'I like gone out with friends and I love been with my to kids. Love havin my own

a week to support each of his legion of offspring

■ There are claims of five more children: Two said to be living in Bristol and one in Durham. and two more said to be on way. The total benefit bill racked up by MacDonald and his offspring would be £2m+ from birth to 18.

> ■ Benefits: Income support, housing benefit, child tax credit, child benefit TOTAL BENEFITS:

£248 per week (estimate)



BANKS (22) Child: Angelis, seven. Has two other children and

JORDAN

Relationship: Had a son by Macdonald when she was 15

M She said: 'He's not paying any maintenance. Maybe he should pay."

Benefits: Housing benefit, income support, child benefit. TOTAL BENEFITS: £355 per week



Met at a Benefits: Housing benefit, income support, child tax credit TOTAL BENEFITS:

£288 per week (estimate)



BECKY WRIGHT (21) Child: Gave birth to Clio in 2008. She is expecting a

STEPHANIE

Child: Matt.

Relationshin:

JUBB (25)

baby with a new boyfriend. ■ Benefits: Income support £65.45 per week plus child benefit £20.30 a week. Lives in a two bedroom council house, thought to be claiming housing benefit. TOTAL BENEFITS: At least £85 per week



CHARLOTTE ANDERSON

Child: Kady. born 2002, has since remarried.

Benefits: Child benefit £20.30 a week. TOTAL BENEFITS: Unknown



MICHELLE **PURVIS** (32) Child: Jamie Leah, 10

Fell pregnant when Macdonald was 15 ■ Benefits: Child benefit £20.30 a week.

TOTAL BENEFITS:



DANIELLE LITTLE (24) Child: Due in May 2011 Benefits:

Unknown but will be entitled to child benefit £20.30 a week.

Lives: Unknown but had been living in council housing until last year TOTAL BENEFITS: Unknown



SARAH ARMSTRONG Child: Due in April 2011 Benefits:

Entitled to child benefit £20.30 a week. TOTAL BENEFITS:



Questions?



For more on coparenting and child development...

- Visit http://www.usfsp.edu/fsc/
- Free download about coparenting to use with families: http://edis.ifas.ufl.edu/pdffiles/FY/FY100000.pdf
- Excellent reading resource for new parents living together: McHale, J. (2007) Charting the Bumpy Road of Coparenthood: Understanding the Challenges of Family Life (read more here)
- For professionals: McHale, J. & Lindahl, K. (2011), Coparenting: A Conceptual and Clinical Examination of Family Systems (read more here)