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Involving Fathers in Psychological Services for Children

By

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Commentary submitted in June 2005: to Catherine Lee, PhD, cmlee@uottawa.ca , Editor of Special series in Cognitive and Behavioral Practice on involving fathers in psychological services.

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Abstract

This paper is a commentary on five papers in a special series on father-involvement in child psychology services. The following themes are addressed: the effects of fathers on child development; benefits of father-involvement in child psychology services; obstacles to father-involvement ; engaging fathers; specific interventions for fathers; and implications for service development, training and research.

Introduction

The five papers in this special series address a number of critical themes concerning father-involvement in psychological services:

- Positive and negative effects of fathers on child development
- Benefits of father-involvement in child psychology services
- Obstacles to father-involvement
- Engaging fathers
- Specific interventions for fathers
- Service development implications
- Training implications
- Research implications

Positive and negative effects of fathers on child development

The positive and negative effects of fathers on child development is addressed by Phares et al (2005), Lee and Hunsley (2005) Mahlik and Morrison (2005). In the opening sections of these three papers the authors argue that children of fathers who have psychological

problems have more difficulties than those who have healthy fathers. Also, children who have a positive relationship with their fathers and relatively frequent contact with them are better adjusted and more resilient in the face of adversity than children who have problematic relationships with their fathers or whose fathers are peripheral to their lives. These views on the benefits of father-involvement for child development are consistent with conclusions drawn from extensive reviews of the international literature (Carr, 1999; 200a, 2004; Lamb 2004).

However, both Lee and Hunsley (2005) and Mahalik and Morrison (2005) show that father-involvement has benefits not only for children but also for fathers and mothers. The benefits for fathers include experiencing more satisfying parent-child and marital relationships. The benefits for wives include increased partner-support and greater family cohesion.

Benefits of father-involvement in child psychology services

Because father-involvement has clear benefits, and father absence or problematic relationships with fathers have negative effects within the context of child development, it makes good sense to include fathers in psychological therapy and prevention programs. This argument is made by all contributors to this special series (Crooks, Goodall et al., 2005; Crooks, Scott et al., Lee & Hunsley, 2005; Mahalik & Morrison, 2005; Phares et al., 2005).

Phares et al. (2005) review preliminary evidence on parent training which shows that when fathers are involved, particularly for externalizing problems, the benefits of therapy are more durable and do not ‘wash out’. This may be because during therapy mothers, fathers and children learn rules, roles and routines that become part and parcel of regular family life. These may then endure long after therapy is over.

Lee and Hunsley (2005) outline an intervention which promotes co-parenting in separated and divorced families where lack of parental co-operation is preventing the resolution of child behavior problems. The impact of the intervention is illustrated with case material. This intervention may be integrated into existing evidence-based treatment programs for childhood disorders.

Crooks, Scott et al., (2005) argue that the primary parenting deficit of abusive fathers' is a failure to recognize and privilege their children's needs for love, respect, and autonomy. Therapy for these fathers must first modify these attitudes that support their use of abusive control. Only after this has been achieved can abusive fathers benefit from regular parent training which focuses on developing effective child management skills. It is this argument that has informed the development of the *Caring Dads* program which Crooks, Scott et al. (2005) describe in detail in their paper.

Mahalik and Morrison (2005) argue that cognitive therapy may help fathers increase the nature and extent of their involvement with their children by facilitating the identification and modification of restrictive masculine schemas that interfere with men's parenting roles.

Crooks, Goodall at al. (2005) propose that actively engaging fathers to promote wider definitions of masculinity for themselves and their children may provide an avenue through which fathers could prevent violence against women.

These thoughtful arguments for the value of father-involvement in child-focused psychological interventions are consistent with the wider international literature which points to the value of father-involvement and family-based programs for the treatment and prevention of a range of childhood problems, disorders and disabilities (For reviews see Carr, 1999, 2000a,b,c, 2002; O'Reilly et al., In Press.)

Obstacles to father-involvement

Despite the benefits of father-involvement in child therapy and prevention programs, Phares et al. (2005) show that there are many barriers to engaging fathers in child psychology services. Overall, most fathers are less involved in parenting than mothers, so it is not surprising that they are less involved in child-focused therapy. Fathers' family-of-origin experiences of having limited parenting from their own fathers, often curtails the degree to which they are involved in parenting their own children and participating in child-focused therapy. Fathers may believe that that their children's psychological problems reflect a lack of will power or an immoral attitude. From this perspective, therapy may seem irrelevant to fathers. Overall men are less likely to seek help for themselves than women, and this non-help-seeking style may inhibit their involvement in child-focused therapy. However, it is not just father-related factors that constrain father-involvement in therapy. Therapist-related factors may also play a significant role. Therapists may not involve fathers in therapy because they hold stereotyped assumptions about gender roles and construe fathers as having a peripheral rather than a central role in child-care. Therapists may also avoid inviting fathers to therapy because they may assume that fathers are resistant to involvement in treatment and because therapists may wish to avoid dealing with interparental conflict. Phares' careful analysis of client and therapist factors that inhibit father-involvement in treatment is a welcome addition to the literature.

Engaging fathers

In this special series of papers on father-involvement a variety of strategies are suggested for engaging fathers and father figures in child-focused therapy and prevention program (Crooks, Goodall et al, 2005; Crooks, Scott et al., 2005; Lee & Hunsley, 2005; Phares et al., 2005).

These include explicitly inviting fathers to therapy or prevention programs; scheduling preparatory sessions exclusively devoted to engaging fathers in therapy and briefing them on their role in the therapy process; taking account of fathers' readiness to change when engaging them in psychological services; taking a problem-solving approach to recruiting reluctant fathers into therapy and prevention programs; flexibly scheduling appointments to suit fathers' availability; and flexibly organizing series of sessions, so that fathers may attend some but not all sessions. While these general engagement strategies are widely used by family therapists (e.g., Carr, 2000b), their specific use within the context of the particular types of programs described in this series of papers is an important contribution to the literature.

A critical issue is whether to engage all fathers in therapy, and the possible contraindications for father-involvement. Phares et al. (2005) make the important point that clinicians should do a cost-benefit analysis when considering whether or not to engage fathers in therapy in particular cases. In clinical practice therapists should prioritize the inclusion of fathers or father figures in conjoint therapy sessions with mothers and children if the child has externalizing (rather than internalizing) problems; if the father plays a major role (rather than a peripheral role) in parenting the child; if it is practically convenient for the father to be involved; and if there are no clear reasons such as extreme-interparental conflict or domestic violence that would make conjoint sessions more harmful than beneficial.

Specific interventions for fathers

Lee and Hunsley (2005), Crooks, Scott et al., (2005), Mahalik and Morrison (2005) and Crooks, Goodall at al. (2005) all describe specific psychological interventions designed for fathers in differing contexts. Some of these highly creative interventions deserve mention.

Lee and Hunsley (2005) outline a technique for promoting co-parenting in separated and divorced families, where lack of parental co-operation is preventing the resolution of child behavior problems. At the outset a contract is formed with each parent to engage in this intervention. Next, preparatory sessions are held with each parent separately in which child management goals are set and rules for engaging in conjoint sessions are agreed. Conjoint sessions are carefully structured with a focus on achieving a co-operative plan for resolving the child's problem and addressing the child's needs. During conjoint sessions, there is an agreement to avoid commenting on taboo subjects such as infidelity, and to avoid expressing hostility. In conjoint sessions therapists facilitate constructive communication, turn-taking, and using problem-solving skills to achieve specific child-focused goals.

Crooks, Scott et al., (2005) outline four specific treatment goals for abusive fathers and therapeutic strategies that may be used to achieve these goals from their *Caring Dads* program. The goals are: engaging men in an examination of their fathering; facilitating child-centered fathering; helping men take responsibility for abusive fathering and domestic violence; and helping men rebuild trust with their children. The therapy strategies include motivational interviewing, psychoeducation, cognitive-behavioral techniques, confrontation, and shame work. The 17 week program is offered by pairs of co-facilitators to closed groups of 8 to 12 participants who follow a manualized treatment protocol with stringent safety guidelines.

Mahalik and Morrison (2005) show how cognitive therapy may help fathers increase their involvement with their children. The main therapeutic strategies include helping fathers identify restrictive masculine schemas and search for disconfirming evidence by examining past experiences; helping fathers examine the costs and benefits of their restrictive masculine schemas by seeing if the effort involved in living up to a certain masculine ideal is justified by the minimal payoff; and inviting clients to conduct personal experiments to test whether their restrictive masculine schemas are accurate. Through this type of therapy restrictive masculine schemas may be supplanted by more liberating belief systems that support enhanced father-involvement. For example the traditional schema: “Taking care of children is women’s work” may be replaced by “Maybe some people see it as women’s work, but my wife seems relieved to get more help, and I feel more connected to the kids”; or “If I’m too mushy or caring for my sons, they will grow up to be weak.” may be replaced with “Showing my sons that I care for them helps them know they are important to me. I wished my own father had been more demonstrative with his feelings.”

Crooks, Goodall at al. (2005) propose that the Information-Motivation-Behavior model (IMB) of change is a particularly useful framework for conceptualizing attempts to engage fathers in promoting wider definitions of masculinity for themselves and their children to prevent violence against women. According to this model fathers need accurate authoritative information about the problem of violence against women and the role they could play in preventing this violence. They also need to be motivated to take an active role in preventing such violence and the behavioral skills necessary to undertake this process. Crooks, Goodall et al. (2005) give examples of programs that address the three aspects of the model in their paper. High school award ceremonies where accolades are given for violence prevention and gender equity activities may enhance motivation through extrinsic reinforcement. Membership

of groups in which gender-equity is a cornerstone of the group's identity such as *Dads and Daughters*, and *Founding Fathers* may enhance motivation through intrinsic reinforcement. The *Founding Fathers* website offers skill drills to help fathers educate sons in managing intimate relationships respectfully. The *Fourth R* program is a school based initiative that includes a skill-based curriculum for promoting healthy relationships and targets violence, high-risk sexual behavior and substance use in adolescents. *Forum Theatre* involves troupes of young actors that travel to different schools and perform plays that have strong themes of violence and harassment.

The four sets of practices outlined in this section are important creative contributions to the clinical literature on father-involvement in therapy and prevention programs.

Service development implications

The main service development implications from this special series of papers on father-involvement is to make services father friendly by arranging for the service to be offered at times when it is convenient for fathers to attend; developing explicit procedures for effectively engaging fathers in services; and specific intervention programs designed to enhance fathers' roles in child-care and addressing child-focused problems.

Training implications

The main educational implications of this series of papers are to increase training in graduate programs on working clinically with families since there is some evidence that practitioners with family-oriented training are more likely to engage fathers in therapy (Phares et al., 2005).

Research implications

This series of papers highlights the need for research on all aspects of father-involvement in child psychology services. Controlled trials of the effectiveness of manualized procedures for engaging fathers in therapy and prevention programs are required as well as controlled trials on the comparative effectiveness of treatment and prevention programs with differing levels and types of father-involvement. Process research which throws light on the way in which fathers contribute to therapeutic and prevention processes is also required. When we have a clearer idea of how to effectively engage fathers in programs; which programs are effective; and how fathers contribute to program effectiveness; the focus may then shift to investigating how to modify effective programs to meet the unique needs of families in which fathers cannot engage effectively with psychological services.

Conclusion

The authors of this special series of papers are to be commended for their contributions to the literature on father-involvement in child psychology services. However, what is most striking is the paucity of work in the area, and the need for policy makers, clinicians, researchers and research funding agencies to prioritize work in this area as a matter of urgency.

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