

An Approach to Preventing Coparenting Conflict and Divorce in Low-Income Families: Strengthening Couple Relationships and Fostering Fathers' Involvement

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In the context of current concern about levels of marital distress, family violence, and divorce, the SFI study is evaluating the effectiveness of an intervention to facilitate the positive involvement of low-income Mexican American and European American fathers with their children, in part by strengthening the men's relationships with their children's mothers. The study design involves a randomized clinical trial that includes assignment to a 16-week couples group, a 16-week fathers group, or a single-session control group. Couples in both group interventions and the control condition include partners who are married, cohabiting, and living separately but raising a young child together. This article presents the rationale, design, and intervention approach to father involvement for families whose relationships are at risk because of the hardships of their lives, many of whom are manifesting some degree of individual or relationship distress. We present preliminary impressions and qualitative findings based on our experience with 257 families who completed the pretest, and the first 160 who completed one postintervention assessment 9 months after entering the study. Discussion centers on what we have learned and questions that remain to be answered in mounting a multisite preventive intervention to strengthen relationships in low-income families.

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INTRODUCTION

The preventive interventions described in this article, designed to foster and maintain low-income fathers' involvement with their young children, were created in the social and political context of concerns about the state of American families. Parallel historical trends involving decreases in fathers' involvement with children, increases in divorce, and increases in family poverty have generated feelings of urgency in family researchers (P.A. Cowan & C.P. Cowan, 2005), family clinicians (Walsh, 2003), social service agencies (e.g., Head Start; King & McMaster, 2000), and government policy makers (Horn, 2002).

Over the past 30 years, as fathers have increasingly been regarded as important to their children's development (Lamb, 2000; K.D. Pruett, 2000), men's disengagement or sporadic involvement in the lives of their children has raised concerns for children's well-being. Because hundreds of research studies have found consistent correlations between fathers' hands-on, positive relationships with their children and the children's enhanced cognitive, emotional, and social adaptation (for reviews, see Tamis-LeMonda & Cabrera, 2002), intervention programs have been designed to encourage fathers to take a positive, active role in children's lives (Mincy & Pouncy, 2002). Unfortunately, with a few exceptions such as Braver and colleagues (Braver & Griffin, 2000; Braver, Wolchik, Sandler, & Fogas, 1991), these programs have rarely been evaluated systematically.

The separate literatures on marital quality and stability and the literature on father involvement converge in two ways. First, dissolution of the marital relationship is associated with reduced father involvement (Baum, 2006; M.K. Pruett, Insabella, & Gustafson, 2005). Second, in couples who are together, the positive quality of the romantic relationship between parents is the best predictor of the quality of fathers' involvement in the daily life of their children (Coley & Chase-Lansdale, 1999; Egeland & Carlson, 2004).

There is ample research evidence that poverty creates conditions that exacerbate marital and parent-child conflict and increase family instability (Carlson & McLanahan, 2002; Conger, Elder, Lorenz, Simons, & Whitbeck, 1994; McLoyd, 1990). Despite repeated documentation of increasing risk, and attempts at the local, state, and federal levels to provide services for poor families, interventions to strengthen family relationships have been systematically evaluated only in middle-class families, when they have been evaluated at all. The premise of the Supporting Father Involvement (SFI) project was that these interventions might be especially useful for families at the lower end of the socioeconomic continuum.

Risk and Prevention Models Shaped the Design of the Supporting Father Involvement Project

A central tenet of prevention science (Coie, Watt, West, & Hawkins, 1993) is that preventive interventions should target risk factors that research has shown to be associated with individual and family adaptation—as early as possible in the life cycle, before problems become intractably resistant to change. The present study was informed by well-established risk factor and intervention models. In studies of two-parent families, the first two authors and other investigators (Belsky, 1984; Heinicke, 2002) have found that children's development and adaptation are predicted by risks and buffers in five interconnected domains: (1) family members' personality

characteristics, mental health, and well-being; (2) the three-generational transmission of expectations and behavior patterns; (3) the quality of the parent-child relationships; (4) the quality of the relationship between the parents; and (5) the balance of life stresses and social supports in the family's relationships with peers, schools, work, and other social systems. Risks and buffers in each of these domains contribute unique variance to the prediction of children's cognitive, social, and emotional development and mental health status (P.A. Cowan, C.P. Cowan, & Heming, 2005). Studies of divorced families suggest that the same five domains, especially the level of conflict between the ex-spouses, play a role in the children's development after the parents divorce (Maccoby, Depner, & Mnookin, 1990). And risk and protective factors in each of these domains are associated with fathers' positive involvement in intact families as well (for reviews, see Cookston, 1999; Parke, 1995). We regard these five aspects of family life that encompass both risks and buffers as the main topics of a "curriculum" to strengthen family relationships and foster fathers' positive involvement in both couple and parent-child relationships.

The authors of this article have been involved in several preventive intervention projects focused on enhancing couple relationships: for partners becoming parents, for parents of children making the transition to elementary school, and for couples who have young children and are separating or divorcing. The Cowans used a couples-group meeting format with expectant parents (C.P. Cowan & P.A. Cowan, 2000) and parents of preschoolers (C.P. Cowan et al., 2005) that produced positive changes in marriage, parent-child relationships, and children's outcomes. Pruett and her colleagues (M.K. Pruett et al., 2005) used a group format, along with individual and couple meetings, to produce salutary effects on families in the process of divorce. Both of these prevention approaches relied on a curriculum that targeted each of the five primary domains of family relationships. The group format and the previously developed intervention curricula were modified for use with low-income Latino and Anglo families (see below).

We present our work as "an approach" to prevention because our quantitative assessments and qualitative observations of the participants have not been completed. Thus, despite some promising signs of positive intervention effects, it is too early to make empirically supported claims about their effectiveness. Our hope is that this article will stimulate thinking about the issues involved in mounting preventive interventions for low-income couples and families.

THE INTERVENTION STUDY

In the planning stage for more than a year, the Supporting Father Involvement (SFI) study was launched in January 2004. The present authors located at the University of California, Berkeley, and Yale University are responsible for designing, supervising, and evaluating the intervention project. The funder and administrative arm of the project is housed in the California Office of Child Abuse Prevention, a unit of the Department of Social Services in Sacramento. The intervention locales of the study are in family resource centers serving primarily low-income families in small towns or rural areas in four California counties. Specially hired staff devoted to the project include a project director, case workers, group leaders, a child care worker, and a data collector at each site. The coordination of all these staff at multiple centers of action is simultaneously one of the most exciting and daunting aspects of the project.

Recruitment and Eligibility to Participate

Recruitment of participants occurs through direct referral—from within the family resource centers in each county, from other county agencies, and from talks by SFI staff at community organizations, family fun days sponsored by the agency, information tables placed strategically at malls and other community public spaces and events, and newspaper ads. Conceptualizing the interventions as potentially primary or secondary prevention efforts, we selected a target population of parents who have at least one child between birth and 7 years of age. Many of the parents have older children as well. There are several other eligibility requirements for participation. Both father and mother must agree to participate. Both parents have to be the biological parents of the target child.¹ If either parent suffers from a mental illness or a drug or alcohol abuse problem severe enough to interfere with daily functioning, he or she is referred for help at other agencies because this intervention would not provide adequate services. Finally, couples are not invited into the study if they have an open case with Child Protective Services or an instance within the past year of spousal violence or child abuse, based on the idea that it would not be in the family's best interest to encourage fathers' active family involvement when they or their partners are currently involved in domestic violence.

Each couple meeting the criteria for participation in the study is invited to a 1-1/2-hour structured interview by the group leaders, who ask about the five domains of family life described in our risk model. The interview is not for screening purposes but to acquaint couples with the issues that they will be discussing in the study intervention and in the assessments prior to and after the intervention. At the end of the interview, the study is described in more detail, and couples are asked whether they agree to accept random assignment to one of the three conditions: one of two variations of the intervention program (couples groups or fathers-only groups, each meeting for 32 hours over 16 weeks) or the control condition in which both parents attend a 3-hour information workshop with other couples, during which the staff elaborate on fathers' contributions to their children's development. Almost all families who come to this interview agree to participate on the basis of their assigned condition, although a few do not show up to the control group workshop or first group meeting.

Both parents are then given separate preintervention assessment interviews by project staff. Because of the language and literacy level of some of the participants, all the questionnaires are administered in interview format in English or Spanish.

Participants

At present, 257 of the projected 300 families are enrolled in the study. Slightly more than two thirds (67%) of the participants are Mexican American, 25% are European American, 3% are Asian American, African American, or Native American, and 5% consider themselves of mixed race. On entering the study, 75% of the couples were married, 19% were cohabiting, and 6% were living separately and raising a child together (including divorced, separated, never married, or cohabiting partners). Median

¹Based on experience in these communities, we have begun to include couples in which one parent is a biological parent and the other is an adoptive or long-term stepparent. When we roll out the project to other settings, we expect to broaden the criteria to include families in which both parents are committed to raising the child together.

household income was approximately \$28,000 per year, with more than two thirds of the sample below twice the official poverty line. About half of the participants have completed high school or beyond.

The Interventions

After the initial assessment of both partners, the fathers or couples group interventions begin. All groups are led by male-female pairs of mental health professionals selected by sites on the basis of general clinical expertise, training and experience with couple and group dynamics, knowledge of family and child development, cultural fluency or sensitivity, and ability to work collaboratively with other professionals and agencies involved in the project. Our experience with these group leaders validates our initial assumption that it is essential to find talented clinicians, regardless of their particular field of expertise or academic degree, who can (1) deal with complex relationship issues that inevitably arise in the groups, (2) have supportive but limit-setting conversations around group attendance, (3) manage sensitive issues of drug use, family violence, and reporting that occasionally surface after the initial screening, (4) use a curriculum flexibly to meet the needs of the group members, and (5) create new exercises and materials to further the aims of the intervention.

Meeting for 2 hours each week, the groups for 6–8 fathers or 4–6 couples involve a structured curriculum of exercises, discussions, short presentations, and open-ended time in which participants raise their real-life issues and concerns for discussion and problem solving. Child care is provided during the parent meetings. The manual is based on the original curricula used in the Cowan projects² and adapted by Marsha Pruett to accommodate the cultural and linguistic differences and the broader diversity of family forms represented in each group. Over time, the curricula have been further adapted based on the group leaders' experiences in order to meet the literacy needs and learning styles of each site's parent population. Often multiple versions of an exercise are available for group leaders to choose from, based on the unique character of each group. This combination of structure and flexibility allows group leaders to maintain common agendas and group goals based on the overall aspects of family life to be addressed, while relying on their professional acumen in implementation. For example, the leaders may choose an exercise that requires moving around the room and acting out scenarios, or a similar exercise that invites more story-telling and group response, depending on the verbal fluency and comfort level of the group.

Our approach to the intervention process lies midway between structured, behaviorally oriented psychoeducational classes, in which group leaders determine the issues to be discussed and present already defined solutions to communication and other family problems (e.g., Prevention and Relationship Enhancement Program [PREP]; Stanley, Blumberg, & Markman, 1999), and open-ended therapy groups, in which issues to be discussed are raised solely by group members, with the process guided by the leaders (Yalom, 1995). In the SFI intervention, group leaders do not prescribe specific behaviors for men and women as partners or as parents. Rather, the coleaders provide a safe environment in which participants can discover new ways to solve family relationship problems that are consistent with their particular personalities, values, goals, and culture. This approach, developed in our work with working-class

²A version of the manual, still in process, is available from the first author (C.P. Cowan).

and middle-class families, appears to be meeting the needs of low-income families from different ethnic groups (see below).

The topics covered in the curriculum are identical for the fathers and couples groups, cycling at least twice through issues associated with each of the five domains of our theoretical model. For example, the coleaders talk with group participants about how to identify and cope with feelings of depression, what they want to repeat and modify from their families of origin, how to deal constructively with conflicts around couple and coparenting issues, ideas about parenting (including firm but not harsh discipline), and how to seek resources from outside the family to deal with both the economic and psychological challenges they face.

In both the group and control conditions, father involvement is directly encouraged in a number of ways. Two meetings in both the fathers and couples groups involve fathers-only sessions with their young children, led by the male group leader. During these two meetings, mothers meet with the female group leader to discuss their reactions to the fathers' participation in the project and talk about how they can facilitate fathers' involvement with their children. In two other meetings of the group when the children are not present, the leaders present information in a short lecture about what research has shown about the importance of fathers to children's development, followed by discussion of a moving videotape of older children talking about their relationships with their fathers. The leaders do not teach specific parenting skills, but try to help both fathers and mothers move closer to being the kind of parents they want to be. Finally, some of the discussions about stresses and supports outside the family raise the idea of fathers acting as a guide and advocate for their child in the community (e.g., by attending preschool or school meetings) and providing a model of a nurturing father-child relationship.

Adaptations to Fit Diverse Populations

Adapting the intervention to low-income families. Given the economic and social hardships experienced by many of the participants, we expected that group meetings over a 4-month period would not be sufficient to foster significant change in each of the family domains. Thus, we provide each family with a case manager (some sites call them family workers) who is available to work with them on an ongoing basis to find appropriate referrals to community agencies, to follow up on missed group sessions, and to maintain the participants' motivation if it flags.

Other adaptations to enhance the power of the intervention in these low-income families include providing skilled child care while the groups meet so that attendance is not constrained by having to look after the children or having the children present in the groups. Food, ranging from light refreshments to dinner, is provided at each meeting.³ Time is explicitly scheduled in several group meetings to discuss issues associated with unemployment and job stress, with brainstorming about how to take a more proactive stance in eliciting support from both kin and social institutions in times of distress. Some of the sessions are focused on ideas that follow from findings of Conger and McLoyd and colleagues (Conger, Conger, Elder, & Lorenz, 1992; McLoyd,

³An ironic twist centered on the issue of providing food. The state funds that supported this project specifically forbid the use of money to buy food for program participants. Staff at the Family Resource Centers were very resourceful in locating other sources of funds for refreshments for the parent groups.

Cauce, Takeuchi, & Wilson, 2000): that economic stressors can corrode relationships within the family. Each mother and father is paid \$50 for completing the preintervention and postintervention assessments, and \$100 for completing the final assessment 18 months after they enter the study.

Promoting cultural sensitivity and relevance. Latino families are often at higher risk than European American families for a variety of potential stressors. They are more likely to be poor, not initially fluent in English, and have values and practices that differ from the majority culture. Because they tend to look to family and church rather than mental health professionals for psychological support and help, it makes sense that family service agencies must find ways of providing more culturally sensitive and relevant services for Latino families and members of other ethnic minorities. A number of thoughtful books and articles have appeared in the past decade, with suggestions for how to tailor interventions for Latino families by recognizing their circumstances, needs, attitudes, and values (Falicov, 1998; Flores & Carey, 2000; Ho, Rasheed, & Rasheed, 2004; McGoldrick, Giordano, & Pearce, 1996).

The SFI staff at each of the four sites include both European American and Latino staff. In the initial recruitment and assessment phases, potential participants meet project staff of both ethnic groups. Initial interviews and all the assessments are conducted in the participant's preferred language. Because we expected both poverty and ethnicity to increase the range of language and style differences in answering our extensive battery of questionnaires, all the questionnaires are administered in interviews.

Another decision about group content, equally relevant to considerations of income and ethnicity, was that, in contrast to our emphasis in middle-class groups on written materials and verbal presentation of issues, we placed more emphasis on games and exercises involving physical movement and interaction. To accommodate two working parents and young children, the groups were often held at the end of the workday at dinnertime. Staff found that the provision of food helped families come on time after work, attend more regularly, and relax during group discussions.

With the exception of a greater focus in these groups on topics concerned with economic stressors, we believed that the content and process approach that we had developed for middle-class families would meet the needs of the SFI participants. Issues about depression, couple conflict, parenting dilemmas, transmission of patterns across generations, and job stress are common to all groups of parents of young children. Within each group, even participants of the same income or ethnicity differ in background circumstances and beliefs. The group leaders help elicit these differences and encourage participants to take what they can from each other. Because we do not provide a didactic, prescriptive approach to problem solution, we believed that people from different backgrounds, both within and across groups, would be able to arrive at understandings and actions that fit with their personal and culturally influenced beliefs, and comments of group leaders and parents confirmed this belief.

Assessments

Assessments of participants occur at pretest, with the first posttest 9 months after the groups' end. Final assessments, conducted 18 months after entrance into the study, began in the fall of 2005. Given space limitations and the fact that we do not yet

have complete results from the quantitative data, we describe the aspects of life that our assessment taps, but not each questionnaire.⁴

Demographic questions establish country of origin, ethnicity, income, employment, and several questions about health and health behaviors. Measures of individual adaptation include widely used scales measuring symptoms of depression and anxiety. Questionnaires focus on the quality of three generational relationships, couple communication and satisfaction, and conflict tactics. Self-reports of parenting styles are assessed with two different questionnaires. Father involvement, described by both fathers and mothers, is assessed in several ways, and the child's level of adaptation is assessed with a behavior checklist completed by both parents.

In mounting such a large project, we did not initially have the resources to include observational assessments of couple or parent-child interaction. Now that the project is well under way, we have added a videotaped story-telling task between each parent and the youngest child during the final assessment 18 months after participants enter the study. These taped interactions, to capture the quality of interaction between each parent and the child, will be rated by independent observers who will not know the participants' intervention status.

In addition to providing help for families, a secondary aim of the SFI project is to create a climate for institutional change in the family resource centers and in the four counties. We assess this change with the use of a Father-Friendliness Organizational Self-Assessment and Planning tool (Vann & Nelson-Hooks, 2000) administered to the SFI staff, other staff in the family resource center, and county liaison staff who have direct financial oversight of the SFI project in each location.

As part of the qualitative evaluation of the project, the data coordinator at each site interviews key staff members of the project and of the agency in which the project is embedded twice a year. County liaisons for each site are also interviewed about their experience of the project. The structured interviews focus on organizational and programmatic problems and successes. The authors make yearly site visits to discuss the progress, problems, and successes with staff at all levels. Multiday trainings and consultations with all sites together occur on a biannual basis. Finally, conference calls with each category of staff (group leaders, case managers, project directors, and so on) are held twice monthly. Our qualitative results combine data from the first 2 years of interviews, site visits, conference calls, and trainings with SFI staff from all sites.

PRELIMINARY RESULTS AND DISCUSSION

Participation

After 18 months in the field, 257 eligible families have been enrolled and completed baseline assessments. Of these, 160 have already completed the first postintervention assessment after participating in a one-time meeting or a 16-week group, and 57 have completed a final posttest 18 months after entering the study. Most parents who have not completed the postintervention assessments are due to do so in the next few months.

The information we have obtained so far answers a basic question: Will low-income families, especially fathers, both Mexican American and European American,

⁴Details of the assessment instruments are available from the authors.

participate in this relatively long intervention project with assessments spread over 18 months? The short answer is Yes. The longer answer is that it takes a great deal of work by dedicated staff to recruit the families, maintain participation, and accommodate complex work schedules, especially of seasonal workers. Some groups had to be delayed because parents entered the study and were scheduled to start a group just as the picking season was starting, which necessitated rescheduling their group until later in the season.

Group Process and Group Composition

Fathers groups versus couples groups. The group leaders reported that the fathers and couples groups seemed to be helpful to the participants in different ways:

It has been our experience that the men in our father's groups have been able to express their feelings more freely without their partner and to offer positive comments to each other more readily. The men in the couples group appear to be limiting self-disclosure until later in the group sessions. However, in both groups, it appears that participants are thirsty for knowledge on how to improve their parenting and couple relationships and therefore appear to be grasping hold of the principles within the intervention and putting them to practice.

The couples groups are a bit more serious—playful at times—but not as jocular as the fathers-only groups. Leaders find that in the couples groups, men often take on topics that women want talked about. Members of the couples groups spend more time on couple communication issues in the open-ended part of the groups. And, finally, overall, attendance is significantly higher in the couples groups than in the fathers-only groups.

Cultural differences in group process. In written notes on these issues by the four group leader teams (two European American, one Latino, one mixed pair), all commented that the curriculum material introduced to the participants is relevant to their lives. The leader pairs had different opinions about whether a different approach was necessary for European American and Latino participants. One was clear that “we have not observed the need to alter the curriculum or change exercises or materials to accommodate culturally driven differences within the group.” Another commented that the issues that couples face are universal, but the group process is somewhat different in European American and Latino groups:

One of the most important issues that we have dealt with in our groups is the way our participants have been welcomed into the study or group. Traditional respect of our Latino participants is crucial in helping them engage. Related examples would be the way people are greeted such as with a handshake, verbal greeting (Buenos dias, Buenas noches), and addressing people formally by the use of *Senor*, *Senora*, or *usted* instead of an informal manner.

Two of the leader teams adopted a slightly different approach in these groups—fewer handouts, more physical activities, and a somewhat different style, although they commented, “We're not so sure that what we're seeing isn't an SES/education issue rather than a race/ethnicity issue.” One team commented on the importance of adopting a style that fits with the members' culture:

We feel that the use of metaphors and stories to illustrate examples has worked well in getting concepts across to our participants. [Male group leader] will frequently use “Dichos” (similar to Chinese proverbs) that our families can relate to, to get a point across. We also feel that looking at a problem from a different level such as multigenerational has allowed us to discuss certain issues such as the “machismo principle” in a less offensive manner.

By the end of the study, we hope to be able to determine whether European American and Latino participants in couples or fathers groups have different kinds of outcomes.

Impact of the Interventions on the Participants

Based on direct interaction with the parents, group leaders describe active engagement, involvement, humor, and support in groups for fathers and couples. Case managers report that participants consistently voice their sadness when the groups are about to end. Most of the families return to the family resource center for social events, offered by most sites at least twice a year, another source of evidence of consumer satisfaction.

Father involvement. In one meeting of the fathers group, when the women were meeting separately down the hall, an infant obviously needed a diaper change. The father went to the women’s group to ask the mother to deal with “the problem.” With the support of the female group leader and other women in the group, the mother was encouraged not to diaper their baby, saying that one of the goals of the project was to encourage the men to learn to care for their children. The father went back to the group of men, and with a fair amount of assistance and advice from the other men—and many, many diaper wipes—he managed to put a clean diaper on his baby for the first time. At the end of the meeting, the mother came in, complimented him on changing the diaper, but complained that he had used too many wipes. With the support of the other men, the father was able to say, “If you want me to change the diapers, you’ll have to let me do it my way!”

The case managers at one site report that fathers are coming from work on their lunch hour to the family resource center where mothers and children come for services or other programs, to read to the children, something that has never happened before. In other anecdotal reports, fathers tell of taking their very young children with them on family errands, commenting that they would not have thought of doing so before being in the study’s groups.

Other domains. At the time that article was submitted for publication, we were able to complete preliminary statistical analyses of changes in marital satisfaction, depression, parenting stress, and father involvement for 37 families in the control group, 36 families in the father-only groups, and 33 families in the couples groups—160 families in all. In these preliminary analyses, which must be replicated with data from the entire sample before we can report empirical validation of the intervention, we have been encouraged to find statistically significant positive outcomes for the couples group participants, small gains for the fathers group participants and their partners, and no gains or increased distress for the control group parents. Based on testimony from the group leaders, who are enthusiastic about what happens in the fathers-only

groups, we are hopeful that more positive effects of this version of the intervention will be revealed in time.

Impact on Family Resource Centers

From our own observations and from interview responses from project directors and staff of the SFI project, the family resource centers, and the county, the family resource centers are more father friendly (more pictures of men on the walls, more materials of interest to men and boys, more flexible hours). When mothers call for services, agency receptionists now ask about fathers. Case managers report being more aware of fathers as they work with families. They talk to fathers when on the phone or during visits—not simply to mothers—and they include fathers’ names on all case files. Other programs located in the family resource centers report paying more attention to fathers, reaching out to men more, and finding more fathers coming for services. Community agencies in the county are making referrals to the project and consulting the SFI staff about how to be more attentive to fathers’ issues in *their* programs and services. County planners of family services, especially those in the child welfare system, are discussing the needs of fathers and planning how to incorporate fathers into existing programs.

CONCLUSIONS

At the completion of the study, our interest will not be limited to the simple question of whether either or both variations of the intervention “work.” We will be using the data to examine the potential mechanisms for explaining how the interventions work, and whether either variation (for couples or for fathers) has more benefits for some participants than others.

The results of this study will also be used as a test of theory. If we can demonstrate in a randomized clinical trial that the interventions affect some family processes, such as couple relationship quality, in ways that affect other family processes, such as father involvement, we will be in a position to make causal statements about sequences of events that have received only correlational support to date. Because this project is sponsored by the California Office of Child Abuse Prevention, we will be especially interested in whether the interventions affect known risk factors for child abuse, such as domestic violence, and harsh physical discipline of the children.

Finally, positive outcomes of the intervention tested here would represent a first step in a longer project. A question with both theoretical and practical import would be whether this kind of intervention approach could be effective in different, shorter formats or helpful to a broader population of families (adoptive and stepparents, psychological parents, parents with older children, and so on). By the end of this study, we will have opportunity to examine some of these variations empirically. For now, in terms of fostering fathers’ involvement by focusing on their relationships with the mothers of their children, we can say that the early findings are encouraging.

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