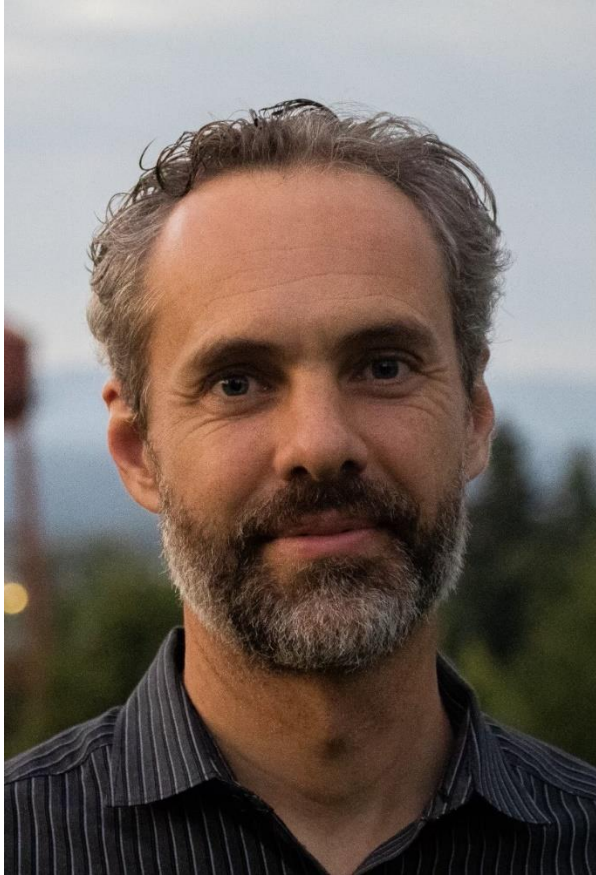


Better Than
Expected:
Lessons learned
from young
fathers' journey
to parenthood



Courtesy of Julie Shippman

David R. Moore, Ph.D.
Professor of Psychology
University of Puget Sound



*A little about your
presenter: Professor
of Psychology &
Clinical Psychologist*

Our Research with Young Fathers (and their partners) during the transition to parenthood

- Interest in young fathers began in the 1990s
- In collaboration with Paul Florshem, Ph.D.
- Key question: Why do some fathers become connected and others do not?
- Spanning nearly 25 years, with longitudinal data for ~600 young fathers and their partners
- 3 “waves” of data collection: T1 – 2nd trimester; T2 – 1 year after birth; T3 – 2 years after birth



Rates of Father Disengagement

- **About one third to one half of young fathers live apart from their children.**
- **And about half of those become disconnected overtime**

Jones J, Mosher WD. Fathers' involvement with their children: United States, 2006–2010. National health statistics reports; no 71. Hyattsville, MD: National Center for Health Statistics. 2013.

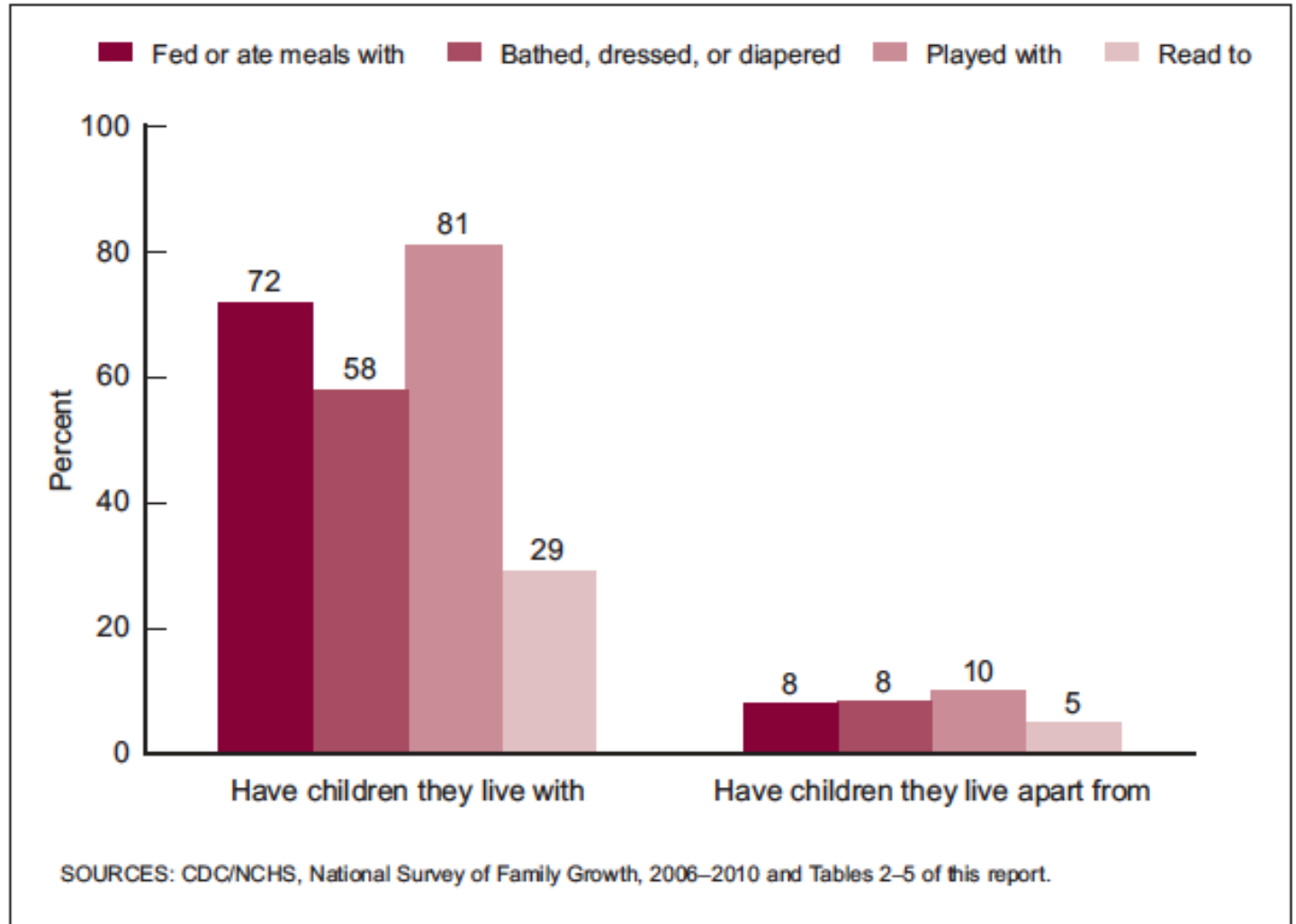


Figure 2. Percentage of fathers aged 15–44 who have children under age 5 years who engaged in the specified activity daily in the last 4 weeks, by whether the children live with or apart from them: United States, 2006–2010

Young fathers are at high risk for problems across the transition to parenthood

Young Fathers in Salt Lake City

Prenatal Emotional and Behavioral Health	Percent “at-risk” during partners’ pregnancy
Fathers’ depression	13.6%
Fathers’ substance use	28.2%
Fathers’ intimate partner violence	31.0%

Young Fathers in Milwaukee

Prenatal emotional and behavioral health	Percent “at-risk” during partners’ pregnancy
Fathers’ depression	11.4%
Fathers’ PTSD symptoms	35%
Fathers intimate partner violence	29%

Where do you find young fathers?



Get expectant mothers to help!



Our Research with Young Fathers (and their partners) during the transition to parenthood

- Recruited expectant mothers from prenatal clinics, together with their partners
- This strategy worked well, with recruitment and retention rates of 50-70%.
- Methodology/Data:
 - 1) A LOT of questionnaires (on quality of relationships with parents and parental figures, quality of relationship with partner, psychological functioning, SES and many other demographic variables, child abuse risk, parenting behavior, etc.)
 - 2) In-depth interviews with each parent (conducted separately)
 - 3) Observed (and coded) interactions/communication with partner, and later for each parent and their child

Research Study Sites

Salt Lake City



(Mostly White and Latinx)

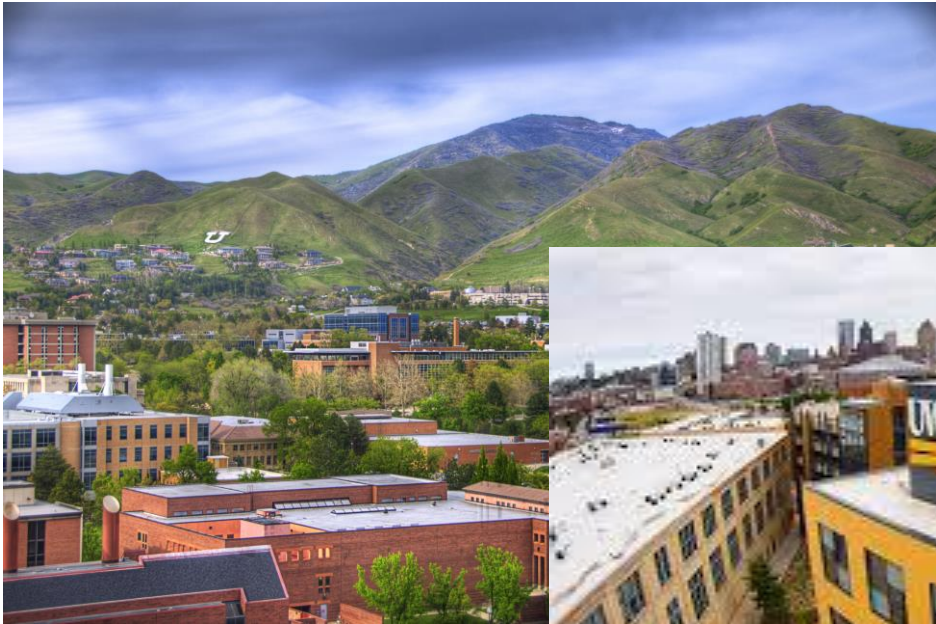
Chicago



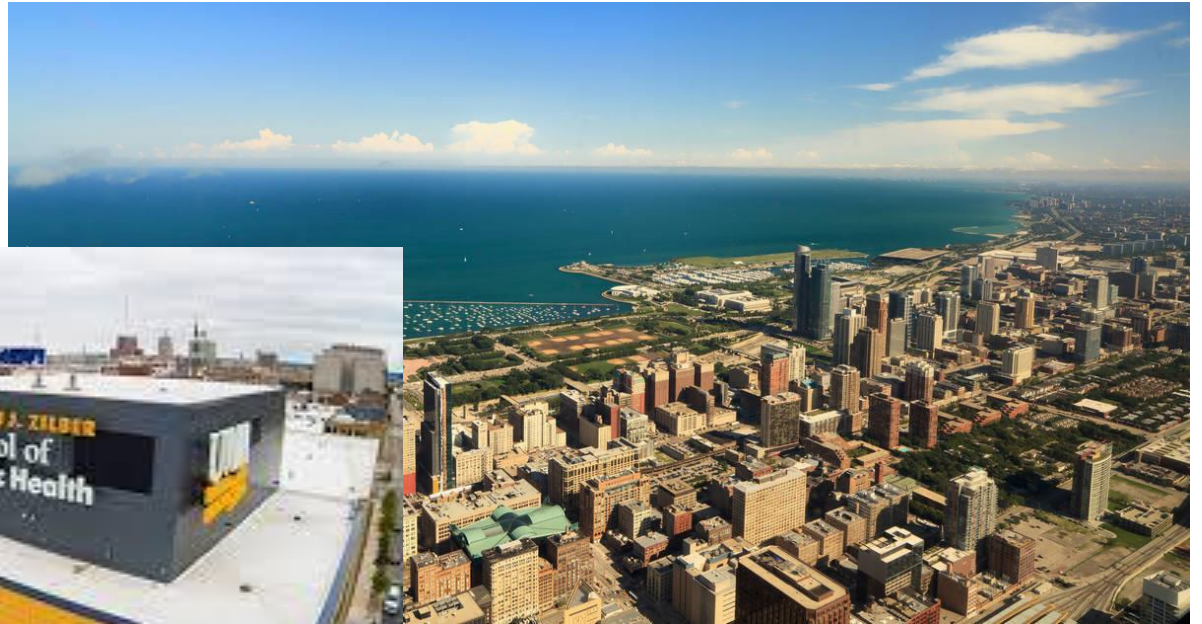
(Mostly African American and Latinx)

Research Study Sites

Salt Lake City



Chicago



Milwaukee (mostly African American and Latinx)

So, what did we learn about young fathers? Several “Aha Moments”



Aha Moment #1: It Takes Two

- Including the young mothers and fathers together enabled us to learn a lot more about the fathers.
- Mothers told us a lot about their partners that they were unable or reluctant to tell us themselves.
- Enabled us to see and understand the fathers more fully and compassionately
- Including both partners also allowed us to see and hear how they treated each other, revealed the importance of the co-parenting relationship.

Aha Moment #2: Thanks for Asking

- Given the right opportunity, young fathers have way more to say than anyone could have anticipated (including their partners).
- Consistent differences in the lengths of father vs. mother interviews
- Revealed that young fathers can be easily engaged when they feel heard and appreciated

Aha Moment #3: Better Than Expected

- This one took us longer to grasp.
- Many of the fathers surprised us (in a good way).
- For some fathers, the transition to parenthood functioned as a significant turning point.
- Defied the stereotypes of “deadbeat dads” or “fly-by-night one-night stands”

Darnel & Cleo

- Darnel - 18-year-old from Chicago
- In the months before first interview:
 - his father died
 - expelled from school for fighting
 - mother kicked him out of the house for selling drugs
 - girlfriend, Cleo, got pregnant
- Shortly after interview:
 - went to jail for selling drugs
 - got out before his son, Curtis, was born
 - back in jail before his son's first birthday
- After arrested 3rd time, Cleo broke up with him



Darnel & Cleo

2 years later...

- Dramatic turnaround as a father and co-parent
 - employed
 - staying out of trouble
 - getting along well with Cleo
 - successfully co-parenting (despite no longer being together)
- Defied predictions based on initial “risk assessment” (e.g., psychological problems, substance abuse, criminal history, unemployment, etc.)
 - highlights the need to be careful about prejudging fathers
 - fatherhood can be a transformative process
 - showed that we have a lot to learn from fathers who defy the odds
 - led to interest in identifying what accounts for these surprisingly positive outcomes

Key factors that predicted positive father engagement (sometimes with dramatic turnarounds)

- Father-child bond (capacity and willingness to form deep emotional connection with their child)
- Redefining the self as a “father” (developing identity as a father, commitment to the role of father)
 - Including a partial (vs. full) sacrifice of previous personal ambitions
- Relationship with one’s own father or father surrogate (e.g., Darnel)
- Support of extended family (e.g., aunt, uncle, grandparent)

What was the strongest predictor of positive father engagement?

- The quality of the co-parenting relationship (regardless of romantic relationship status)
 - Together with the interpersonal skills needed to establish and maintain a positive co-parenting relationship
- Couples reporting higher pre-birth relationship quality and more warmth (vs. hostility) with each other:
 - reported lower parental stress
 - less likely to report relationship violence
 - decreased risk for child abuse
 - lower levels of physically punitive behavior toward child at age 2
 - lower levels of hostility toward child (in observed father-child interactions)

Aha Moment #4: Maybe We Can Help

Our findings of the importance of the co-parenting relationship led to development of a co-parenting based intervention:

Young Parenthood Program (YPP)

Designed to help young fathers and their partners make a positive transition to parenthood



What is YPP?

YPP is a flexible 10-20 week couples-focused preventive-intervention program designed to:

1. Improve communication skills to support a positive co-parenting alliance
2. Teach basic parenting skills to build competence and confidence in new parents
3. Support the developing a nurturing and secure family environment for the developing child regardless of a couple's relationship status.



What we emphasize in the first session

- One size does not fit allso we tailor the program to each couple.
- The primary goal is to build communication skills...so they can work together as partners.
- Importance of creating a safe space for both partner to talk about personal concerns
- Focus is on building strengths and preparing them for the future
 - A positive co-parenting relationship is *not dependent* on being together or even liking each other.
 - YPP will keep working with them even if they decide to break up because we believe that they can still work together as co-parents.



Key communication skills for co-parenting taught in YPP

Expressing needs/feelings	Expectant parents learn to open up and express themselves in a positive, respectful way, without blaming or putting each other down.
Reflective listening	Couples learn to be quiet and listen, to speak more directly and clearly, to pay attention, and to “take in” their partner’s thoughts and feelings.
Asking for and receiving support	Both partners learn how to ask for and accept their partner’s support. Partners also learn how to provide support to each other in helpful ways.
Problem solving	Couples learn to brainstorm solutions to conflicts. They focus on finding compromises that work for both partners. This process of collaborative problem solving enhances teamwork by making shared plans to reach individual and relationship goals.
Conflict de-escalation	Couples learn how to recognize when conflict is escalating, cool down before things get too hot and talk about the conflict later in a way that feels safe.

Victor & Lara

- Victor: one of first fathers to participate in YPP
- History of incarceration
- Lara's father and brothers from rival gang
- Frightened & uncertain about becoming a father
- Lara – history of abuse and abandonment by father; very distrustful, critical



Victor & Lara

- Initially skeptical of YPP but agreed to participate
- *After a few months:*
 - Learned communication and listening skills, improved collaboration and problem solving, decreased blame and criticism
 - Victor found a job and the couple moved into a basement apartment in his parent's house.
- At 2-year follow up
 - Victor doing well as a parent (based on both partners' reports)
 - Still together as a couple and functioning well as co-parents

Does YPP work? Two Studies From Salt Lake City

RESEARCH AND PRACTICE

Young Parenthood Program: Supporting Positive Paternal Engagement Through Coparenting Counseling

Paul Florsheim, PhD, Jason J. Burrow-Sánchez, PhD, Takuya Minami, PhD, Laura McArthur, PhD, Sarah Heavin, PhD, and Cristina Hudak, MA

There is a pressing need for prevention programs designed to reduce the interpersonal risks associated with young parenthood, including hostile coparenting relations, harsh parenting, and paternal disengagement.¹⁻⁴ Each of these interpersonal risks has been linked to psychological and physical health risks among children.⁵⁻⁷ For example, Kaczynski et al.⁸ found that intense conflict between parents was associated with dysfunctional maternal and paternal behavior, which, in turn, predicted the social and emotional development of their children. Although most of the research on the links among couples' conflict, parenting problems, and child development focuses on married adult couples, there is evidence that conflict between young parents is also associated with harsh parenting behavior and paternal disengagement.^{3,9} In a recent article, based on data drawn from the Fragile Families Study, Lee and Guterman³ found that young mothers who reported hostile relationships with their partners were more likely to engage in harsh parenting behavior, suggesting that the combination of developmental status and relationship problems contributed to the occurrence of dysfunctional parenting.

The rate of childbirth for unmarried couples has risen dramatically over the past several decades, and many young parents are coparenting outside the context of marriage, often struggling to coordinate parenting activities between households, without the security of a committed romantic relationship.⁵ Until recently, young fathers in these "fragile families" were considered irrelevant to maternal-child health because they were often peripherally involved in prenatal care and early child rearing. However, there is evidence that many young men want to remain positively involved as coparents, but lack the necessary skills or support.¹⁰ The prevalent failure of young fathers to stay engaged with their partners only underscores the importance

Objectives. Because of their youth, adolescent parents often lack the interpersonal skills necessary to manage the relationship challenges involved in parenting, leaving them and their children vulnerable to the health risks associated with relational stress and conflict. The primary goal of this study was to test the efficacy of the Young Parenthood Program (YPP), a 10-week counseling program administered during pregnancy and designed to facilitate interpersonal skill development and positive parenting among adolescent parents.

Methods. Participants included 105 pregnant adolescents and their partners randomly assigned to YPP or treatment as usual. Assessments measured coparenting skills and parental functioning during the second trimester, 12 weeks after birth, and 18 months after birth.

Results. Results indicated that fathers completing YPP demonstrated more positive parenting than did fathers in the control group. Moreover, the positive outcomes in paternal functioning were mediated through changes in the mother's interpersonal skill development.

Conclusions. Results supported the efficacy of this couples-focused, coparenting support program, particularly for facilitating positive paternal engagement. These findings underscored the relevance of including fathers in the delivery of maternal-child public health services. (*Am J Public Health.* 2012;102:1886-1892. doi:10.2105/AJPH.2012.300902)

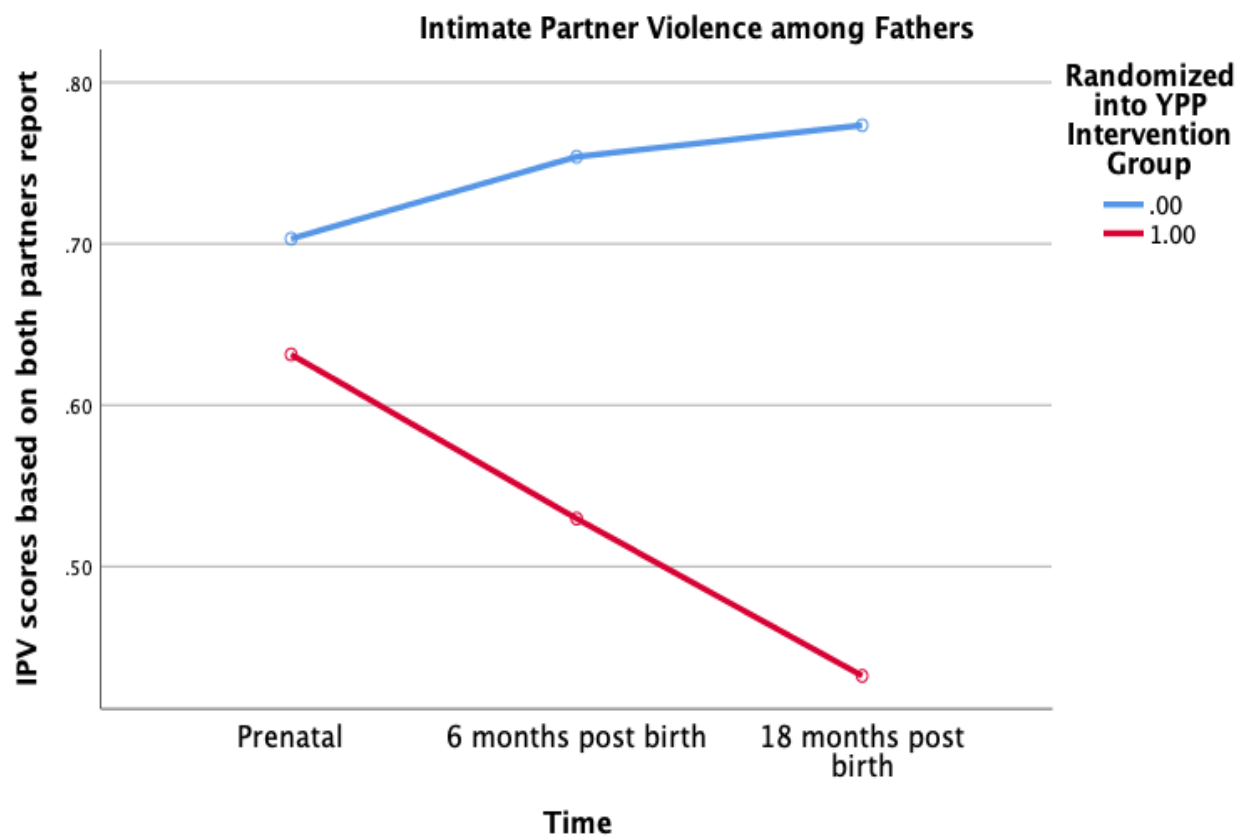
of including them in public health efforts to support their children's well-being.⁷ The role of the coparenting relationship as a predictor of parent functioning and child health suggests that supporting these fragile relationships could help improve the social context and health outcomes of children.^{11,12}

Developmental transitions, such as the prenatal period and the initial transition to parenthood, provide prevention-oriented health care providers with windows of opportunity to help young families build their capacity for managing the challenges of parenthood.¹³ This article describes a study testing the Young Parenthood Program (YPP), which is an innovative intervention designed to support the interpersonal development of expectant adolescent mothers and fathers.¹³⁻¹⁵ Drawing from family systems theory, the primary premise of the YPP is that young parents need programs that will help them develop the skills to maintain a positive, supportive coparenting relationship with their partners, enabling them to

work together to maintain a stable, nurturing environment for their children.^{2,16} Thus, we hypothesized that improvements in the relationship competence of young mothers and fathers within the context of their coparenting relationship would predict positive parenting, defined as nurturing behaviors and attitudes.

In recent years, several programs for economically disadvantaged fragile families have been developed to increase positive coparenting and parenting.^{17,18} Among a diverse array of approaches, those that provide group support to married or committed couples with young children have demonstrated the most positive effects in promoting relationship satisfaction and father involvement.^{19,20} Family researchers have been less successful in developing programs that support positive coparenting among unstable or uncommitted couples.¹⁷ However, the increased rate of children born to unmarried, economically disadvantaged women underscores the pressing need for programs that support relationship stability

Reductions in Intimate Partner Violence



Does YPP work? Two Studies From Salt Lake City

RESEARCH AND PRACTICE

Young Parenthood Program: Supporting Positive Paternal Engagement Through Coparenting Counseling

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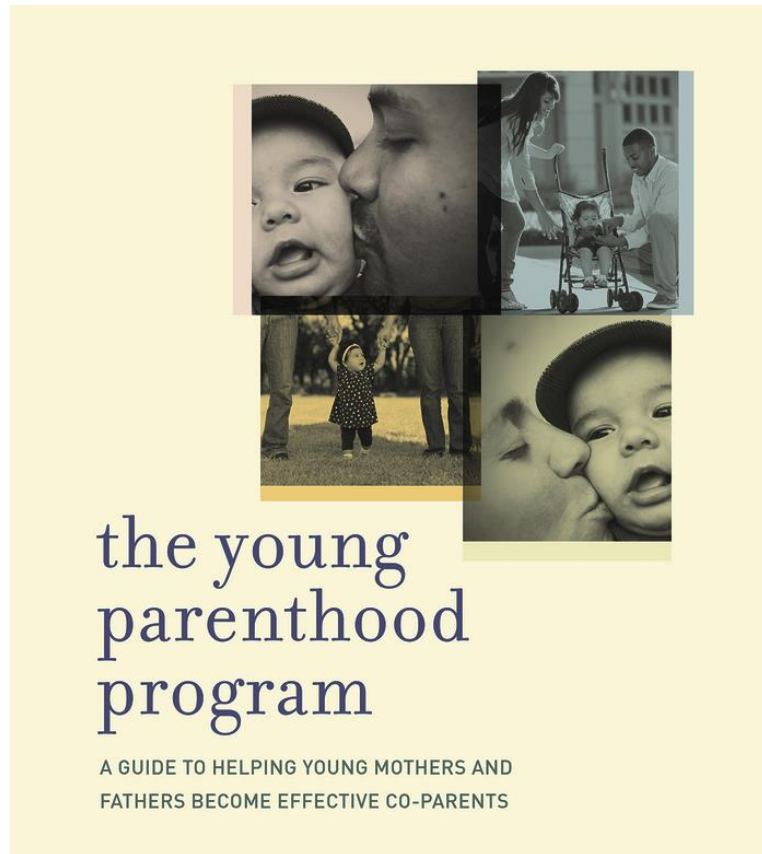
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Also...

Fathers who participate in YPP (vs. control group):

- More nurturing with children
- Lower risk for child maltreatment

Young Parenthood Program & Father Inclusive Prenatal Care



&

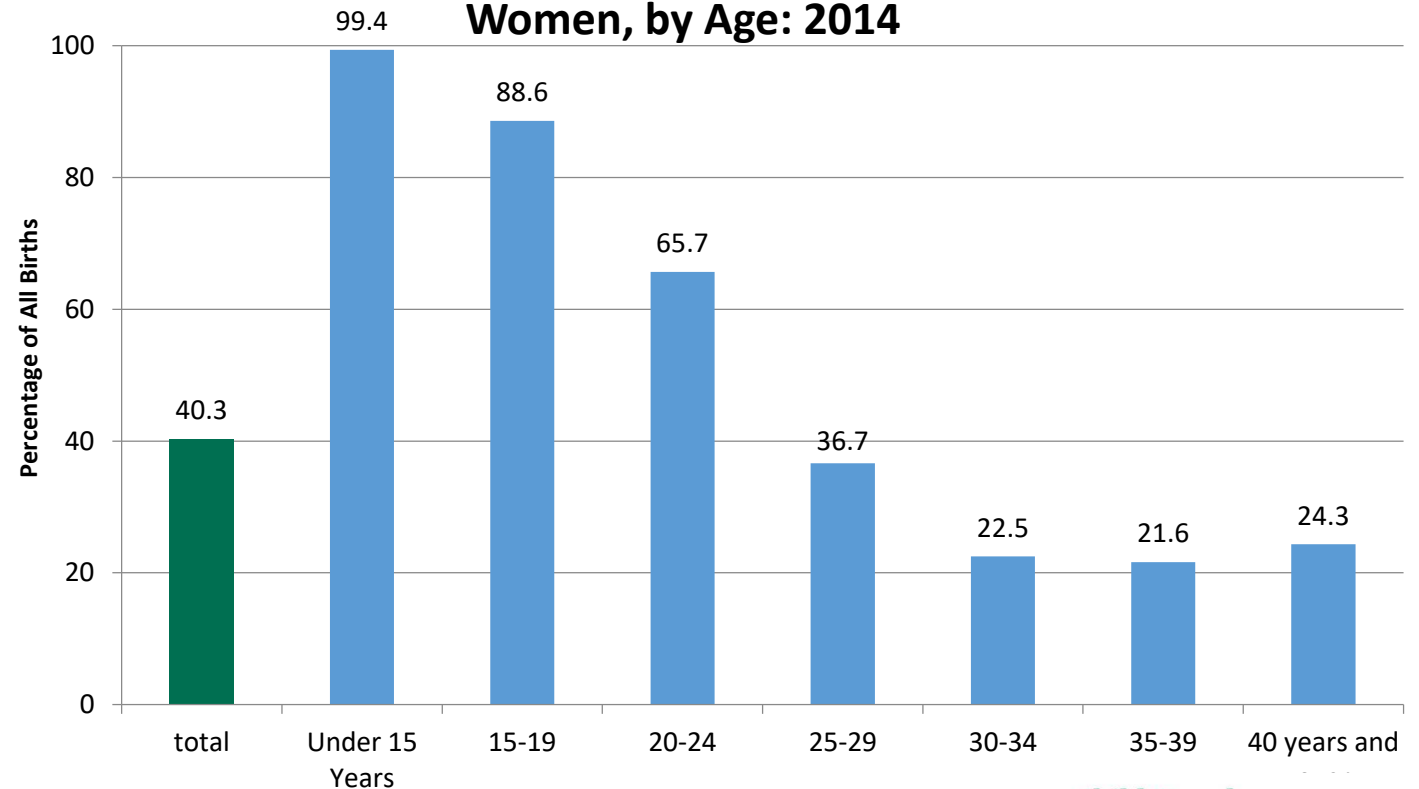
**Father
Inclusive
Prenatal
Care**



Family structure is changing!

In 1960, 1 in 20 babies were born to unmarried parents under the *age of 25*. In 2020, the rate was closer to 7 out of 10

Percentage of All Births That Were to Unmarried Women, by Age: 2014



Source: Centers National Center for Health Statistics, National Vital Statistics System. *VitalStats*. Demographic characteristics of mother.



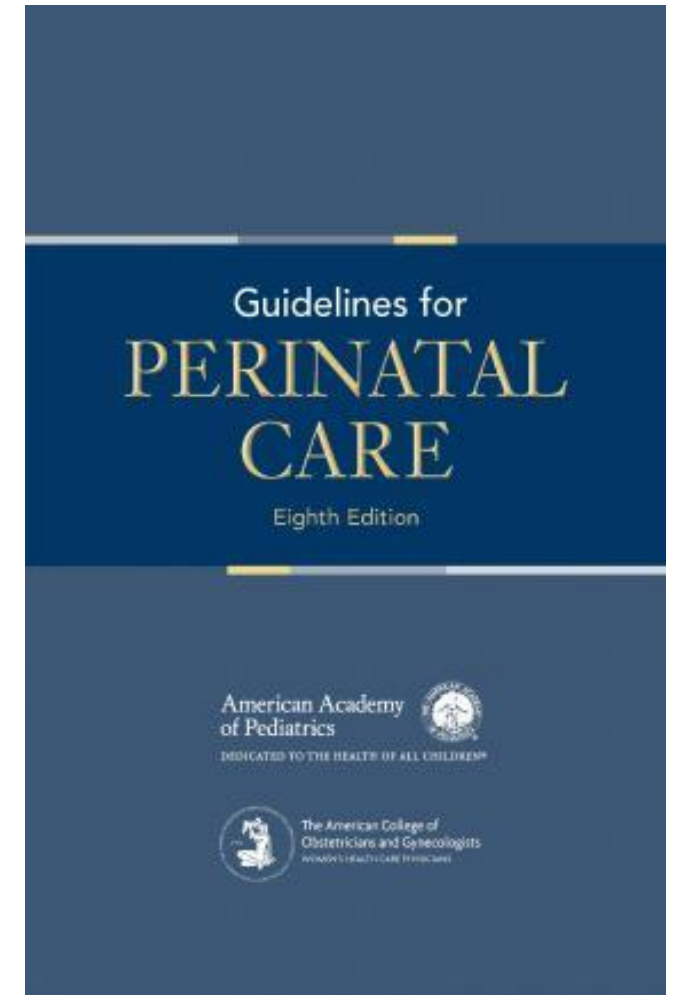
As the definition of "family" has changed...
...maybe it is time to reconsider
our model of prenatal care?

Why work through prenatal care?

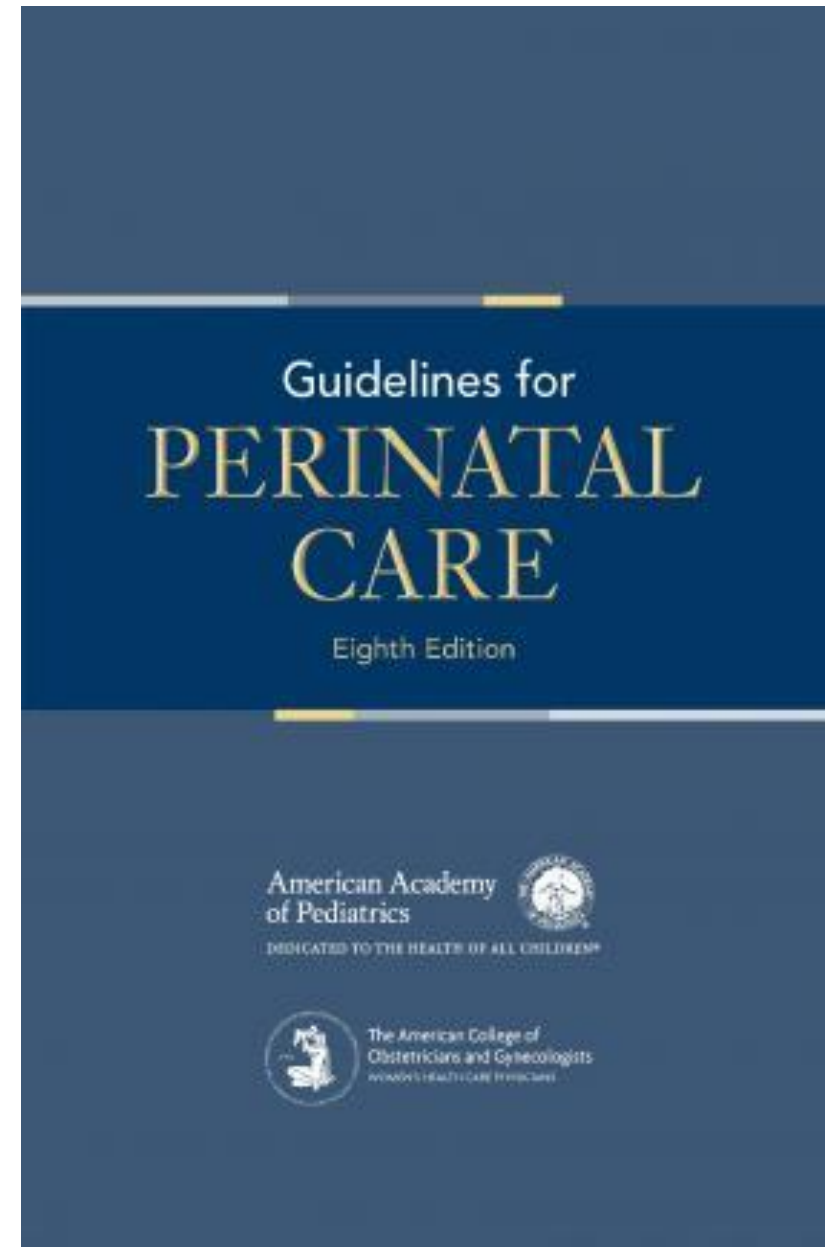
Prenatal care is a window of opportunity for father engagement

- Expectant fathers are open receiving services
- Expectant mothers are excellent advocates for getting their partners engaged in services
- Prenatal providers have a credibility and leverage

Yet, fathers are not on the radar in prenatal care settings



In the bible of prenatal care, which is 693 pages long, the word “father” appears 6 times.



What do we know about fathers and babies?

- Healthier fathers = more supportive partners
- Healthier relationships = positively involved fathers
- Healthier fathers = better parenting
- Positively involved fathers = healthier children



Adamsons, K., & Johnson, S. K. (2013). An updated and expanded meta-analysis of nonresident fathering and child well-being. *Journal of Family Psychology, 27*(4)

Three Elements to Father Inclusive Prenatal Care

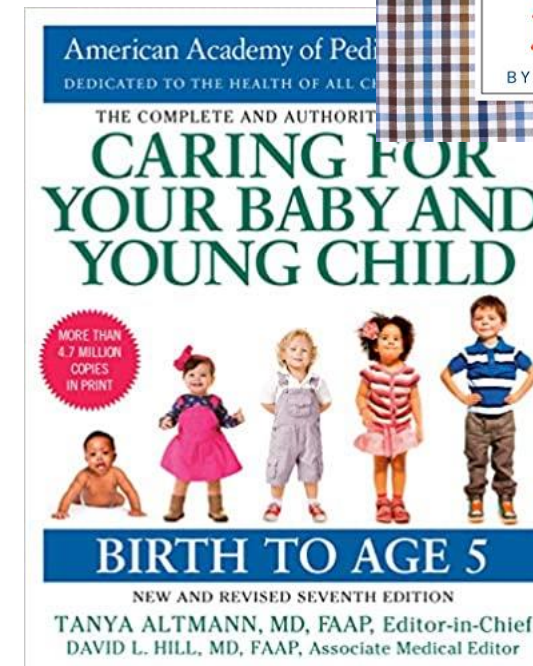
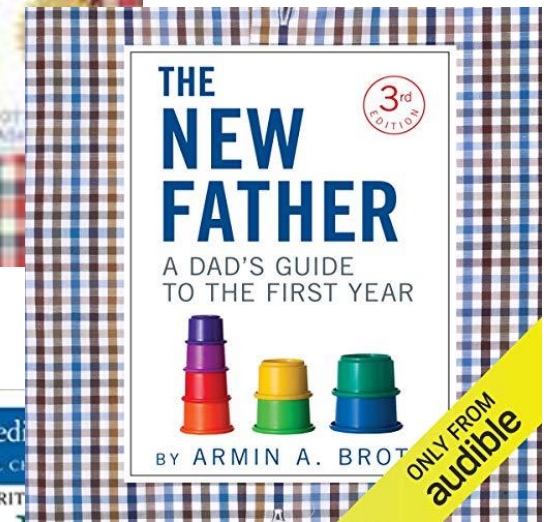
First: Educate Fathers about the Basics of Parenthood

Child Development:

- What babies can and cannot do
- What babies need

Child Rearing:

- How to: hold, sooth, feed, bathe, change and put a baby to sleep



[American Academy of Pediatrics
https://shop.aap.org/caring-for-your-baby-and-young-child-paperback/](https://shop.aap.org/caring-for-your-baby-and-young-child-paperback/)

Second: Provide Accessible Psychological Services for Young Men

Men under 25 at heightened risk for

- Injury due to recklessness and aggression
- Substance abuse
- Social and behavioral Problems

Less likely than young women or any other age group of men to seek help for psychological symptoms



**Most young men want to be good fathers and partners....
but expectant fathers are NOT lining up for services**



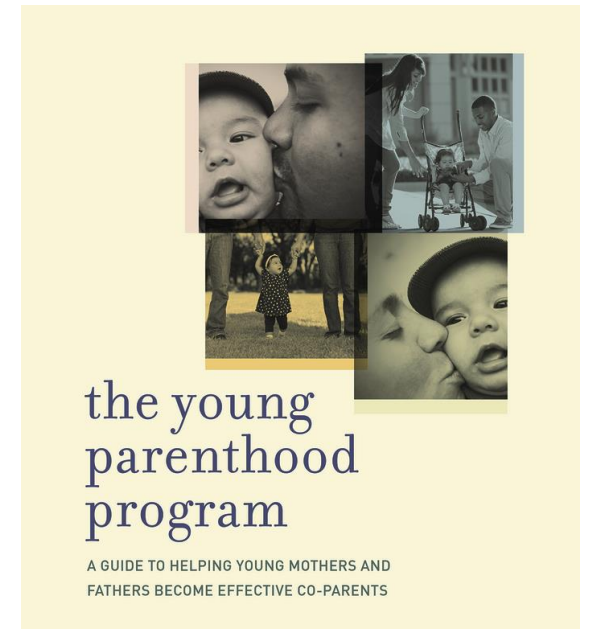
Lessons Learned: 5 Key Elements for Engaging Young Fathers

Early outreach	Young men are reluctant patients but are more open to receiving services when their girlfriends are pregnant because they are anxious about fatherhood and want to be supportive partners.
Enlist mothers	Expectant fathers can be effectively engaged with the help of their partners, who can be identified through prenatal health clinics. Expectant mothers who want the father of their child to be involved are often willing to help facilitate a family check-up appointment.
Entice fathers	Some fathers will be self-motivated to engage with their partner's prenatal providers, but providing an incentive—such as a gift card or baby supplies—for attending an initial meeting will bring in more of those young men who are reluctant, hesitant, or very busy.
Express appreciation	Most young fathers get very little positive feedback for being supportive of their partners. They respond remarkably well to open expressions of appreciation for their investment and commitment. The quality of the father's first contact will determine whether he returns for services.
Evaluate for success	When conducting an assessment or a research interview, it is important to balance the need to identify risks with exploring strengths. The process should be designed to help fathers see that their own mental and physical health is vital to their child's well-being.

Third: Help young couples take care of their relationship, regardless of their status



The Supporting Father Involvement Program



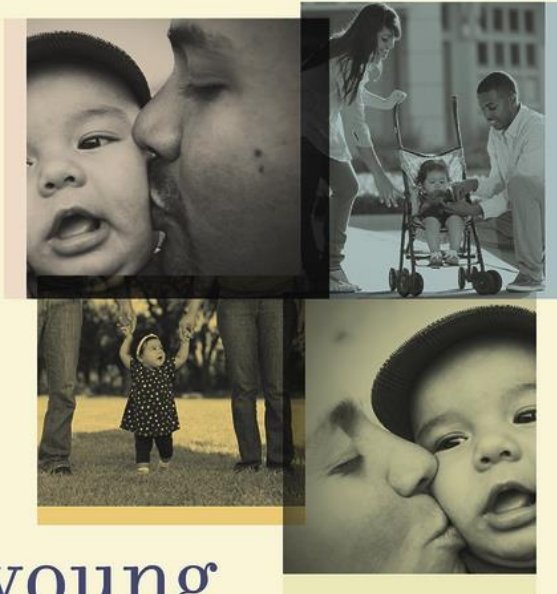
What does father-inclusive prenatal healthcare look like?

Enlist mothers' help. Pregnant women are asked if the father of their child is planning to be involved. If so, she is asked to have him schedule his family check-up. The wording of how this check-up is introduced to expectant mothers and fathers is important. Best to present it as an expected part of prenatal care.

Open a dialogue. Trained mental health provider administers a separate family check-up to both parents that focuses on feelings about parenthood and psychological health issues related to parenting. The check-up is an opportunity to build rapport with fathers. It is important to be honest and direct and provide positive feedback and appreciation.

Use Motivational Interviewing to help fathers self-identified concerns and services. Fathers at “low risk” can be referred for fatherhood education. Fathers who report relationship conflict can be offered co-parenting counseling and fathers with more serious individual psychological concerns can be referred individual counseling.

SIX PHASES OF FATHER INCLUSIVE PRENATAL CARE



the young parenthood program

A GUIDE TO HELPING YOUNG MOTHERS AND
FATHERS BECOME EFFECTIVE CO-PARENTS

1. Introduction & Engagement

2. Identify Strengths & Goals

3. Interpersonal Skill Development

4. Role Transitions

5. Preparing for Parenthood

6. Post-birth Parenting and
Coparenting Support

FIPC Menu of Coparenting and Parenting Skills

COPARENTING

- Expressing needs and feelings
- Reflective Listening
- Asking for and Giving Support
- Problem Solving
- Conflict De-escalation
- Stress Management
- Acceptance
- Reducing Negativity

PARENTING

- Identity issues and becoming a parent
- Baby Basics:
 - Holding
 - Diapering
 - Feeding
 - Sleeping
 - Soothing
 - Etc
- How to use parenting resources

Post-Birth Follow-Up

Meet with the couple twice after the birth of the baby for “booster ” sessions

Four primary goals:

- Reinforce positive co-parenting skills
- Informally appraise for new risks, such as postpartum depression, and provide referrals if necessary
- If appropriate, provide parenting education and support, directly and with a referral
- Provide a heavy dose of appreciation for working hard and completing the program before saying goodbye





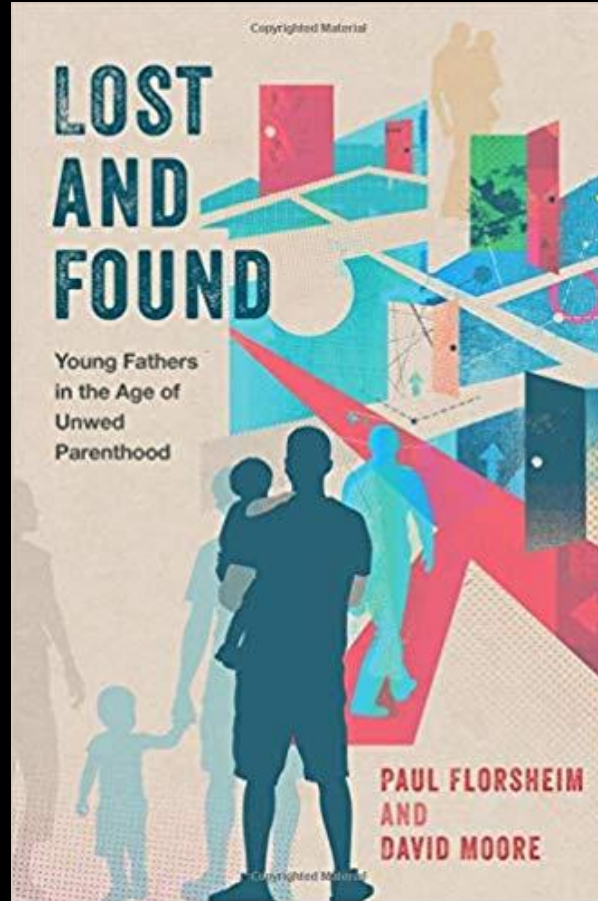
FIPC ONLINE?

Online Provider Education and Support: Self paced online training *for prenatal and behavioral health providers* may facilitate uptake of the model

Online Father Education: Developmentally specific instructional videos to help fathers prepare for parenting as it happens (The Baby Center)

Online co-parenting and individual counseling (telehealth sessions) would increase access to needs services during COVID 19 and after

Learn more about how to support young fathers across the transition to parenthood



www.oup.com/academic

Code **ASFLYQ6** will save you 30%

Many thanks to:

- Study Participants
- Colleagues
- Prenatal Partners
- Students
- Research Staff
- Funding Agencies

For supporting this work
and these ideas

Contact me at:

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