

Parent-Training Groups for Fathers of Head Start Children: A Pilot Study of Their Feasibility and Impact on Child Behavior and Intra-Familial Relationships

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ABSTRACT. Group parent-training interventions for the treatment and prevention of externalizing problems in young children have been empirically validated almost exclusively with mother-only groups or with groups where the majority of participants are mothers. One reason for this focus has been the difficulty in attracting fathers to parent-training groups. In order to examine the idea that father-only groups would produce high rates of acceptance and attendance among fathers, we randomly assigned

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39 ethnic minority fathers of 3 to 5-year-old children attending Head Start preschool either to an 8-week father-only parent-training intervention or to a no-treatment control group. Initial interest and attendance was strong, although dropout became a major problem, with 70% of fathers assigned to the experimental group attending fewer than half of the sessions. While statistical power was too low to uncover significant treatment effects, some trends nonetheless support the utility of this approach. Father and teacher reports, but not mother reports, suggest that children whose fathers were in the experimental group demonstrated fewer behavior problems than children whose fathers were in the untreated control group. The intervention did not produce significant effects on father discipline skills, nurturance toward their children, or fathers' contributions to childrearing activities. Interestingly, there are indications that the intervention had a negative impact on the marital/cohabiting relationship. This pilot study is a first step in understanding how to effectively engage fathers in parent training. doi:10.1300/J019v29n02_04 [Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <docdelivery@haworthpress.com> Website: <<http://www.HaworthPress.com>> © 2007 by The Haworth Press, Inc. All rights reserved.]

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Over the past 30 years, parent-training interventions have consistently been demonstrated to be effective at improving children's home behavior (Eyberg & Johnson, 1974; Kazdin, 1997; Knapp & Deluty, 1989; Sanders, Markie-Dadds, Tully, & Boron, 2000). They have been shown to generalize to school settings, (Funderburk, Eyberg, Newcomb, McNeil, & Hembree-Kigin, 1998) and to have positive effects on other members of the family (Brotman et al., 2005; Humphreys, Forehand, McMahan, & Roberts, 1978; Kazdin & Wassell, 2000).

However, gaps still exist in our understanding of how to maximize intervention effects for many families. While in recent years, parent-training studies have employed an ever more diverse subject pool, there are still important groups for which the efficacy of parent training has not been sufficiently established. For example, almost all the studies validating the efficacy of parent-training interventions have been conducted with mother-only or with mixed mother and father groups (e.g., Bagner & Eyberg, 2003; Webster-Stratton, 1985). One reason for this is the difficulty of attracting fathers to parent-training groups. Fewer than 15% of families participating in parent-training research studies have had fathers involved in the treatment (Budd & O'Brien, 1982) and 63% of

parent training *studies* did not report any father involvement (Coplin & Houts, 1991). These figures are troubling because, when fathers do join their spouses in parent training, there is evidence of reduced maternal attrition and need for better maintenance of treatment gains (Bagner & Eyberg, 2003; Clark & Baker, 1983; Strain, Young, & Horowitz, 1981).

While fathers have generally played a minor role in parent-training research, there is evidence that the amount of caregiving they provide as real-world parents has increased significantly over time (Brooks & Gilbert, 1995; Marsiglio, 1995). Despite the fact that they are shouldering more of the burden of childrearing, fathers often lack experience with children and are unprepared for these roles (Lamb, 1986; Pollack, 1995). This fact may make fathers good candidates for parent training and, in turn, an untapped resource for improving child outcomes. However, fundamental questions remain unanswered regarding how parent training affects fathers' parenting behavior, and whether such changes result in improved child outcomes. For example, some research has suggested that fathers might have more difficulty than mothers in acquiring certain parenting skills (Eyberg & Robinson, 1982; Horton, 1984) and in benefiting from parent-training interventions (Morawska & Sanders, 2006).

The most fundamental question about fathers and parent training has to do with their willingness to attend. Research suggests that fathers are far less likely to attend parent training than mothers (Budd & O'Brien, 1982), and clinical experience suggests that fathers are much more likely to drop out of parent training, although data on this issue are scarce. Some fathers may be uncomfortable in parent-training groups when the majority of participants are mothers. One way to increase comfort levels and reduce stigma that may be associated with parenting classes is to provide father-only parent-training groups. Calls for such groups have been made recently (e.g., Tiano & McNeil, 2005). However, while several studies have attempted to encourage general father involvement or to provide parenting support for fathers (e.g., McBride & McBride, 1993), we are not aware of a single treatment study that has involved administering an empirically validated parent-training intervention to groups of fathers. If fathers could be successfully engaged in parent training and improve their parenting skills as a result, the benefits to the family could be significant.

Correlational studies suggest that investing in the father-child relationship can have positive effects for children. For example, Zimmerman, Salem, and Maton (1995) found numerous positive sequelae for sons whose fathers are closely involved in their lives. Paternal involvement predicted higher rates of self-esteem, lower rates of depression and anxiety,

and slightly lower levels of delinquent behaviors. Nevertheless, some correlational research suggests that increased father involvement is not associated with improvements in child behavior and may actually produce iatrogenic effects (Coley, 2001; Mosley & Thompson, 1995; Thomas, Farrel, & Barnes, 1996). These contradictory findings may suggest that the type of father involvement that is accomplished is at least as important as the amount. It may be that an increase in father involvement that is accompanied by an improvement in specific parenting skills may lead to better outcomes than simply encouraging fathers to interact with their children more. Fathers who lack core-parenting skills may find spending more time with their children aversive. If they have little skill at managing child misbehavior, it is not difficult to see how children could end up exhibiting higher levels of misbehavior in response to increased interactions with their fathers. If fathers can be encouraged to spend more time with their children and also taught empirically supported behavior management skills, the results could be more positive than those found in earlier studies.

Another area to examine in the context of parent training for fathers is the impact that such training has on the spousal relationship. In almost all societies, parenting of children has principally been the responsibility of mothers. Basic questions exist about how mothers may react to fathers taking a more active role in parenting. Some correlational research has demonstrated that more father involvement in parenting is associated with *less* effective discipline by both mothers and fathers if child-rearing views are dissimilar or if the marital relationship is relatively weak (Arnold, O'Leary, & Edwards, 1997).

The present study is a rare experimental test of some of these questions. We examined the levels of interest fathers exhibited in father-only parent-training groups, as well as what effects providing parent training to fathers had on their involvement with their children, their parenting skills, their children's behavior, and the marital relationship. We hypothesized that a large percentage of fathers who attended informational meetings describing the parent-training intervention would elect to be randomly placed in the study and that a large percentage of fathers randomly assigned to the treatment group would attend the first session. It was further hypothesized that the majority of fathers would attend at least half of the treatment sessions. We hypothesized that according to mother and father reports, fathers who took part in a parent-training intervention would take on more of the child-rearing responsibilities. We expected fathers to report an increase in their use of positive parenting behaviors and using more effective discipline techniques. Because of

the conflicting data on the subject, we did not propose a directional hypothesis for the effects of parent training on child behavior problems or marital adjustment (Assemany & McIntosh, 2002; Coplin & Houts, 1991; Firestone, Kelly, & Fike, 1980). We hypothesized that these effects would be found according to both mother and father reports. Only a handful of parent-training efficacy studies have involved both mother and father reports. Spousal participation in the present study allows for a rare look at how the non-participating parent assesses change.

METHOD

Participants

Thirty-nine fathers of Head Start children and 24 of their partners participated in the study. Their children were aged 3-5 and were enrolled at one of the two Head Start sites located in the New York City Metro area. In order to participate, parents had to be married and reside together, or be unmarried and reside together for at least the past year. Children did not need to have elevated levels of behavior problems for their fathers to participate. Eighty-five percent of fathers were Latino (principally Central-American), 11% African American, and 4% did not identify their ethnicity. Sixty-eight percent of fathers were married to the mother of the Head Start child, 29% were unmarried, but cohabiting with the mother of the Head Start child, and 4% did not identify their marital status. Thirty-nine percent of participants did not complete high school, 18% listed high school as their highest level of education, 29% listed some college, and 14% were college graduates. Of the 21 fathers who listed their household income, 19 of them listed a yearly household income of \$35,000 or less.

Measures

Parents were given the option of completing assessment packets in English or in Spanish. Measures were scored the same way regardless of language.

Parenting Behaviors. Both mothers and fathers completed the lax and overreactive subscales of the Parenting Scale (PS; Arnold, O'Leary, Wolff, & Acker, 1993). The original version of the PS contains a verbose parenting subscale, which was excluded due to its comparatively

weaker psychometric properties. Arnold et al. (1993) reported test-retest reliability of .84 for the full scale and .83 and .82, for the laxness and overreactive subscales. The PS correlates significantly with the Child Behavior Checklist, as well as with observational reports of parenting behavior (Arnold et al., 1993). It has previously been validated with Hispanic parents (Rodriguez et al., 2003).

A modified version of the Block Child Rearing Practices Report (CRPR; Block, 1980) was administered to fathers and mothers. Rickel and Biasatti (1982) reduced the original measure to 40 items that yielded two factors; Restrictiveness and Nurturance. We used the nurturance items, which Rickel and Biasatti (1982) reported to have a Chronbach's alpha of .84. Internal consistency and reliability remained high across all socioeconomic groups in the Rickel and Biasatti (1982) study, and therefore we felt confident using it with the present Head Start sample. Scores on this measure have been found to relate to children's responses to problem solving tasks (Jones, Rickel, & Smith, 1980).

Marital/Cohabiting Relationship. Both fathers and mothers completed the Dyadic Adjustment Scale (DAS; Spanier, 1976) in order to assess the quality of their relationship. The DAS has been shown to have high internal consistency, with an alpha of .96. The DAS was shown to discriminate between married and divorced couples on every item (Spanier, 1976).

Child-Care Responsibility/Involvement. Both fathers and mothers completed the Child-Care Task Checklist (CCTC) developed by Baruch and Barnett (as cited in McBride, 1990). This instrument lists 11 child-care tasks, such as "taking one's child to a doctor's appointment" and "supervising the child's hygiene." Parents were each instructed to indicate the relative contributions of each parent with respect to the child-care tasks by writing a percentage in each of three blank spaces. The spaces corresponded to "mother-only," "father-only," and "parents together." The three percentages had to add up to 100. Each parent's relative contribution was calculated by averaging mother and father self-reported scores.

In addition, fathers and mothers completed the Parenting Alliance Measure (PAM; Abidin & Brunner, 1995). This measure attempts to determine parents' perspective on the degree to which their partner cooperated, communicated, and was respectful of the other's childrearing practices. The PAM was validated on a large sample ($N = 1,224$) of non-clinical parents, as well as 272 parents of children with clinical diagnoses or externalizing behavioral disorders. Abidin and Brunner (1995) reported the PAM's internal consistency to be .97. Its test-retest

reliability after four to six weeks was .80. The PAM correlates with measures of parent stress, family and marital functioning, children's social skills and psychosocial adjustment, and other parent characteristics (Konold & Abidin, 2001).

Child Behavior. The Intensity scale score of the Eyberg Child Behavior Inventory (ECBI; Eyberg & Pincus, 1999) was administered to both parents. Internal consistency has been shown to be high, with an alpha of .93 for the intensity scale. Scores have been shown to correlate highly with observational data of child misbehavior and the ECBI was able to distinguish between children who met diagnostic categories and non-clinical children.

Head Start teachers completed the Intensity scale of the Sutter-Eyberg Student Behavior Inventory-Revised (SESBI-R; Eyberg & Pincus, 1999). The SESBI-R consists of 38 items asking teachers to rate their students' levels of misbehavior on a seven-point Likert scale. Eyberg and Pincus (1999) report a high coefficient alpha, as well as adequate test-retest reliability. SESBI-R scores correlated well with observational measures of inappropriate behavior, as well as with off task behavior (Querido & Eyberg, 2003).

Design and Procedure

Parents were recruited during Head Start parent meetings and through distribution of bilingual advertisements. Recruitment sessions were scheduled in the evening to accommodate working parents. Babysitter services were provided, as well as dinner for the entire family. Participants were paid \$30 for completing pretest measures and \$50 for completing posttest measures. In order to promote attendance at recruitment sessions, raffles were held. To be eligible for raffles, parents had to submit a completed assessment packet. Prizes were valued between \$30 and \$50. After assessment measures were completed, fathers were randomly assigned to a parent-training group consistent with their language preference, or to a no-treatment control group. Upon completion of posttest assessments, control group fathers received CD's covering the intervention material, as well as information on referrals for parent training.

Intervention. The intervention was an 8-week version of Webster-Stratton's *Incredible Years* program (Taylor et al., 1998; Webster-Stratton et al., 1989; Webster-Stratton & Hammond, 1997). In this intervention package, parents view videotapes of vignettes depicting families from several ethnic backgrounds carrying out both desirable and undesirable parenting behaviors. Discussions and role-plays are encouraged and

participants are assigned homework to practice the skills they learn. The interventions covered the following areas of parent-child interactions: (1) Play/positive interactions, (2) Praise and rewards, (3) Limit setting, and (4) Handling misbehavior. The *Incredible Years* protocol has been used with both clinical and normative samples. Emerging evidence supports the use of parent training in a preventative fashion (e.g., Reid, Webster-Stratton, & Beauchaine, 2001; Webster-Stratton, Reid, & Hammond, 2001). The intervention was administered by a total of six doctoral students in clinical psychology. A professor of clinical psychology who has experience administering the *Incredible Years* protocol supervised the therapists. Two of the groups were administered in Spanish, using the Spanish version of the *Incredible Years* and one group was administered in English.

Treatment fidelity. A professor of clinical psychology provided ongoing supervision. Group sessions were videotaped and reviewed by the primary investigator and a research assistant. In addition, after each session, therapists completed the Collaborative Process Checklist, a treatment fidelity survey used in conjunction with *The Incredible Years*. The Collaborative Process Checklist is made up of questions assessing whether therapists adhered to the agenda for that particular session, including questions about the set-up of the room and the process of conducting the group. Each therapist completed the survey separately and then compared their remarks during supervision.

RESULTS

In order to examine differences between the experimental group and the control group on these variables, Analyses of Covariance (ANCOVA) were employed using pretest scores and demographic variables as covariates. Table 1 presents descriptive information on the study variables for the fathers in the experimental and control groups. There was no statistically significant difference between experimental and control fathers on pretest measures, suggesting that random assignment was successful.

Recruitment

Forty-six fathers attended one of the recruiting sessions. Thirty-nine (85%) of these fathers agreed to participate in the study, be randomized, and complete pretest assessment packets, resulting in 23 experimental

TABLE 1. Comparison of Experimental and Control Fathers' Mean Pretest Scores for All Fathers Who Were Randomly Assigned

Characteristic	Experimental		Control		t/χ^2
	M	SD	M	SD	
CCTC	35.18	7.11	41.50	7.33	-1.68
DAS	121.82	18.09	112.90	23.44	1.10
ECBI	99.29	27.90	96.60	15.88	0.279
PAM	88.88	9.31	87.50	9.48	0.370
PS Total	80.94	8.42	79.30	14.76	0.370
PS Over.	38.64	6.02	41.10	7.06	-.95
PS Lax	44.23	9.05	38.20	9.37	1.65
CRPR	109.58	11.99	107.70	14.43	0.366

Note: CCTC = Child Care Task Checklist, DAS = Dyadic Adjustment Scale, ECBI = Eyberg Child Behavior Inventory, PAM = Parenting Alliance Measure, PS = Parenting Scale, CRPR = Child Rearing Practices Report.

and 16 control fathers. Of the 23 fathers, in the experimental condition, 19 (83%) attended the first parent-training group.

Attrition

While 19 of the 23 fathers originally assigned to the experimental condition returned to complete posttest assessments, only seven (30%) attended four or more of the eight groups, and were considered experimental completers. *T*-tests on pretest scores comparing treatment completers with those who completed fewer than four sessions were not statistically significant. The following analyses are based on these 7 treatment completers and the 9 of the 16 control fathers who returned to complete posttest measures.

Parenting Behaviors

Treatment effects for parents are summarized in Table 2. An analysis of covariance was conducted to determine the effects of group assignment on fathers' contributions to child-care, as measured by the CCTC. According to father reports, the mean change from pretest to posttest was similar in both groups (increases of .31 and .63%, respectively), $F(1, 11) = .019, p = .892$. Mothers corroborated father reports of minimal changes in fathers' contributions to child-care (mean decreases of 1.34

TABLE 2. Results for Fathers and Mothers Who Completed Pretest and Posttest Measures

Variable	Experimental		Control		<i>F</i>	η	<i>p</i>
	Pre	Post	Pre	Post			
(A) Fathers							
ECBI	108.00	106.00	96.60	103.60	3.670	.269	.084
CCTC	35.18	35.49	41.51	42.13	0.019	.002	.892
PS Total	82.50	80.00	79.30	79.10	0.021	.002	.888
CRPR	107.00	111.50	107.00	112.00	0.379	.033	.550
PAM	85.33	83.00	87.50	86.40	0.230	.022	.642
DAS	116.00	107.83	112.90	114.90	3.810	.257	.077
(B) Mothers							
ECBI	81.20	94.60	92.50	98.25	1.390	.166	.277
CCTC	33.81	39.35	30.54	22.87	0.143	.082	.423
PAM	82.80	87.20	84.14	87.00	0.032	.005	.863
DAS	117.60	110.00	111.75	105.75	0.015	.002	.907

Note: High scores on the ECBI, and PS indicate a more dysfunctional score. CCTC = Child Care Task Checklist, DAS = Dyadic Adjustment Scale, ECBI = Eyberg Child Behavior Inventory, PAM = Parenting Alliance Measure, PS = Parenting Scale, CRPR = Child Rearing Practices Report.

and 3.15% in experimental and control groups, respectively), $F(1, 8) = .143, p = .423$. Father reports indicate that the mean change from pre- to posttest on our measure of parental nurturance was also similar for both groups (no change in the experimental group versus .5 point increases in the control group on the CRPR), $F(1, 11) = .379, p = .550$.

Experimental fathers reported a modest mean improvement in discipline skill, as measured by the Parenting Scale (2.5 points), whereas control fathers reported almost no change (.2 point improvement). ANCOVA comparing posttest experimental and control scores while controlling for pretest Parenting Scale scores is not significant, $F(1, 11) = .021, p = .888$.

Marital/Relationship Behaviors

According to fathers, the mean change from pre- to posttest with respect to parenting alliance, as measured by the PAM is similar for both groups (decreases of 2.3 and 1.1 points, respectively). ANCOVA controlling for pretest PAM scores, is not statistically significant, $F(1, 10) = .230, p = .642$. ANCOVA examining whether mother reports of changes on the

PAM (increases of 4.4 point and 2.86 for experimental and control groups) were different for the two groups whereas controlling for pretest PAM scores, were also not statistically significant $F(1, 7) = .032$, $p = .863$.

Experimental fathers reported a moderate decrease in dyadic adjustment as assessed by the DAS (mean decrease of 8.17 points) whereas control fathers reported a slight increase in dyadic adjustment (mean increase of 2.0 points). While the difference is not statistically significant, $F(1, 11) = 3.81$, $p = .077$, when controlling for pretest DAS scores, posttest ECBI scores, and posttest PAM scores, the effect size is moderate (partial Eta-squared = .257). Both experimental and control mothers reported a decline in the marital/cohabiting relationship, (7.6 and 6 point decreases on the DAS respectively). ANCOVA controlling for pretest DAS scores, posttest ECBI scores, and posttest PAM scores, is not statistically significant, $F(1, 8) = .015$, $p = .907$.

Child Behavior

According to the father ratings on the ECBI, experimental group fathers reported less intense child behavior problems (mean decrease of two points on the intensity scale). In contrast, control group fathers reported increased behavioral problems (mean increase of seven points). ANCOVA comparing change on the ECBI intensity scale between experimental and control fathers while controlling for pretest ECBI intensity scale scores, pretest DAS scores, child gender, and gross household income, is not statistically significant $F(1, 10) = 3.67$, $p = .084$, yet a moderate effect size was found, partial Eta-squared = .269.

Both experimental and control mothers reported an increase in externalizing problems (mean increase 13 and 6 points respectively), as measured by the ECBI intensity scale. ANCOVA comparing ECBI intensity scales, while controlling for pretest ECBI intensity scale scores, is not statistically significant, $F(1, 7) = 1.39$, $p = .277$, yet demonstrated a moderate effect size; partial Eta-squared = .166.

Teachers reported that children whose fathers were in the experimental group demonstrated a moderate decrease in child externalizing behavioral problems (mean decrease of 30.75 points) whereas children whose fathers were in the control group demonstrated a small *increase* in child externalizing behavioral problems (mean increase of 3.3 points). ANCOVA using pretest SESBI-R scores as a covariate is not statistically significant, $F(1, 11) = 2.89$, $p = .117$, yet results in a moderate effect size, partial Eta-squared = .208.

DISCUSSION

The purpose of this study is to evaluate the feasibility and efficacy of an empirically validated parenting intervention for father-only groups. Given the discrepant literature on the benefits of father involvement in parenting (Bagner & Eyberg, 2003; Coley, 2001; Coplin & Houts, 1991; Mosley & Thompson, 1995; Thomas, Farrel, & Barnes, 1996), we wanted to investigate how father participation in an empirically supported parenting program might affect fathers' parenting skills, the cohabiting relationship, and their children's behavior. Low attendance rates among fathers in mixed-gender parenting groups (e.g., Webster-Stratton, 1985) suggested a need to better understand how to engage fathers in parent training. To our knowledge, this is the first study to examine father-only groups that were administered an empirically supported parent-training intervention.

Given the low participation rates reported in the literature for fathers attending mixed groups, it was expected that it would be difficult to recruit fathers. Further barriers to participation include the fact that these fathers were all low-income and many were recent immigrants, who spoke little English. The undocumented immigration status of many of these fathers added a level of fear and distrust to their interactions with the researchers. However, to our delight, many fathers were enthusiastic about participating in the intervention, as demonstrated by the high attendance rates at recruitment sessions and at the first group sessions. We believe that this initial enthusiastic reception was in large part due to the work of the Head Start staff, along with the fact that the research staff spent considerable time in the preschools. Several parents also reported that the ethnic diversity of the research staff made them more comfortable participating. Although 83% of fathers assigned to the intervention group attended the first parent-training session, only 30% of intervention fathers attended half or more of the sessions. This finding is consistent with past research demonstrating that attrition rates in parent-training studies are particularly high among low-income and ethnic minority families (Myers et al., 1992). It is difficult to say why attrition was high in our sample. One possibility is that the content of the intervention was a poor match to the needs of these fathers. As is the case with most parent-training interventions, the Incredible Years program begins by addressing concepts such as play and positive reinforcement. Given that fathers generally employ more authoritarian parenting styles than do mothers (Russell et al., 1998), it is possible that beginning the intervention with topics related to discipline would have piqued

their interest and prevented some attrition. Another reason for attrition in our sample seemed to involve work conflicts. Many of the fathers in our sample were involved in landscaping work and scheduling problems were common. In our sample, some fathers were forced to make difficult decisions about working an additional shift or going to a parenting group. Notably, no significant demographic or pretest differences were found between dropouts and treatment completers.

The results of this pilot study must therefore be understood in the context of high attrition. The intervention group demonstrated larger improvement than did the control group in fathers' and teachers' reports of child behavior. In contrast to these positive findings, mothers whose husbands were in the intervention group reported that their children's behavior worsened. In addition, the intervention did not have an effect on parenting alliance, fathers' use of nurturance, or fathers' contribution to childrearing activities. Finally, parents in the intervention group reported being less satisfied with their marital/cohabiting relationship.

One possible explanation for the small differences between the groups is that the children who participated in the study were not behaviorally disordered. The average pretest ECBI Intensity score across groups and parents was 98.3. Burns and Patterson (2001) report a mean ECBI Intensity score of 110 for 2-5 year old boys and 106 for 2-5 year old girls in a normative sample. While there were certainly advantages to not excluding participants based on level of child misbehavior (reduced stigma, increased participation), it may have been more difficult to reduce levels of child misbehavior that were already in the average range.

The finding that fathers did not increase the amount of time they spent on child-care activities was initially surprising. However, if we keep in mind that these mainly Central-American parents largely subscribed to a traditional division of labor, it would seem unlikely for a short parent-training intervention to affect parenting responsibilities such as who takes the child to the doctor. Previous research has also demonstrated that mothers serve as "gatekeepers" to their children and that father involvement depends more on mothers than it does on any father characteristic (McBride & Rane, 1997). Our hope was not to change the division of labor, but to give fathers some parenting skills that they could use when they were alone with their children or when the whole family was together. The finding that the marital relationship seemed to decline more in the experimental group is not entirely surprising. It is possible that mothers felt that fathers were treading on their territory. Another possibility is that the intervention led experimental fathers to become more aware of their relationship deficits because this

provided an opportunity for them to explore barriers to their parenting, including topics such as marital distress.

In sum, this study demonstrates that, despite considerable barriers, many fathers have a genuine interest in learning about parenting and becoming more involved in their children's lives. While the dropout levels we experienced were discouraging, in some ways the fact that this group of fathers—who largely spoke little English, had no positive history with researchers, and had reason to fear contact with outsiders—participated at all is heartening. One may speculate that the financial incentives were key to getting families to participate. Yet we actually had quite a difficult time getting many families to accept payment for their time, with several parents flatly refusing to take payment. Several fathers said that they were thankful for the experience and felt it was unnecessary to take payment. Our experience demonstrates that fathers are interested in improving their parenting skills. It may be that the interventions offered need to be tailored to better meet their needs. In addition to focusing more on discipline, the format of parent training could be changed to be more reinforcing to fathers. For example, McAllister, Wilson, and Burton (2004) describe a gradual approach to getting Head Start fathers more involved with their children that began with trips to local sporting events with other fathers. More efforts need to be made to reduce the considerable burden that parent-training interventions place on parents (Allen & Warzak, 2000). Another approach with parents at high risk for dropout is to overtly address the issue before parenting skills are discussed. Recent work by Nock and Kazdin (2005) suggests that a very short adjunctive intervention using motivational enhancement techniques can markedly increase treatment motivation and attendance. The current study should be viewed as a preliminary step toward better understanding the issues involved in providing parent training to a father-only group. Future studies on father-only groups may yet demonstrate them to be an effective tool that clinicians could draw upon to further improve child behavior, as well as other family outcomes.

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