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Exploration of Factors Predictive of At-risk Fathers' Participation in a Pilot Study of an Augmented Evidence-Based Parent Training Program: A Mixed Methods Approach

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Abstract

There has been burgeoning parenting intervention research specifically addressing fathers in recent decades. Corresponding research examining their participation and engagement in evidence-based parent training programs, which have almost exclusively targeted mothers, is just emerging. The current study used mixed methods to examine factors that influenced completion of an augmented version of an evidence-based child maltreatment prevention program developed for male caregivers called SafeCare Dad to Kids (Dad2K) in a pilot study. The current sample comprised 50 male caregivers ($M_{age} = 29.42$ years, $SD = 8.18$) of a child between the ages of 2 and 5 years. Fathers participated in a baseline assessment and were considered program completers ($n = 27$) if they participated in the program's six home visiting sessions. A subsample of completers ($n = 11$) was recruited to participate in qualitative interviews that provided in-depth information about fathers' experiences in Dad2K. Logistic regression indicated that, in the context of other demographic predictors, fathers with an education beyond high school were over 5 times more likely to complete Dad2K program compared to fathers with a high school education or less. Qualitative analyses revealed that interviewed father completers were motivated to enroll and participate in a fathering program because of an interest to learn and obtain skills to make them a better parent. Fathers with a high school education or less may require additional engagement strategies to help proactively encourage their enrollment and completion of parent training programs.

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Keywords

fathering; evidence-based programs; program engagement; child welfare; qualitative methods

1. Introduction

Fathers comprise a considerable portion of the perpetrators of child maltreatment (Child Welfare Information Gateway, 2016). Parents who have perpetrated child maltreatment or are at risk of child maltreatment are often referred to programs that promote positive parenting practices and healthy child development. However, fathers have traditionally been neglected in research examining parent training program effectiveness and engagement (Kohl & Seay, 2015). There are an array of factors that may increase a father's risk for abusing or neglecting his children including lower education and income, unemployment, criminal history, and young age at time of birth (Clement, Berube, & Chamberland, 2016; Lansford et al., 2015). Substance abuse and depression have also been shown to increase perpetration risk (Kelley, Lawrence, Milletich, Hollis, & Henson, 2015; Stover, Easton, & McMahon, 2013). Importantly, these risk factors may also interfere with enrollment, participation, and engagement in parenting programs that aim to prevent child maltreatment and promote positive parent-child interactions, making enrollment and engagement of the fathers most at risk increasingly difficult (Duggan et al., 2004; Lanier et al., 2011).

In addition to fathers contributing to sustained rates of child maltreatment, the increase in interest of including fathers in parenting programs emerged in large part from decades of literature demonstrating the importance of father involvement to child development (Allen & Daly, 2007). Historically, father involvement was considered the ability of the father to financially contribute to the family, which often left economically vulnerable fathers with a limited role in contributing to the overall well-being of their child (McLanahan & Sandefur, 1997). In recent years, there has been a shift of focus to the "non-financial roles" of fathers (Mincy, Jethwani, & Klempin, 2015; Edin & Nelson, 2013), with father involvement more broadly defined as including 1) engagement, or time spent in one-on-one interaction with the child; 2) accessibility, or activities in which a father is physically or psychologically accessible to a child, but not directly interacting, and 3) responsibility, or the extent to which the father takes responsibility for the child's welfare and care (Lamb, 1987; Lamb, Pleck, Charnov, & Levine, 1987; Pleck, 2010).

Previous research documents that infants with involved and sensitive paternal caregivers are more likely than infants without involved paternal caregivers to be securely attached to their fathers (Brown, Mangelsdorf, & Neff, 2012; Cox, Owen, Henderson, & Margand, 1992; Grossmann et al., 2002) and score higher on cognitive competence (Cabrera, Shannon, & Tamis-LeMonda, 2007; Pleck, 2010). Further, for children and adolescents, positive father involvement and father-child communication promote positive peer relationships and youth prosocial behavior (Caldwell et al., 2014; Dubowitz et al., 2001; Feldman, Bamberger, & Kanat-Maymon, 2013; Hammond et al., 2011; Johnson, Rich, & Keene, 2016; Leidy et al., 2011; Lieberman, Doyle, & Markiewicz, 1999). Given the association between father

involvement and children's well-being, the participation of fathers in parent training programs has become a growing priority of service providers (Fabiano, 2007).

1.1. Research Examining Father Participation in Parenting Programs

Apart from a few studies (Julion et al., 2016; Kohl & Seay, 2015; Stahlschmidt, Threlfall, Seay, Lewis, & Kohl, 2013; Threlfall & Kohl, 2015), fathers, especially African American ones, have been underrepresented in research of parenting programs (Raikes & Bellotti, 2006; Fletcher et al., 2011; Smith, Duggan, Bair-Merritt, & Cox, 2012), and thus, little is known about what motivates fathers to enroll and remain engaged in parenting programs. Much of the research to date has focused on behavioral parent training programs that are delivered via group and target children's behavioral problems (Webster-Stratton, Reid, & Hammond, 2004). For example, the Incredible Years program—a group-based program delivered to both mothers and fathers—has demonstrated success in recruiting and retaining fathers, and decreasing fathers' negative parenting practices (Webster-Stratton et al., 2004). However, the overwhelming majority of fathers included in this sample were white, limiting generalizability to African American fathers. In the evaluation of another group-based program targeting fathers with children with attention deficit hyperactivity disorder called *Coaching Our Acting-out Children: Heightening Essential Skills*, fathers in the intervention exhibited fewer negative verbalizing behaviors toward their children and increases in praise compared to a control group, although these positive changes were not maintained one month later (Fabiano et al., 2012). Again, only a small portion (11%) of the sample was African American.

Kohl and Seay (2015) conducted a study to determine if Triple P, a program that has demonstrated some effectiveness with parents at risk of child maltreatment, should be adapted for African American fathers. Their findings indicated that fathers who were briefly exposed to the program found the content difficult to relate to and had a negative perception of the program. Importantly, fathers exposed to the entire intervention had more positive perceptions, suggesting that examination of how to improve early engagement in the program is critical.

Home visiting parenting programs are one of the most common approaches to preventing child maltreatment and reducing perpetration risk, and various models have demonstrated effectiveness in reducing child welfare involvement (Casillas, Fauchier, Derkash, & Garrido, 2016). For example, Nurse-Family Partnership is a program delivered by nurses to first time mothers that focuses on maternal and child health, and has shown positive effects on rates of abuse and neglect (Olds et al., 1997). Similarly, a statewide trial of SafeCare, a home-based behavioral parent training program, demonstrated significant reductions in recidivism to Child Protective Services (Chaffin, Hecht, Bard, Silovsky, & Beasley, 2012). Few studies have specifically evaluated home visiting programs with fathers, and the extant research has not demonstrated positive outcomes (Duggan et al., 2004), likely because these programs did not target fathers specifically. In contrast, a pilot study examining an adaptation to home visiting services called *Dads Matter* demonstrated higher engagement and more positive outcomes for father-child relationships than home visiting as usual (Guterman, 2012). Thus, it is critical to continue examining how home-based parenting programs may benefit fathers

given that programs delivered in the home setting, versus a clinic, could reduce the logistical barriers that have been described in the literature as possibly impeding early father engagement in services.

1.2. Influential Factors for Father Participation in Parent Programs and Study Goals

As parenting programs attempt to enroll more fathers, it is important to understand the factors that influence fathers' willingness to enroll in and complete parenting programs. Unfortunately, most research in this area has been conducted with samples primarily comprised of mothers (Fernandez & Eyberg, 2009; Fleming et al., 2015; Gross, Julion, & Fogg, 2001). One of the most historical and consistent predictors of program initiation and dropout is low socioeconomic status, however some research has attributed this association to lower education (Fernandez & Eyberg, 2009; Fleming et al., 2015; Lanier et al., 2011; Spoth, Goldberg, & Redmond, 1999). Indeed, lower education has been associated with program attrition (Chen & Fortson, 2015; Reyno & McGrath, 2006). These families may also be low income or headed by a single parent (Damashek, Doughty, Ware, & Silovsky, 2011), known risk factors for poor child outcomes as well as program dropout (Reyno & McGrath, 2006; Schneider, Gerdes, Haack, & Lawton, 2013). Given these findings, the primary goal of the study was to identify the characteristics of fathers, primarily African American, that contribute to program dropout and the motivations of fathers completing the program.

The client-provider relationship is another potential predictor of treatment outcomes, retention, and completion (Cabral & Smith, 2011; Riley, Brady, Goldberg, Jacobs, & Easterbrooks, 2008; Zlotnick, Elkin, & Shea, 1998). Accordingly, a second goal of the current study was to understand if the personal characteristics of providers is related to father enrollment and completion. Prior research in mental health service settings has examined whether the match between therapist and client on race (Cabral & Smith, 2011) and gender (Zlotnick et al., 1998) influences treatment outcomes and program completion. A meta-analysis demonstrated that, while African Americans had strong preferences to be served by a therapist of their own race, individual therapy outcomes were only slightly improved when race matched between provider and client (Cabral & Smith, 2011). Similarly, research has demonstrated that match between therapists and clients with depression on gender was not related to psychotherapy outcomes or attrition (Zlotnick et al., 1998). Collectively, these findings suggest that despite African American's preference for a provider of similar racial background, match between provider and client on gender and race is not likely to affect targeted outcomes or program completion.

Little is known about what is related to fathers' program completion in home visiting programs, and thus, the current study examined factors that might be related to completion using quantitative and qualitative methods among a sample of primarily low income and African American fathers in an evidence-based intervention, the SafeCare Parent-Child Interaction module (Lutzker & Bigelow, 2002). This module was augmented for fathers such that intervention materials were father relevant and included video-based technology software that delivered psychoeducation and modeling in each session. The result was a home visiting program adapted for fathers called SafeCare® Dad to Kids (Dad2K), which

includes six home visiting sessions that aim to increase positive parent-child interactions, which aligns with father involvement, specifically father engagement, as defined by Lamb (1987, 2000). This program was tested for acceptability and initial efficacy in a randomized feasibility trial by Self-Brown and colleagues (under review). The purpose of this study is to understand what factors influenced retention for the at-risk fathers who were assigned to the intervention group. Based on prior research (Reyno & McGrath, 2006; Schneider et al., 2013; Spoth et al., 1999), we hypothesized that younger fathers with lower education levels, lower incomes, who were not living with a romantic partner, and suffered from problems with substance use and mental health would be more likely to drop out of Dad2K. Additionally, we expected higher rates of attrition among employed fathers, as we expected these fathers to have less time to prioritize participation in a fathering program. A second exploratory aim was to examine whether program completion depended on the match between program provider and father on gender and race, which will help fill a major gap in the literature as this research has primarily been conducted in mental health service settings (Cabral & Smith, 2011; Zlotnick et al., 1998).

2. Materials and methods

2.1. Study context

The data informing this study originate from a randomized controlled trial (RCT) examining the feasibility of an evidence-based child maltreatment prevention program, SafeCare®, adapted for fathers, Dad2K. A complete description of the adapted curriculum can be found elsewhere (Self-Brown et al., 2015), though a brief description is provided below. The primary aim of the feasibility RCT is to examine acceptability of the intervention, as well as the initial efficacy on father parenting behavioral and child maltreatment risk outcomes between participants randomly assigned to Dad2K ($n = 50$) and fathers assigned to a control condition, who received parenting materials in the mail ($n = 48$). Because no participation was required in the control condition, the current study focuses only on fathers assigned to Dad2K.

2.2. Participants

Fifty fathers were included in the current sample. Inclusion criteria for the RCT were as follows: male, age 18 or over, father/custodian/caretaker of a child between the ages of 2 and 5 years old (lived with the child or had regular visitation with the child), be English-speaking, and met two or more risk factors (i.e., racial/ethnic minority, low education level, low household income, un-married relationship status). One additional inclusion criterion for the current study was that fathers had to be randomly assigned to Dad2K. The majority of participants were recruited from a pediatric hospital setting that primarily serves families living below the poverty level (primary care clinic and emergency room clinic), community partner settings that serve high risk families (e.g., Early Head Start Program and community events targeting high-risk families), referrals from other study participants, and outreach in high volume business areas in impoverished communities and neighborhoods.

On average, participants in the intervention group ($n = 50$) were 29.4 years old ($SD = 8.20$) and mostly black (90%). Forty percent were living with a partner but not married, 20% were

married, 34% were single and not living with a partner, 4% were separated, and 2% were divorced. Further, most participants were the biological father of the intervention's target child (88%), who were on average 3.26 years old ($SD = 1.26$). Most participants' had obtained at least a high school diploma or GED (38%) or had completed some college (32%), nearly a quarter (24%) had an 11th grade education or less, and the remainder had graduated community college (4%) or attended graduate school (2%). With regard to household income, 79% of fathers reported an annual income of less than \$25,000 a year and over half (52%) reported less than \$15,000. Over half (58%) of fathers were not employed, and of those who were employed, nearly 43% reported working more than 40 hours per week. Many participants in the intervention condition reported no or low (0 to 2 times) use of alcohol in the past 3 months (56%) and over half (52%) reported no marijuana use in the past 3 months. Finally, over half (54%) of the fathers assigned to Dad2K completed the program. See table 1 for a breakdown of demographics by completion status.

A subsample of fathers ($n = 25$) participated in a qualitative interview following completion of their second assessment. The goal was to recruit and interview 25% of the overall study participants, with hopes of achieving data saturation by the 12th interview (Guest, Bunce, & Johnson, 2006). Given the focus on intervention group fathers for this study, qualitative analyses only included their narratives. Intervention group fathers were eligible for the qualitative interview if their level of program participation was "moderate" or "high," which is customary in fatherhood program evaluation research (Holcomb et al., 2015). Fathers who participated in less than 75 percent of direct services (e.g., baseline assessment, home visiting sessions, and second assessment), were defined as "moderate" participants, while "high" participants were fathers who engaged in 75 percent or more of direct services. Fathers assigned to the intervention group were ineligible for the qualitative interview if they failed to participate in program activities beyond the baseline assessment. Omitting these fathers from our sample ensured perspectives were captured solely from those men exposed to multiple Dad2K program elements. Purposeful sampling procedures were used to identify interviewees, as it is a widely-employed technique in mixed-method implementation research (Palinkas et al., 2015; Patton, 2014). As a result, interviews were conducted with 11 of the 14 fathers initially contacted (79% response rate). Consistent with the overall sample, over half ($n = 6$) of the fathers had a high school education or less and nearly 64% reported an annual income of less than \$25,000.

2.3. The intervention: SafeCare Dad2K

The Parent-Child Interaction module of SafeCare comprises six home visiting sessions that teach parents to engage children in stimulating activities, plan in advance to prevent child misbehavior, and promote positive interactions. Like the other SafeCare modules (i.e., Health and Safety), all sessions are highly structured and last approximately one hour. Providers assess parent skills in the opening and closing sessions, and in the middle sessions, parents receive training in targeted skills. Training sessions follow a four-step model in which providers *explain* and *model* the target skill, observe the parent *practicing* the skill, and finally, provide constructive *feedback* to the parent. Additional sessions may be offered if the provider determines extra training is needed.

A video-based software program was developed to adapt the SafeCare Parent-Child Interaction module for Dad2K. The software program is sports themed and uses pre-recorded videos to deliver motivational content, engaging dialogues, and directed assessment questions via tablet technology. Specifically, the software delivers Dad2K content with videos that use an African American male actor, the Dad2K “coach,” to provide psychoeducation (i.e., explain the target skills) and other male and child actors to model the target skills in video-recorded daily routine interactions. This is in contrast to traditional SafeCare delivery, in which the provider (often female) explains and models the target skills in person. Once the tablet delivers the *Explain* and *Model* portions of the sessions, the provider has the father practice the target skill and provides corrective feedback. A second augmentation was the inclusion of a co-parenting information session that occurred in session 4. The provider works with the father in session 3 to determine if inviting and including the co-parent in the co-parenting information session is appropriate. This session focuses on common co-parenting issues (e.g., communication, consistent parenting strategies) and teaches fathers problem solving in the context of the co-parenting relationship. Additionally, the software portion of the first session includes principles from Motivational Interviewing (Miller & Rollnick, 2002).

2.4. Procedure

To better understand the factors that contribute to Dad2K program completion, this study employed a mixed methods approach by using the pre-test quantitative data and follow-up qualitative interviews from a subsample of fathers that completed the Dad2K program. A father was considered a completer if he completed all six sessions of the Dad2K program.

A baseline home visit was conducted by a local data collector who obtained written informed consent and provided a netbook on which the participant completed the baseline assessment, which included a demographic form which included questions about individual and family characteristics, and questions about substance abuse history, as well as the Brief Symptom Inventory (Derogatis & Melisaratos, 1983). Following completion of the program and/or second assessment, 25 qualitative interviews were conducted with a subsample of fathers who voluntarily participated. The Dad2K project coordinator contacted those fathers to gauge their interest in participating in an interview about their experience in the Dad2K study. Intentional efforts were made to ensure an even distribution of interviewed fathers from the control and treatment groups. Only interviews from fathers in the treatment group were included in the qualitative analyses reported in this paper.

2.4.1. Demographic Variables—A brief demographic questionnaire was administered that assessed: (a) age (in years); (b) race: White, Black, Asian, Pacific Islander, Native American, or Other; (c) relationship status: single (not living with a partner), married, separated, divorced, widowed, or living with a partner (not married); (d) education: less than 8th grade, 8th to 11th grade, high school graduate/GED, some college, community college graduate, 4-year college graduate, and graduate school or professional degree program; (e) employment (working or not); (f) income: scale from \$0 to \$100,000 or more; and (f) relationship to child: biological father or step-father/mother’s partner.

2.4.2. Mental health and Substance Abuse—The Brief Symptom Inventory (BSI) (Derogatis & Melisaratos, 1983) was used as an indicator of fathers' mental health as a potential predictor of program completion. The BSI is comprised of 53 items assessing a range of mental health symptoms that comprise several subscales: depression, anxiety, somatization, paranoia, obsessive-compulsivity, hostility, phobic anxiety, psychoticism, and interpersonal sensitivity. Participants responded on a Likert scale ranging from 0 ("Not at all") to 4 ("Extremely") as to how much each item was representative of their experience. Average scores for the intervention group were computed for each subscale and across all subscales to generate a global severity index. For the current study, only the depression ($M = 2.22$, $SD = 3.16$) and anxiety ($M = 2.06$, $SD = 2.62$) subscales, and the global severity index ($M = 2.13$, $SD = 2.41$) were used, given past research linking depression and global functioning to program participation (Damashek et al., 2011; Lanier et al., 2011); the anxiety subscale was included to explore potential impacts on program completion. Internal reliability across all subscales (i.e., global severity index) for the current sample was calculated at .96.

Substance abuse was measured using three questions developed by the researchers. These questions were based on items in the Alcohol, Smoking, and Substance Involvement Screening Tool (ASSIST; WHO ASSIST Working Group, 2002). Participants were asked about the frequency of use in the last three months of alcohol and marijuana. For the purposes of this study and because of skewed distributions, alcohol use in the past 3 months was dichotomized into no or low alcohol use (0–2 times; 0) and moderate alcohol use (> 2 times; 1), and marijuana use in the past 30 days was dichotomized into no use (0) or any use (1). Participants were also asked about their use of cocaine, prescription pills not prescribed to them, and "any other drugs," but the number of fathers endorsing use of these substances was very low. Thus, they were not included in the analysis.

2.4.3. Provider characteristics—A record review was completed to determine the race and gender characteristics of seven providers serving each father assigned to Dad2K. Match between provider and father with regard to race and gender was the focus of the current study. Most participants matched their provider with regard to race (68%), while less than half (48%) matched on gender (i.e., were served by a male provider).

2.4.4. Qualitative interview—Semi-structured, in-depth qualitative interviews were conducted to gather data regarding fathers' experiences in the Dad2K study. This process ultimately led to the collection of 11 semi-structured, in-depth qualitative interviews. Interviews were conducted in-person within the households specified by fathers during the recruitment process. Furthermore, on average, interviews lasted two hours. Pseudonyms were also used in place of the fathers' legal name to protect their identity. The interview protocol focused on several areas (e.g. experiences as a father, experiences in research, overall interest in fathering program and how these might best serve at-risk communities), but the questions of focus for this study included program participation and program satisfaction.

2.5. Statistical approach

2.5.1. Quantitative analysis—Before examining demographic and individual-level predictors of program completion, we conducted chi-square tests to examine whether differences in completion were related to the match between the Dad2K provider and the client with regard to race and gender. If significant differences emerged for provider-client match, match would be controlled for in subsequent analyses. In order to evaluate predictors of Dad2K completion, logistic regression models were then tested that included potential demographic variables that may predict whether or not a father completed the program. In addition, exploratory logistic regression models examined whether baseline mental health (i.e., symptoms of depression, anxiety, overall) and substance use were predictive of program completion, controlling for significant demographic predictors of program completion. Predictors that reached an alpha level of .05 and lower were considered statistically significant. All quantitative analyses were conducted using IBM SPSS Version 23.0 (IBM Corp., 2014).

2.5.2. Qualitative analysis—The qualitative analysis included transcripts from audio-recorded interviews among Dad2K fathers. Additionally, the narrative analysis approach, which is a form of qualitative analysis, was used to determine how the past experiences of fathers shaped their present fatherhood perspectives and behaviors (Holcomb et al., 2015; Creswell & Poth, 2017). NVivo 10 (QSR International Pty Ltd., 2012), a computer-assisted qualitative data analysis program, was used for analysis. NVivo 10 was implemented to code the transcribed interview data into meaningful analytical units.

The analytic coding procedures were patterned after the recommendations made by Lofland, Snow, Anderson, and Lofland (2006). Furthermore, several methods were used to ensure the trustworthiness of the data. First, analytic triangulation was employed to defuse researcher bias, which was accomplished by using several coders to ensure interrater reliability (Padgett, 2008). Second, using an iterative coding process, regular peer debriefing sessions occurred with members of the coding team (Spall, 1998; Creswell, 2000; Padgett, 2008). During this process, if coders disagreed on how to code a text segment, they would thoroughly discuss the discrepancies, forcing them to acknowledge and assess their biases toward the qualitative data.

After numerous debriefing sessions, interrater discrepancies were continuously reviewed and considered until our threshold for intercoder agreement reached at least 80% among the coding team, which is deemed acceptable (Campbell, Quincy, Osserman, & Pedersen, 2013). Once coding consensus was achieved, a master codebook was established underscoring the phenomenon under investigation, *Program Participation*, which encompassed two sub-themes, *Program Enrollment* and *Program Retention*. The *Program Enrollment* sub-theme was generated from portions of text stating fathers' motivations to join the Dad2K study, while the *Program Retention* sub-theme was derived from those factors that contributed to fathers' sustained commitment to the study. These thematic codes warranted no further exploration as we determined data and theoretical saturation was accomplished, based on the recommendations made by qualitative researchers (Guest et al. 2006; Roy et al. 2015; Small 2009).

3. Results

3.1. Preliminary analyses

Using chi-square tests, we examined whether program completion was dependent on the similarity of Dad2K providers to their clients on race and gender. The chi-square tests revealed no difference in clients' rates of completion between female and male providers, nor between those who were and were not racially matched with their client. Thus, provider-client match was not controlled for in subsequent analyses.

3.2. Logistic regression

Logistic regression models were examined to identify significant demographic and father-level (i.e., mental health, substance use) predictors of program completion. The first model included only demographic variables that were expected to predict program completion based on theory and past literature (Reyno & McGrath, 2006; Schneider et al., 2013; Spoth et al., 1999). In the demographic model, the following predictors were entered simultaneously: age, living situation (living with partner/married vs single/separated/divorced), education, income, and employment (working or not). Because of unequal distributions across categories, education (high school degree and below vs past high school) and income (< \$15k vs \$15k and higher) were dichotomized. The only significant predictor of program completion was education, where fathers with education beyond high school were over 5 times as likely to complete the program than fathers with a high school degree or less education (OR = 5.09, $p = .03$, 95% CI [1.17, 22.14]; see Table 2).

As the only significant demographic predictor, education was the only predictor entered into the logistic regression model with potential father-level predictors of program completion, including baseline depression, anxiety, and general mental health, and alcohol and marijuana use. To examine the predictive utility of mental health and substance use over and above our significant demographic predictor, education was entered in the first step, while mental health and substance use variables were entered in the second step. Because of unequal distributions, alcohol (< 2 times vs 2 times and more) and marijuana (0 vs 1 time and more) use were dichotomized. In the context of education, only marijuana use reached marginally statistical significance, with fathers who reported marijuana use in the past 3 months over 3 times more likely to complete the program than fathers reporting no use (OR = 3.33, $p = .096$, 95% CI [.81, 13.78]; see Table 3). In addition, education remained a significant predictor of completion with fathers with education beyond high school over 4 times more likely to complete the program than those with less education (OR = 4.34, $p = .03$, 95% CI [1.13, 16.66]).

3.3. Qualitative results

Eleven fathers who completed the Dad2K program volunteered to participate in the qualitative interview. There were no significant differences on any demographic or mental health variables between those who volunteered to interview and those who did not.

3.3.1. Program Participation: Enrollment and Retention—The qualitative analyses revealed that fathers participated in the Dad2K study for several reasons. When asked about

their motivations to join the Dad2K study, an overwhelming majority of fathers cited their desire to either improve their current parenting behaviors or learn new ones. From their perspective, participating in a father-centered parenting program was quite appealing. Concerning those factors that compelled fathers to remain in the Dad2K study, several fathers noted increased parenting knowledge, enriched father-child interactions, and positive changes in their children's behavior as reasons for continuing in the study. Detailed profile data and responses from interviewed fathers on each topic can be found in Tables 4 and 5.

4. Discussion

The promotion of responsible fatherhood and healthy co-parenting relationships has been described as a national priority (Lawrence, Watson, & Stepteau-Watson, 2013), as it has been firmly established that fathers play an important role in the lives of their children (Allen & Daly, 2007). Thus, there is a critical need for services and programs tailored to the needs of fathers and their unique role as caregivers as existing services are overwhelmingly female-oriented (Scourfield, 2014). The current study examined factors related to father enrollment and completion of an augmented evidence-based program for the prevention of child maltreatment (Self-Brown et al., 2015) that fathers participated in as part of a larger feasibility study. Specifically, we hypothesized younger fathers with limited education, lower income, who were not living with a partner, and suffered from problems with substance use and mental health would be more likely to drop out of Dad2K. We also expected employed fathers to be more likely to dropout, given that they may have less time to participate in a parenting program. Hypotheses were partially supported.

One significant predictor of program completion emerged in the logistic regression models, the fathers' education level. Specifically, fathers with an education beyond high school were significantly more likely to complete the program than fathers with only a high school education or less. This is consistent with prior research (Reyno & McGrath, 2006). However, in contrast to previous work that identified substance use and mental health problems as important contributors to program completion for mothers (Damashek et al., 2011), the current study only detected marijuana use as a significant predictor and the direction of the association was counterintuitive. Fathers who reported marijuana use in the past 3 months were more likely to complete the program than those who reported no use, though this finding was only marginally significant. Given the paucity of research available on this topic, it is difficult to discern the clinical meaningfulness of this finding. Likely there is a mediating or moderating factor that could offer better interpretation of this association that this study was underpowered to explore. For instance, perhaps fathers using marijuana in the last 3 months were more likely to be unemployed and therefore had more time to participate and complete a program. Future research on the impact of marijuana and other substance use on participation in parenting programs is needed with larger samples.

Surprisingly, employment did not significantly predict program completion. It could be that employment was not a significant predictor of dropout because sessions were home-based and scheduled at convenient times chosen by fathers. Because of flexible scheduling and the location of program sessions, employed and unemployed fathers may have been equally able to prioritize program participation (Garvey, Julion, Fogg, Kratovil, & Gross, 2006; Gross et

al., 2001). In clinic-based services, employment may emerge as a significant predictor of program participation given that scheduling may be less flexible and the location of services may present a barrier for employed fathers trying to fit the program into their work schedule. More research investigating father dropout across different program formats and settings is needed to test these hypotheses.

Quantitative analyses were limited to the demographic and substance abuse/mental health measures included in the study design. The mixed methods design of this study allowed for further examination of the reasons fathers who completed the program felt compelled to enroll and stay in the program to completion. Most fathers cited a desire to pursue pertinent, father-specific parenting information, which challenges preconceptions often associated with unmarried and/or nonresident fathers (mainly African American) as uninvolved parents (Blankenhorn, 1995; Julion, Gross, Barclay-McLaughlin, & Fogg, 2007; Popenoe, 1996). Other research has supported African American fathers as involved parents, including a recent study demonstrating that paternal involvement was greatest among low income, nonresident African American fathers when compared to fathers of similar statuses from other racial or ethnic groups (Jones & Mosher, 2013). While the opportunity to learn parenting skills sparked fathers' initial interest to enroll in the program, fathers stated that they remained in the program because of perceived program benefits. Ultimately, a strong desire to learn pertinent parenting information helped compel fathers through the door, and the ways in which the program improved their parenting behaviors helped to retain them in the program. These findings may be especially important to consider for fathers with limited education who are at greatest risk for drop out, as fathers who did complete the program and had a high school education or less also provided similar reasons as to why they participated in the program. Future studies should test initial engagement strategies that emphasize the potential benefit of programs.

In regard to provider characteristics, the gender and race of home visitors were not significantly related to program completion, suggesting that the race and gender of program providers working with primarily African American fathers were not significant predictors of whether or not fathers completed the program. Our findings are consistent with prior research that observed no significant improvements in attrition rates among those who were served by a provider of the same gender (Zlotnick et al., 1998). Similarly, in contrast to prior research that observed minor improvements in treatment outcomes for African Americans served by a provider of the same racial background (Cabral & Smith, 2011), our results demonstrated that program completion was not dependent on racial matching. The quantitative findings suggest that it is the quality of provider-client relationship that contributes to whether fathers remain in parent training programs, and not whether they match fathers on race and gender. This is particularly noteworthy given that service providers in child and parent welfare tend to be female (Scourfield, 2014; Zell, 2006).

4.1. Limitations

Despite the considerable strength of a mixed methods study to understand father engagement in parenting programs, there are a few notable limitations to the current study. The greatest limitation was the failure to conduct qualitative interviews with fathers who dropped out of

the program to inquire about their reasoning for doing so. While we obtained a greater understanding concerning the reasons fathers enrolled and remained in the program, our understanding of why fathers dropped out is limited. However, this limitation is not unique to the current study, as program evaluation research attempting to follow-up with participants who drop out is difficult given that participants who drop out of the program also typically drop out of the research study (Boggs et al., 2005). Additionally, this study utilized a sample of convenience that was relatively homogenous (i.e., low income, African American fathers), limiting the generalizability of findings. Relatedly, the sample sizes for fathers and providers were small, likely limiting some of our power to detect significant effects; however, as a feasibility study, a smaller sample size was expected. Finally, program participants were part of a feasibility trial, and thus enrollment, participation, and engagement may look very different in a community-based setting.

4.2. Conclusions and Future Directions

Relatively little is known about engaging fathers in parent training programs, particularly those that target fathers in their role as caregivers. The current study examined the characteristics of fathers that contribute to whether or not they completed an evidence-based child maltreatment prevention program adapted for fathers. Additionally, several fathers were interviewed to delve deeper into the reasoning behind their enrollment and willingness to stay in services. Higher education levels and a desire to learn relevant parenting strategies emerged as substantial contributors to program completion. However, it is not well known why fathers with limited education would be more prone to drop out of the program. Future research should explore whether fathers who drop out of fathering programs are employed in more time-consuming and physically demanding jobs commensurate with their education level, and thus, have less time and/or energy to complete the program. Finally, the multitude of stressors and structural barriers that exist within disadvantaged communities may also interfere with completion.

One notable example specific to economically challenged, African American men is the issue of housing instability (Johnson & Johnson, 2010). Many of the men in the feasibility trial were confronted with this issue as housing stability was not a criteria for inclusion. Existing housing policies make it difficult for men with criminal histories to secure housing, including public and/or government subsidized housing (Howard, 2007; Herbert, Morenoff, & Harding, 2015; Kelly, 2015). These policies may disproportionately undermine the economic and social stability of men of color, many of whom are African American fathers, given their overrepresentation in the criminal justice system (Graff, 2015; Holcomb et al., 2015; Kelly, 2015). Having access to adequate and affordable housing may better ensure that these fathers can secure gainful employment, which may contribute to their ability to support their children's well-being. When children have a parent impacted by housing instability, they too are affected by the stressors inherent to housing instability (Desmond & Perkins, 2016). This has considerable implications for implementing home visitation programs. However, more research is needed to determine how the challenge of housing instability for low-income fathers influences program completion and effectiveness.

Future research with non-completers is needed to determine the accuracy of our hypotheses. In addition, the influence of limited education and motivation to learn on program completion is likely to not be specific to samples of African American fathers, and thus, research with samples with broader demographic composition is warranted. A logical next step in this line of research is to implement Dad2K with larger samples of fathers and providers to help increase power to detect significant effects of demographic and individual-level predictors on program completion and potential differences between provider-father match on gender and race. As a part of this research, it will be important to measure program processes (e.g., characteristics of home visitors that form quality relationships with fathers) to examine the impact on program effectiveness and engagement. As the Dad2K program is scaled up, program providers can use the current findings to inform strategies to engage and retain fathers in services, such as using in-person motivational interviewing techniques—in addition to those included in the software—early in the program to enhance fathers' initial motivation and rapport in the provider-client relationship (Miller & Rollnick, 2002).

Engaging low-income fathers, particularly low-income African American fathers, in evidence-based home visitation programs that can improve parent-child interaction and reduce child maltreatment risk is a break from social service tradition. Traditionally, such programs have targeted expecting women and mothers of young children. However, research efforts, such as the Dad2K study, have encouraged an insightful discussion regarding the effects of home visitation programs on at-risk fathers, specifically low-income African American fathers. Overall, the current study helps to establish an emerging paradigm shift—not only did fathers willfully choose to engage in available services, but they also provided substantive reasons as to why they remained in the program.

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Highlights

- Few home-based parent training programs have been developed specifically for fathers
- At-risk fathers with more than a high school education are more likely to complete a home-based parenting program adapted for fathers
- Fathering programs should enhance initial motivation and develop strategies to engage fathers with lower education

Table 1

Demographics by Completion Status

	Completers (n=27)	Non-Completers (n=23)
Age	30.12 (SD = 9.05)	28.48 (SD = 7.01)
Relationship Status (% married/living with partner)	59.2	60.9
Race (% Black)	92.3	91.3
Income (% < \$25k)	76.0	82.6
Education (% beyond high school)	51.9	21.7 *
Working (% working)	44.4	39.1
Depression	1.96 (SD = 2.92)	2.52 (SD = 3.46)
Anxiety	1.74 (SD = 2.21)	2.43 (SD = 3.04)
Global Severity Index	1.87 (1.95)	2.43 (SD = 2.87)
No/low alcohol use in past 3 months	48.1%	39.1%
No marijuana use in past 3 months	59.3%	34.8% [†]

Note:

*
p < .05;[†]
< .10

Table 2

Logistic Regression Modeling Demographic Predictors of Dad2K Completion

	<i>B</i>	<i>SE</i>	<i>OR</i>	95% CI
Age	.042	.039	1.043	.966, 1.127
Relationship Status (1 = Living with Partner/Married)	-.234	.651	.792	.221, 2.835
Education (1 = Beyond High School)	1.627	.750	5.089*	1.170, 22.140
Income (1 = >= \$15k)	-.210	.800	.811	.169, 3.889
Working (1 = employed)	-.464	.845	.629	.120, 3.290

Note:

*
p < .05

Table 3

Logistic Regression Modeling Father-Level Predictors of Dad2K Completion

	<i>B</i>	<i>SE</i>	<i>OR</i>	95% <i>CI</i>
Step 1				
Education (1 = Beyond High School)	1.335	.636	3.877 [*]	1.116, 13.473
Step 2				
Education (1 = Beyond High School)	1.469	.686	4.343 [*]	1.132, 16.664
Depression	.028	.221	1.029	.667, 1.588
Anxiety	.054	.281	1.056	.609, 1.831
Global Severity Index	-.287	.432	.750	.322, 1.751
Alcohol use in past 3 months (1 = moderate use)	.226	.655	1.254	.347, 4.523
Marijuana use in past 3 months (1 = any use)	1.204	.724	3.334 [†]	.806, 13.782

Note:

^{*}
p < .05;[†]
< .10

Table 4

Profile of the Fathers Who Participated in the Qualitative Study

Name ^a	Age	Relationship Status	Annual Income	Education	Work Status	Family Background	Children
Brad	27	Divorced	\$25K +	Past H.S.	Working	Raised by mother and grandmother	9-year-old NB son; 9-year-old son; 3-year-old daughter (two different partners)
Cory	30	Living with a partner (not married)	<\$25K	H.S. or below	Working	Raised by aunt and grandmother	5-, 9-, and 12-year-old daughters; 4-year-old son (two different partners)
Jake	24	Single (not living with a partner)	<\$25K	H.S. or below	Not working	Raised by mother	3-year-old NB son; 1-year-old son (same partner)
Karl	39	Single (not living with a partner)	<\$25K	Past H.S.	Not working	Raised by mother	2-year-old son
John	50	Separated	\$25K +	H.S. or below	Working	Raised by mother and great-grandmother	2-, 8-, and 9-year-old sons (same partner)
Mike	28	Married	\$25K +	Past H.S.	Working	Raised by his mother since 8-years-old	1-year-old son
Shawn	26	Living with a partner (not married)	<\$25K	H.S. or below	Not working	Raised by mother	4-year-old son; 1- and 2-year-old daughters (three different partners)
Paul	21	Single (not living with a partner)	\$25K +	H.S. or below	Working	Raised by mother	3- and 5-year-old son; 2-year-old daughter (same partners)
Eric	30	Married	<\$25K	Past H.S.	Working	Raised by mother and grandmother	5-, 7-, and 9-year-old sons (two different partners)
Matthew	25	Living with a partner (not married)	<\$25K	Past H.S.	Working	Raised by great-grandmother	4-year-old daughter; 3-year-old son (same partner)
David	29	Living with a partner (not married)	<\$25K	H.S. or below	Not working	Raised by grandmother and great-grandmother	9-year-old daughter; two 5-year-old sons (two different partners)

^aNames have been changed.

* Note: H.S. = High School; NB = Non-biological

Table 5**Responses from Fathers Who Participated in the Qualitative Study**

Name	Program Enrollment Statements	Program Retention Statements
Brad	<i>I decide to participate because I was already going through this stuff with child support, so I'm thinking this will be a good if these people (child support staff and personnel) find out I'm doing this Dads to Kids program... and I can learn some of these points (C-PAT skills).</i>	<i>The things you learn in this program are good. I try my best to use the things I do remember with my kids, my nephew, even with grown people. I try to teach them some stuff I have learned. I was telling my old lady (girlfriend) it's how you talk to them (children). It ain't all about yelling.</i>
Cory	<i>Just to see where it could take me. I always want to know more as a father.</i>	<i>Cause the more I got into the program, and the more she (home visitor) came, it got interesting. The program really showed me more ways to interact with my kids. The program showed me how to help my little boy to stop peeing in the bed.</i>
Jake	<i>When I first heard about the program, my cousin just kept talking about the money. But I wasn't doing it for the money. I did it because I felt it was going to help me as a father.</i>	<i>I feel like it helped me develop as a father. And it helped me talk to my kids more and do more activities with them. I learned how to discipline them without just whopping and yelling at them.</i>
Karl	<i>I participated so I can have a better relationship with my son. I also decided to participate so I could have better procedures when talking with him. I just wanted different techniques to use.</i>	<i>What kept me coming back man? I was anticipating what else I would learn. I always liked to learn. Second of all, you begin to have a semi-friendship with 'em (home visitors). It's like one of your buddies coming over. They were that friendly. I was looking forward to chatting with them.</i>
John	<i>I was approached by a man and he asked if I would like to participate in this program... I said yeah! I said yeah because my experience was, when I needed help for me and my children, there wasn't too many places that would help a father. All the programs are geared toward women with children. There hasn't been one for men with children and that's ridiculous! Me and my kids were almost homeless.</i>	<i>What kept me wanting to participate in the program was taking this information I'm learning and sharing it with the next man. Believe me, it wasn't the money! It wasn't the money that kept me around. It had everything to do with helping the next man with his child.</i>
Mike	<i>I decided to participate because it's never enough learning that you can get. It's never enough parenting methods that you can use. It's never enough information that you can have when it comes to parenting. I felt like I could take the information that was being given and use it in a lifestyle for me and my son.</i>	<i>The information. The methods. They were working. They were working so it always made me want more.</i>
Shawn	<i>Umm... just the way it was described to me. They said I could learn new things about fatherhood. I was like, anything new I can learn about being a good dad, I'll check it out!</i>	<i>Just the thought of learning more about being a dad. Plus, some of the activities were parent stress relievers. I was trying to learn as much as I could and use what I learned with my other kids, when I'm able to be around them. That's pretty much what kept me motivated. They were opening a lot of doors for me.</i>
Paul	<i>I signed up because it's never a such thing as too much information.</i>	<i>They were showing me how to be patient, how to deal with my kids and their temper-tantrums. They were showing me some useable and knowledge facts that I planned to use in my everyday life.</i>
Eric	<i>N/A</i>	<i>I valued the knowledge that I got.</i>
Matthew	<i>I knew I wasn't the best father. I knew I needed help planning stuff, make preparations, and all of that. So, when they asked me if I wanted to do Dad2K, I said yes. I like people who are teaching me new things. Teaching me right away. If it's going to better me as a person, I'm going to try it.</i>	<i>What kept me coming back was wanting to know what's next. What's the next step? What advice is he (home visitor) going to give me next? I couldn't wait to tell them, what just happened between me and my kids' mom because he went through the same things. So, yeah, it was just nice every time we got together.</i>
David	<i>I knew had already daddy skills, but I didn't have much. So, if they could teach and show me how a better father than I already am, I'm with that. Practice make perfect.</i>	<i>I wanted to better myself as a dad. I wanted to know everything that I could learn. I didn't care about the little \$10 she (home visitor) was giving me.</i>