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Prevention Programs for Divorced Non-Resident Fathers

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Abstract

Divorced nonresident fathers provide a promising target for preventive efforts to assist families after divorce. The research literature suggests that any such programs should focus on both the frequency and quality of the *child's* contact with the father, as well as the quality of post-divorce mother-father relations. Dads For Life (DFL) is the program for this target group with the most convincing evidence of preventive effects. This 8-week program was developed with NIMH grant funds, and centers on professionally made videos. It was tested in a randomized trial with 214 families. In comparison to control families, children in families in which the father participated in DFL had significantly lower internalizing problems. The preventive impact of DFL was strongest for the most troubled youngsters.

Prevention Programs for Divorced Non-Resident Fathers

Children from a home where divorce occurs are at risk for a variety of later problems. They have two to three times the likelihood of those in intact families of experiencing clinically significant levels of mental health problems or receiving mental health services (e.g., Amato & Keith, 1991; Zill, et al., 1993), engaging in elevated levels of drug and alcohol use (e.g., Furstenberg & Teitler, 1994), engaging in sex before age 17 (Furstenberg & Teitler, 1994), and dropping out of school or encountering academic problems (e.g., Astone & McLanahan, 1991). Thus, providing preventive services to these high-risk families to ameliorate the problems seems an obvious priority.

Prevention with Non-Resident Fathers: Considerations From the Research Literature

To guide these preventive efforts, a large empirical literature has accumulated illuminating the factors that contribute to child's problems or help the child to avoid these problems (e.g., Amato & Keith, 1991; Amato, 2000). It is clear from a review of this literature that divorced fathers typically have a substantial impact on their children's adjustment or lack thereof after divorce. For example, an emotionally close relationship with a supportive and authoritative father has been shown in a meta-analysis to relate to child well-being (Amato & Gilbreth, 1999). Moreover, perhaps the factor with the greatest importance for child's adaptation is the degree of conflict between the parents post-divorce (Amato & Keith, 1991; Braver et al., 2004); fathers are one of the two parents who conjointly create this conflict. Thus, there is plausibly considerable benefit to children that will accrue by a preventive program designed to benefit children by working with the fathers.

Preventive efforts with fathers are likely to be most effective if they take into account the reality that the vast majority of fathers (about 90%; Nord & Zill, 1997) become nonresidential parents after divorce, although this percentage appears to be slowly decreasing (Meyer & Garasky, 1993). Parenting within the nonresidential context is difficult, with few role prescriptions or

guideposts (Wallerstein & Corbin, 1986). For example, the time with the child is substantially restricted by the visitation arrangement, which interferes with continuity and thus restricts discipline, limit-setting and regulation. Additional difficulties are posed because the relationship between the parents may be strained or hostile, especially around the issues of visitation (Kruk, 1993), and childrearing (Braver & O'Connell, 1998). Finally, unique to the post-divorce period, the nonresident father's relationship to his children, especially his financial support, is a matter for governmental and legal scrutiny and control.

Another important reality for preventive efforts with divorced fathers is the heavy emotional toll these constraints pose on fathers (Albrecht, 1980; Bloom, Asher & White, 1978). For example, the suicide risk for recently divorced fathers is greatly elevated compared to married fathers or divorced mothers (Bloom, Asher & White, 1978). Umberson and Williams (1993) found that nonresident fathers' psychological distress can be explained in large degree by the conflicts and role strains engendered by the confusion of the divorced-fathering role. Moreover, only a minority of fathers sought the divorce; the substantial majority opposed the marital termination (Braver, Whitley & Ng, 1993; Ahrons, 1994). "Dumpees" are typically more emotionally distraught than the partner that initiated its termination (Pettit & Bloom, 1984). This further impairs their parenting and is an important consideration for programs working with nonresident fathers.

Foci for Preventive Efforts With Fathers

Preventive programs for divorced fathers that focus on modifying the children's adjustment necessarily have to limit their change efforts to the most critical areas. Should we attempt to help them adjust better and cope with their own problems in the hopes that this will trickle down to the children? Should we exhort them to "be more responsible", as undertaken by several policy groups and supported by Federal initiatives (U.S. Department of Health and Human Services, 2002)? How

do we deal with their anger and frustration, which, judged by fathers' political activism, both here and abroad, is rampant and critical among this population (McElroy, 2003). We argue here that it is crucial to base program design on features of non-resident fathers' experience that the research literature has established are strongly implicated in children's well-being and adjustment to divorce. By this criterion, interventions should focus on four dimensions of father parenting that impact the long-term well-being of their children: (1) frequency of father-child contact; (2) father-child relationship quality; (3) father's financial support; and (4) quality of post-divorce mother-father relations.

Frequency. Older research (e.g., Furstenburg & Nord, 1985; Fulton, 1979) had shown that most fathers spent relatively little time with their children and a good many fathers entirely discontinued their relationship. However, substantially higher levels of contact have been observed in more current research (Braver et al, 1993; Maccoby, Depner & Mnookin, 1988; Seltzer, 1992). It appears some of the difference is due to better methods of measuring contact, and that there is also a cohort difference, with current generations of divorced fathers visiting more (Cooksey & Craig, 1998). One of the most important reasons for fathers not visiting more, in fact, is the arrangements specified in the divorce decree, which conforms closely to mother's preferences and opposes the more liberal visitation desires of both fathers and their children (Fabricius & Hall, 2000).

Research has actually demonstrated an inconsistent relationship between frequency of the father's contact and child-well being, with some studies showing positive outcomes for children (e.g., Guidibaldi et al., 1986; Wallerstein & Kelly, 1980), and others showing no effect or even negative effects (e.g., King, 1994; Healy, Malley & Stewart, 1990). Nonetheless, it seems obvious that any preventive program for fathers would need to devote at least some intervention efforts to encouraging as much contact as possible, so long as other factors (see below) were favorable.

Quality. While frequency of contact per se had weak or inconsistent effects on child well-being, quality of contact has demonstrated more convincing effects on child well-being. In the most compelling report, Amato and Gilbreth (1999) conducted a meta-analysis of 63 published studies and found that both quality of contact, in terms of fathers' authoritative parenting practices (such as limit setting, instrumental assistance, and talking about problems), and fathers' emotional closeness to their children, were consistently related to children's well-being. A feature to target for preventive efforts, therefore, should clearly be to upgrade the quality of non-resident fathers' parenting.

Financial Support. The most obvious target of government programs for fathers is to make sure they meet their financial obligations toward their children. Inconsistent evidence is available about the prevalence of divorced fathers' voluntarily and irresponsibly failing to comply with their financial obligations (Teachman & Paasch, 1993; Braver & O'Connell, 1998; Fabricius & Braver, 2003). What is becoming less ambiguous is that child support that is paid voluntarily is better for children than coerced support, probably because it conveys to the child more concern, love, caring and regard than mandated or ordered child support (Argys, Peters, Brooks-Gunn & Smith, 1998). Thus, preventive efforts should target making non-resident fathers want to voluntarily support their children financially.

The Interparental Relationship. The non-residential father's relationship to the mother should be a final target for a preventive intervention. Studies indicate that high levels of conflict and hostility commonly persist for three years or more after the divorce is final (Ahrons & Wallisch, 1986; Masheter, 1991). After that, about half of couples appear to disengage from protracted conflict and instead go into a parallel parenting mode (Maccoby & Mnookin, 1992); another quarter become cooperative or "co-parental" (Ahrons, 1981), which is more beneficial; and the remaining

quarter continue their high levels of conflict more or less indefinitely (Ahrons, 1994). Meta-analyses have shown that conflict between the parents is among the leading stressors for children of divorce and best predictors of child maladjustment (Amato & Keith, 1991). Particularly damaging to children is conflict between parents that the child witnesses (Cummings & Davies, 1994).

The four dimensions above appear to be moderately strongly linked to one another. For example, the effects of conflict levels on child adjustment are mediated by the quality of parent-child relationships after the divorce (Tschann et al., 1989). This interconnectedness has fortunate implications for intervention. Plausibly, for example, an intervention attempting to enhance the post-divorce mother-father relationship might have unintended benefits for the father-child relationship or for the payment of child support, as well. Thus, it is certainly plausible that an intervention targeting only one will have ramifying beneficial effects on the others. Also plausible is that a failed intervention effort to directly alter one dimension can nonetheless find success because another one of the correlated dimensions was successfully improved.

Preventive Interventions for Non-Resident Fathers

As discussed above, there is a clear need and great promise for a preventive intervention designed to promote the well-being of children whose parents divorced by working with their non-resident fathers; moreover, the literature implies rather obvious targets for such an intervention. While there is indication that a number of programs for divorced non-residential fathers exist¹, spurred by the support of The Fatherhood Initiative funding (U.S. Department of Health and Human Services, 2002), only three are in the published literature. One was developed by Devlin et al. (1992) to address the parenting issues faced by divorced fathers that are unique to non-resident parents, such as discipline with interrupted contact schedules. In its evaluation, the Devlin et al.

¹The National Center on Fathers and Families “fathering programs” database <http://www.ncoff.gse.upenn.edu/programsdb/progrsrch.htm>) lists 9 programs nationally under the keywords “noncustodial fathers”.

(1992) intervention had a tendency to increase fathers' sense of competence in the parenting role; this was the only significant effect found. However, methodological weaknesses, such as not employing random assignment to conditions, not using observational measures to assess parenting behavior, and a small and self-selected sample, make it difficult to draw conclusions as to the effectiveness of this program in changing fathers' parenting behaviors. A “counseling group” for nonresidential fathers discussed by Hall and Kelly (1996) reported program content adequate to address the targets the literature, as described earlier, implicates. However, no attempt to evaluate the program is reported. Thus it is fair to say neither of the above two programs has impressive empirical support.

An efficacious preventive intervention: *Dads For Life*.

A third program working with fathers, however, one developed by the present authors (see Braver & O’Connell, 1998; Braver & Griffin, 2000; Braver et al., in press), has more evidence suggesting it has efficacy to positively impact desirable targets, and so will be described in some detail. With the aid of a five-year NIMH grant, our program, *Dads For Life* (DFL), was developed to focus on three of the four primary dimensions implicated by the literature: the father’s relationship with the child (which subsumes both quantity and quality), and the relationship with the mother/ex-spouse. The “small theory” of the intervention (Sandler et al., 1991) is presented in Figure 1. As it describes, the primary goal (“distal outcome”; upper right) is to increase child well-being and mental health. It intends to accomplish this increase by means of affecting the two “proximal outcomes” (or mediational processes) specified above, improving the father-child relationship and reducing inter-parental conflict. These two mediators are hypothesized also to affect child support compliance, or the financial support of the child (as well as some other outcomes, such as decreased court actions, not necessarily clearly of benefit to the child; Goodman

et al., in press) even though child support payment is not addressed directly in the program. Finally, as depicted on the left, we expect these two mediators to be impacted by modifying the following four “immediate intervention goals”:

Commitment to the Parental Role. The level of commitment to the role of parent has been observed to be a strong predictor of level of father involvement (e.g., Ihinger-Tallman, Pasley and Buehler, 1993; Minton & Pasley, 1996). Thus, a portion of the DFL intervention presents factual information on the importance of an involved father to children’s well-being, and an emotional appeal which vividly demonstrates children’s emotional vulnerability and need for paternal support.

Skills for Nonresidential Parenting. The literature is clear (Amato & Gilbreth, 1999) that a warm and authoritative nonresidential parenting style is associated with better child outcomes. However, many divorced fathers are perplexed by the difficulty of parenting when they are not in daily contact with the child and are without full parental authority. Well-developed parenting skills training interventions aiming at enhancing communication skills, the use of positive reinforcement, and non-coercive limit setting (e.g. appropriate commands, logical consequences, and time-out from reinforcement) have been shown by voluminous research to enhance both parental warmth and effectiveness in limit setting (e.g., Webster-Stratton, 1984; Patterson, Chamberlin & Reid, 1982). While the teaching of such parenting skills to recently divorced custodial mothers (Wolchik et al., 1993; 2002, this volume; Forgatch, in press) has led to remarkable improvements in child outcomes even six years later (Wolchik et al., 2002), most of the research on parenting programs has excluded fathers (Coplin & Houts, 1991). DFL included a component that teaches parenting skills and tailors them to the demands and constraints of the nonresidential parent situation. The above two factors were intended to influence the proximal mediator of improving the father-child relationship.

Fathers’ Motivation and Skills for Conflict Management with His Ex-Spouse. Since conflict

with the ex-spouse was shown in the literature to be a critical predictor of child well-being after divorce, an extremely important intervention goal is motivation and skill to reduce or manage conflict with the child's mother. We chose a stress inoculation training approach (Meichenbaum, 1975) that teaches fathers to better understand and manage situations that prompt intense anger (Novaco, 1977). This focused on increasing awareness of one's personal anger process, identifying, challenging, and modifying irrational thoughts (using thought-stopping and self-talk) that lead to loss of control, and learning alternative coping strategies such as relaxation, assertiveness, and problem-solving.

Fathers' Perceived Control over the Divorce Process. Finally, many researchers have noted father's sense of helplessness and powerlessness after divorce (Arditti & Allen 1993; Braver & O'Connell, 1998; Umberson & Williams, 1993). To counter this, we focused on areas where fathers exert substantial control, for example, while the child is in their care on visits. We also taught the concept of secondary control (Rothbaum, Weisz, & Snyder, 1982), which refers to attempts by the individual to recognize and mentally adjust to environmental events or situations over which they have no or limited control. Our theory posited that increasing perceptions of control would tend both to increase quality of involvement with the children and to decrease interparental conflict (Bay & Braver, 1990).

The Structure of the Intervention. DFL consisted of 8 1-3/4 hour weekly group sessions and 2 individual sessions of 3/4 hour each. A pair of one male and one female Master's level counselors led each group. These leaders received ten 3-hour training sessions prior to beginning, and had weekly supervision meetings led by an experienced Ph.D. level clinician.

Each group session centered around a professionally developed videotape of about 10 minutes long, which used professional child and adult actors, and was didactically sound yet emotionally

and dramatically powerful. It was used both to motivate and convince, and to teach skills by presenting two-person vignettes that modeled an incorrect and a correct example of the skill.

The non-video material presented and method of group leadership was also designed for easy export by being heavily scripted and manualized. Each session was accompanied by homework assignments, and considerable practice at skill-acquisition. They also involved ample group discussions, and considerable role playing. The session contents are fully described in Braver et al., (in press) and will only be briefly reviewed here. The first session provides a program overview, reviews normal processes that are associated with divorce (normalizing), and attempts to motivate fathers to maintain regular attendance in the program. It also focuses on increasing commitment to the parenting role and enhancing parenting skills. Sessions 2 and 3 are devoted to the intervention goal of enhancing parenting skills, for example working on listening and communication skills, and discipline strategies. The next two sessions deal with the intervention goals of building the motivation and skills for conflict management and enhancing perceived control. They consisted of a series of exercises that taught each father to show attending behaviors (e.g., looking), reduce contemptuous behaviors (e.g., eye roll), and in general, acknowledge the issue being discussed. Session 6 returned to parenting skills, primarily working with effective discipline techniques such as positive reinforcement. Session 7 returns to building commitment to the parenting role. The final Session addresses maintenance of acquired skills and problem solving. Also covered is where to acquire additional information about parenting, especially handling developmental changes. We provide fathers with extensive reference material covering the divorce process, and material about local (Phoenix area) educational and recreational facilities for children.

In the two individual sessions, a leader helped to individualize the lessons and tailor them to the father's own circumstance and to strategize about overcoming obstacles.

Evaluating Dads For Life

DFL was evaluated for efficacy in an experimental field trial, with fathers being assigned at random either into DFL or a self-study control condition. We conducted assessments of children's mental health and behavior problems, using standardized scales at pre-test and three follow-up waves: an immediate post-test, four month follow-up (chosen because we anticipate it would take about that long for any changes in father's behavior to impact or be detected by mother and child) and a one-year follow-up.

Another critical issue for the evaluation was acceptability of the intervention to its intended target population, since critics had been skeptical that many non-resident fathers would be willing to participate in any study, let alone a demanding intervention (Phares, 1992; 1995). Accordingly, we attempted to enroll participants in the most rigorous possible fashion, contacting a random sample of recently divorced fathers identified by public court divorce records. In order to be eligible, the couple's legal divorce had to have occurred 4-10 months ago, they had to have at least one child aged 4-12, the mother had to have primary physical custody (so that father was non-resident) and both parents needed to reside in the geographic area.

The fathers we were successful in contacting by phone were informed of the potential benefits of participation, but were cautioned to decline participation unless they could commit to complete whichever of the two conditions randomness (an actual lottery) dictated. *Forty-seven percent* of those contacted and eligible agreed to participate in either DFL or the home study control condition (which we described for them as the "home version" of DFL) and to accept random assignment to either. At the orientation, the father himself drew the lot that randomly assigned him to his condition, DFL or control. We mailed the control group a copy of what we deemed as the best self-help books available at the time, Divorced Fathers: Reconstructing a Quality Life (Oakland, 1984)

and Divorced Dad Dilemma (Mayer, 1994)². These books offer practical advice to divorced fathers on four major areas, including 1) personal life adjustment, 2) improvement of existing relationships with children, 3) establishment of a separate home, and 4) constructive methods for handling legal matters connected with divorce.

Primary participants were 214 recently divorced fathers, 127 in DFL, 87 in control. In addition, assessment data was obtained from the ex-wives of these men, and, when the child was of sufficient age, from one child (the “target” child) and the child’s teacher.

Results of the DFL Randomized Trial on Child Behavioral Problems

We report in this article only our results on child behavioral adjustment; findings relative to the immediate intervention goals and the mediational process variables, such as the parents’ conflict, are to be described elsewhere (e.g., Griffin, Braver & Cookston, in preparation). The data analysis technique chosen needed to be one which could evaluate the effect of DFL while also being able to accommodate several additional features of the investigation: (1) There were four longitudinal waves of data collection, of which three were post-test, and unequally spaced (0, 4 and 12 months post-treatment). We wished to analyze all these post-test waves within a single analysis, so as to avoid the Type 1 error inflation endemic when conducting multiple tests, maximize statistical power, and avoid focusing on differences between the waves that might actually be trivial or non-significant. (2) We had pre-test data available on each outcome variable, obtained just before the conditions were randomly assigned. On the one hand, this could be used as a covariate to lower error variance and gain power. On the other hand, there is considerable evidence that in preventive interventions, pre-test level not only correlates with later waves, it very often interacts with

² Several books we regard as superior have subsequently been published, e.g., Bernstein, Worth & Worth, 1997; Condrell & Small, 1998; Klatte, 1999; Knox & Legett, 2000; Prengel & Yale, 1999; Wasson & Heffner, 2002).

treatment condition in its impact on outcomes in later waves. That is, in prevention studies, since participants are not selected on the basis of their pathology (unlike the case for treatment studies), it is commonplace to find that how much improvement the experimental condition accounts for (i.e., its difference from control) depends upon how pathological they were initially. Thus, we wished the statistical approach we selected to be able to examine baseline X treatment interactions; but if these were non-significant, to perform covariance adjustments on the outcome variable analyses.

Repeated measures analysis of covariance (with a constant covariate; see Winer, 1971; Page, Braver and MacKinnon, 2003) is a relatively familiar technique capable of accommodating the above.

However, a third feature was (3) non-trivial missing data. Although the majority of mothers and fathers completed all four waves of measurement (approximately 80% of mothers and 70% of fathers), a substantial number of families (approximately 10% of mothers and 15% of fathers) were missing data at either Waves 2, 3 or 4, although few were missing at even 2 of the 3 post-test waves. Analysis of variance techniques use listwise deletion, deleting the family if missing on *any* of the waves. This would unnecessarily discard important data.

A technique with the advantages of repeated measures analysis of covariance in accommodating features (1) and (2), but without its disadvantages with respect to feature (3), and with greater statistical power is “mixed model” analysis, also known as a random coefficient model or multi-level model (Diggle, Liang, & Zeger, 1994; Verbeke & Molenberghs 2000.) In this approach, the outcome variable score for a given participant at each of the three post-test waves is modeled as a linear function of time, using unequal spacing to reflect the timing of the three post-test waves of measurement. Both the intercept and the slope of this “within-person” regression were in turn modeled as functions of treatment condition, pre-test score on the respective outcome

variable. Interactions of all the predictors, especially the interaction between treatment condition and pre-test score, were also modeled. In other words, the analysis model is:

$$Y_{ij} = b_0 + b_1 Pre_i + b_2 MPT_j + b_3 GRP_i + b_4 Pre_i \cdot MPT_j + b_5 Pre_i \cdot GRP_i + b_6 MPT_j \cdot GRP_i + b_7 Pre_i \cdot MPT_j \cdot GRP_i + e_{ij},$$

where Y_{ij} represents the i^{th} participant's outcome score at the j^{th} post-test wave, Pre_i represents the i^{th} participant's pre-test score on that variable, MPT_j represents the number of months post-treatment the j^{th} wave is measured at ($MPT_1=0$, $MPT_2=4$, $MPT_3=12$), GRP_i represents which treatment condition participant i is assigned to ($GRP_1=0$ for control group, $GRP_2=1$ for DFL), b_0 to b_7 are coefficients to be estimated, and e_{ij} is random error. b_2 , for example, is the within-person regression slope over post-test waves; it is the "random" factor in the mixed model. b_4 through b_7 are coefficients for the various interactions. The MIXED procedure of SAS[®] software, version 8.01, was used to evaluate the model and solve for and test for significance the coefficients. Instead of discarding cases if there is a single wave missing, it uses all available data by employing the Restricted Likelihood Maximization (REML) approach. Of particular interest are coefficients b_3 , b_5 , b_6 and b_7 , since they index the effects of treatment condition, either as a main effect (b_3) or in interaction. Of these interactions, b_5 would display the baseline X Treatment interaction.

An illustrative outcome is displayed in the first four columns of Table 1, for mother's report of total problem behaviors, as measured by Achenbach's Child Behavior Checklist (CBCL; Achenbach, 1991), the most widely used standardized scale measuring child behavior problems. As Table 1 shows, neither coefficients b_2 , b_4 , b_6 or b_7 approached the $p < .05$ level of statistical significance. Since these were the coefficients indexing the Months Post Treatment effect (i.e., the trend in the scores over post-test waves), both as a main effect and in interaction with treatment condition, pre-test (baseline) value (and both), these coefficients imply that the scores over Waves are essentially equal, with zero slope to the trend line. Moreover, this trend line slope does not interact with the other factors in the model. This implies that the various post-test waves do not

significantly differ from the first, immediate post-test measurement. Of the remaining coefficients (with the exception of b_0 , the intercept), only b_5 , the Pre-test X Treatment Condition interaction effect, approaches significance ($p=.08$). To interpret this effect, we plot the regression lines that result from the Table 1 coefficients (ignoring those involving the non-significant MPT coefficients), and inserting 0 for the dummy coded GRP effect for the control condition, 1 for the DFL condition, using the method of Cohen & Cohen (see Cohen, Cohen, Aiken & West, 2003). The resulting lines are displayed in Figure 2a.

As Figure 2a conveys, children's post-test levels of Total Problems (as reported by mothers) are higher for the Control condition than for the DFL condition for most families, except for those with extremely low levels of baseline problems (i.e., less than -1 S.D.). Thus, the anticipated Baseline X Treatment interaction emerged (as near-significant), implying that DFL is particularly (or only) effective in reducing children's level of problems for those who have some problems to begin with.

Analogous analyses were attempted on all remaining CBCL child behavior problem outcome variables: internalizing, externalizing and total problems, each as reported by the mother, the father, the child him/herself (if 7 or older) and the child's teacher (if school aged child). The only outcome variables in which a coefficient involving Treatment Condition (GRP) was significant were internalizing problems (such as depression), both as reported by fathers and mothers. The coefficients for these two outcomes are reported in the remaining columns of Table 1.

These columns of Table 1 disclose very similar patterns for father's and mother's reports of internalizing problems: significant coefficients for both b_4 and b_5 . The b_4 coefficients convey that fathers report internalizing problems getting significantly worse over post-test waves as the pre-test problems are greater; the reverse is significantly true for mother's report of internalizing problems.

In addition, the b_0 coefficient (intercept) was significant for father's report, and the b_2 coefficient (Months Post Treatment main effect) was significant for mother's reports. None of those significant effects interacted with Treatment Condition, however, implying that the Baseline X Treatment effects on these variables require no qualifications. The regression plots are presented in Figures 2b and 2c. They disclose patterns analogous in form to that found for mother's report of total problems in Figure 2a: Control condition children have reduced problems with depression and pathological withdrawal (as measured by the Achenbach internalizing scale) than do children whose fathers participate in DFL; the reduction in problems due to participation in was DFL especially noticeable for children who were initially most impaired.

Conclusions

In sum, the rigorous evaluation of DFL found encouraging results. We had hoped to secure better outcomes for children of divorce by advancing the parenting characteristics of their nonresidential fathers. We appear to have been successful, especially for the families where the child is most impaired when the program begins. Moreover, the beneficial effects of DFL appear to remain 12 months later. Importantly, we have obtained such reports of reduced child problems not only from the participants themselves, but also from the ex-wives of these men, who were not DFL participants, and who didn't even know (at least from us) of their ex-husband's participation.

We did not, however, find beneficial effects as reported by children or teachers. One possible reason is that there were substantially fewer families who had children who had reached the interview-eligible age (only 45% of children completed all four waves and 5% more completed 3), thus the sample size, and the attendant statistical power to detect effects was reduced. A second possibility is that the improvements due to participation in DFL were somewhat subtle and observable only to the parents who knew the children best.

Preventive efforts to better the well-being of children of divorce through working with their nonresidential fathers thus appears fruitful. What needs to be done now? What additional questions remain and what research or other work needs completion to have beneficial effects for divorcing families? We will focus on three issues below.

First, the programs can probably be improved. Although Dads For Life had success, it is probably not as strong as it could be, and other models are possible. “Tinkering” with the programs or designing new ones should continue. It is important, however, to subject any such modification or new programs to strong evaluations. The lack of sound empirical evidence that programs are working as intended has plagued much research in this area (Blaisure & Geasler, 1996; Arbuthnot & Gordon, 1996).

Second, research needs to proceed on how and why such programs work. Which mediators or change techniques are the ones accounting for children’s improvements? Balancing these considerations must be attention to the palatability of such programs. Programs that simply exhort nonresident fathers to “be more responsible” or pay more in child support, even if they were to “work” would not attract much participation. Successful interventions not only attempt to change fathers, they empower and respect them in order to appeal to them.

Third and most importantly, attention needs to be paid to how to get efficacious programs out of the “laboratory” and into the “delivery system”, preferably the court-based delivery system. How can courts obtain such programs, modify them enough to suit their needs without changing what made them work, and enroll sufficient numbers of families in them to have a genuine preventive effect? What resources will that need? What are the scientific, marketing and training issues that need to be solved? These are formidable and thorny puzzles to be solved for prevention activities to fulfill their promise of better lives for families that divorce.

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Table 1. Coefficients, *df*'s and *p*-levels for model parameters for mother's report of total child behavior problems from mixed model analysis.

	Mother's Reports Total Behavior Problems			Father's Reports Internalizing			Mother's Reports Internalizing		
	<i>df</i>	Value	<i>p</i>	<i>df</i>	Value	<i>p</i>	<i>df</i>	Value	<i>p</i>
b0: intercept	193	1.7378	.43	173	1.4327	.03*	193	.5972	.38
b1: Pretest (Pre)	193	0.8455	.001*	173	.6265	.001*	193	.8152	.001*
b2: Month Post Treatment (MPT)	348	0.2763	.18	319	-.07308	.27	348	.1552	.03*
b3: Treatment Condition (GRP)	193	1.3016	.66	173	.6809	.43	193	.7116	.42
b4: Pre X MPT	348	-0.00838	.20	319	.01372	.01*	348	-.01361	.05*
b5: Pre X GRP	193	-0.1498	.08*	173	-.1566	.05*	193	-.2034	.01*
b6: MPT X GRP	348	-0.02092	.94	319	.07836	.39	348	-.02323	.80
b7: Pre X MPT X GRP	348	0.003909	.66	319	-.0073	.38	248	.004645	.61

*Significant or near-significant coefficients

The Theory of the DFL Intervention

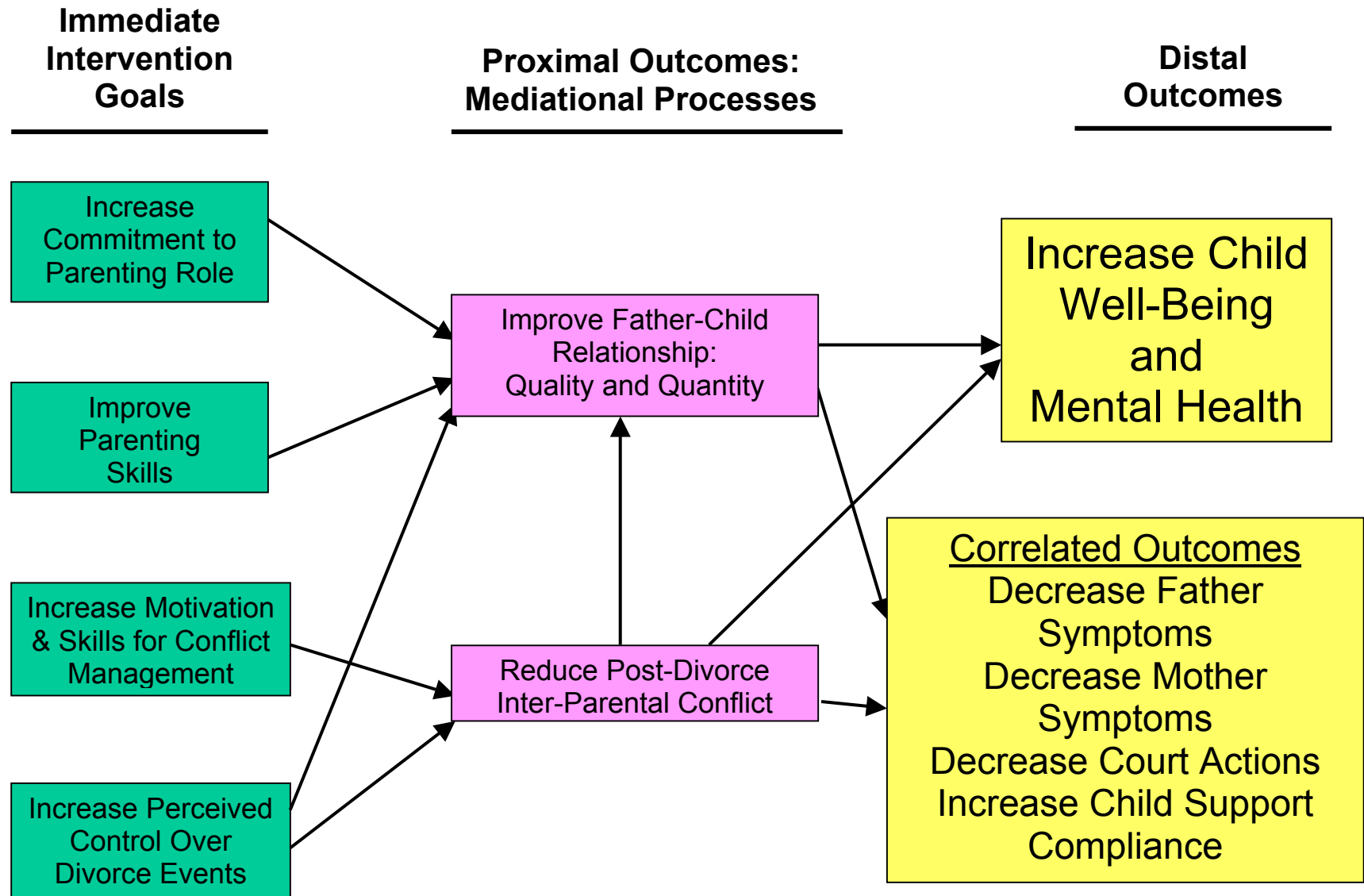


Figure 1. The Theory of the Dads For Life Intervention

Figure 2a. Mother's Report of Children's Total Problem Behaviors

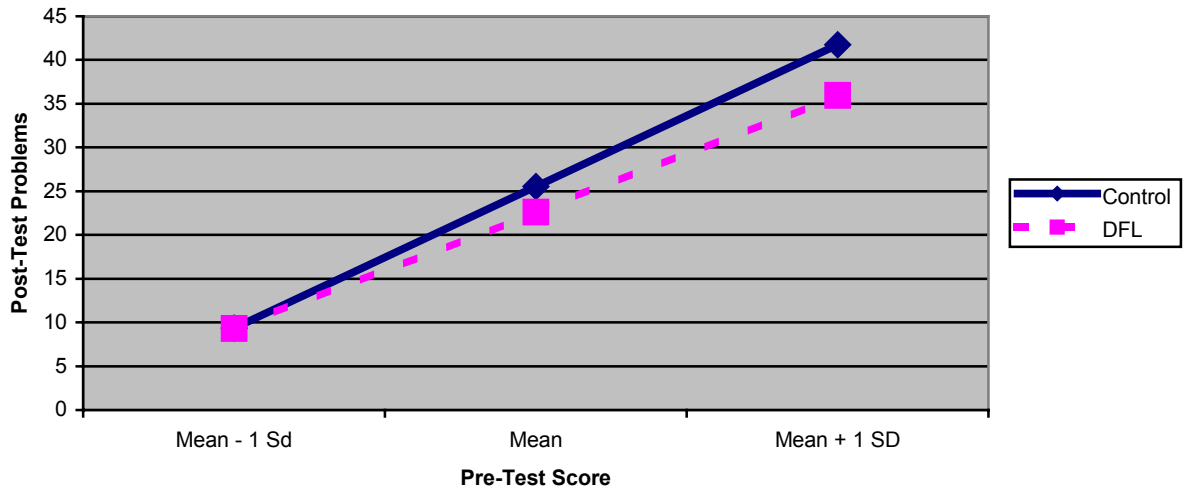


Figure 2b. Father's Report of Child's Internalizing Problems

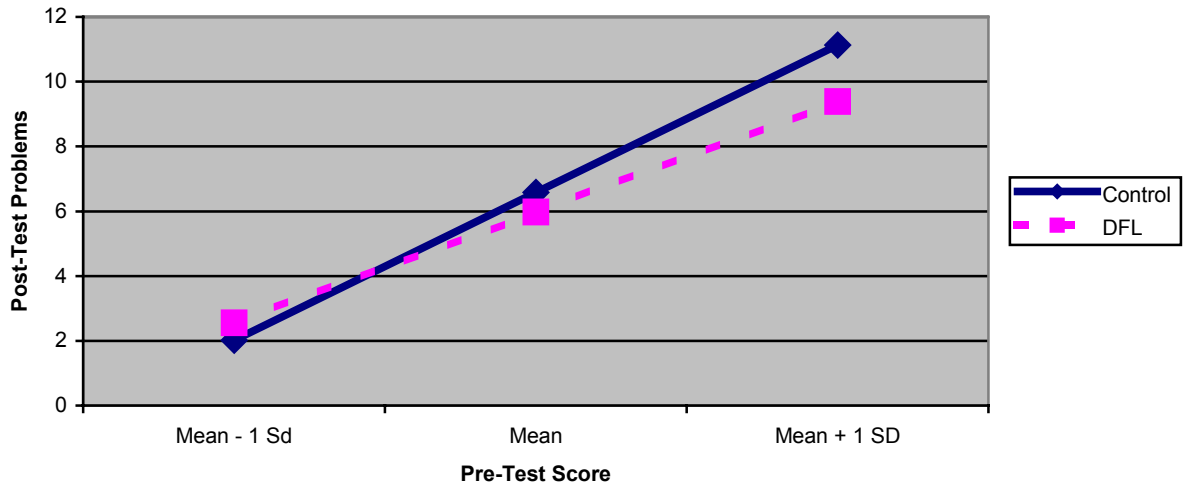


Figure 2c. Mother's Report of Child's Internalizing Problems

