

Re:Membering Fatherhood: Evaluating the Impact of a Group Intervention on Fathering*

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The Re:Membering Fatherhood Program is designed for men wanting to address and improve their fathering experience. The primary focus is on enhance the personal parenting capacity of each individual, not to develop or inculcate a specific set of parenting skills. This exploratory study evaluated the efficacy of an eight-week, manualized intervention using pre-and post-test measures. Scores on standardized measures demonstrated significant improvements for fathers and their participation within the family, including role performance, involvement, communication, task accomplishment within the family, self-esteem, a sense of increased competence and decreased stress in parenting. Significant changes were not observed in affective expression, competence, or global self-esteem.

Keywords: *father; group intervention; men; parent; program evaluation*

It is a common experience for many new fathers, when first holding their newborn, to vow to be the provider, the instructor, the protector and friend to their child. Unfortunately, it is an all too common experience for many of these same men to fail to keep these vows. In order to help more men become the kind of father they always wanted to be, the

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Re:Membering Fatherhood Program was developed (Colvin & Gearing, 2002). The title Re:Membering Fatherhood adapts the word remembering from a narrative therapy perspective to emphasize how men in this group recreate or reconstitute (re:member) their role as a father.

The starting point for this group program is the idea that fathers have a valuable, nurturing role to play in the lives of their children (Pruett, 1987). Acceptance of this powerful idea is a relatively recent event. It was only 30 years ago that the child development movement "discovered" the positive contributions a father could make to his children's well-being (Flouri, 2005). Previously, a man's participation in his child's development was seen to be limited to his role as provider of the material means of support (Lamb & Tamis-Lemonda, 2004).

Despite increased knowledge about parenting, the fathering experience was often ignored and undervalued. Fathering has been "long a neglected subject in scholarly and popular discussions of child rearing" (Parke & Stearns 1994, p. 147). Even when fatherhood was seen as a legitimate field of study, early efforts were rooted in a deficit paradigm that yielded negative conceptualizations of fatherhood (Doherty, 1991; Gerson, 1993). Hawkins and Dollahite (1997b) argued that a "role-inadequacy perspective" has so dominated our understanding of fatherhood that it has left a legacy of pervasive characterizations, such as the "emotionally-challenged father" and the "absent father," that endure in the popular culture to this day.

A burgeoning research literature has offered challenges to this limited conception of fatherhood and has supported the idea that a nurturing father can positively influence his child's development in a number of different ways (Lamb, 2004). First, fathers can exert a positive developmental influence in areas such as academic performance (McLanahan & Booth, 1989), ego and moral development (Schenenga, 1983), communication (Floyd, Sargent, & Di Corcia, 2004; Ginsberg, 1995), individual well-being (Flouri & Buchanan, 2003), and relationships (Risch, Jodl, & Jaquelynn, 2004). Involvement of fathers promotes healthier adaptation in adolescents managing social and other changes (Dunn, 2004), acts as a buffer, moderating negative outcomes such as the development of stereotypical attitudes (Grbich, 1995), problems with substance use and sexual activity (Stern, Northman, & Van Slyck, 1986), and involvement with police (Flouri & Buchanan, 2002). While a father's availability and time with his child are important, it is the quality of a father's involvement with his child, not the involvement itself, that is the strong predictor of child well-being (King, 1994; Lamb, 1997).

Barriers to Transition

Socially constructed definitions of fatherhood have evolved from the emotionally distant provider to the emotionally connected nurturer

(Cabrera, 2003). Fundamental to this new conceptualization is the creation of an enduring emotional bond between a father and his children. While some men appear to have intuitively navigated this transition to the nurturing father, others struggle with adopting and implementing the attitudes, values and behaviours that are called for. Thus, underpinning the Re:Membering Fatherhood program is the desire to address two fundamental issues that prevent men from succeeding in the fathering role.

The first obstacle is the lack of a systematic way of preparing men for their role as nurturing fathers (Cowan & Cowan, 1987). Recent findings suggest that “men want to be more involved in the direct care and nurturing of their children than their fathers were with them” (Bolzan, Gale & Dudley, 2004, p. 67). While laudable, this goal is problematic in that men’s knowledge and experience of parenting is limited by the example set by their own fathers (Gordon, 1990). Since the current generation of fathers was brought up in an era when men were less involved in birth and child-rearing, it is no surprise that many men find themselves facing fatherhood with little understanding, background, or role models (Henwood & Procter, 2003).

The second barrier is the inability of the social services to consistently reach out and to support the needs of men (Lazar, Sagi & Fraser, 1991; O’Hagen, 1997; Rauch, 1980). A small but growing body of research consistently indicates that social services have traditionally been more oriented towards mothers and their needs (Dailey, 1980; Wolins, 1983), are not geared to accommodate fathers (Jaffe, 1983), and as a result may provide services that may marginalize or ignore fathers (Daniel & Taylor, 1999). The responsibility here is not one-sided as a significant proportion of men have struggled in their ability to acknowledge a problem and to ask for help (Condon, Boyce, & Corkindale, 2004; Meth et al., 1991). Unfortunately, service providers exacerbate this situation by only opening the therapeutic door for individuals presenting with pathologies, crises, inadequacies and mental illnesses, a deficit orientation that makes it more difficult to engage men.

Effective Fathering

There is no clear consensus as to what constitutes the dimensions of effective fathering (Lamb & Tamis-Lemonda, 2004). Rather, competing visions offered by individuals or groups of collaborators characterize this growing body of work. The starting point in this debate was Lamb’s (1986) introduction of a 3-part taxonomy specifying the dimensions of effective fathering as engagement, accessibility and responsibility. Roid and Canfield (1994) appear to build on this earlier work with the introduction of their 6 criteria for effective fathering.

Another framework for understanding effective fathering is provided by Dollahite, Hawkins, and Brotherson (1997), who elaborate the categories of generative fathering. This diversity of approaches not only characterizes continuing research efforts to identify the elements of effective fathering (Lamb & Tamis-LeMonda, 2004) but is also reflected in the multitude of methods used to measure effectiveness in fathering (Day & Lamb, 2004).

A second issue influencing our ideas of effective fathering is the well-documented notion that fathering is more sensitive than mothering to contextual factors (Lamb, 1997; Pleck, 1997). Thus, effective fathering may be understood as a dynamic concept shaped by salient factors in either the life of an individual father or the broader historical and social environment at any given point in time. Examples of these contextual factors would include: societal policies regulating hours and conditions of work; the nature of the fathering connection—biological, adoptive, or step father; our partner's ideas of effective mothering; developmental periods of both parents and children; and attitudes pertaining to gender roles and parenting from our family of origin (Curran, 2003; Palkovitz, 1997; Watson, Watson, Wetzel, Bader & Talbot, 1995).

Emergence of Fathering Programs

Coincident with the growing research activity into aspects of fatherhood has been the emergence of a diverse range of programs for fathers over the last 30 years. A number of factors may be cited for the dramatic growth of fathering programs: changing societal conceptions of parental roles (Thompson, 2003); the disengagement of some men from family life (Curran, 2003); a growing body of literature on fathering and child development (Flouri, 2005; Lamb, 2004); shifting attitudes among policy-makers who now see fathers as a resource for their families (Featherstone, 2003); and men's desire to actively seek information about fathering as part of their preparation for fatherhood (Gage & Kirk, 2002).

Despite these positive developments, McBride and Lutz (2004) highlight a troubling issue (p. 447). This is the "gap between the culture and conduct of fatherhood." In other words, the positive expectations for men to adopt a more involved, nurturing role in their families has not been consistently realized across all strata of society. This reality has provided additional impetus for the creation of parenting programs specifically targeted for fathers.

No universally accepted typology exists for organizing the great variety of fathering programs that exist today. The programs vary considerably in their goals, target audience of fathers, content and

methods. For instance, some programs are designed to promote responsible fathering (Blankenhorn, 1995), given the rise in noncustodial fathers due to the divorce rate and the number of out-of-wedlock births. The focus of these programs is engaging a biological fathers' financial and emotional commitment to their children in order that their children may achieve positive developmental outcomes. Other programs appear to have grown out of the Parent and Family Education (PFE) tradition. PFE programs seek to educate parents around a curriculum that includes topics such as stages of child development, parenting tasks, styles of parenting and other issues affecting parent-child relations and the quality of family life (Palm, 1997). A third type of program seeks to support specified populations of fathers who face unique economic and sociocultural challenges, such as adolescent fathers, separated and divorced fathers, African American or Latino fathers. Finally, there are programs such as Re:Membering Fatherhood that are more therapeutically oriented and designed to enhance the confidence and competence of individual fathers to meet the challenges of their particular fathering situation.

The Re:Membering Fatherhood Group Program

The Re:Membering Fatherhood program is designed to meet two ambitious and very different goals (Colvin & Gearing, 2002). Most direct and immediate is to strengthen a father's capacity, self-awareness and confidence in performing the nurturing dimensions of the fathering role. On a different level, this brief therapeutic intervention seeks to strengthen families as a whole by preparing men to play a more meaningful and active fathering role. It is our belief that as a father forges a closer emotional bond with his children, he will be drawn away from his traditional position on the periphery of his family into a more central position in the emotional core of his family.

Re:Membering Fatherhood is a time-limited, closed, therapeutic group experience for men. The group modality has been selected as it provides a context where individual fathers who would not otherwise connect with other individual fathers, can come together to share their fathering experiences (Gregg, 1994). The environment, designed to be emotionally safe, hopefully allows members to draw upon their own resources, or the collective wisdom of the group, as they explore and develop greater awareness of what it means to be a father. Re:Membering Fatherhood adopts an approach that recognizes and builds upon the existing positive attributes that each father brings with him. The group program is designed so that enrichment replaces pathology and potential succeeds limitations. The realization by these fathers that "they are not alone" in their goal of enhancing

their fathering skills and understanding is a key therapeutic factor contributing to the potency of the group experience (Yalom, 2005).

Re:Membering Fatherhood differs from other fathering programs in that it is not a how-to parenting course, "Fathering 101," but a program that explores a range of issues that influence how men father. Within this context, the primary focus is to enhance the personal parenting capacity of each individual, rather than develop or inculcate a specific set of parenting skills. By the end of the program, participants are expected to have greater confidence in their abilities as fathers and possess a greater personal understanding of what fatherhood means to them.

The manualized program consists of eight 2-hour sessions offered on consecutive weeks (Gearing & Colvin, 2000). While the program is primarily designed for new fathers to understand their role better, eligibility is extended to any male—biological, adoptive or stepparent—who has accepted the fathering role. The sessions are lead by a team of two men, experienced in group process and dynamics, who are trained in the presentation of the program. They are asked to balance their facilitation responsibilities with a higher-than-usual "use of self" in terms of sharing their own fathering experiences as supportive models to participants.

Each week is organized around a focal theme (see Appendix 1: Overview of Session Topics). Themes transition from an introduction on fathering into a more personal focus on "how we were fathered" and "co-parenting." The weekly flow of the program then shifts to managing significant issues that affect fathering, such as "life balance" and "separation/blended family issues" to an appreciation of the influences of "human development" and "gender differences and similarities" on individual fathering. The group ends with a final session on positive fathering.

Brief didactic presentations and experiential exercises set the scene for group discussions. Re:Membering Fatherhood encourages fathers to learn and grow not only from reflecting on their own experiences and ideas of fatherhood, but also from understanding the thoughts and experiences of others. Individual and collective goal setting are used as tools to further personal growth and to facilitate the transfer of knowledge and skills from the group to the family setting.

METHOD

This exploratory study utilized a pretest, posttest, follow-up design to evaluate the impact of the Re:Membering Fatherhood program on participants' relationships with their children, on their comfort in

performing the fathering role and on various measures indicating adaptive family functioning. Exploratory research on the Re:Membering Fatherhood program included six treatment groups without a control group. Six groups were each conducted with 6 to 8 members and two group leaders. The two lead authors and program designers lead four of the groups and each was a co-leader in the other two groups. To ensure model fidelity group facilitators were clinical professionals, familiar with group dynamics, trained in the delivery of the program, and cofacilitated the group with an experienced program facilitator. This research sought to investigate whether the Re:Membering Fatherhood group intervention program strengthens a father's capacity, self-awareness and confidence in performing the fathering role by determining whether fathers who complete the program demonstrate improved family functioning, higher self-esteem, and decreased parenting stress on scored self-reporting standardized measures.

Procedure and Participants

A significant challenge in instituting this program was recruiting fathers for participation in the group and the evaluation. This is perhaps not surprising considering the earlier discussion of the lack of societal emphasis on the importance of the fathering role. The first attempts at recruitment involved passive marketing in which ads were placed in print media and flyers distributed in the community, interviews occurred on radio and television appearances, and the authors were interviewed about fathers and the group program by local print media for articles that appeared in newspapers. This approach had limited success and thus we moved to more active community outreach. Using this approach we hired associates to promote the program; spoke at church men's groups, service clubs, parent support groups, neighborhood associations; built links with others serving men; and increased the project's community advisory board with community stakeholders. Finally, we targeted trusted confidants by conducting mailings to clergy, family lawyers, therapists in private practice, family physicians; contacted local employee assistance programs; contributed to newsletters of local organizations. Of the approximately 50 fathers who initially demonstrated an interest in the program, 29 fathers completed all aspects of the program.

Participants completed questionnaires 1–3 weeks prior to the initial group, at a follow-up session at the conclusion of the group and at 3 months following the conclusion of the group. At each time participants attended a special session and completed measures in the

presence of a research assistant. Twenty-nine completed both the pretest and the posttest and 17 completed the 3-month follow-up.

The mean age of participants ($N = 29$) was 38.9 ($SD 8.2$) with an age range of 21 to 60 years. Thirty-four percent of participants were married or lived common-law, 55.3 percent were separated or divorced and 10.3 percent were single. Most participants were biological fathers (96.4 percent) and the remainder were stepparents. Most (65.6 percent) were noncustodial parents. The education level of participants was highly variable. Thirty-one percent had not completed high school, 24.1 percent had completed college, 10.3 percent had completed undergraduate university and 6.9 percent had completed post-graduate studies. Income ranged from under \$20,000 (10.3 percent) to over \$80,000 (13.8 percent). Occupations included professionals (7.4 percent), managers (22.2 percent), semi-professional workers (22.2 percent), skilled workers (7.4 percent), semi-skilled workers (14.8 percent), unskilled workers (14.8 percent), students (3.7 percent) and 7.4 percent were unemployed.

Statistical Analysis

Two separate sets of analyses were conducted. The first set of analysis was preformed using T-tests for the part of the sample that had two time points. The second analysis was carried out for the part of the sample that had all three of the study time points, using repeated measures analysis of variance (ANOVA). When the ANOVA yielded significant results, pairwise comparisons were conducted using the Holm's sequential Bonferroni procedure.

Measures

Based on the empirical literature regarding issues faced by men in parenting situations, three instruments were selected which measure issues targeted by the group treatment program. These areas include general family functioning and specifically the functioning of fathers within the family; self-esteem of the fathers; and parenting stress.

The Family Assessment Measure (FAM-III) (Skinner, Steinhauer, & Santa-Barbara, 1983) was used to assess family functioning and relationships within the family and has three subscales, General Scale, Dyadic Relationship Scale, and Self-Rating Scale, assessing seven clinical parameters constructs. The clinical constructs include: Task Accomplishment (consistently meeting basic tasks); Role Performance (roles are well integrated and understood), Communication (characterized by direct and clear information); Affective Expression

(expression of an appropriate and full range of affect); Involvement (empathetic concern and involvement); Control (generally acceptable and consistent patterns of influence); and Values and Norms (consonance between various components of the family's value system). The utility of this measure has been well-documented in the literature (Casper & Troiani, 2001; Gan & Schuller, 2002; Osterman & Grubic, 2000). Two of the measures three subscales were used in this study, the *General Scale* with 50 items which focuses on the family as a system, and the *Self-Rating Scale* with 42 items which addresses perceptions of one's own role and functioning in the family. The scales are reported to have high internal consistency in an investigation of 433 individuals representing 182 clinical and nonclinical families: *General Scale* ($\alpha = .93$), and *Self-Rating Scale* ($\alpha = .89$) (Skinner, Steinhauer, & Santa-Barbara, 1983). The third subscale, *Dyadic Relationship Scale*, was not used as it examines the relationship between a specific parent and child, and most participants had more than one child. Median test-retest reliabilities for the FAM subscales investigated in 16 divorced fathers for different family members have been reported to be: .57 mothers, .56 fathers, and .66 children (Jacobs, 1983). Factor analysis on a sample of 138 families supported that FAM subscales are internally consistent and distinct from each other (Gondoni & Jacob, 1993).

The FAM-III includes a Social Desirability subscale intended to ascertain the validity of responses. A score of over 50 is considered suspect and over 60 suggests strong distortion of responses (Skinner, Steinhauer, & Santa-Barbara, 1983). In this study at each time period the mean scores on the scale were well below that level (40.15 at pretest, 43.16 at posttest, and 44.86 at follow-up). The increase in scores over the three time periods was not statistically significant.

The Multidimensional Self-Esteem Inventory (MSEI) is a well-researched, standardized, 116 item self-report measure that addresses Global Self-Esteem, Defensive Self-Enhancement and eight components of self-esteem. The components of self esteem include: Competence (feels capable of mastering new tasks); Lovability (cared for by others); Likability (accepted by peers); Personal Power (successfully seeks positions of leadership); Self-Control (good at setting and achieving goals); Moral Self-Approval (clearly defined moral standards); Body Appearance (attractive, pleased by appearance); and Body Functioning (comfortable with body) (O'Brien, 1980). Initially tested on 785 college students, all scales, except Defensive Self-Enhancement, demonstrated internal consistency reliability coefficients of .80 or higher. In addition, sex differences occurred on all scales except Identity Integration. Test-retest reliability over a one month period confirmed stability of the instrument (O'Brien &

Epstein, 1988). In a survey of over 5,000 adolescents, convergent and discriminant validity of the MSEI have been demonstrated through comparisons to other global self-evaluation scales, such as the Global Self-Esteem Scales (Eagly, 1967; Rosenberg, 1965) and Generalized Expectancy of Success Scale (Fibel & Hale, 1978). A great number of research studies have employed the MSEI and supported the validity of the instrument (Olsen, 1998; Ryan & Frederick, 1997; Sheldon, Ryan, Rawsthorne, & Ilardi, 1997).

The Parenting Stress Index (PSI) (Abidin, 1986), is a standardized, 120 item self-report measure of parenting stressors consistently related to dysfunctional parenting. The scale further measures seven subscales: Competence (sense of competence in the parenting role); Isolation (social isolation); Attachment (attachment to child); Health (parental health); Role Restriction (restrictions within parenting role); Depression (low affect); and Spouse (relationship with parenting partner). The instrument has adequate reliability and validity and has been used in numerous studies on family functioning (Drews, Celano, Plager, & Lambert, 2003; Hessel et al., 2003; Taylor & Kemper, 1998). As measured by the Cronbach alpha statistic, the internal consistency reliabilities of the PSI Domain, are the following: Parent Domain equals .93, Child Domain equals .90, and Total Domain equals .95 (Abidin, 1986).

RESULTS

Due to the lower numbers of individuals who completed questionnaires at the post-test and follow-up, an analysis was conducted to examine differences between pretest scores between completers and noncompleters. No significant differences were found in any of subscales of the Family Assessment Measure FAM-III or the Multidimensional Self-Esteem Inventory MSEI. On the Parenting Stress Index PSI, non-completers scored as significantly more isolated ($t = 2.76$; $p \leq 0.01$). No differences were found between those that completed the measures at all the test times and those who did not on demographic variables (marital status, education, income, occupation, type of parent: a) non-custodial; b) in the community; c) in recovery; nature of fathering relationship: a) biological; b) step father; c) adoptive) except age. Those who did not complete were significantly younger than those who did complete the post-test ($t = -2.20$; $p \leq 0.05$). The results from participants who completed the Re:Membering Fatherhood program were investigated across three areas that were captured with the FAM-III, MSEI, and PSI.

Assessment of Family Functioning

In General Scale of the Family Assessment Measure FAM-III five of the subscales affective expression, control, values and norms, and over-all rating showed no significant change between pretest and posttest. However, there was significant improvement in the 29 participants who completed the scales at Time 1 (pretest) and Time 2 (posttest) on task accomplishment ($t = 2.70, p \leq 0.01$); role performance ($t = 3.12, p \leq 0.01$); communication ($t = 2.62, p \leq 0.01$); and involvement ($t = 2.48, p \leq 0.05$). A summary of significant findings can be found in Table 1. Of these scales, only role performance remained significantly improved in the 17 participants who completed questionnaires at follow-up (Time 3). Please see Table 2 for the significant results from the ANOVA tests of the three time periods.

In the pretest/posttest analysis of the Self-Rating Scale of the FAM-III, no significant differences were found in the scales measuring personal task accomplishment, role performance, communication, affective expression or involvement. Respondents did rate themselves as significantly improved in the areas of control ($t = 2.75, p \leq 0.01$) and values and norms ($t = 2.07, p \leq 0.05$). However, neither of these improvements remained significant at follow-up.

Table 1 T-tests Examining Mean Scores at Pretest and Posttest (N = 29)

<i>Dimension</i>	<i>Mean scores Pretest (T1)</i>	<i>Mean scores Posttest (T2)</i>	<i>t</i>	<i>df</i>	<i>p-value</i>
FAM-III [†] General Scale					
Task Accomplishment	60.41	55.38	2.70	28	0.012*
Role Performance	59.07	52.93	3.12	27	0.004**
Communication	60.55	55.93	2.62	28	0.014*
Involvement	58.34	54.48	2.48	28	0.019*
FAM-III [†] Self-Rating Scale					
Control	53.93	48.48	2.75	28	0.010**
Values and Norms	52.83	48.69	2.07	28	0.048*
Multidimensional					
Self-Esteem Inventory ^{††}					
Likeability	44.96	49.32	-2.28	27	0.030*
Body Appearance	44.03	47.97	-3.54	28	0.001***
Identity Integration	45.93	49.21	-2.30	28	0.050*
Parenting Stress Index [†]					
Life Stress	18.75	15.57	2.12	27	0.044*

Note: Table 1 presents only statistically significant results.

* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$, [†]Lowers scores measure improvement, ^{††}Higher scores measure improvement.

Table 2 Repeated Measure ANOVA Examining Means (M), Standard Deviations (SD), and Mean Difference from Pretest, to Posttest to Follow-up (MΔ) (N = 17)

<i>Dependent variable</i>	<i>Time 1</i> <i>M (SD)</i>	<i>Time 2</i> <i>M (SD)</i>	<i>Time 3</i> <i>M (SD)</i>	<i>MΔ</i>			<i>ANOVA</i>	
				<i>T1 vs T2</i>	<i>T1 vs T3</i>	<i>T2 vs T3</i>	<i>F</i>	<i>p</i>
FAM-III General Scale								
Task Accomplishment	58.7 (10.9)	53.1 (7.8)	52.9 (10.3)	5.65*	5.77	0.12	4.20	0.04*
Role Performance	60.4 (10.7)	52.6 (7.6)	51.6 (9.7)	7.75*	8.75*	1.00	3.96	0.04*
FAM-III Self-Report Scale								
Self-control	53.8 (15.3)	45.9 (12.6)	49.5 (9.7)	7.88*	4.24	-3.65*	4.39	0.03*
Multidimensional								
Self-Esteem Inventory								
Lovability	45.7 (8.9)	49.4 (7.7)	50.7 (8.7)	-3.75	-4.86*	-1.13	3.72	0.051*
Self-control	45.0 (10.4)	48.1 (10.5)	51.0 (8.2)	-3.13	-6.0*	-2.9	5.26	0.02*
Body Appearance	44.1 (8.8)	48.9 (8.5)	47.9 (12.1)	-4.75*	-3.75	1.00	5.75	0.02*

*Statistical significance ($p < 0.05$).

Assessment of Self-Esteem

In the Multidimensional Self-Esteem Inventory (MSEI) no significant differences were found on the following subscales between pre-test and posttest: global self-esteem, competence, lovability, personal power, moral self-approval, and body functioning. There were however significant improvements in likeability, that is feeling accepted by peer and/or getting along with others, ($t = -2.28$, $p \leq 0.05$); body appearance, that is feels physically attractive and/or takes care of appearance, ($t = -3.54$, $p \leq 0.01$); and identity integration, that is a clear sense of identity and/or a inner sense of cohesion and integration of different aspects of self-concept ($t = -2.30$, $p \leq 0.05$) (see Table 1). Thus, group members felt more popular and accepted by peers, they felt better about the way they looked and more sexually attractive and felt greater confidence regarding life choices and life goals. In ANOVA analysis addressing pretest, posttest and follow-up, lovability ($t = -4.86$, $p \leq 0.05$) and self-control ($t = -6.00$, $p \leq 0.05$) showed significant improvement.

Assessment of Parenting Stress

The Parenting Stress Index measures parenting stresses associated with dysfunctional parenting. The Parenting Stress Index includes a Defensive Response subscale intended to ascertain the validity of responses. A score of 24 or less is considered the critical cut-off that assumes a distortion of responses (Abidin, 1986). Participant scores were all above this critical cut-off score, diminishing the likelihood that scores are due to distortion or social desirability. Of the multiple dimensions measured by this scale, only the life stress scale changed significantly ($t = 2.12$, $p \leq 0.05$) between pretest and posttest (see Table 1). No significant improvements were found at follow-up in the ANOVA analysis.

DISCUSSION

No study is without limitations. This research was limited by the lack of a control group and random assignment to conditions. The sample was small and lacked a fuller more diverse population. It is recommended that future studies address these limitations. Also, future investigations aimed at identifying the elements of effective fathering may incorporate instruments that capture and measure various components of the fathering role.

The findings of this exploratory study suggest that the Re:Membering Fatherhood program was successful in addressing many of the

issues believed to lead to enhanced relationships between fathers and their families and enhanced confidence and satisfaction of men regarding their fathering role. While there was no control group to measure the effect of this intervention, numerous changes were observed. Men in this study reported improved task performance, role performance, communication, involvement, and decreased issues regarding control within the family as unit at the end of the group treatment. Thus, participants perceived that there was increased flexibility and agreement and few issues over control in the performance of tasks and roles within the family. They believed that the family engaged in more open discussion and had become more involved with one another. Further, they believed that they had less need to exert control over other members of the family. Of these improvements however, only role performance was maintained at the follow-up time.

These findings highlight the literature's changing focus of fathers from the limited and negative role-inadequacy perspective (Hawkins & Dollahite, 1997a) to the multidimensional components of effective fathering (Lamb, 1986; Roid & Canfield, 1994). Fathers are undertaking a broader range of activities and becoming more involved with their children. The findings parallel the literature's recognition that positive engagement of a father with his children is a fundamental dimension of effective fathering (Lamb, 1986; Roid & Canfield, 1994). However, the study's findings indicate that maintenance of positive changes over time did not occur. The inability of study participants to sustain the change over time may reflect the gap between fathers' initial expectation to adopt a more nurturing role and their capacity to maintain this new role (McBride & Lutz, 2004). While these changes are encouraging, follow-up findings suggest that ongoing support, such as booster sessions, may help to more fully entrench these changes.

Some dimensions of self-esteem improved for the participants in this group. Specifically likeability, body appearance, and identity integration significantly improved between pretest and posttest (see Table 1). Lovability and self-control improved between pretest and follow-up. Participants viewed themselves as more likeable and lovable, more accepting of themselves, better controlled and as possessing a more integrated view of self. These are all viewed as important, not only to the individual but to the family as a whole; individuals who hold a more positive view of self are less likely to impose control and express anger towards others within the family. While over time fathers may experience changes in their self-esteem, results indicate they are better able to maintain a sense of lovability and self-control. Improved self-esteem has similarly been recognized in the literature as a factor influencing parental satisfaction and accepting parental

style (Grimm-Thomas & Perry-Jerkins, 1994; Fagan & Stevenson, 2002). While the findings indicated that participants experienced less stress related to their parental role by the end of the group, this was not maintained at follow-up, once again reinforcing the potential need for follow-up support as men adopt changes in their fathering role.

The findings indicated that involvement in the program had little positive impact on participants' stress. Interestingly, only the life stress scale changed significantly between pretest and posttest, however, it did not persist at follow-up. This finding suggests that participants require ongoing follow-up, or that their change in stress may be attributed to the group structure that supports fathers coming together rather than the intervention.

While these results are highly encouraging, they must be considered within the limitations presented by the data. First, this was an exploratory investigation that lacked either a control or comparison group. Second, while 29 participants completed the posttest measures, only 17 completed the follow-up measures. Nevertheless, significant differences between those who completed the study and those who did not was limited to age and sense of isolation as measured by the PSI, suggesting that this may not have affected the results. Third, the sample is not reflective of the larger North American population, specifically the proportion of non-custodial fathers in this study (65 percent) is not representative. Fourth, the small sample size of 29 participants is clearly a limitation of the study. It is recommended that replications of this study with larger sample sizes remain necessary to confirm these initial findings that support the efficacy of this group.

Conclusion

This exploratory test of the Re:Membering Fatherhood intervention program yielded mixed, but highly encouraging results. We believe that a number of innovative aspects have contributed to the successful experiences recounted by program participants. First is the program's nonpathologizing and strengths-based orientation which helps to eliminate some barriers to accessing the program. The strengths based approach is complemented by the program's wide applicability to diverse community settings and presenting problems; unique focus on addressing fathering concerns from a male parental perspective; and responsiveness to the contextual factors that influence effective fathering. In addition, the outcomes of the intervention are readily measurable. This program is also gender-sensitive, in that it elevates the importance of the fathering role while simultaneously respecting and validating the essential importance of the mothering role.

This study's findings indicate that men are able to adopt changes in their fathering role and promote self-esteem, task performance, communication and involvement, and as well reduce life stress. However, maintaining and integrating these changes into the fathering role is more difficult. This may reflect that men require more follow-up support in the role transition, or that the wider cultural, social and environmental factors such as societal policies, work demands and partnering relationships, or family or origin perceptions resist changes to established fathering roles (Curran, 2003; Lamb, 1997; Watson et al., 1995).

A nurturing father is now accepted as a significant factor contributing to the positive social, emotional and academic development of his children. Yet many fathers still need support if they are to successfully perform this role. It is incumbent upon professionals to adopt new and creative strategies if they are to reach out to, and grow with, a new generation of fathers.

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APPENDIX

Overview of Session Topics

The weekly group topics and flow of the program is as follows:

Week I—Introduction to Fathering: The first session highlights general concepts, definitions and an overview of fathering. Some definitions of a father or fathering from the literature are discussed to foster a group discussion around individual and shared meanings of fatherhood.

Week II—How We Were Fathered and How We Father: The second week, with its consideration of our father's effect on our fathering style, begins to slowly move the group process from a general discussion to a more personal and introspective area. The session focuses on the impact and implications of our fathers on how we father.

Week III—Coparenting and Fathering: The effect and influences of coparenting on the fathering experience and our fathering capacity highlight the central theme in session three. The importance of both mothers and fathers on children and potential difficulties that arise out of positive, negative or hostile co-parenting relationships are explored.

Week IV—Life Balance and Fathering: The following session focuses on maintaining balance within our own life as a father. Fathers discuss topics that impact their life such as work, stresses, life transitions and family events; individual members often relate more introspectively around these expectations and priorities in their own fathering experiences.

Week V—Separation, Divorce, and Blended Family Issues: The implications of separation, divorce, and blended family issues are highlighted in week five. Comments of individual changes and differences in fathering capacities tend to emerge in this session.

Week VI—Stages of Human Development: This session nucleus revolves around human development. Several theories on human development are initially presented in the group. These include a description of Eric Erickson's Eight Stages of Human Development; theories on the Family Life; Piaget's Theory of Cognitive Development. These theories are not be presented in depth nor accepted as truth, but rather as informed, consciousness raising and thought provoking ideas and concepts.

Week VII—Gender Differences and Similarities: The theme of gender differences and similarities can be potentially concerning to group members and facilitators. It is for this reason that this issue is relegated to the later stage in the group process. The objective of this

session should also be raised to the group, and that is to recognize how our perceptions on gender can dramatically affect our fathering experience and capacity.

Week VIII—Positive Fathering and Group Ending: The final group session is entitled “Positive Fathering.” In therapeutic discussion positive aspects of fathering are raised. Individual members are encouraged to reflect within the group process the effect of the group on their specific fathering and describe any thoughts or changes (Colvin & Gearing, 2002).

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