

5-2010

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Increasing Fathers' Involvement in Family Therapy:

A Discovery-Oriented Process Study

A thesis submitted in partial fulfillment of the requirements for
the degree of Bachelor of Arts with Honors in Psychology
from the College of William and Mary in Virginia,

by

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May 2010

Accepted for: High Honors

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Abstract

A discovery-oriented process study was conducted to explore the effectiveness of family therapists' interventions at increasing fathers' involvement in therapy sessions and in their families at home. A team of seven undergraduate raters were trained to rate the degree of fathers' participation in sessions and their predicted involvement in their families at home. Three clinical judges recorded the type and frequency of therapist interventions used in each session to increase fathers' involvement. Nineteen videotaped family therapy sessions were used to analyze the interaction between therapists' interventions and fathers' involvement. Findings suggested that interventions addressing fathers' involvement, especially those addressing fathers' involvement with their children, promoted greater change in fathers' involvement in their families. Results also suggested that interventions addressing fathers' complaints, mothers' interference with fathers' parenting, couples' closeness, and cooperation in parenting predicted greater change in fathers' family involvement. The study presented a beginning step towards developing a guide for the clinical implementation of interventions aimed at increasing fathers' involvement.

Increasing Fathers' Involvement in Family Therapy:

A Discovery-Oriented Process Study

Family therapy is driven by the belief that the family is one of the leading forces affecting clients' lives. This treatment philosophy directs therapists to address the organization of the family, identifying and modifying problematic family dynamics. This family systems approach to therapy allows for change to occur not only in individual family members, but in the whole family unit, resulting in more beneficial and lasting change for all family members (Nichols & Schwartz, 2008).

It is evident that problems may arise when any family member is disengaged from the family unit. Unfortunately, fathers are all too often alienated or disengaged figures in the family. Family systems therapists have identified several common problematic family structures that support a disengaged role for fathers (Minuchin, 1974). Most commonly seen by therapists is the family structure of "enmeshed-mother and disengaged-father" (Minuchin & Nichols, 1993). This structure may develop as a result of one or a combination of problems including: work-demands, marital problems, conflict avoidance, excessive concern for children (i.e., cross-generational coalitions between mothers and children or scapegoating of children), difficulty adjusting to parenting roles, divorce, and lack of acceptance of step-fathers (Nichols & Schwartz, 2008).

This growing concern about peripheral fathers is the central issue addressed in the current study. Absent, uninvolved, or destructively involved fathers may have detrimental effects on the well-being of the family as a whole and on any or all of the individuals involved. A host of studies have demonstrated the effects of father involvement on child development (Flouri, 2008;

Coley & Coltrane, 2007; Fonagy, Steele, Steele, Higgitt, & Target, 1994). However, research on how to correct the problem of fathers' lack of involvement is limited.

Importance of Fathers' Involvement in the Family at Home

Fathers play a unique and vital role in the family unit. Research evaluating risk and protective factors in child development demonstrates the significance of the father's role in the family (Fonagy et al., 1994). According to Fonagy and his colleagues (1994), active and positive father-child relationships have been shown to increase children's self-esteem, resilience to stress, and instrumental and interpersonal competence. Fathers' engagement with their children is associated with children's positive cognitive, social, and emotional outcomes from infancy to adolescence (Cowan, P., Cowan, C., Cohen, Pruett, M., & Pruett, K., 2008). Additional research in Britain shows that high levels of father involvement predict children's prosocial behavior, fewer behavioral difficulties, and lower hyperactivity (Flouri, 2008).

Children's perception of fathers' involvement is important as well. Adolescents with high perceived father involvement reported significantly more positive school attitudes (Flouri, Buchanan, & Bream, 2002) and less depressive symptoms (Cookston & Finlay, 2006). In addition, research suggests that children are more reactive to fathers' parenting behaviors than to mothers' (Coley & Coltrane, 2007). Children react more negatively to fathers' anger and hostility than to mothers' and more positively to fathers' constructive approach to conflict resolution than to mothers'. Fonagy and his partners (1994) concluded that increasing quantity and quality of father-child engagement results in better long-term child adjustment.

Although research has shown that father-child involvement has a significant effect on children's overall adjustment and well-being, questions arise as to why fathers' involvement is so influential. Lamb (1986) suggests three ways in which fathers with high levels of constructive

family involvement positively influence children's adjustment. First, positive father-child attachments foster a system of support and security, which forms an internal working model for other secure relationships with male authorities. Second, mothers receive more support from fathers in parenting. Third, fathers are role-models, providing an organizational model for positive family relationships. Therefore, Lamb suggests that fathers hold an irreplaceable position in their families.

Current studies have shown that father involvement is crucial to children's adjustment and development. Both a positive and negative quality of father-child interactions may result in a corresponding quality of child outcomes. However, the present study is primarily focused on increasing distant fathers' degree of involvement in the family and in family therapy.

Importance of Fathers' Involvement in Family Therapy

Another subject of concern to family therapists is the importance of fathers' participation in therapy sessions. Research shows that father involvement enhances the effectiveness of family therapy (e.g., Carr, 1998). Therapy is more often rendered ineffective and families are more likely to drop out of treatment when there is a lack of fathers' attendance (Friedlander, Wildman, Heatherington, & Skowron, 1994). According to Bagner and Eyberg (2003), father involvement in parent-child interaction therapy may help maintain treatment gains, whereas fathers' absence may result in little or no improvement. Similarly, involving fathers in children's therapy may enhance maintenance and generalization of parent-training effects (Duhig, Phares, & Birkeland, 2002) and may uncover underlying difficulties that were missed when therapy was not focused on father involvement (Prevatt, 1999).

Some family intervention programs have already begun to address the importance of fathers' involvement in the programs. Early Head Start (EHS) programs emphasize the

importance of father involvement and encourage fathers' participation in the program and engagement with their children. Early Head Start programs follow a model of positive child development that emphasizes the inclusion of fathers. Research has convinced Early Head Start administrators that fathers have an important role in the family and provide unique and important caregiving for their children through more physical and playful interaction. This father-child engagement is associated with children's positive social and emotional development. For this reason, EHS has made a conscious effort to implement interventions directed towards involving fathers more in the programs and in their children's lives. (Roggman, Boyce, Cook, G., & Cook, J., 2002)

In summary, research has demonstrated the importance of the involvement of fathers in family therapy. Fathers' involvement in therapy is seen as facilitating family and individual gains from treatment. Therefore, the involvement of fathers should be encouraged in family and children therapy settings.

The Problem of Fathers' Involvement

The instrumental role for men and expressive role for women (Parsons, 1950) was the dominant model in our culture for decades. This norm stirred much controversy and those roles have been challenged and gradually changed in some aspects, especially since the women's movement of the 1970s. However, conditions of employment are still such that American men tend to be absorbed in work, while women, even if they too work outside the home, tend to be the primary caregivers for children. Thus, although we live in a culture that espouses gender equality and encourages shared parenting, in all too many families mothers play the dominant role in raising children, while fathers are often peripheral (Carr, 1998).

Commonly seen roles in western society families consist of a “provider” role for fathers and a “caregiver” role for mothers. The “provider” mentality encourages fathers to be less involved in their families at home and more focused on their careers. Similarly, the “caregiver” mentality facilitates enmeshment between mothers and their children, simultaneously excluding fathers and allowing little room for fathers’ involvement in their families at home. However, the explanation for the existing norm of uninvolved fathers is exceedingly complicated and should not be limited to conventional family roles.

A study of urban African-American families found that at least 50% of unmarried fathers are uninvolved in their children’s lives from birth (Coley & Chase-Lansdale, 1999). Although fathers are especially likely to be absent in these families, the same holds true, at least emotionally, for white middle-class families. Many explanations have been given for the existing norm of disengaged and absent fathers. Results of one study suggested that gender-role ideology, belief in one’s own parenting abilities, and marital satisfaction may account for fathers’ limited involvement in child care (Bonney, Kelley, & Levant, 1999). Results also indicated that fathers’ amount of time at work was negatively associated with fathers’ level of involvement in child care, whereas mothers’ amount of time at work was positively associated with fathers’ level of involvement in child care. Consequently, the disengagement of fathers is a complex matter, contributed to by various factors, and should be given careful consideration.

Unfortunately, therapy for children and adolescents with behavioral problems often excludes parents, and fathers are more often excluded in therapy than mothers (Duhig et al., 2002). Various social welfare programs are mandated for categories of individuals, including single mothers, neglected and abused children, at-risk adolescents, and so on. Such programs are generally individually or community focused, and thus therapists and social workers have little

incentive for including the whole family. In addition, many therapeutic models (i.e., cognitive-behavioral, psychodynamic, narrative, solution-focused) focus primarily on the children when addressing children's behavioral problems. Therefore, there is little effort available to work with parents and family members in children's therapy and behavioral programs.

Several studies have reported a high degree of fathers' resistance to involvement in family therapy (Duhig et al., 2002; Hecker, 1991). This is not surprising because an uninvolved father at home is likely going to have little or no interest in being involved in family therapy. Consequently, it appears that mothers would be more likely to initiate therapy and attendance of fathers in therapy would be at the mothers' behest. Yet, even fathers who make an effort to be involved in the lives of their families may be reluctant to take time off of work for something they consider their wives' responsibility. Despite this resistance on the part of fathers, Hecker (1991) suggests that father resistance to therapy should not be assumed and that therapists should always encourage fathers' participation.

Feminist critics have challenged therapists to address the gender bias inherent in existing models of therapy. The feminist critique suggests that the gender bias in certain models of therapy blames mothers for family problems by assigning mothers ultimate responsibility for childrearing, housekeeping, and tending to their husbands' needs (Hare-Mustin, 1978; Luepnitz, 1988). Feminists attribute the "overinvolved-mother-and-peripheral-father" family structure to a long-existing historical process (Goldner, 1985), as opposed to a stereotypical division of labor, and describe the family system as a flawed machine (Avis, 1988). Anderson (1995) challenges therapists and suggests that, "Only when we become more gender sensitive will we stop blaming mothers and looking to them to do all of the changing."

Response to the feminist critique resulted in a new direction in systemic family therapy since the 1980s. As opposed to the traditional psychoanalytic approach of blaming mothers for children's problems, family therapists now consider how mothers' overinvolvement may be driven in part by fathers' lack of involvement (Nichols & Schwartz, 2008). Encouraging greater involvement of fathers is seen as crucial but difficult, especially in single-parent families, which is why it is important for therapists to reach out to fathers, evaluate family roles, and encourage fathers' involvement in parenting as part of their responsibility (Goodrich, Rampage, Ellman, & Halstead, 1988; Lehr & MacMillan, 2001; Walters, Carter, Papp, & Silverstein, 1988). Although the current trend in American families consists of paternal disengagement, family therapists believe this trend can be corrected by increasing the amount and quality of fathers' involvement in the family and decreasing mothers' enmeshment with children. This present study addresses this issue in parenting by exploring therapeutic interventions designed to increase paternal involvement in the home and in therapy.

Solving the Problem of Fathers' Involvement

A consistent voice in family therapy calls for further inclusion of fathers. According to Hecker (1991), this call has occurred for several reasons. First, it is useful to have as many family members involved in therapy as possible in order for therapists to see each family member's contribution to the problems and to involve everyone in supporting efforts to change dysfunctional family interactions. Also, Hecker (1991) suggests that fathers' inclusion has been empirically shown to enhance family therapy outcomes. Consequently, family therapy research has shifted its attention from mostly outcome measurements to a deeper investigation of the processes and interventions involved in creating positive therapy outcomes. The founder of structural family therapy, Salvador Minuchin, described families he treated as being stuck in

various destructive behavioral patterns (Minuchin & Nichols, 1993). As a result, Minuchin defined the goal of family therapy as the development of a pathway leading families to better alternative ways of interacting. In summary, one of the critical challenges of family therapy is solving the problem of father involvement, or more accurately the problem of father disengagement.

Research on father involvement emphasizes the importance of clinical interventions aimed to engage fathers in family therapy and in the family at home (Carr, 1998). In fact, one study showed greater improvement in families where fathers were addressed more often than mothers in therapy (Postner, Guttman, Sigal, Epstein, & Rakoff, 1971). Results showed that in father-focused positive outcome sessions more time was dedicated to interpretation, "clarification reframing," and suggesting alternative behaviors. In addition, Newberry, Alexander, and Turner (1991) found that fathers responded more positively to structuring, supportive, and directive therapist interventions. Other research suggests that father involvement in family therapy may be increased if therapists contact fathers personally with a rationale for the purpose and benefits of their attendance (Santisteban, Szapocznik, Perez-Vidal, Kurtines, Murray, & LaPerriere, 1996; Szapocznik, Perez-Vidal, Brickman, Foote, Santisteban, Hervis, & Kurtines, 1988).

One common intervention used by family therapists to assess family problems and structural dynamics is called an *enactment*. Enactments were developed by Salvador Minuchin and are powerful tools for engaging fathers in therapy sessions and in adapting to new ways of family interaction. Enactments consist of therapist-initiated dialogues between family members. For example, when a therapist instructs the father and mother to talk with each other about a specific marital problem, he is engaging the couple in an enactment. This intervention creates an

opportunity for the therapist to observe the clients' behaviors and ways of discussing family problems, thus allowing for the therapist to identify problematic conflict resolution tactics, suggest more adaptive ways to communicate, and give the clients the opportunity to address family conflicts in a new way. Therapists may initiate enactments, but the core of the work stems from the families' willingness to communicate about family matters. Through the process of enactments, therapists provide families with a much-needed opportunity to engage their power to change by discovering and practicing alternative, more adaptive ways of communicating (Minuchin & Nichols, 1993; Minuchin & Fishman, 1981; Simon, 1995). It is clear that therapists have developed ways to attempt to increase fathers' involvement, but research has yet to identify the specific interventions that are most effective.

Purpose of Present Study

Researchers have evaluated many possible contextual and therapeutic factors that result in positive therapy outcomes. Some studies have addressed variables associated with effective sessions (Gale & Newfield, 1992; Johnson & Greenberg, 1988). Other studies have suggested that certain therapeutic tasks are related to successful therapy outcomes (Heatherington & Friedlander, 1990; Greenberg, Ford, Alden, & Johnson, 1993; Friedlander, Wildman, Heatherington, & Skowron, 1994). However, few studies have specifically addressed the techniques that experienced therapists use to engage fathers. Furthermore, research designed to identify specific family therapy interventions as effective in increasing father involvement is limited. Therefore, this study was designed to evaluate how family therapists specifically engage fathers in therapy sessions and in the life of the family outside of therapy.

Lamb, Pleck, Charnov, and Levine (1987) offered a three-part model of the types of father involvement in child rearing, including interaction or engagement, accessibility, and

responsibility. Similar to this model, this study judged fathers' involvement in therapy and in the family at home with consideration of interaction, openness, and willingness to take responsibility for a father's role in the family. We predicted that the more interventions used to address the father's involvement in the family, regardless of which family member the interventions were directed towards, the more involved the father would become in the session and in the family at home.

Furthermore, we predicted that certain interventions would be more effective than others in increasing fathers' involvement in the session and in the family at home. Because the types of interventions useful for this purpose were not clear, this study's primary function was to discover which interventions were most successful. In summary, this study was aimed to gather qualitative information regarding the frequency and type of interventions commonly used by family therapists to increase fathers' involvement, as well as the effectiveness of these interventions. It is expected that the details and discoveries of this study will provide useful information for family therapists and further attempts to bridge the gap in parental involvement.

Methodology

The purpose of this study was to evaluate therapist interventions used in family therapy sessions designed to increase fathers' involvement in sessions and the family at home. The study was based on videotaped therapy sessions from the Minuchin Center for the Family. The study consisted of five stages. Stage one involved defining types of therapist interventions used to increase fathers' involvement. Stage two was the selection of a clinical sample appropriate for data collection. Stage three involved the development of a suitable plan for data collection and recruitment of a team of raters, who were then trained in stage four. Lastly, in stage five data was collected from the clinical sample by way of a list of intervention frequencies tabulated by

the clinical judges - investigator, research assistant, and expert advisor - as well as ratings gathered by the team of undergraduate raters.

Stage One: Defining Interventions to Increase Fathers' Involvement

Family therapists use a variety of interventions to address problematic family dynamics. Such interventions are introduced in different ways, at various times, and for an assortment of different purposes in therapy sessions. Thus, in this study it was important to identify interventions used for the purpose of increasing fathers' involvement. For this reason, appropriate interventions had to fulfill two important characteristics.

First, we focused only on therapeutic interventions that seemed aimed to increase the father's participation in the session and involvement within the family. Therefore, some therapeutic interventions were not used in this study because they did not address the issue of the father's involvement. Interventions that were recorded were clearly about the father and intended to increase the involvement of the father, regardless of who the therapist directed the interventions towards. The second criterion for inclusion of interventions involved the engagement of the clients. An intervention had to last long enough to receive a response from the clients. Beginnings of interventions that were interrupted or uncompleted were not counted.

A list of 32 interventions to increase fathers' involvement was developed in stage one of this study.

List of interventions.

1. Enactment. Therapist initiated dialogue between the father and other family members.

For example, a therapist instructing a father to talk to his wife and children in the session about a family matter. Only enactments involving the father were included.

Interventions directed to father.

2. Asks father's opinion about family matters.
3. Encourages father to get involved (suggests that father needs to get more involved).
4. Asks father how he can be more helpful to other family members.
5. Praises father's parenting behavior.
6. Praises father's participation in the session.
7. Invites father's complaints about his wife and children.
8. Encourages father to express his thoughts and feelings to his wife.
9. Inquires about developmental background of father's attitude about parenting.
10. Interprets father's withdrawal as an escape from family interactions.
11. Asks husband what he does to make his wife angry and/or not receptive.

Interventions directed to mother.

12. Asks wife's opinion about father's involvement in family.
13. Points out mother's interference with father's parenting behaviors.
14. Points out mother's criticisms and negative comments to father.
15. Points out mother's dismissal of father's participation in the session.
16. Inquires why wife is not receptive to her husband.
17. Points out mother's contribution to father's disengagement.
18. Encourages mother to ask father about his thoughts and feelings.
19. Points out mother's enmeshment with children.
20. Asks mother what she can do to help the father get more involved.
21. Asks about the developmental history of the mother's negative expectations of the father.

22. Points out that mother's experience with her parents influenced her negative expectations of father.

Interventions directed to father and mother.

23. Encourages husband and wife to get closer as a couple.
24. Encourages father and mother to work together as a team.
25. Points out that father and mother are not working as a team in parenting.
26. Points out that husband and wife are not working as a team in their relationship.
27. Asks if they are close as a couple (if they spend time together doing couple's things).

Interventions involving children.

28. Points out children's disrespect of father.
29. Asks mother about children's disrespect of father.
30. Asks child to describe his/her interaction with father.
31. Asks child to describe his/her history of interaction with father.
32. Encourages children to get involved with father.

Stage Two: Selecting the Clinical Sample

Data pool. The data in this study consisted of videotaped recordings of family therapy sessions conducted at the Minuchin Center for the Family in New York City. The selected tapes included a variety of client families, presenting complaints, and problem dynamics. Sessions chosen for the study consisted of families with children, regardless of whether or not the children were present in the session. The study included five therapists, of whom one was a female graduate student and four were experienced male therapists. All participants in the sessions gave consent to be videotaped and were told that the tapes were being recorded for teaching and research purposes only and would be handled with confidentiality.

Selection of sessions for study. Selection of appropriate therapy sessions for this study was based on several considerations. First, videotapes were only used if they were audible. Second, only client families with children were included. Third, each client family had to have a father present in the session. Last, only client families in which the fathers' lack of involvement was problematic were included. The available tapes that met these criteria were screened and selected by the investigator and the expert advisor, a senior structural family therapist with a Ph.D. in clinical psychology. After thorough examination, the investigator and the advisor came to a consensus on which tapes effectively demonstrated the topic being studied. A total of 19 sessions were selected for use in this study, and each was labeled with a session title, information about the family in the session, the treating therapist, and the presenting complaint (e.g., "Prisoners or Jailers"; "Married Couple with Two Young Boys Ages 4 and 5"; therapist: Salvador Minuchin; PC: Oppositional Defiant Disorder of both sons). Appendix D lists the complete demographics for the sessions used in the study.

Stage Three: Developing Plan for Data Collection

The objective of this study was to gather as much information as possible about therapeutic efforts to get fathers more involved in the process of family therapy and in the lives of their families. In order to gather this information, data collection was divided into two separate phases. The interventions used were catalogued separate from analysis of the families' responses to them. Therefore, two sets of guidelines for recording the data were needed.

First, the clinical judges met weekly to watch the selected videotaped family therapy sessions and observe the interventions used. Interventions from the developed list were tallied for every occurrence in each session.

Concurrently, a team of seven undergraduate raters were recruited and trained to rate the father's level of involvement on two dimensions: as observed within the session and as inferred in the family at home. These ratings were recorded both at the beginning and end of each session. Rating of the father's involvement in the family at home were the most difficult to assess because the information given in the session was all that was provided. Raters had to judge the father's involvement as it was when the family entered therapy based on what was discussed in the session. This was difficult, especially when the father talked little in the session. Similarly, it was difficult to assess the father's projected involvement in the family after the session because one session may not have been enough to accurately identify resulting changes in the family dynamics. Therefore, in the process of the study, to provide us with qualitative information with which to supplement the quantitative ratings, it was decided to provide the raters with the opportunity to respond freely, provide commentary, and ask questions as necessary. The raters were encouraged to take their time with the sessions, rewinding segments or watching twice if needed, allowing for more thoughtful and comprehensive analyses.

Stage Four: Recruiting and Training Raters

Recruitment. Two group interviews with 63 undergraduate psychology students at the College of William and Mary were conducted to select raters to assist the investigator with the study. Prospective raters watched sample videotaped family therapy sessions and provided commentary on the dynamics of the sessions when instructed (the sample videotapes were not used in the data collection phase). Seven raters were selected on the basis of the quality and intuitiveness of their responses, availability and willingness to attend regular training sessions, and expressed commitment to the study. The final group of raters consisted of two males and

five females. Of the seven raters, two were seniors, two were juniors, and three were sophomores. Raters' ages ranged from 19 to 21 years of age.

Justification for using undergraduates as raters. Undergraduate psychology students served as a practical and valuable pool of potential raters for various reasons. First, the cost of acquiring professional help for an undergraduate study was not feasible, whereas recruiting undergraduate volunteers was an inexpensive way to acquire help. Undergraduates are often seeking research experience and, therefore, are generally eager and willing to assist with such a study. Second, psychology majors have the advantage of having received some teaching in psychological theory and are more equipped to understand family problems and the purpose of family therapy. However, undergraduate students often lack the sophisticated training and knowledge of experienced clinicians, thus limiting complicated theoretical and abstract terminology that could skew their interpretations. In addition, undergraduates are more able to observe sessions without bias because they lack the theoretical influence of a specific school of thought. Furthermore, all undergraduate raters received the same information and training for the study, thus enabling the investigator to control for what the raters knew about the aim of therapist interventions.

Training of the raters. The raters attended five, two-hour training sessions conducted by the clinical judges. Training of the raters consisted of three stages. In the early stage of training, videotaped family therapy sessions were shown and the raters were instructed to observe the conversations between the clients and the therapist. At various points during the session, the investigator interrupted the videotape to inquire about the observations and opinions of the raters. This stage consisted of numerous discussions about the families and dynamics of

the therapy sessions. Before beginning the second stage of training, all of the raters demonstrated an accurate and sound understanding of the details of the sessions.

In the second stage of training, the raters were informed of the details of the ratings they would be conducting. Their task was to rate the amount of the fathers' involvement in their families at home and in the sessions. In this stage of training, videotaped family therapy sessions were played and the raters were instructed to discuss possible ratings based on their observations and the information provided in the sessions. In each session, the raters made one rating for the father's involvement in the family and one rating for the father's involvement in the session at the beginning of the videotape, as well as one rating for the father's involvement in the session at the end of the session and one rating for the predicted father's involvement in the family after the session. The raters were trained to make these four ratings on 7-point Likert scales. Appendix A displays the rating scale for the father's involvement in the family and Appendix B displays the rating scale for the father's involvement in the session, both of which were used to collect ratings at the beginning and end of each session. The ratings in this stage were discussed to consensus. The trainees were not informed as to the specific hypothesis of the study.

In the last stage of training, the raters viewed videotaped sample sessions and were instructed to make their own independent ratings without discussion. The raters practiced rating trial sessions until each individual's ratings were in agreement with the others' ratings. Ratings were deemed as sufficiently in agreement if they were within a one-point range of each other in the same direction (e.g., rating < 4 = uninvolved, rating > 4 = involved). Before completion of training, all of the raters demonstrated competence at rating the sessions accurately and felt confident enough to conduct ratings on their own. The videotaped sessions used in training were not used for data collection.

Inter-rater reliability. The reliability of the ratings conducted by the seven raters was assessed using the intraclass correlation coefficient, two-way mixed average measures for consistency. Ratings for all 19 sessions were included; the subscale items consisted of each set of ratings from each rater. Each subscale consisted of 7 items and demonstrated strong reliability: ratings of beginning father involvement in the session ($\alpha = .92$), ratings of beginning fathers' involvement in the family ($\alpha = .82$), ratings of end-of-session fathers' involvement in the session ($\alpha = .85$), and ratings of end-of-session fathers' involvement in the family ($\alpha = .69$).

Inter-rater reliability was assessed for intervention tallies, taken by the three judges, based on percentage of agreement across two sessions, consisting of a total of 58 interventions. In session one, judges had 100% agreement on the time the interventions took place and 94% agreement on the classification of the interventions used. In session two, judges had 100% agreement on the timing of interventions and 96% of agreement on the type of interventions.

Stage Five: Data Collection

Once the raters were trained in identifying the father's involvement in the family and in the session, each rater was given a set of instructions and rating scales. They were asked to rate between 1-2 sessions a week over the course of 10-15 weeks. The investigator stressed to the raters the importance of their commitment to this study and the confidentiality of the therapy sessions. The raters were instructed to watch the videotapes in a quiet and private location and to not discuss their ratings or the content of the sessions with anyone other than the principle investigator of the study. Each rater received a random order in which to watch the sessions to control for possible effects of the order of the videotapes. The raters agreed to the college honor

code in rating the sessions honestly, protecting the confidentiality of the videotapes, and returning the materials safely to the investigator.

Independent rating then began and the raters followed the instructions given to them. Each rater received 2-3 videotapes at a time, each containing between 1-4 sessions. Inter-rater reliability of these ratings was assessed using the intraclass correlation coefficient. The set of ratings used for data analysis comprised the averages of all seven raters for each group of ratings (i.e., beginning session involvement, beginning predicted family involvement, end session involvement, end predicted family involvement). Percentages of change in fathers' involvement were calculated and used for data analysis to assess the effectiveness of the interventions.

The clinical judges also began data collection. Weekly meetings consisted of close analysis of the same sessions being examined by the undergraduate raters. As the raters developed data on the fathers' involvement, we collected tallies of the types and frequency of therapist interventions used in the sessions. Each tallied intervention was discussed to consensus. Inter-rater reliability of these tallies was assessed by having the three clinical judges independently rate a sample of 58 therapist interventions.

Results

Data Analysis

A one-way analysis of variance (ANOVA) was used to test the hypothesis that greater frequencies of the use of interventions addressing fathers' involvement in the family (IV) would increase the fathers' involvement in the session and in the family at home (DVs). Results indicated statistical significance for involvement in the family, $F(3, 15) = 9.02, p < .001$, but not for involvement in the session, $F(2, 16) = .15, ns$. The more therapist interventions judged to facilitate father involvement, the greater the predicted change in the fathers' involvement in the

family at home. Figure 1 demonstrates the mean proportion of the sum of interventions used as a function of percentage of change in fathers' involvement in the family at home.

To test the hypothesis that certain interventions would be more effective in increasing fathers' involvement, ANOVA was conducted for the degree of increase in ratings of fathers' involvement (DV) and frequencies of interventions (IV). Results indicated statistical significance only for some individual interventions and change in fathers' family involvement. Increase in fathers' family involvement was significant for intervention 1 (enactment), $F(3,15) = 4.21, p < .05$; intervention 6 (praises father's participation in the session), $F(3,15) = 4.61, p < .01$; intervention 7 (invites father's complaints about his wife and children), $F(3,15) = 3.67, p < .05$; intervention 11 (asks husband what he does to make his wife angry and/or not receptive), $F(3,15) = 4.21, p < .05$; intervention 25 (points out that father and mother are not working as a team in parenting), $F(3,15) = 6.15, p < .01$; intervention 28 (points out children's disrespect of father), $F(3,15) = 6.12, p < .01$; intervention 30 (asks child to describe his/her interaction with father), $F(3,15) = 20.17, p < .001$; and intervention 31 (asks child to describe his/her history of interaction with father), $F(3,15) = 4.37, p < .05$.

ANOVA for change in fathers' involvement in the session did not show statistically significant results. However, it did indicate a possible trend with intervention 27 (asks if they are close as a couple), $F(3,15) = 3.17, p = .07$. Appendix C displays the numbered list of interventions that were used for tallying frequencies.

Figure 2 shows the mean frequency of intervention 1 as a function of change in fathers' involvement in the family at home. Figure 3 shows the mean frequency of intervention 7 as a function of change in fathers' involvement in the family. Figure 5 shows the mean frequency of intervention 25 in relation to change in fathers' family involvement. In addition, mean

proportions of interventions involving children as a function of change in fathers' family involvement are demonstrated in the following figures: Figure 6 for intervention 28, Figure 7 for intervention 30, and Figure 8 for intervention 31.

Pearson product-moment correlations were calculated in order to test for significant relationships between ratings of father involvement and interventions used. The total sum of interventions (aimed at increasing father involvement) used in each session was positively correlated with the percentage of predicted increase in fathers' involvement in the family at home, $r(18) = .64, p < .01$. The greater the total number of interventions used in the sessions, the greater estimated change in fathers' involvement in the family. Several interventions involving fathers and/or mothers were positively correlated with the percentage of predicted increase in fathers' involvement in the family, including: intervention 7 (invites father's complaints about his wife and children), $r(18) = .56, p < .01$; intervention 13 (points out mother's interference with father's parenting behaviors), $r(18) = .47, p < .05$; and intervention 25 (points out that father and mother are not working as a team in parenting), $r(18) = .64, p < .01$. More frequent use of interventions 7, 13, and 25 separately indicate greater predicted change in fathers' family involvement from beginning to end of each session. Figure 4 shows the relationship between intervention 13 and predicted change in fathers' family involvement.

Interventions involving children were positively correlated with increases in fathers' family involvement as well. Frequent use of intervention 28 (points of children's disrespect of father) correlated with greater predicted increase in fathers' family involvement at the end of the sessions, $r(18) = .66, p < .01$. Interventions 30 (asks child to describe his/her interaction with father), $r(18) = .68, p < .001$, and 32 (encourages children to get involved with father), $r(18) = .72, p < .001$, were also strong independent predictors of increasing fathers' involvement in the

family. Table 1 shows correlation values for the relationships between interventions and change in fathers' involvement.

Results did not provide statistically significant support for correlations between interventions aimed at increasing father involvement and percentage of change in fathers' involvement in the session from start to finish. However, correlational data between intervention 24 (encourages father and mother to work together as a team) and change in fathers' involvement in the session suggests a possible trend, $r(18) = .42, p = .07$.

Pearson product-moment correlations were calculated in order to indicate significant relationships between fathers' involvement and groups of interventions aimed at increasing fathers' involvement (i.e., interventions directed to father, directed to mother, directed to father and mother as a couple, and directed to/involving children). The group of interventions directed to mothers was positively correlated with fathers' involvement in the family at the end of the session, $r(18) = .49, p < .05$. In addition, the group of interventions directed to/involving children was positively correlated to the percentage of increase in fathers' involvement in the family, $r(18) = .57, p < .01$. Table 2 shows the correlation matrix for father involvement and intervention groups.

Results did not provide statistically significant support for correlations between groups of interventions and percentage of change in fathers' involvement in the session. However, results indicate a possible negative trend between the group of interventions involving children and change in fathers' involvement in the session, $r(18) = -.41, p = .08$.

Clinical Observations

Throughout our observations, we found a few interesting themes regarding the problem family dynamics and the therapist-client interactions. Most prominently found in the families

were the roles of “enmeshed mother and disengaged father.” Approximately 14 of the 19 sessions included an enmeshed mother. Intervention 19 was used quite frequently by the therapists to call attention to the problem of the mothers’ enmeshment in 10 of the 19 sessions.

For example, in one session the therapist identified the mother’s role in the family as the “attorney for the defense” and the father as an “incompetent sheriff” (“Father’s Rage”; “Married Couple with Three Sons and One Daughter”; therapist: Salvador Minuchin; PC: Suicidal daughter). This construct of parental roles is problematic and has led to the children’s disrespect of the father, the mother’s single parenting style, and an ultimately alienated and angry father. Toward the end of the session, the therapist moved the father’s chair to a shadowy corner in the room to demonstrate the father’s role in the family as an excluded man.

In another session, the therapist described the mother’s enmeshment as making her a “prisoner to her sense of duty” (“Prisoners or Jailers”; “Married Couple with Two Young Boys Ages 4 and 5”; therapist: Salvador Minuchin; PC: Oppositional Defiant Disorder of both sons). The therapist struggled throughout the session with the mother’s enmeshment with her children and lack of ability to redirect her attention from the children to the father. Throughout the session, the mother had great difficulty paying attention to the therapist and to the father. The couple even acknowledged that the mother interfered with the father’s parenting behavior by not trusting him and encouraged his withdrawal by having trained him to wait for her to take action in parenting.

“Prisoners or Jailers” is also an example of another common theme we found in our observations: lack of closeness as a couple. In this session, the therapist repeatedly expressed concern for the husband and wife as a couple because of the mother’s persistent enmeshment with the children and the father’s withdrawal. The husband and wife were not close as a couple,

did not spend time doing fun things together, and did not work together in parenting. Therefore, the therapist encouraged the mother to trust the father and the father to step up to the plate, and he declared that if they did not get more involved as a couple they would end up divorced. Similarly, another session demonstrated a lack of closeness between the husband and wife as a product of the mother's overinvolvement with the children and the father's disengagement ("Bipolar 14yr-old"; "Married Couple with Three Young Boys and One Teenage Daughter"; therapist: Salvador Minuchin; PC: Bipolar daughter).

Lack of closeness between husband and wife was observed in 16 of the 19 sessions. However, only in nine of the 19 sessions did the therapist ask if the husband and wife were close as a couple (intervention 27). Also, intervention 26 was used in only seven of the 19 sessions to point out that husband and wife were not working as a team in their relationship and intervention 23 was used in only eight of the 19 sessions to encourage husband and wife to get closer as a couple.

Another problematic family structure frequently observed was a lack of teamwork between mother and father in relation to parenting. For example, in one session the mother was greatly enmeshed with her daughters, allowing no room for father's involvement in parenting, the daughters were disrespectful to father, and the father felt helpless in the family and withdrew by resorting to his drug addiction ("Heroin Addict Father"; "Hispanic Married Couple with Two Teenage Daughters in Session and Two Sons Not in Session"; therapist: George Simon; PC: Father's heroin addiction and disrespectful behavior of daughters).

In another session, the mother had a lenient parenting style, whereas the father was very strict ("Father Shaming Son"; "Married Couple with Adopted Teenage Son in Session and Older Daughter Not in Session"; therapist: Michael Nichols; PC: behavioral problems of son with

Oppositional Defiant Disorder). The father in this session did not listen to his son, the wife was submissive to father's parenting, and the couple did not work together in parenting.

Observations of parents not working together in parenting was quiet common, occurring in 18 of the 19 sessions. However, interventions to address this problematic parenting structure were used infrequently. Intervention 24 was used on few accounts in five of the 19 sessions to encourage father and mother to work together as a team in parenting. Intervention 25 was used on few accounts in 11 of the 19 sessions to point out that mother and father were not working as a team in parenting.

Additionally, it is important to note the clinical observations made in regard to the importance of fathers' involvement to the families' overall well-being and functionality. A lack of father involvement can result in negative consequences for the family. For example, in one session the step-father thought he was not entitled to exercise a parental role with his wife's teenage daughter (even though they had been married since the child was two years old), and thus he was minimally involved in parenting ("Teenager Who is Liar"; "Mother, Step-Father, and Two Daughters Ages 2 & 13"; therapist: Salvador Minuchin; PC: Oppositional Defiant Disorder and compulsive lying of 13yr-old daughter"). This sense of disempowerment is problematic because parents are responsible for holding each other accountable, and when in disagreement of one's parenting behaviors the other parent should intercede and address the predicament of that particular parenting behavior. The lack of father involvement in parenting influenced the mother's intrusive overinvolvement with the daughter and the daughter's disobedience and compulsive lying.

An important intervention was made at the end of the session, consisting of an enactment where the therapist directed the mother and father to explain to their daughter how the mother's

overinvolvement provoked the daughter's behavioral problems and lying. This intervention was implemented to free the daughter from the self-fulfilling prophecy that the mother and father had established for her by labeling her as a compulsive liar. However, the father's lack of involvement in parenting was also an influential factor for the enmeshment of mother and daughter and the daughter's behavioral problems. As the work in this session illustrates, children's behavioral problems are often related not just to the way their parents interact with them, but also to conflicts between the parents. Moreover, children may not be able to change their behavior without concurrent changes on behalf of the parents, and a mother may have difficulty backing down as long as a father doesn't step up – and vice versa.

Another session exemplified the destructive effects of fathers' disengagement on family well-being ("Father with Two Families"; "Remarried Father with Two Adult Daughters"; Therapist: David Greenan; PC: Remarried father alienated from his first family). In this session, the father and two adult daughters began consultation for a long-standing family feud. Twenty years prior, the father had an affair that led to the development of a new family, consequent divorce of his first wife, and decreasing involvement with his daughters (who sided with their mother in a triangle against their father). The two daughters did not accept the divorce or the father's new family and maintained this family division for over 20 years. After an uncomfortable scene at a family gathering over the holidays between the two daughters and the father's new family, the father stopped communicating with his daughters for an extended period of time. In the session, the two daughters mutually reported being devastated by the father's infidelity and lack of involvement with them over the last 20 years. Both daughters were affected emotionally to a large degree and even indicated that the divorce and subsequent lack of father's involvement dramatically changed their lives for the worse. Therefore, the lack of

father's involvement had a long-lasting detrimental effect on the well-being and functionality of his two adult daughters.

Observations also suggested that quality of fathers' involvement in the family can have positive or negative effects on the family's well-being. For example, in "Father's Rage" the therapist described the father as an "excluded man" in his family. However, the reported accounts of his involvement with his children consisted of overbearing discipline and hostility. When the father inferred that his oldest son had stolen his cigarettes and tried to hide that fact, the father verbally attacked his son and pinned him against the wall. Consequently, the three oldest children harbored negative feelings towards the father, reinforcing his exclusion from the family. The oldest children would not talk with the father and showed symptoms of depression. The oldest daughter's depression escalated to self-mutilating behavior in response to multiple personal and family issues. In addition, the mother and children became more enmeshed and the father became more disengaged. Observations of this session demonstrated the negative consequences that resulted from a cycle of parental conflict, marital estrangement, paternal control, and adolescent rebellion.

Conversely, a different session demonstrated the constructive effects of positive father engagement in the family ("Taming Monsters"; "Mother, Father, and Two Daughters Ages 2 & 4"; therapist: Salvador Minuchin; PC: Behavioral problems with both daughters). After thorough observation of the family interactions in the session, the therapist drew attention to the direct and constructive parenting behaviors of the father. When the therapist encouraged the father to interact with the children in the session, the behavioral problems of the children subsided. The active authoritative parenting role of the father produced more productive father-child interactions and reduced children's disobedience. In comparison, the therapist mostly

attributed the children's behavioral problems to the mother's problematic parenting behaviors and the inconsistency of parenting styles (i.e., mother's enmeshment and leniency with children provoked by father's strictness and inability to compromise).

Discussion

Interpretation and Implication of Findings

Previous research has shown the importance of the father's role in the family (e.g., Coley & Coltrane, 2007; Cowan et al., 2008; Flouri, 2008; Flouri et al., 2002; Fonagy et al., 1994; Lamb, 1986). Research has also shown that fathers' involvement in family therapy increases the effectiveness of the sessions, thus generating more positive family outcomes (Bagner & Eyberg, 2003; Carr, 1998; Duhig et al., 2002; Friedlander et al., 1994; Prevatt, 1999; Roggman et al., 2002). Consequently, this study was designed to explore how to effectively engage fathers in family therapy and increase fathers' involvement in the family at home. The findings of this study were successful in demonstrating some of the therapist interventions that proved most successful for this purpose. Increase in fathers' involvement in the family was associated with both greater quantities of interventions used and the involvement of children.

Quantitative findings. The greater number of interventions (aimed at increasing father involvement) applied in therapy sessions was demonstrated to be statistically important for the goal of increasing fathers' involvement in the family, especially in comparison to sessions which utilized a lower number of such interventions aimed at increasing father involvement. The findings show that as the number of such interventions increased, the predicted change of fathers' engagement in the family increased proportionally. This finding can be attributed to the design of the interventions recorded, all of which were aimed at increasing fathers' involvement. Therefore, repetition of numerous interventions aimed at increasing father involvement would be

expected to result in increasing change in the father's participation, shifting him towards a more interactive role in the family. In addition, because client families in this study included various fathers with a wide array of personal and family issues, each requiring their own individualized approach, the repeated use of numerous types of interventions ensures a greater probability of fathers' engagement and conflict resolution.

The nature of certain interventions, in comparison to others, was shown to have an overall stronger correlation with change in fathers' family involvement. The strongest of these correlations pertained to the involvement of children. The group of interventions addressing the fathers' involvement with their children, as well as specific interventions within this group, proved to be particularly effective for increasing fathers' involvement in the family as a whole. More specifically, the frequencies of interventions addressing father-child interactions, by way of pointing out children's disrespect of father (intervention 28), asking the children to describe their interaction with their father (intervention 30), asking children to describe their history of interactions with father (intervention 31) and encouraging the children to get involved with their father (intervention 32), were strongly associated with greater change in fathers' family involvement.

Research has shown that children are highly reactive to their interactions with their fathers (Coley & Coltrane, 2007). However, research on fathers' reactivity to their children is limited. From the findings it may be hypothesized that the inverse of this influential relationship exists, thus attributing to the positive correlations between interventions involving children and predicted change in fathers' involvement in the family. On the other hand, another possible reason that interventions addressing specifically the children's relationships with their fathers may have been more productive than interventions addressing the father or mother alone or the

couple's relationship might be that parental conflict, maternal enmeshment, and paternal disengagement may be more laden with more problems and resistance making it more difficult to change. Apparently, even children who have been alienated from their fathers are hungry for greater involvement with their fathers. Therefore, children may be a more productive target of therapeutic efforts.

The findings also identified several other interventions, which were effective in increasing the fathers' involvement in the family. Other highly effective interventions included:

1. Enactment (1)
2. Praises father's participation in the session (6)
3. Invites father's complaints about his wife and children (7)
4. Asks husband what he does to make wife angry and/or not receptive (11)
5. Points out mother's interference with father's parenting behaviors (13)
6. Points out father and mother are not working as a team in parenting (25)

Each of these interventions was shown to be statistically significant predictors of increase in fathers' family involvement. It can be hypothesized that enactments are effective interventions for increasing fathers' involvement in the family because of the opportunities they provide for therapists to guide family members directly into more productive ways of communicating. Similarly, intervention 7 was likely effective in increasing fathers' involvement because it provided positive reinforcement for the desired parenting behaviors, thus increasing the likelihood of fathers maintaining productive involvement.

Our observations suggest that when therapists strive to increase fathers' involvement it is important to address the contributing factors of fathers' disengagement. Accordingly, intervention 7 and intervention 13 were shown to be efficient ways of increasing fathers'

involvement by addressing such contributing factors (i.e., inviting fathers' complaints about family and identifying mothers' interference with fathers' involvement in parenting).

On another note, it can be hypothesized that the success of intervention 11 in increasing fathers' family involvement was likely attributed to the initiation of greater awareness in fathers of the effects their participation in the family has on their wives, thus motivating them to create more constructive interactions with the family.

Lastly, the correlation between change in fathers' involvement in the family and intervention 25 can be explained by the importance of the fathers' involvement with their children. Parents are generally concerned about the happiness and well-being of their children. Thus, addressing the problem of the lack of solidarity in parenting, while simultaneously elaborating on the effects inconsistent parenting styles have on the development of children, may encourage fathers to be more involved with mothers in parenting and in their children's' lives.

On another note, results did not find a significant correlation between interventions and change in fathers' involvement in the sessions. This may be attributed to the fact that most of the sessions (15 of the 19 sessions) consisted of ratings of fathers' beginning session involvement from 5-7 on the involved spectrum of the rating scale. Thus, there was little room for significant numerical increases. In addition, some fathers decreased in session involvement from beginning to end. Decrease in session involvement may have been attributed to a shift of focus in the session from father to mother or children. However, occasional fathers' decrease in session involvement may have contributed to the lack of statistical significance of changes in fathers' session involvement. Therefore, it may be beneficial for clinicians to maintain a balance of focus on fathers, mothers, and children in sessions in order to adequately measure for correlations between interventions used and change in fathers' involvement in the sessions.

Clinical observations. The clinical observations support existing research on the problem of fathers' disengagement from the family unit. Our observations suggest that negative trends in family structures commonly include: simultaneous overinvolvement of mothers with children and disengagement of fathers, lack of closeness between mothers and fathers as couples, and inconsistent parenting styles and lack of cooperation between mothers and fathers in parenting. The existence of these trends is important to address in family therapy because they are detrimental to the overall well-being of the family and encourage further disengagement of fathers.

The observations from these family therapy sessions provide qualitative support for existing research on the importance of fathers' involvement. Not only does the lack of father involvement in the family have detrimental effects on the well-being and functionality of family members, but the foundation of the family is shaken when an active father role is absent. In addition, the quality of father involvement can have varying effects as well. Positive father-child interactions generally result in more positive outcomes, whereas negative father-child interactions lead to negative outcomes for personal and family maturation. Therefore, the extent and quality of fathers' involvement in the family should be one of the primary focuses of family therapy interventions.

Limitations of the Present Study

The primary limitation of this study was that the raters were not able to directly sample the fathers' involvement in the family before and after the session. The ratings given for fathers' involvement in the family were based on the raters' observations of the interactions in the session and their inferences about what happened at home. For example, if the mother indicated that the father worked a lot and did not spend much time with the children while at home, then

the raters might infer that the father is somewhere between 1-3 on the uninvolved spectrum of the rating scale. However, there was no concrete way to measure the fathers' involvement in the life of the family at home.

Ratings for fathers' family involvement would be more reliable if measured based on actual, rather than reported, happenings in the family. Obviously, it is impractical to actually enter the homes of families in therapy and directly observe their interactions. That is why we relied on what was observed and reported in therapy sessions. The fact that the raters demonstrated a high degree of inter-rater reliability suggests, but does not prove, that their ratings were meaningful.

Another limitation of our results rests on the findings being strictly correlational. Data was gathered in the form of ratings and observations. Therefore, there was no measurable manipulation of variables and the design of this study did not control for other potentially influential factors on fathers' involvement. Since correlation does not signify causation, the findings of this study can only suggest the direction of relationships between interventions and fathers' involvement.

Finally, although the undergraduate raters were not informed of the hypotheses of this study, the fact that they observed therapists' repeated attempts to get fathers more involved in their families may have biased the raters toward assuming that that would happen. Our observations of the raters' behavior in training do not suggest that this was the case.

Suggestions for Future Research

The present study opens several possibilities for further research. First, an extension of this study could be conducted to include more videotaped sessions of different populations, increasing the variability of families and presenting complaints, therapists, and cultures, and

providing insight into the generalizability of the results. A larger sample might also increase the reliability of ratings and significance of the findings. Second, future research could investigate the influential variables of children on fathers' involvement in the family, as well as the contributing factors of the successful implementation of interventions involving children to increase fathers' involvement in the session and in the family. Additional research on the value father-child relationships have to fathers might provide further explanation for the significance of using interventions involving children to increase fathers' involvement in the family at home.

On another note, results indicated no statistically significant relationship between the interventions and change in the fathers' involvement in the sessions. Future research should examine why the interventions in this study were not found to be effective in creating statistically significant levels of change in the fathers' involvement in the sessions, as well as the possible variables that could influence the success of the interventions. Fathers' involvement in family therapy sessions is important to increasing the success of session and family outcomes. Research should measure the quantitative degree of importance of fathers' involvement to the outcomes of therapy. Furthermore, expansion of the list of interventions to address more strictly matters of involvement in therapy may allow for more specific investigation of effective interventions for increasing fathers' involvement in the session alone.

Moreover, this study primarily addressed the quantity of fathers' involvement in therapy and in their families. However, the amount of fathers' involvement is not the only factor affecting overall family well-being. Research has shown that children of disengaged or negatively engaged fathers are at risk for a host of cognitive, social, and emotional difficulties (Cookston & Finlay, 2006). Father engagement has been defined in many ways but measured primarily in terms of quantity of time spent with children. Still, research consistently

demonstrates that the *quality* of fathers' involvement, in comparison to the sheer *quantity* of contact, is associated with greater positive outcomes for children (Amato, 1998). Therefore, further investigation of fathers' involvement in the family should more specifically geared towards the measurement and evaluation of the quality of fathers' involvement in the family, as well as the exploration of interventions used to enhance the quality of fathers' engagement in the family.

Conclusion

This discovery-oriented study was a beginning step in empirically examining the effectiveness of therapists' interventions in increasing fathers' involvement. We took an in-depth look at the interventions therapists use to facilitate increased father involvement within the therapy sessions and in the family at home. Our findings are a good foundation for further investigation. In order to understand the complex processes that are involved in generating father involvement in therapy sessions and in the family further research must be pursued.

This study is of significance for family therapists because of the importance of the father's role in the family and the clinical value of fathers' participation for successful therapy outcomes. Research indicates that quantity and quality of fathers' involvement in the family has significant effects on the family's overall well-being and functionality. Thus, it is vital for family therapy sessions to be driven with consideration of the need for father inclusion in therapy and family matters. Understanding the key factors of the composition of the father's motivation to participate in the family is crucial for clinicians to effectively intervene in problematic family structures. Therefore, this study sheds new light on the matter of the participation of fathers within family therapy and in the family unit, as well as the techniques most effective in increasing fathers' involvement.

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Table 1

Correlation Matrix for Father Involvement and Interventions

Interventions	Change in Session Involvement	Change in Family Involvement
1.	-.13	.38
2.	-.32	.33
3.	.13	.10
4.	.34	-.34
5.	.36	-.04
6.	.19	-.14
7.	.24	.56*
8.	.18	.07
9.	-.11	-.14
10.	-.03	.42
11.	.21	-.14
12.	-.11	.15
13.	-.29	.47*
14.	.21	.16
15.	.35	.12
16.	.10	.42
17.	.02	.21
18.	.34	.13

Note. * $p < .05$, ** $p < .01$

Table 1 (continued)

Correlation Matrix for Father Involvement and Interventions

Interventions	Change in Session Involvement	Change in Family Involvement
19.	.16	.22
20.	.17	-.17
21.	-.06	-.16
22.	.04	-.08
23.	.33	.18
24.	.42	.12
25.	-.28	.64**
26.	.12	.17
27.	.28	-.03
28.	-.19	.66**
29.	.04	.13
30.	-.39	.68**
31.	-.40	.33
32.	-.24	.72**
Sum of Interventions	.07	.64**

Note. * $p < .05$, ** $p < .01$

Table 2

Correlation Matrix for Father Involvement and Intervention Groups

Subscale	1	2	3	4	5	6
1. Interventions directed to father	-	.64**	.03	.22	.16	.39
2. Interventions directed to mother		-	.45	.22	.21	.40
3. Interventions directed to mother and father			-	.21	.26	.28
4. Interventions involving children				-	-.41	.57*
5. Percentage of Change in Father's Involvement in the Session					-	-.05
6. Percentage of Change in Father's Involvement in the Family						-

Note. * $p < .05$, ** $p < .01$

Table 3

Average Ratings for Father Involvement and Standard Deviations

	Mean	Standard Deviation
Beginning Session Involvement	5.12	1.05
Beginning Family Involvement	3.95	1.08
End Session Involvement	5.95	.78
End Family Involvement	5.26	.87
Percentage Change in Session Involvement	12.05	12.07
Percentage Change in Family Involvement	19.63	17.36

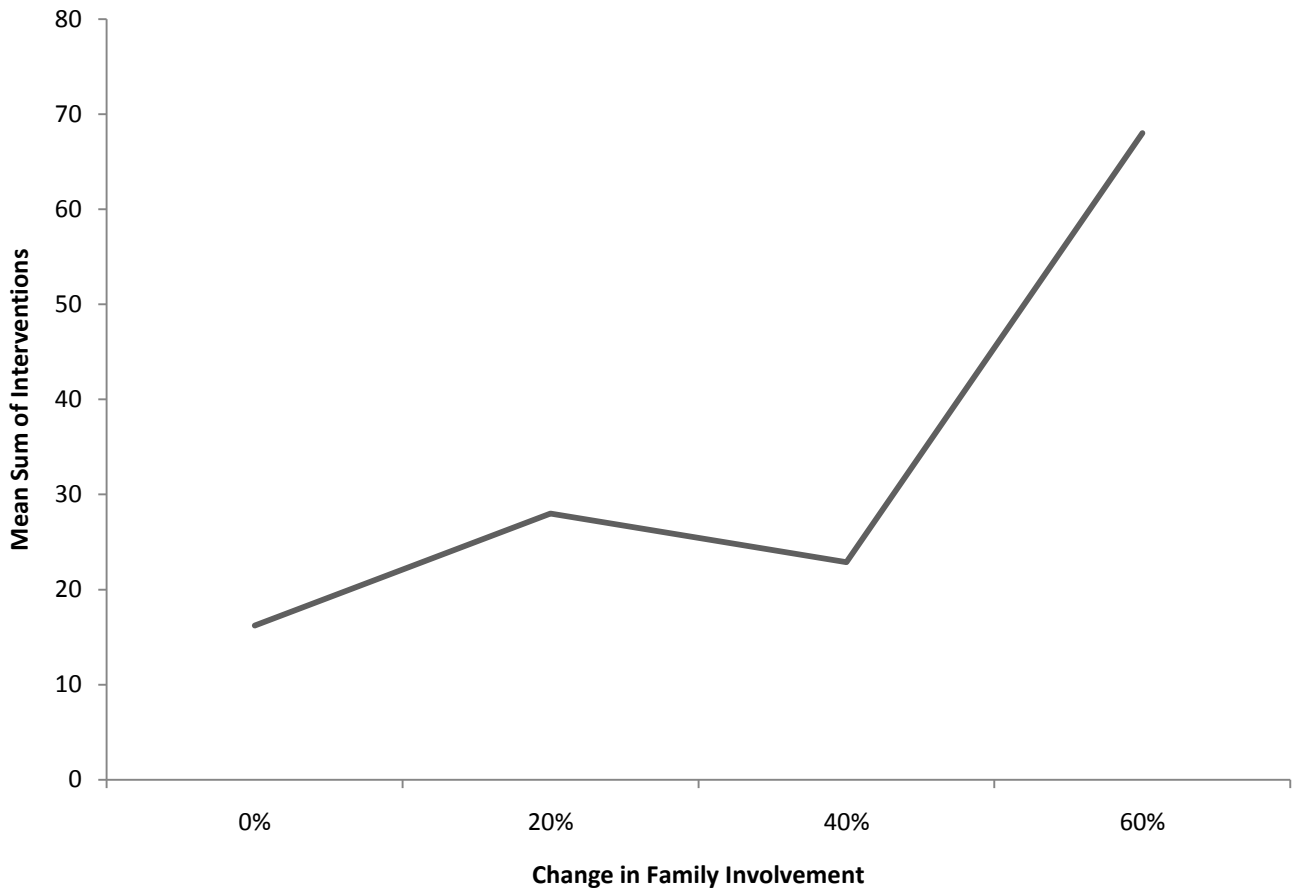


Figure 1. Mean proportion sum of all interventions designed to increase father involvement used as a function of percentage of predicted change in fathers' family involvement.

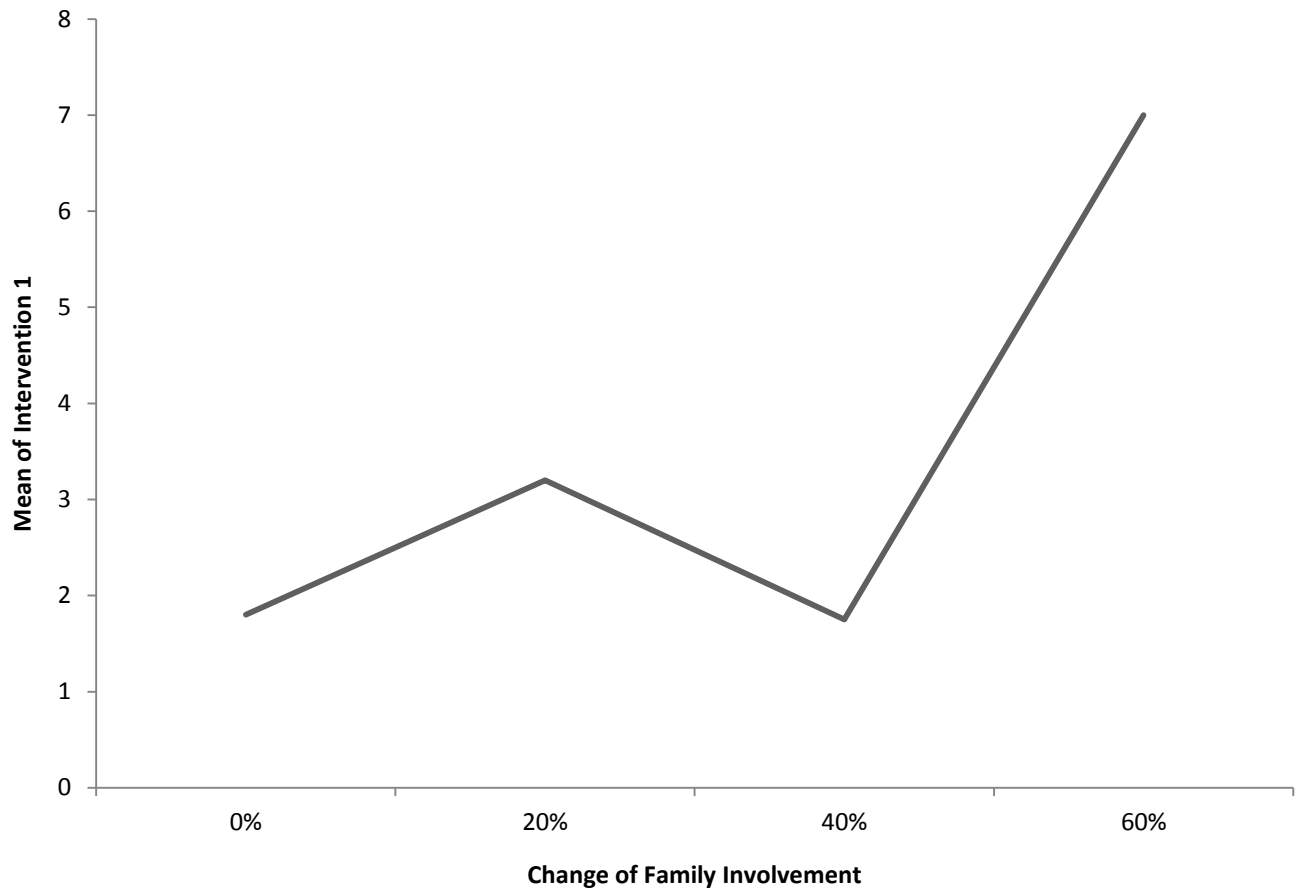


Figure 2. Mean proportion of intervention 1 as a function of percentage of predicted change in fathers' family involvement.

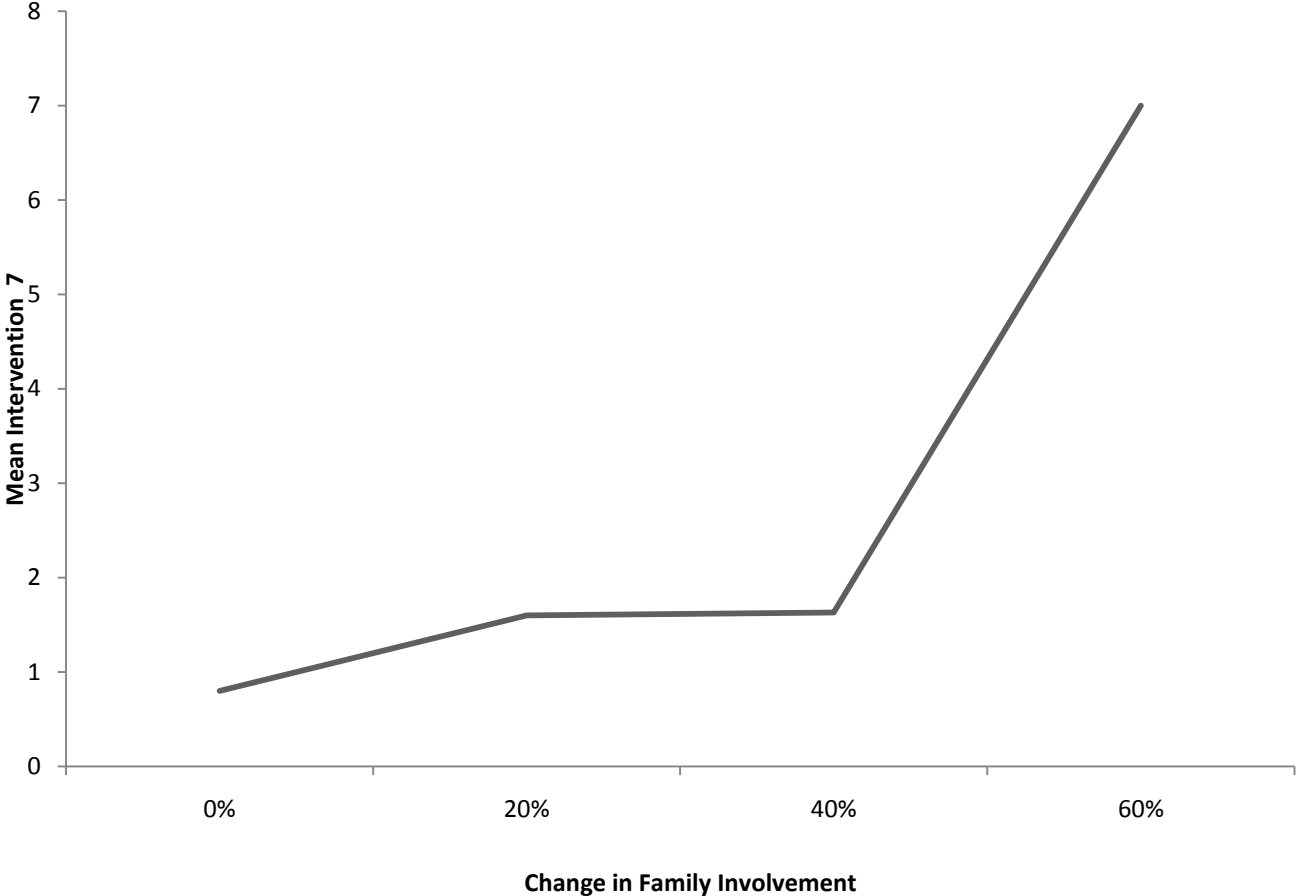


Figure 3. Mean proportion of intervention 7 as a function of predicted change in fathers' family involvement.

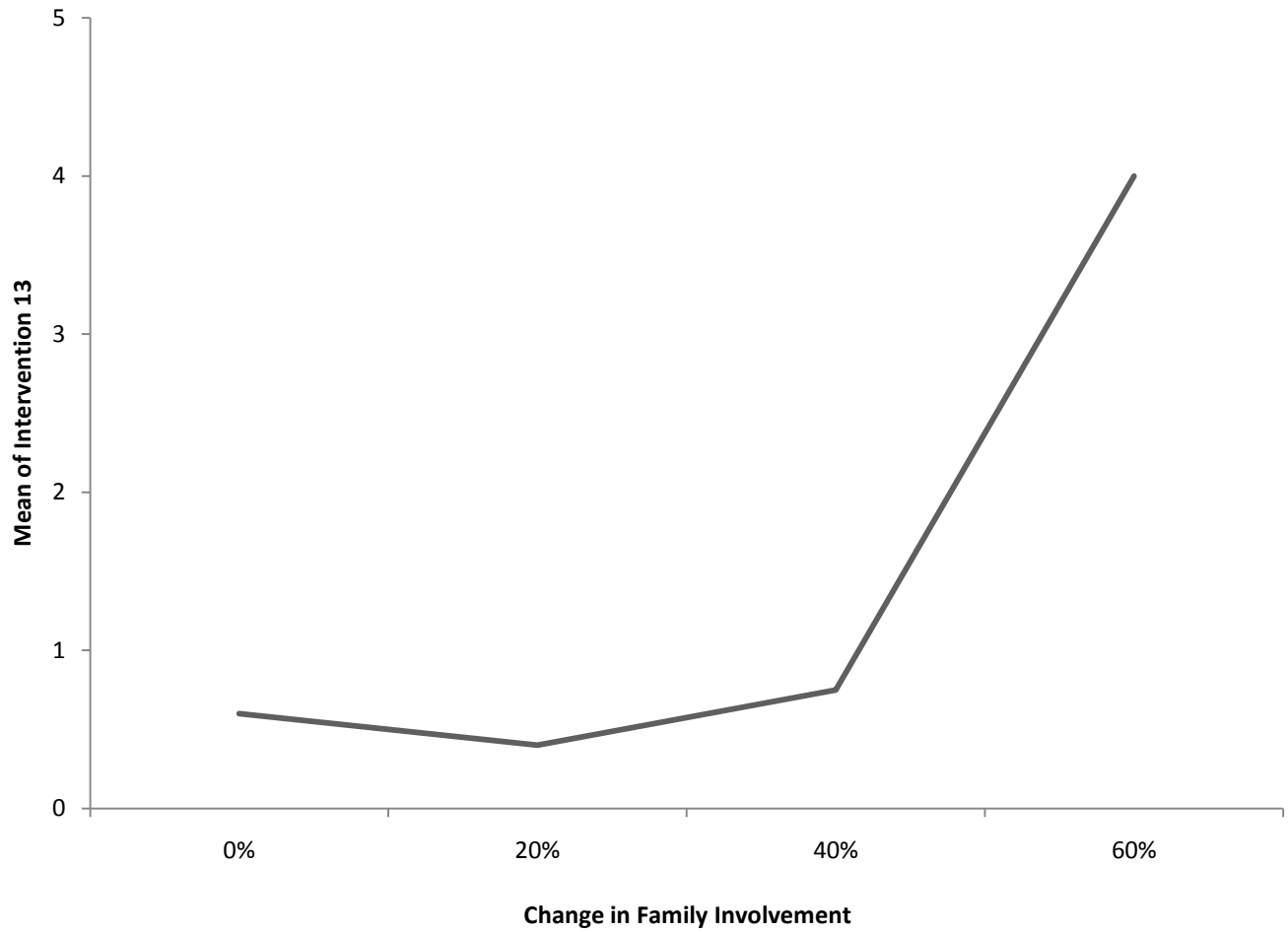


Figure 4. Mean proportion of intervention 13 as a function of predicted change in fathers' family involvement.

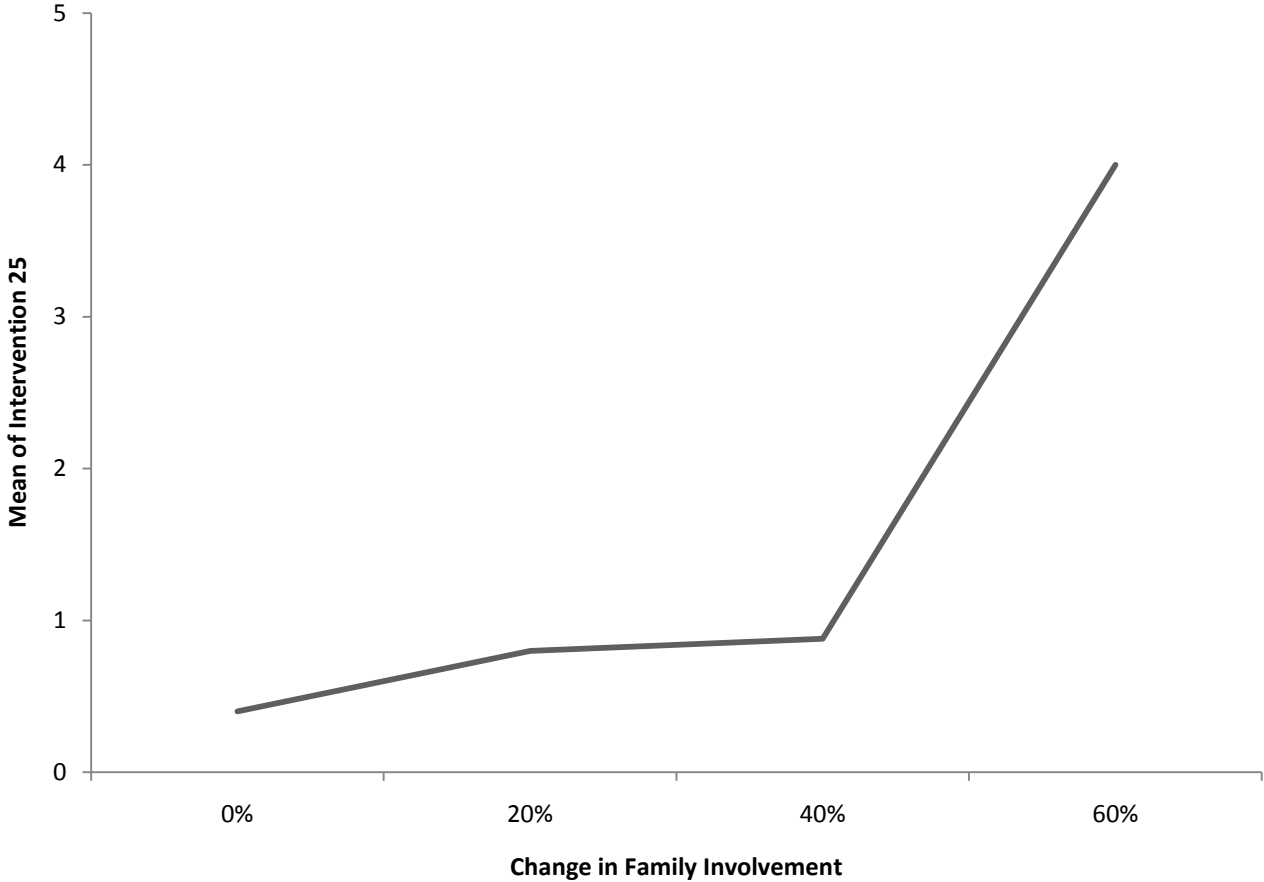


Figure 5. Mean proportion of intervention 25 as a function of predicted change in fathers' family involvement.

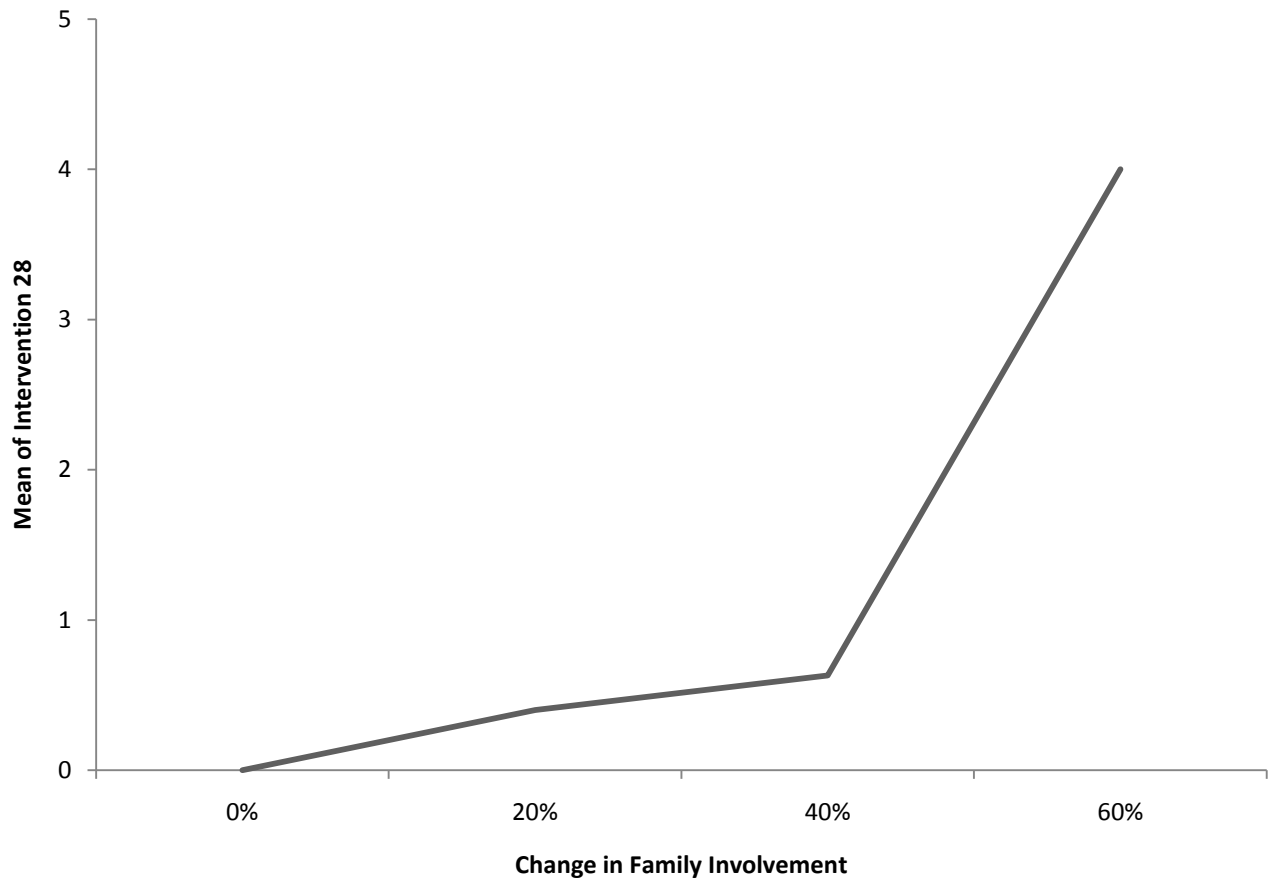


Figure 6. Mean proportion of intervention 28 as a function of predicted change in fathers' family involvement.

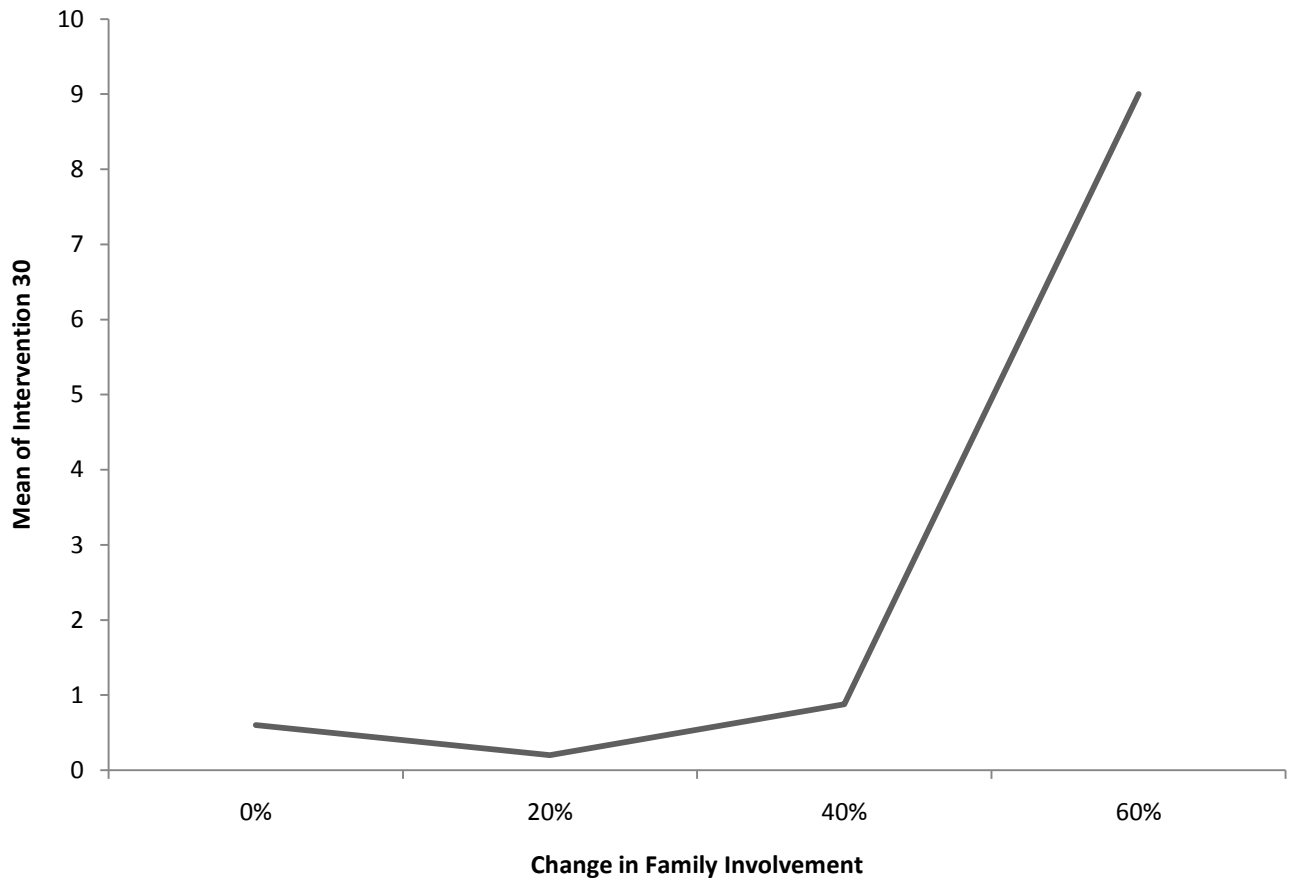


Figure 7. Mean proportion of intervention 30 as a function of predicted change in fathers' family involvement.

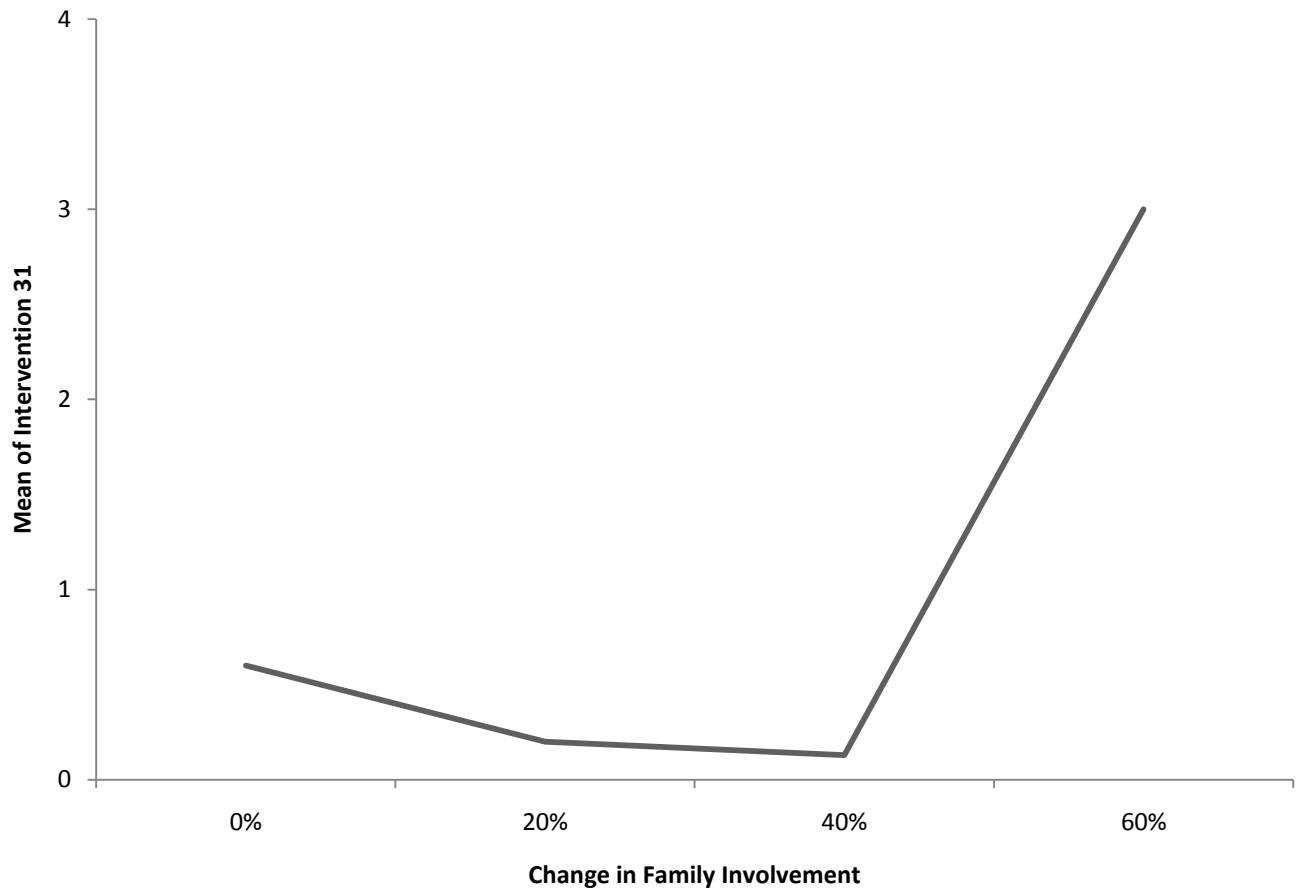


Figure 8. Mean proportion of intervention 31 as a function of predicted change in fathers' family involvement.

Appendix A. Rating scale for father involvement in the family.

1	2	3	4	5	6	7
Very Uninvolved	Moderately Uninvolved	Somewhat Uninvolved	Neutral	Somewhat Involved	Moderately Involved	Very Involved

1. Very Uninvolved: The father appears to be disengaged in the family with no apparent interest and involvement in his role as a husband and father.
2. Moderately Uninvolved: The father appears to be moderately disengaged in the family with little apparent interest and involvement in his role as a husband and father.
3. Somewhat Uninvolved: The father appears to be somewhat disengaged in the family with relatively little apparent interest and involvement in his role as a husband and father.
4. Neutral
5. Somewhat Involved: The father appears to be somewhat engaged in the family with relatively some apparent interest and involvement in his role as a husband and father.
6. Moderately Involved: The father appears to be moderately engaged in the family with a moderate amount of apparent interest and involvement in his role as a husband and father.
7. Very Involved: The father appears to be highly engaged in the family with a large amount of apparent interest and involvement in his role as a husband and father.

Caution: Definitions of the numbers are merely used for reference. Pay more attention to the numerical order of the rating scale than the wording of the definition.

Appendix B. Rating scale for father involvement in the session.

1	2	3	4	5	6	7
Very Uninvolved	Moderately Uninvolved	Somewhat Uninvolved	Neutral	Somewhat Involved	Moderately Involved	Very Involved

1. Very Uninvolved: The father speaks very little or not at all and is not engaged in the session. He shows very little interest in the discussion and does not interact with the therapist or the family.
2. Moderately Uninvolved: The father speaks only a little in the session and seems moderately disengaged and disinterested in the discussion.
3. Somewhat Uninvolved: The father speaks a little, but seems relatively uninvolved in the discussion.
4. Neutral
5. Somewhat Involved: The father speaks several times in the session and seems to be somewhat interested and engaged in the discussion.
6. Moderately Involved: The father speaks many times and is relatively engaged in the discussion.
7. Very Involved: The father speaks a lot and serves as an interested and active participant in the session.

Caution: Definitions of the numbers are merely used for reference. Pay more attention to the numerical order of the rating scale than the wording of the definition.

Appendix C. List of interventions aimed at increasing fathers' involvement.

Session:

Family Members:

Presenting Complaint:

Therapist:

List of Therapist Interventions:

1. Enactment: initiates a dialogue with father and other family members.

Interventions directed to father:

2. Asks father's opinion about family matters.
3. Encourages father to get involved (suggests that father needs to get more involved).
4. Asks father how he can be more helpful to other family members.
5. Praises father's parenting behavior.
6. Praises father's participation in the session.
7. Invites father's complaints about his wife and children.
8. Encourages father to express his thoughts and feelings to his wife.
9. Inquires about developmental background of father's attitude about parenting.
10. Interprets father's withdrawal as an escape from family interactions.
11. Asks husband what he does to make his wife angry and/or not receptive.

Interventions directed to mother:

12. Asks wife's opinion about father's involvement in family.
13. Points out mother's interference with father's parenting behaviors.
14. Points out mother's criticisms and negative comments to father.
15. Points out mother's dismissal of father's participation in the session.

Appendix C (continued).

16. Inquires why wife is not receptive to her husband.
17. Points out mother's contribution to father's disengagement.
18. Encourages mother to ask father about his thoughts and feelings.
19. Points out mother's enmeshment with children.
20. Asks mother what she can do to help the father get more involved.
21. Asks about the developmental history of the mother's negative expectations of the father.
22. Points out that mother's experience with her parents influences her negative expectations of father.

Interventions directed to father and mother:

23. Encourages husband and wife to get closer as a couple.
24. Encourages father and mother to work together as a team.
25. Points out that father and mother are not working as a team in parenting.
26. Points out that husband and wife are not working as a team in their relationship.
27. Asks if they are close as a couple (if they spend time together doing couple's things).

Interventions involving children:

28. Points out children's disrespect of father.
29. Asks mother about children's disrespect of father.
30. Asks child to describe his/her interaction with father.
31. Asks child to describe his/her history of interaction with father.
32. Encourages children to get involved with father.

Appendix D. List of videotaped family therapy sessions used for data collection.

Session Title:	Therapist:	Family Members	Presenting Complaint
Family with 2 Hyper Kids: Session 1	Salvador Minuchin	Caucasian family: mother, father, 2 sons (ages 6 & 11)	Behavioral problems of ADHD 11yr-old son
Family with 2 Hyper Kids: Session 2	Salvador Minuchin	Caucasian family: mother, father, 2 sons (ages 6 & 11)	Behavioral problems of ADHD 11yr-old son
Hearing Voices	Salvador Minuchin	Mixed-race family: mother, father, teenage daughter	Paranoid Schizophrenic mother with dependence on heroin and cocaine
Father's Rage	Salvador Minuchin	Caucasian family: mother, father, teenage daughter, 3 sons	Suicidal behavior of teenage daughter
Teenager Who is Liar: Session 1	Salvador Minuchin	Caucasian family: mother, father, 2 daughters (ages 2 & 13)	Oppositional Defiant Disorder and compulsive lying of 13yr-old daughter
Teenager Who is Liar: Session 2	Salvador Minuchin	Caucasian family: mother, father, 2 daughters (ages 2 & 13)	Oppositional Defiant Disorder and compulsive lying of 13yr-old daughter
Taming Monsters	Salvador Minuchin	Caucasian family: mother, father, 2 daughters (ages 2 & 4)	Behavioral and disciplinary problems with both daughters
Father Shaming Son	Michael Nichols	Caucasian family: mother, father, 14yr-old adopted son in session, 20yr-old daughter not in session	Oppositional Defiant Disorder of son
Nina & Nelson	George Simon	Puerto-Rican cohabitating boyfriend and girlfriend, woman's 16yr-old son not in session	ADHD son, couple's relational problems
Prisoners or Jailers	Salvador Minuchin	Caucasian family: mother, father, 2 sons (ages 4 & 5)	Oppositional Defiant Disorder for both sons
Bipolar 14yr-old: Morning Session	Salvador Minuchin	Caucasian family: mother, daughter, 14yr-old daughter, 3 younger sons	Bipolar daughter
Bipolar 14yr-old: Afternoon Session	Salvador Minuchin	Caucasian family: mother, daughter, 14yr-old daughter, 3 younger sons	Bipolar daughter
Dean's Family: Session 1	Salvador Minuchin	Irish family: mother, step-father, and 18 yr-old son	Emotional outbursts in developmentally delayed son

Appendix D (continued).

Session Title:	Therapist:	Family Members	Presenting Complaint
Dean's Family: Session 2	Salvador Minuchin	Irish family: mother, step-father, and 18 yr-old son	Emotional outbursts in developmentally delayed son
Northwind	Michael Nichols	Caucasian family: mother, father, children not in session	PTSD hospitalization of father
Misunderstood	Stephanie Fellenberg	Caucasian family: mother, father, 3 sons (ages 4, 6, 7)	Behavioral problems/ADHD of 4yr-old son
Pursuing Woman & Distancing Man: 1 st of 6 Family Therapy Sessions	George Simon	African-American father, Hispanic mother, children not present in session	Relational conflicts
Heroin Addict Father: 4 th of 6 Family Therapy Sessions	George Simon	Hispanic family: mother, father, 2 teenage daughters in session, 2 sons not in session	Father's heroin addiction, disrespectful daughters
Father with 2 Families	David Greenan	Caucasian family: remarried father and two adult daughters	Family feud: remarried father alienated from his first family