



EVERY CHILD
SUCCEEDS

Adapting a Co-Parenting Prevention Program to Home Visiting: The Family Foundations Trial

Robert T. Ammerman, Ph.D.

Cincinnati Children's Hospital Medical
Center & Every Child Succeeds)

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Colleagues and Collaborators

- Mark E. Feinberg, Ph.D. (Pennsylvania State University)
- Kari-Lyn K. Sakuma, Ph.D. (Oregon State University)
- Judith B. Van Ginkel, Ph.D. (Cincinnati Children's Hospital Medical Center & Every Child Succeeds)
- Angelique R. Teeters, Psy.D. (Cincinnati Children's Hospital Medical Center & Mercy Health Systems)



Common Elements in Home Visiting

- Enrollment early in the child's life
- Engagement of mothers (and fathers) early in their parenting roles
- Strengthening protective factors & mitigating risk factors to promote positive trajectory
- Multiple strategies, comprehensive curricula
- Frequent contact and extended duration

Unique Opportunities-I

- Engaging mothers & families early in child's brain development and emerging cognitive capacities
- Engaging families when they are most open to and seeking of information and help
- Reaches families who struggle to consistently attend center-based programs
- Home is excellent setting in which to address parenting issues

Unique Opportunities-II

- Relationship between mother and home visitor can be leveraged to optimize parenting
- Extended contact permits addressing of parenting across development
- Parenting is addressed along with other important issues
- Improving other aspects of maternal and family functioning also boosts parenting

ELEMENTS OF HOME VISITING

Referral

Frequent home visits that taper
Graduation and transition

Nurses

Bachelor's level
Associate's level
Paraprofessionals

Healthy pregnancy &
birth outcomes

Child development

Child health

Nurturant parenting

Attachment

Stimulating environment

Maternal lifecourse

Information

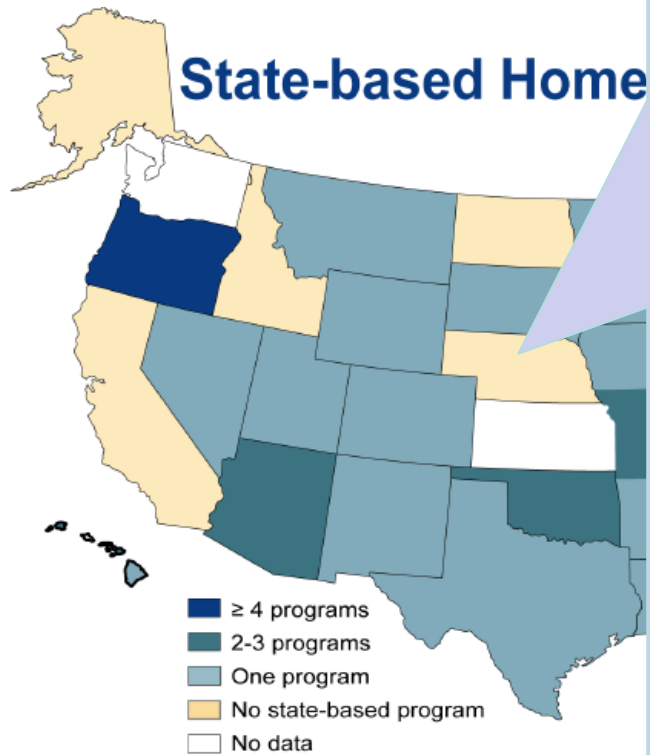
Modeling

Guided practice

Links to community



Families Served Annually: est. 650,000



AFFORDABLE CARE ACT
Maternal, Infant and Early
Childhood
Home Visiting Program (MIECHV)
Managed by HRSA and ACF
\$1.5 billion over 5 years, extended
for two years

Source: Home visiting survey, 2007. National Center for Children in Poverty www.nccp.org

Kay Johnson, Results of Home Visiting Survey, NCCP Webinar December 2, 2008

Every Child Succeeds

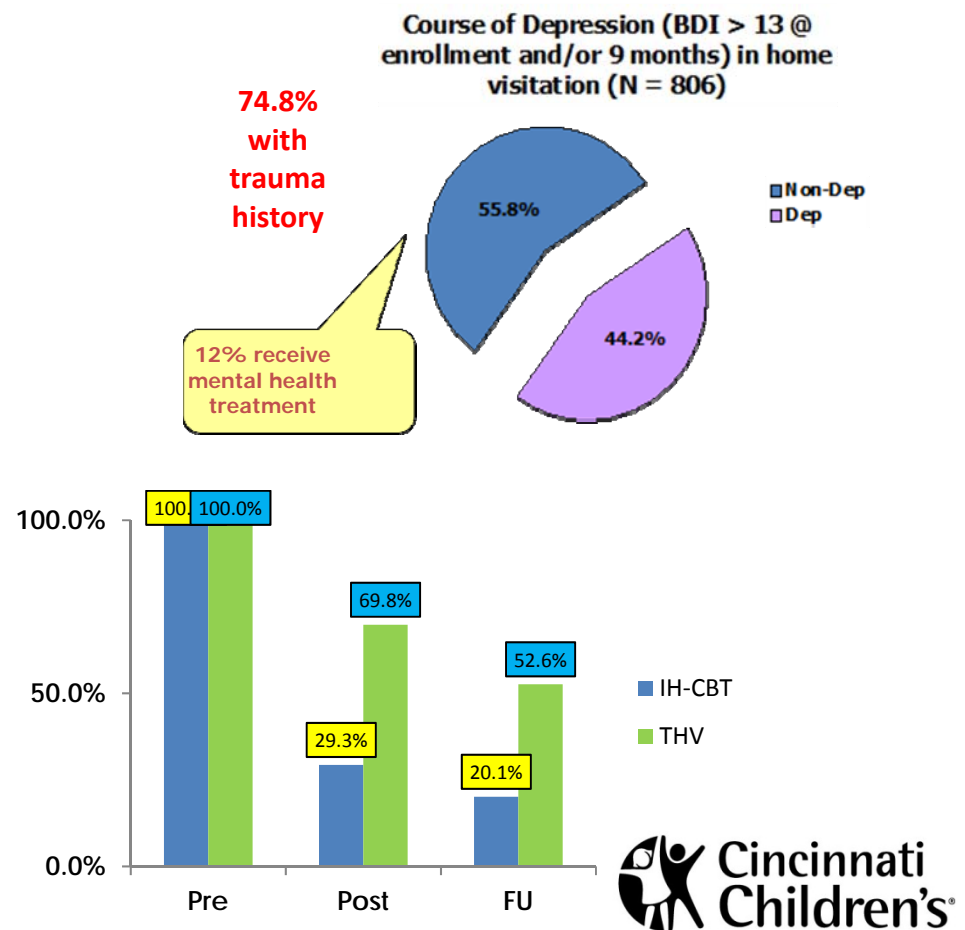


- Collaboration between Cincinnati Children's Hospital Medical Center, United Way, and 9 community agencies
- Three home visiting models: Healthy Families America, Nurse-Family Partnership, Early Head Start
- Enrolled prenatally and postnatally and can continue to receive services until the child is 3 years of age
- 1st time and 2nd + time mothers and fathers with demographic risks in southwestern Ohio and Northern Kentucky
- Since 1999: 24,000 families and 525,000 home visits

OPTIMIZE DEVELOPMENT
PREVENT ABUSE
PROMOTE ATTACHMENT
NURTURING ENVIRONMENT
STIMULATING HOME
MEDICAL HOME
IMMUNIZATIONS
EMERGING LITERACY
SMOKING CESSATION
SUBSTANCE ABUSE
EDUCATION
EMPLOYMENT
HEALTHY RELATIONSHIPS
SOCIAL SUPPORT

An Example of Enhancing Home Visiting Programs: Moving Beyond Depression™

- In-Home Cognitive Behavioral Therapy
- Diagnosed with Major Depressive Disorder
- 15 weekly sessions with a booster session one month later.
- Treatment provided by a Master's level therapist
- Supervision provided by a team leader
- Explicit collaboration with the home visitor to optimize treatment outcomes



Focus Groups with Fathers, Mothers, & Home Visitors



- Learn about experiences of fathers in home visiting
- Ascertain common issues among mothers and fathers in home visiting
- Solicit both parental and home visitor perspectives
- Adapt evidence-based co-parenting program (Family Foundations) for clinical trial

7 couples.....all enrolled in home visiting & baby ≤ 1 yr

Mother and Father Demographics

	Mother	Father
Age	18-22	18-22
Race	Cauc=2 AA=5	Cauc=1 AA=6
HS degree	yes=7	yes=6
Employed	yes=2	yes=3
Marital Status		
married		1
unmarried, cohab.		6

Home Visitor Demographics

- 10 home visitors
- Mean age=38.3 (26-54)
- Caucasian=7, African American=2, Biracial=1
- Bachelors degree=9, masters degree=1
- Years experience as HV: 7.3 (1-13)

Expectations and Realities

- Tangible needs underappreciated [F, M, HV]
- Fathers more likely to anticipate that it will be easy [HV]
- Dad's look forward to child being older [F, HV]
- Younger fathers more disengaged from process [HV]

Living Apart

- Father perceived by mother as less committed [HV]
- Father involvement with child is intermittent [F, M, HV]
- Mothers are less trusting of fathers' caregiving abilities [F, M, HV]
- Mother is a gatekeeper who can control father access [HV]
- Other children and relationships is a complicating feature and potential source of conflict [F, M, HV]

Family Support

- Families can be very supportive (tangible and emotional) [F, M, HV]
- Approval and respect from families is highly valued by mothers and fathers [F, M]
- Cultural values and practices are important [HV]
- Other children and relationships diffuse resources [M, HV]
- Families can abandon couples [HV]
- Mothers and fathers feel judged by family [F, M]
- Families can reject father and be a gatekeeper for father access [F, M, HV]

Negotiating Roles

- Belief in fair distribution of responsibilities [F, M, HV]
- Father denied role or perceived “mixed messages” [F, M, HV]

Fathers and Home Visiting

- Home visiting is helpful [F, M]
- Home visitors are a source of positive energy [F, M]
- Home visitors provide specific help to fathers [F]
- Important to engage fathers early [F, HV]
- Less of a role for fathers prenatally [HV]
- Home visitors care more about mothers than fathers [F]
- Concern about another male in the home [F]
- Home visiting is for mothers and children only [F, HV]

Communication and Conflict

- Benefits of talking together [F, M, HV]
- Diffusion of tense situations [F, M, HV]
- Avoidance & unresolved conflict [F, M, HV]
- Passive-aggressive strategies [F, M, HV]
- Need more intensive approach to learning communication and conflict resolution skills [F, M, HV]

What we learned

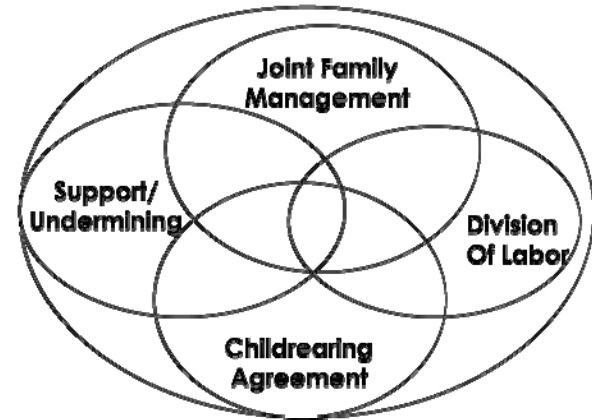
- Challenges are amplified by poverty, low resources, adverse childhoods, and poor role models
- Issues related to communication and conflict resolution are among the most significant faced by couples in home visiting
- Home visiting is an opportunity to engage fathers, particularly during pregnancy and shortly after the baby's birth
- Engaging fathers requires individualized targeting and rebranding to explicitly create a welcoming setting

Family Foundations: Basic Principles

- Transition into parenthood is challenging but also offers opportunities
- Mothers and fathers want to be good parents
- Teaching the skills needed to build a co-parenting relationship can be taught
- A strong co-parenting relationship is good for the child, mother, and father
- A strong co-parenting relationship can prevent negative family outcomes
- **BASED ON PREVENTION SCIENCE**

Family Foundations

- Universal prevention program for first-time, expectant parents
- Provides both prenatal and postnatal classes, originally designed to be delivered in a group setting led by both female and male facilitators
- Designed to promote successful co-parenting
- Classes include a mix of video vignettes, worksheets, power point slides, and discussion



Curriculum domains

- Working as a team
- Understanding emotions in parents and babies
- Communication around parenting
- Supporting each parent's confidence in their new role
- Keeping parents' relationship strong

2 CLINICAL TRIALS HAVE ESTABLISHED THE EFFICACY OF FF

Features of Family Foundations

- 11 weekly sessions, 6 prenatal & 5 postnatal (2 months after birth)
- Male and female facilitators
- Highly structured and manualized
- Skills building
- Experiential exercises
- Repetition and overlearning
- Culturally relevant
- Building a team on behalf of the child
- DVD vignettes, role playing, engaging discussion



Adaptions to FF Curriculum

- Provided in the home
- Prenatal or postnatal enrollment
- More experiential activities to make concepts more concrete and fun
- Decrease in use of acronyms and use of repetition for those that remained – **FTC**
- Simplified worksheets
- Repetition, repetition, repetition
- Two father sessions with male facilitator
- Role of father in home visiting



Collaborating with Home Visitor

- Recruitment and engagement
- Scheduling assistance
- Provision of historical information
- Problem-solving environmental issues
- Identifying other needed services

Implementing Family Foundations in the Home

Opportunities

- Convenience for families
- Ability to observe environmental context
- Greater comfort for families

Challenges

- Environmental issues
- Others in the home
- Trying to create a “professional space”

One on One Father Sessions

- Two throughout course of intervention
- Opportunity for fathers to talk about expectations for parenthood
- Sharing concerns and engaging in problem solving
- Providing resources
- Common themes
 - Anxiety about becoming a father but also excited
 - Desire to “be there” for their child
 - Lack of male role model for how to be a father
 - Concerns over providing for their child

Session by session progression

- S1: Building a strong team
- S2: First the child
- S3: Feelings
- S4: Conflict
- S5: Communication
- S6: Here we go!
- First father one-on-one



Prenatal or postnatal

Session by session progression

- S7: Adjusting to parenthood
- S8: Security and stress
- S9: Parenting
- S10: Support
- S11: Parenting team
- Second father one-on-one



Postnatal

Emphasized themes

- First the Child
- Team
- Breathing
- Speak Out-Listen Up
- Awareness and recognition of emotions
- Experience and practice doing
- Reviews and reminders

Challenges in Implementing FF in Home Visiting

- Insufficient courtship and relationship instability
- Clinical issues and childhood maltreatment history
- Fathers and mothers with multiple children
- Domestic violence
- Influence of other family members
- Service disruption

Questions, Comments, Discussion



Contact information:

Robert T. Ammerman

E-mail: Robert.Ammerman@cchmc.org

Mark Feinberg

E-mail: mef11@psu.edu

Family Foundations website:

<http://www.famfound.net/>

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