

Preliminary Evaluation of an Intervention Program for Maltreating Fathers

Katreena L. Scott, PhD

Claire V. Crooks, PhD

Caring Dads: Helping Fathers Value Their Children is a unique intervention program designed specifically for men who have maltreated their children and/or who have exposed their children to abuse of their mother. Over a 17-week period, this group targets change in the use of abusive parenting strategies, in attitudes and beliefs that support unhealthy parenting, and in men's appreciation of the impact of violence on children. Herein, we apply a comprehensive evaluation framework to the *Caring Dads* program. We present evidence that *Caring Dads* meets a need, has a sound theoretical basis, and can be implemented in a way that meets the needs of stakeholders. Data showing initial support for positive outcomes among fathers participating in *Caring Dads* are also presented. [*Brief Treatment and Crisis Intervention* 7:224–238 (2007)]

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For many years, fathers have fallen through gaps in the services we provide to children and families reported for child maltreatment. Fathers begin to disappear from our understanding of child maltreatment in summary statistics from national incidence studies that highlight the predominance of mothers over fathers as perpetrators of child maltreatment, but do not account for the high proportion of single-parent, mother-headed families on child welfare caseloads. When two-parent families are investigated, fathers substantially out-

number mothers as perpetrators of both physical abuse and emotional abuse (Trocmé et al., 2001). Fathers next disappear from intervention services. In frontline practice, fathers are often viewed as either unimportant, or conversely, as inherently dangerous to children and are thus excluded from services (Scourfield, 2001). As a result, mothers end up being assessed, monitored, and provided with intervention even when fathers are the identified perpetrators of abuse in a family.

Gaps in services to fathers have become even more apparent in the past few years as child-protective services have begun to include child exposure to domestic violence as a concern worthy of investigation. Although both men and women use physical aggression in their intimate relationships, fathers predominate over mothers as perpetrators of severe, fear-provoking,

From the Chair, School and Clinical Child Psychology Program, OISE/University of Toronto, CAMH Centre for Prevention Science.

Contact author: Katreena L. Scott, OISE/University of Toronto, 252 Bloor St. W., Toronto, Ontario, Canada M5S 1V6. E-mail: kscott@oise.utoronto.ca

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injury-causing spousal violence. Consequently, fathers predominate as perpetrators of children's exposure to domestic violence.

Failing to identify and address the needs of maltreating fathers is problematic for all members of the family. Without intervention, children in these families continue to be at risk for further victimization. This risk exists regardless of whether fathers continue to live with their children, see them only on access visits, or become caregivers for children of other mothers (Scott & Crooks, 2004). Focusing child protection efforts on the mother-child relationship also has some unintended negative consequence for women. Most importantly, this strategy of service has resulted in mothers being held solely responsible for the health, safety, and well-being of the families' children, regardless of whether or not they are responsible for their abuse (e.g., Kantor & Little, 2003; Peled, 2000). For example, mothers are often held accountable for ensuring that children are kept away from their fathers or are safe during access transfers and visits. Finally, lack of intervention with fathers limits men's capacity to improve their relationships with their children and families and to become more satisfied in their fathering role.

As the fields of child maltreatment and domestic violence converge and as we have gained awareness of the role that both parents play in ensuring child safety and well-being, the need for integrative interventions for fathers that simultaneously address child maltreatment and domestic violence has become paramount. The *Caring Dads: Helping Fathers Value Their Children* intervention program is one of the first programs designed specifically to address the need for appropriate interventions for fathers who have abused or neglected their children and/or fathers who have perpetrated domestic violence (Scott, Francis, Crooks, & Kelly, 2006). The current paper reports on the initial implementation and evaluation of this program using a comprehensive evaluation framework.

The *Caring Dads* Program

Caring Dads is a 17-week group intervention model that aims to help men end the use of abusive parenting strategies; recognize attitudes, beliefs, and behaviors that support healthy and unhealthy father-child relationships; and understand the impact of child maltreatment and domestic violence on children (Scott, Francis, Crooks & Kelly, 2006). The *Caring Dads* program is unique in many ways. First, this is one of the few groups specifically designed for maltreating fathers. Participants include fathers who have been identified as abusive by the formal legal or child protection system, those who are exposing their children to domestic violence, and those who have not been formally identified in the legal context but whose manner of relating to their children and families place them at high risk for perpetration of abuse according to referral agents (e.g., fathers who are overly hostile and controlling toward their children).

Second, in recognition that intervention with this client group may have unintended and undesirable impacts on children and women (e.g., a father who has not made any change in his behavior may use his participation in group to argue for greater access to his children), the *Caring Dads* intervention model is guided by a set of accountability principles that hold the safety and well-being needs of children and children's mothers as primary (see Scott, Francis, Crooks, Paddon, & Wolfe, 2006). These accountability principles require, among other things, that the *Caring Dads* program make decisions around intervention with the needs of children and children's mothers in mind, that facilitators proactively monitor and respond to fathers' unhealthy and abusive behaviors, and that feedback is provided to referral agents so that men's participation in *Caring Dads* has the potential to benefit children independent of men's progress. Accordingly, the *Caring Dads*

TABLE 1. Levels of Comprehensive Evaluation

Level/purpose	Research questions	Evidence used in current evaluation
Need	Is the program filling a service gap/meeting a need in the community?	Literature review, referral patterns, community investment, and requests for program from other communities
Theory	Is there sufficient evidence for the theories underlying the program?	Semistructured interview assessing patterns of risk in 45 men referred to the program.
Process	Is the program being implemented successfully so that it meets the needs of clients and stakeholders?	Rates of attrition and interviews with referral agents from the community
Outcome	Do clients make gains in desired areas from pre- to postintervention?	Examination of change from pre- to postintervention in 23 clients
Efficacy and efficiency	Do members of the target group make more gains in this program than they would have without a program, or in a different program, and are such gains achieved at a lower cost?	Not evaluated

intervention model involves significant collaboration and feedback with referral agents and contact with children's mothers for safety planning, support, and referral.

Finally, the content of the *Caring Dads* program is distinct in that it derives from an integration of literatures on parenting, child maltreatment, change promotion, and batterer intervention (Scott & Crooks, 2004). As such, the *Caring Dads* program has motivational elements of a readiness program (e.g., helping men identify discrepancies between their current and desired fathering), educational elements of a traditional parenting education program (e.g., how to listen to children), and accountability aspects of a batterer intervention program (e.g., challenging men to critically examine their behavior) (Crooks, Scott, Francis, Kelly, & Reid, 2006).

Comprehensive Program Evaluation

Novel intervention programs, such as *Caring Dads*, should be evaluated using a comprehensive program evaluation framework. Comprehensive evaluation recognizes that there are

numerous steps required in empirically examining the development and implementation of a program (Rossi, Freeman, & Lipsey, 2003). That is, well before a program can be tested for efficacy in a randomized control trial, there are a number of foundational components that require evaluation. These foundational components include identification of the need for a particular program, examination of theory, and assessment of process, followed by evaluation of outcome, efficacy, and efficiency of intervention (see Table 1).

The first level of comprehensive evaluation concerns the "need" for the program. In other words, it is necessary to establish that the program is meeting a need or filling a service gap in the community. Data relevant to answering this question include formal needs assessment surveys, examination of referral patterns, and tracking community stakeholder involvement and support. The second level of evaluation involves scrutiny of the "theory" behind the intervention. As argued by Lipsey and Cordray (2000), evidence must be gathered to determine if the conceptualization and design of a program reflects valid assumptions about the nature of

the target problem and its resolution. A range of data may support underlying program theory, including clinical descriptions of cases, studies documenting differential attitudes, skills, or personality features in the target population versus the nontarget population, and research showing that change in specified variables relates to change in the target behavior. At the third level of program evaluation, the “process” of intervention must be examined to evaluate whether the program can be reasonably implemented in a way that meets the needs of the target client group and community stakeholders. Client satisfaction surveys, community feedback meetings, monitoring of program fidelity, and client retention rates are all relevant to this level of evaluation. “Outcomes” of the program are the focus of the fourth level of comprehensive program evaluation. Here, key questions concern whether clients have made gains in desired areas as a result of program participation. On the basis of these preceding steps, evaluation of program “efficacy” and “efficiency” can occur. In these final levels of evaluation, stringent scientific criteria are used to establish whether the program results in greater change among clients attending intervention than among those not attending intervention, and whether gains come at equivalent or lower costs than those associated with existing services. As recently demonstrated by Bowen and Gilchrist (2004) in application to interventions for domestic violence, it is only through careful integration of these five domains that it becomes possible to understand what works, for whom, and under what conditions (see also Lispey & Cordray, 2000).

In the current study, emphasis is placed on evaluation of the *Caring Dads* program at the first three levels of evaluation (i.e., need, theory, and process), with some preliminary data presented on the fourth level (outcomes). In particular, attempts are made to answer the following questions: (a) Is there evidence that the

Caring Dads program is meeting a need in the community? (b) Is there sufficient evidence for *Caring Dads*’ foundational theories about the nature of father–child maltreatment? (c) Is there evidence that *Caring Dads* meets the needs of clients and stakeholders? and (d) Do clients appear to be making gains in desired areas from pre- to postintervention?

Level 1: Is There Evidence That the *Caring Dads* Program Is Meeting a Need in the Community?

A review of recent literature clearly reveals that there is a general need for programs that engage maltreating and at-risk fathers. Neglect of fathers in the child welfare system was recently emphasized in an ethnographic study by Scourfield (2001) and in a major report by the National Family Preservation Network (2001). Similar difficulties have been documented with reference to fathers’ involvement in more general parenting programs (Duggan et al., 2004; Hofferth, 1999). Some of the reasons for bias in service include perceptions of fathers as unimportant or dangerous, lack of training and materials for working with fathers, the absence of policies supporting father involvement, and a dearth of programs available to help fathers address parenting issues (Scourfield, 2001; National Family Preservation Network, 2001). Thus, at a general level the *Caring Dads* program is filling a gap in service identified in the literature. In addition, three pieces of evidence suggest that the *Caring Dads* program is meeting a need in the communities in which it has been implemented. These include the following: (a) number and range of referral sources; (b) community involvement in terms of volunteer hours; and (c) interest in the program from other sites.

First, the extent to which the community of service providers perceived a need for the *Caring Dads* intervention program for fathers is reflected in the early and current referral

patterns in the city of London in Ontario, Canada (population base 450,000), where the *Caring Dads* program was developed (although a number of communities now offer the *Caring Dads* program, the data and statistics reported in this article pertain to the London site unless otherwise noted). Between the fall of 2003 and 2004 (the second year of the program), 105 men were referred to the *Caring Dads* program, greatly outnumbering the number of treatment slots available during that same period. Currently, the London *Caring Dads* site runs three to four concurrent groups with approximately 15 men per group. Initially, referrals were almost exclusively made by child protection or probation and parole services. However, as of January 2005, the referral base had grown to include a wide range of organizations and individuals, including: several children's mental health agencies, Office of the Children's Lawyer, church groups, family doctors, and psychiatrists. In addition, a small but growing number of self-referrals are being received. This breadth of referrals and the number of agencies and organizations that have requested informational presentations about the program suggests that *Caring Dads* is meeting a need in the community. As an aside, the high number of referrals also prompted a great deal of discussion on characteristics of appropriate referral and on which referrals, if any, should get priority. Major themes of discussion were limiting referrals to men at significant risk for maltreatment (rather than men who might need information and support for fathering), putting safeguards in place to ensure that fathers could not use program attendance to abusively harass or coerce children's mothers, and developing guidelines for the interface of *Caring Dads* and batterer intervention programs. More information about these discussions and a review of resulting program accountability principles are available in Scott, Francis, Crooks, Paddon, et al. (2006).

The need for a program such as *Caring Dads* is also supported by the considerable financial and in-kind contributions made by local agencies. A large number and a broad range of community agencies have supported the program through involvement on the Advisory Committee. These agencies represent the interests of children (i.e., child protection, child mental health), families (i.e., family mental health, general parenting programs), the legal system (i.e., family court clinic, probation services), women (i.e., battered women's advocates, programs for abused women and children), and men (i.e., intervention programs for abusive men). Importantly, representatives are both key stakeholders and decision makers within their respective agencies, who are able to allocate resources. Estimated in-kind contribution of these agencies to Advisory Committee activities over 1 year sums to 432 hr, or \$22,968 of in-kind contribution. Additional contributions have been made to the actual running of the program. For example, during the pilot phase, funding for cofacilitators of the *Caring Dads* program was also derived from in-kind contributions from a variety of agencies.

Finally, the number of requests for training and implementation from other communities suggests that the need for a program like *Caring Dads* is not unique to the community in which it was developed. We have received requests for training and support from across the United States and Canada, as well as from Sweden, Britain, Russia, and Australia. This national and international interest has unfolded with very few attempts to disseminate the program.

Level 2: Is There Sufficient Evidence for the Theories Underlying *Caring Dads*? The second level of comprehensive evaluation states that the conceptualization and design of a program must reflect valid assumptions about the nature of the target problem. The *Caring Dads* program stands out among programs

addressing family violence for clear articulation of the principles that guide intervention. As described by Scott and Crooks (2004), the *Caring Dads* program is based on five principles that encompass the expected presentation of men, proposed causes of maltreatment, and necessary characteristics of intervention. Two of these principles have particular relevance for the current paper. The first concerns the primary causes of abuse among fathers. Scott and Crooks (2004) propose that abuse in the father–child relationship results primarily from men’s sense of entitlement, self-centered attitudes, and overcontrolling behavior. Translated into presenting issues, father’s self-centered attitudes are expected to result in poor responsiveness to their children and inadequate appreciation of, or respect for, their children’s psychological boundaries. Moreover, men’s sense of entitlement is expected to result in high levels of hostility toward their children who are perceived as deserving of such treatment and to men’s use of parenting strategies that involve a high level of coercive control over their children. This characterization of abusive fathers provides the rationale for *Caring Dads*’ primary focus on men’s attitudes toward their children, development of positive relationship skills (e.g., listening to children, praising children), and proactive problem solving, rather than on their acquisition of disciplinary strategies to ensure children’s compliance with parental demands.

The second relevant principle relates to the observed overlap between men’s abuse of children and their abuse of children’s mothers, which is estimated to range between 30% and 60% (Edleson, 1999). As we have argued elsewhere, this high rate of overlap suggests that a significant component of intervention with maltreating fathers must address men’s relationships with and potentially abusive behaviors toward their children’s mothers (Scott & Crooks, 2006).

The appropriateness of these assumptions about the causes of father-perpetrated child maltreatment can be evaluated by examining the presenting issues of men referred to *Caring Dads*. Currently, data are available from 45 men referred to the *Caring Dads* program and include information about the children they identified as most problematic to them. Identified children were approximately equally divided by gender (55.6% male) and ranged in age from 1 to 19. Approximately one third of men (32.4%) were living with the target child, and of the remainder, most (70.5%) saw their children once or twice a week, 13% saw their children more frequently, and 17.3% saw their children less frequently.

To assess patterns of difficulty in the father–child relationship, all fathers completed a semi-structured interview with a trained clinician focusing on patterns of difficulties in the father–child relationship. This interview was developed as part of a child maltreatment assessment protocol at a large children’s hospital (Scott & Coolbear, 2001) and was designed to include three patterns of emotionally harmful parent behaviors identified by Glaser (2002): (a) emotional unavailability, unresponsiveness, and neglect; (b) hostility, denigration, and rejection of a child who is perceived as deserving these; and (c) failure to respect a child’s psychological boundaries. In addition, specific questions were included to assess: (d) fathers’ level of angry arousal to child and family situations; (e) presence of an escalating pattern of coercive parenting strategies; and (f) father’s exposure of the child to hostile interactions with the child’s mother and/or his undermining of the relationship between his child and his or her mother. In each segment of the interview, fathers were asked a series of open-ended questions about their relationship with their children. For example, in the section on emotional unavailability, fathers were asked questions such as: How much quality time do

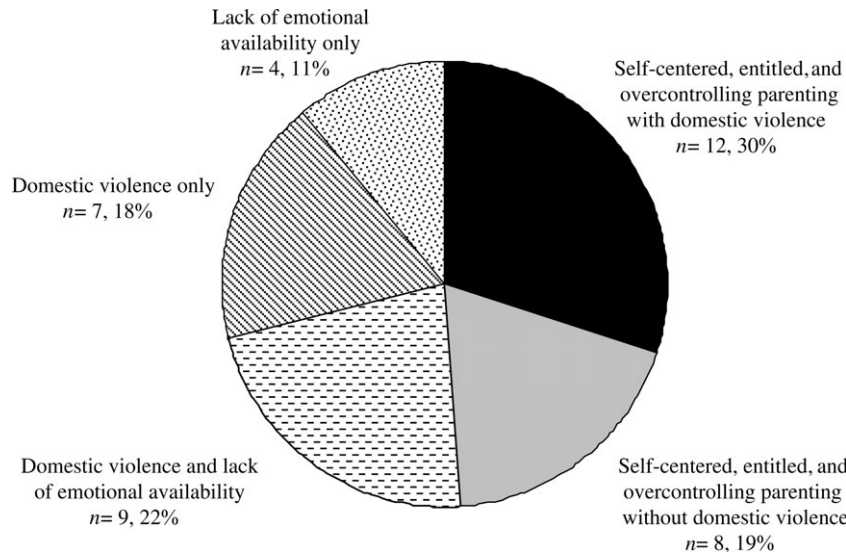


FIGURE 1
Patterns of problems in the father-child relationship.

you spend with your child (within limits of access conditions)? Do other things, like work, other commitments, other relationships, health or work issues, or other things, get in the way of spending more time with your child? What is your child’s most recent disappointment? How do you know if your child needs your attention or support? What are some of the things that you do to make sure that you are there for your child when he or she needs your support? and During the past year, what is the longest period you have gone without seeing your child? On the basis of men’s responses, interviewers rated each domain on a scale of 1 to 5, where 1 indicated a high level of health (e.g. In the emotional unavailability domain, 1 was used when fathers were judged as having a strong, positive connection with their children) and 5 indicated severe dysfunction (i.e., when fathers were judged as being clearly emotionally unavailable and unresponsive to their children). Interrater agreement calculated on a subset of 10 interviews was 90% ($\kappa = .80$; Stewart, 2004). To ensure compliance with reporting laws for maltreatment, this interview was reviewed with child protection intake per-

sonal and specific guidelines were provided to interviewers about when a report of child maltreatment was warranted.

For the purpose of current analyses, interviewer ratings across domains were then used to group men qualitatively according to the patterns of problems they displayed. First, men were divided according to whether they presented with the expected pattern of self-centeredness, entitlement, and overly controlling behavior (i.e., problematic ratings of unavailability, lack of respect of children’s boundaries, hostility, and coercion). These groups were then further categorized according to whether men showed co-occurring abuse toward children’s mothers. Then, patterns of difficulties for the remaining sample of men were examined and rational groupings were created. The results are presented in Figure 1 and described below.

Examination of patterns of difficulty in the father-child relationship suggests that the foundational assumptions of *Caring Dads* are appropriate for most, but not all, of the men in the program. As shown in Figure 1, approximately half ($n = 20$) of the clients referred to *Caring Dads* were judged as displaying

self-centered, entitled, and overcontrolling behaviors. Among this subgroup, rates of co-occurrence of domestic violence and risk for child abuse are within the expected range, in that 60% of men were rated as also perpetrating domestic violence. Patterns of abuse for these men are clearly consistent with the theory underlying *Caring Dads*.

Among the other half of the sample, patterns of difficulty were somewhat divergent from expectations. Twenty-two percentage of fathers presented with a combination of domestic violence and lack of emotional availability to their children. For men with this profile, discussion of conflict with their partners tended to dominate the interview and, it seemed, their relationship with their children. An example is a father who described his wife as “slap happy” and their relationship as “highly conflictual,” who had relatively poor knowledge of his daughter, and who responded to a large proportion of questions about his child by referring to his wife. For example, when asked about his daughter’s anxieties and possible impact on her sleep, he responded: “She has her nights—it’s not like [wife] gets up for her—when [daughter] cries at night, [wife] hits me and I get up,” when asked about how much control he felt he had over his child’s behavior, he responded “My [wife] is the one who has control over the family,” and when reflecting on whether his child did things to purposely anger or annoy him, he responded “not me but her mother because [her mother] doesn’t give her enough attention.” Parenthetically, when asked about his worries about the potential long-term negative impact on his daughter, he stated that “I figure [child] will turn out just perfect.” For other men in this group, involvement with their children seemed to be mostly predicated on the desire to annoy, harass, or manipulate their former partners. These fathers seemed preoccupied with ensuring that their children’s mothers “did not get away” with

their past behaviors, particularly with characterizing them as bad fathers. At the same time, these men were often unable to share details of their children’s lives, struggled to identify activities that they and their children enjoyed doing together, and seemed completely unaware of the potential impact on their children of their frequent complaints about their mothers.

Similar difficulties were presented by a third subset of men, who were characterized by domestic violence alone (18%). Again, these men frequently reported behaviors that were likely to (intentionally or not) undermine the children’s mothers and the mother–child relationship. For example, some men admitted to frequently confiding in their children about marital difficulties, using their children to get information about their mother, and to trying to impress on their children a view of their mother as a manipulative, vengeful person. However, these fathers differed from the first group in that they appeared to have been successful at developing or maintaining a relatively healthy and responsive relationship with their children. These men were knowledgeable about their children’s schooling, friendships, and activities and seemed able to identify and empathize with their children’s hopes and fears.

Finally, a small group of men (11%) were rated as experiencing difficulties in being emotionally available to their children, but as having no other significant problems. This group was predominantly characterized by lack of contact between fathers and children. Specifically, a number of men in this group had longstanding no-contact orders with their children’s mothers and saw their children only in supervised access centers or under similarly constrained conditions.

Level 3: Is There Evidence That *Caring Dads* Meets the Needs of Clients and Stakeholders? In this section we examine preliminary evidence that the *Caring Dads* program is

responsive to the needs of two of its main stakeholders: fathers and the community. Attrition information and client-exit interviews provide data with respect to the ability of the program to engage fathers. Interviews with referral agents provide supportive evidence that the program is providing a function to the community over and above the intervention provided to men.

Men who attend the *Caring Dads* program almost always do so reluctantly. Lack of recognition or acknowledgment of personal contribution to difficulties is part of the presentation of maltreating fathers. In a recent survey of 40 fathers who had come into contact with child protection services (half of whom were *Caring Dads* clients), men were provided with the opportunity to comment briefly on their experience with child protection services (Crooks, 2005). These comments conveyed intense hostility toward Child Protective Services (CPS), as well as feelings of powerlessness and resentment. Given that many men referred to the *Caring Dads* program viewed it as an extension of the interference CPS has played in their lives, it is no surprise that getting men to attend an intake interview and at least one group intervention session (the program's criteria for official program entry) was quite challenging. Of the 105 men referred to *Caring Dads* during its second year of operation, only 45 followed-through with an appearance at the agency, and of these, three failed to attend more than once.

Despite men's initial reluctance, program statistics suggest that the *Caring Dads* program is quite successful at engaging men once they attend. Of the 42 men who attended an intake interview and at least one session, 34 completed the entire program. These numbers translate to a 19% drop out rate (or 25% if the three who attended only once are also included), which is excellent for programs working with perpetrators of violence. For example, prior to more systematic court monitoring, attrition rates for

batterer intervention programs typically ranged from 50% to 75% (see Daly & Pelowski, 2000, for review). Among the relatively few men who dropped out of *Caring Dads* once they had actually begun intervention, there were both practical and systematic reasons for attrition including changes in work scheduling and closing of a child protection or probation file.

Low attrition rates from the *Caring Dads* program likely relate to men's satisfaction with intervention. When asked their impression of the program in postintervention group interviews, the vast majority of men reported that they enjoyed attending group. Indeed, a common refrain in final *Caring Dads* intervention sessions is the need to make the program longer. In addition, men spoke of the value they placed on being listened to and on having a chance to talk about parenting issues with other men. Men also acknowledged feelings of satisfaction at having changed their attitudes over the course of treatment. Specifically, men tended to comment that they had learned to think things through before acting, to consider all the possible outcomes of certain situations, and to remember that, "kids will disappoint you, but they don't mean to do it on purpose." Along similar lines, men spoke of developing more patience with their children and of learning to make different choices about their parenting. For some men, learning about developmental variations was important to changing their way of interacting with their children. Men's overall impressions are summarized well in the words of one client: "I think that, like most people, at the start, I thought that this was not going to be that helpful, but in the end, it really was."

Finally, there is evidence that the *Caring Dads* program is meeting the needs of community stakeholders. Although we have only recently begun follow-up interviews with referral agents, the limited reports currently available confirm the value of the *Caring Dads* program

for better meeting the safety and well-being of the entire family. Specifically, individuals who refer men to *Caring Dads* note that feedback provided during and after men's involvement in the program was extremely helpful. In ideal cases, referral agents were able to track the behavioral changes that resulted from men's learning in group and to modify supervision and access arrangements and family case planning accordingly. For example, as a result of his participation in *Caring Dads*, one client stopped verbally harassing his children's mother at access visits and became more nurturing of his children. With the resulting reduction in tension for the entire family, the level of supervision needed for access transfers could be gradually reduced. In other cases, feedback from the *Caring Dads* program has been used to mitigate risk to children through a decrease in father-child contact. For example, a client's failure to follow-through on multiple invitations to group was used by the referral agency to argue that he was not taking recommended steps to improve his parenting and therefore should not be given increased access to his children.

Level 4: Do Clients Make Gains in Desired Areas From Pre- to Postintervention? Once the need, basic theory and usefulness of a program to its stakeholders have been established, it is necessary to turn to an evaluation of program effectiveness. The first step in such an evaluation is to examine program outcomes for individual clients. To assess the impact of the *Caring Dads* program, men were asked to complete a pre- and postintervention assessment. Although a variety of measures were initially used in these assessments, concerns about validity predominated for many established measures (Scott, 2004). For example, on the *Child Abuse Potential Inventory* (CAPI) (Milner, 1986), a frequently used measure of risk for child abuse, the profiles of 55.2% of clients

were considered invalid, mostly because clients' responses suggested that they were "faking good." Similarly, the *Adult-Adolescent Parenting Inventory*, 2nd Edition (AAPI-2; Bavolek & Keene, 1999) had questionable validity, given that the majority of the abusive fathers rated themselves as "far above average" with respect to being child-centered, having empathy, and using alternatives to corporal punishment, despite clear evidence to the contrary from CPS. For these reasons, these data were not used.

Pre- and postintervention data on two remaining assessment measures the *Parenting Stress Inventory—Short Form* (PSI-SF; Abidin, 1995), and the semistructured clinical interview, can be used to describe men's progress. The PSI-SF is a 36-item clinical assessment instrument tapping three domains of stress in the parent-child relationship: parental distress, difficult child behavior, and dysfunction in the parent-child relationship. Although PSI scores are not specific to child abuse or neglect, studies have shown relatively high correlations between parenting stress and child maltreatment (e.g., Haskett, Scott, Grant, Caryn, & Robinson, 2003; Holden & Banez, 1996). The semistructured interview of risk for child maltreatment was described earlier. Coding was designed so that scores in the 1–2 range were indicative of healthy fathering; scores of 3 were indicative of concerning, or at-risk, patterns of father-child interaction; and scores of 4–5 were indicative of clearly problematic father-child relations (often leading to reports to child-protective services).

Pre- and postintervention assessment results for 23 *Caring Dads* clients on the *Parenting Stress Index* and the semistructured interview are presented in Table 2. Paired-sample *t* test analyses revealed that fathers' level of hostility, denigration, and rejection of their child and their level of angry arousal to child and family situations decreased significantly over the

TABLE 2. Mean PSI and Interview Scores for Fathers Before and After Intervention for Total Sample

Domain	Preintervention (<i>n</i> = 23)	Postintervention (<i>n</i> = 23)	Comparison
Total stress (PSI)	80.33	76.08	$t(11) = .84$
Emotional unavailability and unresponsiveness	3.05	2.90	$t(20) = .55$
Failure to respect children's emotional boundaries	1.61	1.61	$t(17) = 0$
Hostility, denigration, and rejection of a child	2.35	1.94	$t(16) = 2.75^{**}$
Presence of an escalating pattern of coercive parenting strategies	1.50	1.44	$t(15) = .25$
Angry arousal to child and family situations	2.88	2.24	$t(16) = 3.10^{**}$
Exposure of the child to hostile interactions with the child's mother	3.83	3.47	$t(16) = 1.03$

* $p < .05$. ** $p < .01$.

course of intervention. Moreover, men's level of stress decreased in all domains, though these reductions failed to reach significant levels. Other pre- to postintervention changes were not significant, though for two of these domains, failure to respect boundaries and presence of an escalating pattern of coercive parenting strategies, the lack of significant decrease may be in part related to relatively low ratings of risk at pretest.

An important aspect of comprehensive program evaluation is the match between program theory, measure, and outcome. As previously discussed, only a subset of men referred to *Caring Dads* displayed the hypothesized patterns of entitled, coercive, and hostile father-child relations. Other men were characterized primarily by abuse toward their children's mothers. When the pre- and postintervention scores for these subsets of *Caring Dads* clients are examined on variables specific to their patterns of difficulties, results strongly support the positive impact of the *Caring Dads* program (see Table 3). Specifically, for clients presenting as self-centered, entitled, and overcontrolling, significant reductions were noted in overall parenting stress, emotional unavailability, hostility toward a child, and angry arousal to child and family situations. For those men who presented with a history of domestic violence,

reductions in self-reported abuse of children's mothers approached significance ($p < .10$). These results are particularly notable in light of the small sample sizes, and thus low power, for analyses.

Summary and Future Directions

The current paper evaluated the *Caring Dads* intervention program for abusive fathers with respect to the first four levels of comprehensive evaluation, need, theory, process, and outcome. Overall, results underscore the success of the *Caring Dads* project and point to the desirability of further, increasingly rigorous, evaluation at the level of program efficacy to determine whether participation in *Caring Dads* prevents future child maltreatment and/or abuse of children's mothers.

First, analyses of referral numbers and patterns and of requests for the program from other communities indicate that the *Caring Dads* program is fulfilling a need. Second, there is evidence of a match between the theory underlying the program and the characteristics of referred clients. About half the referred men showed the expected pattern of self-centeredness, entitlement, and overcontrolling behavior, and of these, just over half showed

TABLE 3. Mean PSI and Interview Scores for Fathers Before and After Intervention for Subgroups

Domain	Preintervention	Postintervention	Comparison
Hostile and controlling subgroup ($n = 8$)			
Total stress (PSI)	95.75	74.75	$t(3) = 4.24^*$
Emotional unavailability and unresponsiveness	3.17	2.33	$t(5) = 2.71^*$
Failure to respect children's emotional boundaries	2.00	2.17	$t(5) = -1.57$
Hostility, denigration, and rejection of a child	3.17	2.33	$t(5) = 5.00^{**}$
Presence of an escalating pattern of coercive parenting strategies	2.00	1.40	$t(4) = 1.18$
Angry arousal to child and family situations	3.50	2.50	$t(5) = 2.74^{**}$
History of domestic violence subgroup ($n = 14$)			
Exposure of the child to hostile interactions with the child's mother	4.31	3.62	$t(12) = 1.81^{***}$

* $p < .05$. ** $p < .01$. *** $p < .10$.

co-occurring violence against children's mothers. Patterns of difficulty for a second group of men were partially consistent with the theory underlying *Caring Dads*. Consistent with expectations, this group of men needed intervention around issues of exposing their children to domestic violence, using their children to "get back at" their mothers, and undermining the mother-child relationship. However, this subset of fathers did not have the predicted coercive, hostile, and controlling relationship with their children; instead, these men were either emotionally available to their children or had managed to develop reasonable father-child relationships despite ongoing abuse of children's mothers.

At the third level of program evaluation, evidence was provided that the implementation of *Caring Dads* has been successful with respect to retention rates of fathers and high levels of client satisfaction. Furthermore, community stakeholders see value in the program for ensuring children's safety and well-being and are using the feedback they receive from the program to assist in ongoing monitoring and risk management.

Finally, in terms of outcome, pre- and postassessment revealed that father's level of hostility, denigration and rejection of their child,

parenting stress, and their level of angry arousal to child and family situations decreased significantly over the course of the intervention. Furthermore, there was some evidence that outcomes improved when the focus of evaluation was matched to the profile of client difficulty.

Undertaking evaluation from a comprehensive perspective at this juncture had clear benefits. Had we decided to wait until the program had been stabilized for a couple of years and then begun the evaluation process, we would not have had the opportunity to document some of the other benefits and lessons learned from earlier intervention. Such documentation has been important to understanding challenges to successful intervention and has led to further program development. For example, in response to the parenting needs of fathers with poor emotional connection with their children, exercises were developed to help men reflect on their closeness with their children and to challenge fathers to gain a greater understanding of their children's emotional and social lives. In addition, concerns about the number of men who were referred to the program but who were not following-through for an intake appointment resulted in the formation of a new position to enhance collaboration

between *Caring Dads* and referral agents from the child protection system. Through this position we have seen substantial improvements in rates of follow-up after referral, enhanced collaboration during program delivery, and overall, better integration of services to families.

Another benefit of employing a comprehensive program evaluation framework was the ability to look qualitatively at patterns of functioning among the men attending the group and to propose an initial, rational set of profiles. Identification of different subtypes of abusive fathers runs somewhat counter to emerging literature on parenting of men who batter, that tends to characterize all fathers as having controlling and coercive relationships with both their partners and their children (Bancroft & Silverman, 2002). Results caution against assumptions of similarity among all men who are abusive toward intimate partners and children and imply that a thorough assessment remains necessary. Profiling work has also helped develop early hypotheses regarding for whom intervention appears to be most successful and has led to discussions of the possible advantages of more differentiated treatments. Finally, this profiling has helped identify gaps in the literature, particularly in the study of abusive fathers' emotional neglect of their children.

This evaluation also provided an opportunity to document what has been one of the biggest challenges for research on this program, namely, finding adequate measures. Two measures that "should" have been most well suited to evaluating an intervention program for maltreating fathers (i.e., the CAPI and the AAPI-2) were plagued by invalid scores (i.e., faking good) and a complete lack of face validity (i.e., not identifying this group as abusive). The limitations of these measures are not unique to this study. Indeed, concerns are consistent with the results of a recently published study showing that among parents being investigated for child

abuse and neglect, a positive self-presentation bias substantially compromises the interpretation of traditional self-report measures such as the CAPI, AAPI-2, and MMPI-2 (Carr, Moretti, & Cue, 2005). Furthermore, the validity of interpreting "changes" in CAPI scores as being indicative of change in child abuse risk is questionable. In a study utilizing data from 459 parents in 27 community-based interventions, it was found that improvements in CAPI scores following intervention did not predict reduced rates of official child maltreatment reports in the ensuing 2 years (Chaffin & Valle, 2003). It is strongly recommended that future research on the efficacy of the *Caring Dads* program and on other programs for maltreating and at-risk fathers avoid reliance on self-report measures such as these and instead use clinical interviews, behavioral observation, and recurrence of domestic violence and child maltreatment as key outcome indicators.

There were several other limitations inherent in the current evaluation. The small sample size renders conclusions about typologies of fathers and intervention outcome data preliminary. In particular, it is noted that power of analyses of change is quite low. It is therefore quite possible that pre- to postintervention trends documented herein (e.g., reduction in parenting stress) might be significant with a larger sample. Second, data on client and referral agent satisfaction with the program were gathered retrospectively and may have been biased. Finally, the current evaluation was conducted by two of the developers of the program and thus cannot be considered an independent appraisal. In the future, it will be important for independent evaluators to assess the need, underlying theory, and efficacy of *Caring Dads*. This independence is particularly important given the community embeddedness of the program and the need to disentangle components of the intervention from successes and challenges in implementation.

Despite these limitations, the current study has been quite helpful for furthering our understanding of intervention for maltreating fathers. With the use of a comprehensive evaluation framework, it has been possible to document some of the challenges involved with designing and implementing a program for abusive fathers and to form a strong foundation for future research on program efficacy and effectiveness.

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