2014

An exploration of romantic adult attachment, marital satisfaction and parenting stress in couples participating in the Supporting Father Involvement Program

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and Parenting Stress in Couples
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Father Involvement Program

ABSTRACT

Over the years attachment theory and research have provided frameworks for understanding infant attachment and adult attachment. More recently, the phenomenon of romantic attachment between couples has been examined. The current mixed-methods study investigates the relationship between romantic adult attachment, marital satisfaction, and parenting stress in partners participating in the Supporting Father Involvement Program. Quantitative and qualitative results indicate that there is an association between adult attachment styles, marital satisfaction, and parenting stress. More specifically, fearful insecurities in mothers are associated with more parenting stress while secure attachments in mothers are connected to more satisfaction in the marital relationship. Fathers with a dismissive attachment have less parenting stress but are happier in their marriages in comparison to secure fathers. Current results shed light on the importance of attachment in reaching a deeper conceptualization of couple relationship dynamics. Future research with a larger and more diverse sample should be conducted in order to extend these initial findings.

AN EXPLORATION OF ROMANTIC ADULT ATTACHMENT, MARITAL

SATISFACTION AND PARENTING STRESS IN COUPLES PARTICIPATING IN THE

SUPPORTING FATHER INVOLVEMENT PROGRAM

A project based upon an independent investigation,
submitted in partial fulfillment of the requirements
for the degree of Master of Social Work.

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2014

ACKNOWLEDGEMENTS

This thesis could not have been accomplished without the assistance of many people whose contributions are gratefully acknowledged.

First, a very special thank you to my research advisor, Dr. Marsha Kline Pruett for your continued support, advice, and guidance throughout this year. Your dedication to my learning and insightful suggestions allowed me to grow personally and professionally as a clinical social worker in many ways. Despite the physical distance, I always felt supported and confident in our work together and I feel very lucky to have had the opportunity to work so closely with you this year.

Another thank you to my fellow Smith research assistants, Rachel Honig, Annabel Lane, and Todd Chen for providing me with continual support and a "shoulder to lean on" when I was feeling overwhelmed or stressed. Your support this year helped me feel more connected to the project and I am truly grateful to have had the opportunity to collaborate with all of you.

Thank you to all of the couples who participated in the study as well as the case managers who spent quality time helping us connect with participants. Without your time and help, this study would not have been possible.

Finally, thank you to both of my parents for believing in me, validating my thoughts and anxieties, and supporting me through this process. Your continued love and wisdom have shaped who I am and I am forever grateful for everything you have given me.

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CHAPTER I

Introduction

In 1978 Mary Ainsworth studied the infant-caregiver dyad and found three attachment patterns present in most children – secure, avoidant, and anxious-ambivalent. In exploring these attachment styles, she found that each attachment style correlated with a specific behavior pattern that infants and children expressed as a way to meet their need for comfort, safety, and a sense of self. As such, her work provided future theorists and researchers with a framework to understand how children derive security and a sense of safety from their primary caregivers.

Over the years research and theory have evolved from infant attachment to adult attachment into romantic attachment between couples. Research has shown that similar to infant attachment styles, adult attachment styles correlate with many aspects of an individual's life - including marital satisfaction, conflict resolution, communication strategies, maternal sensitivity, and levels of depression (Feeney, 2008; Alexandrov, Cowan, & Cowan, 2005; Cowan & Cowan, 2007; Cowan & Cowan, 2007; Collins & Read, 1990). Specifically, researchers have found that couples with a secure attachment style are more likely to have higher marital satisfaction in comparison to couples with an insecure attachment style (Collins & Read, 1990). As such, it is clear that attachment styles in adults can provide researchers, treatment providers, and couples with ways in understanding and explaining why some romantic partners may struggle with marital satisfaction.

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As previously mentioned, interest in examining adult attachment has now shifted to exploring the attachment styles between romantic partners in adulthood. The central focus of this study will examine the relationship between romantic adult attachment style, level of parenting stress, and marital satisfaction in couples participating in the Supporting Father Involvement (SFI) project. Much of the recent literature in this area has focused on the relationship between romantic adult attachment and marital satisfaction. However, Lavee, Sharlin, and Katz (1996) found that parenting stress has a significant negative impact on marital quality, influencing parents' own psychological well-being as well as the well-being of their children. As a result, an increase in parenting stress, may lead to an increase in marital dissatisfaction, resulting in poorer mental health for both parents and their children (Belsky & Pensky, 2008). Despite the found links between attachment style and marital satisfaction, and between parenting stress and marital satisfaction, little research has examined the potential relationship between adult attachment styles and level of parenting stress experienced. Through a clinical lens we can see how an insecure attachment style may create additional tension for the couple, leading to an increase in not only stressful life situations but parenting stress specifically. Given the obvious clinical link between these concepts, it is important to explore whether an empirical connection also exists. Should such a connection exist, it would shed light on if and how the posited conceptual link manifests in couples.

Due to the lack of research in this area, the current study will provide valuable information about how adult attachment styles may be related to parenting stress, contributing to a knowledge base useful to professionals, treatment providers, and caregivers about potential avenues for reducing parental stress, and therefore, the negative impacts of such stress, on families. From understanding this connection, researchers can investigate how treatment

providers can better address attachment ruptures in the couple relationship, supporting the

couple's development of a secure attachment to one another, with ultimate goals of securing a

higher level of marital satisfaction, and a low level of parenting stress, resulting in more positive

outcomes for the psychological well-being of both the parents and their children.

CHAPTER II

Literature Review

Romantic Adult Attachment

   Defining Romantic Adult Attachment. Attachment theory, as it applies to the parent-infant relationship, has been extensively studied and documented throughout literature. Less commonly discussed, however, is the application of attachment theory to adults involved in committed romantic relationships. Bowlby (1979), one of the founding attachment theorists, stated that "attachment is an important component of human experience from the cradle to the grave" (p.129). His work, along with the contributions of Mary Ainsworth (1979), provided future researchers with theoretical frameworks to investigate adult romantic relationships as well as the parent-child dyad.

   Bowlby's theory (1979) explained the significant influence that attachment styles have on children as they develop throughout life. His research clarified the importance of understanding and conceptualizing children's ability to develop "working models" of attachment as a way to understand their relationships with their primary caregivers and others. He argued that the attachment bond between infant and caregiver can primarily be determined by the caregiver's availability, warmth, and sensitivity to the infant's needs. Bowlby proposed that these "working models" of attachment are then carried into different and new relationships throughout the child's lifespan, influencing relationship dynamics in all aspects of the child's life.

In collaboration with Bowlby (1979), Ainsworth (1978) investigated individual differences present in attachment styles and relationships. Through her observations of infants and caregivers, she identified three specific patterns or styles observed: secure, avoidant, and anxious-ambivalent (Banse, 2004). According to Ainsworth (1978), securely attached infants are able to explore autonomously while in the presence of the caregiver, will become upset when the caregiver leaves, are easily comforted when the caregiver returns, and will be happy to be reunited with the caregiver. Infants who manifest an avoidant attachment display a very different pattern of behavior in relation to their primary caregiver. Avoidant infants require minimal contact with their primary caregiver in order to feel a sense of security, display little distress or sadness when the caregiver leaves, and do not require the comfort or support of the caregiver upon reunification. Anxious-ambivalent infants are characterized by limited individual exploration, an intense expression of distress when the caregiver leaves, and an inability to be soothed by the caregiver upon reunification (Ainsworth, 1978). Through understanding these attachment styles and distinct behavioral patterns, researchers have concluded that attachment functions as a way to establish a sense of security, stability, and consistency for the infant. In conceptualizing attachment patterns, Ainsworth (1978) suggests that avoidant and anxious-ambivalent infants have in fact learned that they are unable to depend on their primary caregiver to consistently and appropriately provide security in meeting their needs. As such, infants without such stability adapt patterns of behavior that allow them to find security through other means rather than the relationship (Ainsworth, 1978).

In addition to functioning as a framework for infant security, attachment styles have clear implications for behaviors in adult relationships. According to Bowlby (1979) and Ainsworth (1978), the infant's innate need for a secure base is regulated by the same biological system in

adults that governs feelings of security, closeness, trust, ability to be comforted and stability. As such, an infant's attachment style to his/her primary caregiver will have significant relevance to his/her ability to trust, feel secure, and be easily comforted by others in adulthood.

With all of that being said, the question remains – what is romantic adult attachment? Fraley and Shaver (2000) summarize the work of Shaver and Hazan (1987) in applying attachment theory to adult romantic relationships. In their summary, researchers highlight four key concepts to consider when conceptualizing attachment theory for adult romantic relationships: 1. Similar to the parent-child relationship, adult romantic relationships are also regulated and managed by the same biological system. According to Bowlby, infant attachment behavior is governed by the need to stay safe and survive. Similarly, when adults are in romantic relationships, they search for feelings of safety, comfort, and closeness in order to survive. 2. The patterns of individual differences observed and identified in parent-child relationships are similar to the patterns and behaviors seen in adult romantic relationships. 3. Individual differences in adult attachment stem from internal "working models" of attachment that developed in childhood based on parental sensitivity and availability. 4. Romantic love is comprised of sex, caregiving, and attachment (Fraley & Shaver, 2000).

Researchers initially identified three categories to describe different patterns observed in adults engaged in romantic relationships, including: secure, avoidant, and preoccupied (Feeney & Noller, 1990; Hazan & Shaver, 1987, Main, 1990). Through asking open-ended questions, researchers determined different ways to understand and characterize these three attachment styles. Feeney and Noller (1990) found that securely attached adults described their romantic relationship as being "best friends" and furthermore found that securely attached adults experienced a balanced dependency on their partner. Adults who were avoidant in their

attachment, on the other hand, preferred more distance in their romantic relationship, expressing

a minimal need for closeness, dependence, and displays of affection. Anxious-ambivalent

individuals were found to idealize their partners, expect and prefer intense closeness,

commitment, and affections in comparison to the other two attachment styles (Feeney & Noller,

1990).

However as more researchers began to investigate adult relationship patterns and

attachment, a shift in defining adult romantic attachment patterns occurred. Bartholomew (1991),

for example, noticed a new pattern emerge among adults in romantic relationships and proposed

a four-group model expanding the "avoidant" pattern to include "dismissing-avoidant" and

"fearful-avoidant." Bartholomew (1991) suggested that individuals with a "dismissing-avoidant"

style adopt this behavioral pattern in order to "maintain a sense of self-reliance and

independence" (p. 142). On the other hand, individuals with a "fearful-avoidant" attachment

style "adopt an avoidant orientation toward attachment relationships to prevent being hurt or

rejected by partners" (p. 142). The following diagram provides a visual explanation for the four-

category attachment style model:

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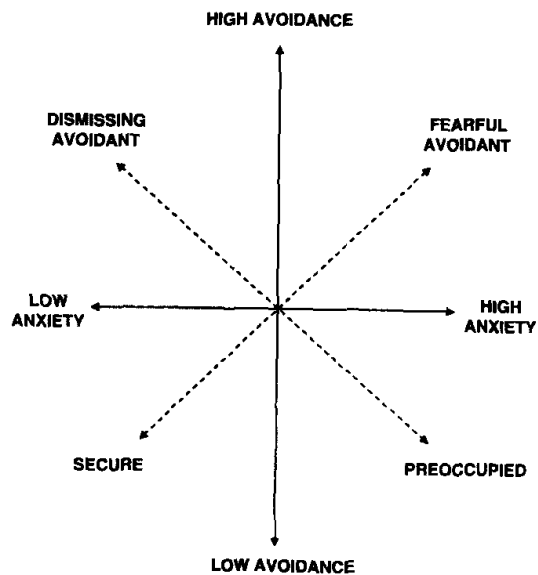
In addition to Bartholomew's expansion of attachment style categories, Brennan, Clark and Shaver (1998) also added to adult attachment theory by identifying two prominent dimensions observed in their work with adult romantic attachment. Researchers argued that both comfort with closeness (low levels of comfort = avoidance) and anxiety over relationship (high levels of anxiety = dependence) were patterns seen that influenced the attachment style individuals' exhibited. In describing the four attachment style categories, Feeney (2008) states that "dismissing and fearful groups report more avoidance of intimacy than secure and preoccupied groups...preoccupied and fearful groups report more anxiety about rejection and unlovability than secure and dismissing groups" (p. 462). As such, secure individuals appear comfortable with intimacy and closeness, exhibiting low levels of anxiety, while preoccupied people present with high levels of closeness but also high levels of anxiety over abandonment. Dismissing individuals are characterized with low levels of closeness (high avoidance of intimacy) and low levels of anxiety. Finally individuals who are characterized with a fearful attachment style, display low levels of closeness (high avoidance of intimacy) and high levels of anxiety (Brennan, et al., 1998), as shown in the table below.

Two Major Dimensions of Attachment (levels of closeness and anxiety)		
	High Levels of Closeness/Intimacy	**Low Level of Closeness/Intimacy**
Low level of Anxiety	SECURE	DISMISSING
High level of Anxiety	PREOCCUPIED	FEARFUL

Measuring Adult Romantic Attachment. Over the past 30 years, researchers have developed multiple questionnaires, interviews, and studies to measure adult romantic attachment. Paving the way in 1984, Carol George, Nancy Kaplan, and Mary Main developed the Adult Attachment Interview designed to measure adult attachment styles through having participants discuss childhood memories, parenting styles, and current relationship dynamics (Hesse, 2008). A few years later, Hazan and Shaver (1987) developed the first self-report adult attachment measure by translating the three identified infant attachment styles (secure, avoidant, anxious-ambivalent) into three paragraph descriptions appropriate for adult relationships. In order to better understand adult attachment, researchers asked participants to pick which of the three paragraphs best described their current romantic relationship. Although this measurement tool limited the categories of attachment to just three specific styles, these descriptions have remained as building blocks for many attachment measurement tools used today. Hazan and Shaver, Collins and Read (1990) then developed the Adult Attachment Scale (AAS) in which participants were asked to rate the extent to which each of Hazan and Shaver's three attachment descriptions categorized them. In 1991, Bartholomew and Horowitz used the four-group model to create the Relationship Questionnaire (RQ-CV), revamping the measure designed by Hazan and Shaver to incorporate the two dimensions of avoidance (fearful and dismissing). Following the RQ-CV, Brennan et al. (1998) developed the Experiences in Close Relationships (ECR) questionnaire, designed to measure adult attachment style through the rating of multiple items. A few years later, Fraley, Waller, and Brennan (2000) created the Experiences in Close Relationships – Revised (ECR-R) questionnaire to more accurately assess individual differences in adult attachment styles. More recently, Alexandrov et al., (2005) developed the Couple

Attachment Interview (CAI) based on the AAI, a semi-structured interview designed to identify

an individual's attachment style in relation to a romantic partner.

Strengths and Limitations of Adult Attachment Measures

1984	Strengths: in-depth semi-structure interview that takes a little over an hour to administer. Participants are encouraged to discuss their relationships with their parents, providing researchers and clinicians with in-depth understanding of participants' internal working models of attachment. Specifically taps into the participants understanding and beliefs about their attachment to their family of origin. Limitations: Time-intensive, expensive, requires that researchers/clinician be trained on administering the interview.
Adult Attachment Interview (AAI)	
Developed by George, Kaplan, and Main	
1987	Strengths: first questionnaire developed to measure adult attachment; does not require a lot of time to complete questionnaire, self-report measure. Limitations: Required participants to pick a paragraph that best described their feelings instead of providing them with a Likert scale. This may force participants to choose an answer that may not truly fit with their entire experience.
Hazan and Shaver's three paragraph descriptions	
1990	Strengths: Similar to Hazan and Shaver's three paragraph descriptions, yet provided participants with a 9-point Likert scale to choose the extent to which they agreed with each paragraph. This allowed participants to have more fluidity in their answers, as opposed to confining their answers to just one attachment style description. Limitations: Does not provide researchers with an in-depth understanding of each participants understanding of their own attachment style and confines participants to rating attachment style categories rather than dimensions of each category.
Adult Attachment Scale (AAS)	
Developed by Collins and Read	
1991	Strengths: Revamped the previous self-report measure and included dimensions of avoidance along with the attachment style categories. This provided researchers with a wider range
Relationship Questionnaire (RQ-CV)	
Developed by Bartholomew and Horowitz	

	of answers from participants, allowing participants to define their attachment style more specifically to their individual experience. <u>Limitations</u>: The four attachment styles used have different meanings across cultures. This measurement continues to confine participants in their responses.
1998 Experiences in Close Relationships (ECR) Developed by Brennan, Clark, and Shaver	<u>Strengths</u>: Instead of having participants rate three or four descriptions, this self-report questionnaire provided participants with the opportunity to rate multiple different statements aimed to measure adult attachment style. This scale additionally provides researchers with the ability to group answers into two dimensions of attachment – anxiety and avoidance. <u>Limitations</u>: Researchers will not get in-depth individual experiences.
2000 Experiences in Close Relationships Revised (ECR-R) Developed by Fraley, Waller, and Brennan.	<u>Strengths</u>: Revised version of the ECR to better target specific attachment style behaviors related to avoidance and anxiety in a relationship. <u>Limitations</u>: Researchers will not get in-depth individual experiences.
2005 Couple Attachment Interview (CAI) Developed by Alexandrov, Cowan, and Cowan. .	<u>Strengths</u>: Semi-structured interview based of the AAI. This type of measurement will provide researchers with a broader understanding of individual differences in attachment style and experiences. Also includes 29 standardized questions as a follow-up, providing researchers with quantifiable data as well as qualitative information. <u>Limitations</u>: Time-intensive, requires researchers to be trained in administering the interview.

Importance of Understanding Adult Romantic Attachment. Why is it important to understand adult romantic attachment? Research has shown that adult attachment styles correlate with many aspects of an individuals' life - including marital satisfaction, conflict resolution, communication strategies, maternal sensitivity, and levels of depression (Feeney, 2008;

Alexandrov, Cowan, & Cowan, 2005; Cowan & Cowan, 2007; Cowan & Cowan, 2007; Collins & Read, 1990).

Collins and Read (1990) examined the relationship between adult attachment styles and comfort with closeness. Using the Adult Attachment Scale, as well as the Dyadic Adjustment Scale (used to measure relationship satisfaction), researchers found that participants (both men and women) who were more comfortable with closeness were likely to feel more satisfied with their current romantic relationship. Women who were more anxious about their relationship tended to fear abandonment and were more likely to view their relationship negatively. Men, on the other hand, tended to view their romantic relationship based on their partner's level of anxiety. Men reported feeling less satisfied with their relationships when partnered with women who experienced high levels of anxiety around abandonment. These researchers concluded their study by stating that "the attachment style dimensions of a subject's partner were strong predictors of relationship quality," illustrating the connection between a woman's attachment style to both her own and her partner's perceived and reported marital satisfaction (Collins & Read, 1990, p. 660).

In addition to impacting marital quality, adult romantic attachment has also been linked to communication and conflict resolution strategies in couples. Cohn, Silver, Cowan, and Cowan (1992) found that in a study of 27 couples who were parents of young children, parents who both had secure working models of attachment showed more closeness and less conflict when working together on a co-parenting task compared to parents who both had insecure working models. Similarly, Feeney (2008) suggests "those who are anxious about relationships also adopt coercive and distrusting ways of dealing with conflict, which are likely to produce the very outcomes they fear" (p. 476). Additionally, research suggests that in comparison to insecure

individuals, secure individuals are more likely to self-disclose, express emotions more openly, and have more positive communication with their partners (Feeney, 2008). As such, individuals who are highly anxious about their relationship, manifesting an insecure attachment style, tend to struggle more with appropriate and beneficial conflict resolution strategies as well as communication styles (Feeney, 2008).

Along with relationship quality, conflict strategies, and communication styles, adult attachment also has been linked to parental sensitivity and depression levels in mothers. For example, Cowan and Cowan (2013) found "direct links between a mother's high level of attachment security and her tendency to engage in warm physical contact, to be available to her child, and to avoid harsh and authoritarian discipline" (p.16). Researchers additionally found that a mother's secure attachment style was indirectly linked to lower levels of depression, anxiety, and anger, suggesting that adult attachment style functions as a mediator for maternal mental health (Cowan & Cowan, 2013). Through understanding the strong connection between adult attachment style and maternal sensitivity and mental health, it can be hypothesized that adult attachment style may also have a connection to maternal sensitivity in romantic relationships, influencing her own and her partner's marital satisfaction. Similarly, the connection between adult attachment style and maternal mental health may have implications for levels of parenting stress experienced by both mothers and fathers.

Romantic Adult Attachment, Marital Satisfaction, and Parenting Stress

Past research and literature have examined the connections and links between romantic adult attachment and the couple relationship, yet very little research has explored the relationship between adult attachment and parenting stress. As such, the current study aims to investigate this link in order to better understand how couple attachment may directly or indirectly relate to

levels of parenting stress. In order to fully conceptualize the relationship between adult attachment and parenting stress, the current study hopes to explicate the connection using marital satisfaction as a moderator of parenting stress.

Romantic Adult Attachment and Marital Satisfaction. As previously stated, research suggests that secure adult attachment is directly linked to higher levels of marital satisfaction (Collins & Read, 1990). Researchers have continued to explore this relationship, in order to better understand the connection between adult attachment and marital satisfaction (Zimmer-Bembeck & Ducat, 2010; Meyer & Landsberger, 2002; Mondor McDuff, Lussier, & Wright, 2011; Banse, 2004). In a study with 73 married women, researchers found that "continuous ratings of secure attachment were significantly and positively correlated with levels of marital satisfaction, whereas continuous ratings of both avoidant and ambivalent attachment had significant inverse relations with marital satisfaction" (Meyer & Landsberger, 2002, p. 167). Similarly, Banse (2004) studied 333 married couples and found that individuals who rated "secure" items high also reported higher levels of marital satisfaction compared to participants who rated "fearful", "dismissing", and "preoccupied" items high. More recent findings have corroborated these results, concluding that women with a preoccupied (anxious) attachment style report lower levels of relationship quality. Additionally, both men and women with avoidant attachment styles report lower levels of marital satisfaction (Mondor et al., 2011).

Taking past research into account, it has been shown that romantic adult attachment is connected to marital satisfaction, such that higher marital satisfaction is related to secure attachment. On the other hand, anxious and avoidant attachments are associated with lower marital satisfaction.

Marital Satisfaction and Parenting Stress. Past research has additionally investigated the relationship between marital satisfaction and parenting stress. Bradbury, Fincham, and Beach (2000) state that "children have the paradoxical effect of increasing the stability of marriage, at least when children are relatively young, while decreasing its quality" (p. 969). Overall, researchers have found that the stressors of parenthood negatively impact marital quality for multiple reasons. Studies have hypothesized that the strain on relationship quality may be due not only to the shift in roles and responsibilities, but to the new restrictions of leisure activities, the increase of financial needs, and the increase in conflict over new parenting roles (Belsky & Pensky, 2008; Twenge, Campbell & Foster, 2003). Lavee et al. (1996) suggest that "stress in the parental role rather than the family composition itself affects the psychological well-being of the parents and their marital quality" (p. 177). Thus, parental stress has a strong negative impact on relationship quality. Keeping this in mind, the current study aims to investigate the relationship between romantic adult attachment and parenting stress, hypothesizing that adults with secure attachments will have higher levels of marital satisfaction and lower levels of parenting stress than those with insecure attachment styles. In addition, the current study will explore the relationship between marital satisfaction and level of parenting stress, hypothesizing an inverse relationship such that as marital satisfaction increases, parenting stress decreases and vice versa. I will also explore the associations between attachment style, parenting stress, and marital satisfaction. This will be exploratory and there is no hypothesis at this point.

Romantic Adult Attachment and Parenting Stress. As previously stated, the current study aims to study the link between romantic adult attachment and level of parenting stress, hypothesizing that a secure adult attachment style will correlate with lower levels of parenting stress in comparison to the level of parenting stress reported by insecure participants. Research

has demonstrated a strong relationship between secure adult attachment and high marital satisfaction, as well as a connection between high marital satisfaction and low levels of parenting stress.

Although little research has investigated the relationship between adult attachment and parenting stress, some studies have supported the proposed hypothesis indirectly. For example, Mondor et al. (2011) investigated the relationship between romantic attachment orientations and marital satisfaction in "distressed" and "non-distressed" individuals. In order for participants to be considered "distressed," individuals had to score below a 98 on the Dyadic Adjustment Scale, the "normative cutoff for marital distress" (Mondor et al., 2011). Results indicated that "distressed" participants reported having lower marital satisfaction rates and more avoidant attachment tendencies than "nondistressed" participants. Although this does not speak directly to parenting stress, these results clearly illustrate the link between marital stress, relationship quality, and adult attachment style.

Similarly, Simpson, Rholes, Orina, and Grich (2002) found that women who were securely attached were more likely to respond positively and supportively to their partner when in a stressful situation in comparison to insecurely attached adults. Again, although these findings do not directly address the relationship between adult attachment and parenting stress, the results clearly illustrate a link between attachment style and response to stress, suggesting that individuals with an insecure attachment style may have greater levels of parenting stress due to their inability to respond in a positive and supportive manner to their partner when in stressful situations.

Intervention Strategies

Given that romantic adult attachment correlates not only with marital satisfaction but with conflict styles, communication strategies, maternal sensitivity, and levels of depression, it is imperative that researchers and treatment providers understand the appropriate intervention and prevention methods needed to implement with their clients in order to appropriately treat attachment-based relationship problems. Despite the limited treatment models that specifically address secure romantic adult attachment, some researchers have developed modalities of treatment that have been found to be helpful for individuals struggling with insecure attachment styles.

Christensen and Heavey (1999) outline three treatment models commonly used when working with couples in therapy: Behavioral Couple Therapy (BCT), Cognitive Behavioral Couple Therapy (CBCT) and Emotionally Focused Couples Therapy (EFT). BCT focuses on behavior and reinforcement, CBCT works with couples to identify negative thinking patterns associated with poor marital satisfaction, and EFT specifically addresses the attachment bond between partners. Although each distinct model addresses relationship quality differently, past findings elicit no significant differences in couple outcomes (Christensen and Heavey, 1999). Regardless of past findings, however, more recent research suggests that "an attachment perspective (in couples therapy) can shed light on why problems emerge in relationships, on why people behave the way they do in relationships, and on who is at most risk for relationships" (Davila, 2003). Through using attachment theory to conceptualize relationship conflict and quality, treatment providers may have a better understanding of the core issues perpetuating the relationship dissatisfaction.

Sue Johnson (2009), developer of EFT, summarizes the rationale of employing an attachment-based therapy model when working with couples. Johnson (2009) explains that through using an attachment lens, each therapy session provides the client with a secure base, the ability to develop a deeper understanding of inner fears and anxiety, the chance to emotionally experience his/her partner, and the opportunity to focus on the present moment (p. 418-419). Through this type of treatment, couples develop empathy for their partner's fear of abandonment or anxiety around intimacy, resulting in a new understanding and feeling of closeness for the couple. Makinen and Johnson (2006) explored the impact of EFT on couples with attachment-related injuries, described as "perceived abandonment, betrayal, or breach of trust in a critical moment of need for support expected of attachment figures" (p. 1055). Results indicated that 15 of the 24 couples that engaged in EFT, resolved their attachment injuries and were able to restructure their relationship security through experiencing the emotional vulnerability of their partner. These findings suggest that attachment-based couples therapy is not only beneficial for relationship satisfaction but for individuals in developing a more secure attachment style to their partners.

Although the Supporting Father Involvement project does not specifically address couple attachment, the program is designed to improve family functioning through addressing family relationships, marital satisfaction, parental stress, and teaching appropriate parenting skills (Pruett, Cowan, Cowan, and Diamond, 2011). Through focusing the intervention on the co-parenting relationship, father involvement, and individual parenting techniques, the SFI project aims to create stronger bonds between couples, resulting in a better family environment for adaptive child development. Understanding and recognizing the new dynamic between couples involved in the SFI project may speak to the type of attachment style present between the

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parents. As such, the current study aims to specifically explore the relationship between adult

attachment style and parenting stress with couples involved in SFI in order to better understand

and identify any connection between the SFI curriculum, parenting stress, and attachment style.

CHAPTER III

Methodology

Supporting Father Involvement (SFI) Implementation

California Cohorts. Data for this study were collected in conjunction with the

Supporting Father Involvement (SFI) evaluation study implemented in Alberta, Canada.

Previously, the Supporting Father Involvement (SFI) study was implemented as two randomized

clinical trials and a benchmark comparison study with nearly 800 families in California over a 9-

year period. The studies compared the impact of a 16-week group for fathers, a 16-week group

for couples, and (in the clinical trials) a low-dose comparison condition in which both parents

attended one 3-hour informational group session. The curriculum for intervention group sessions

focused on five primary domains including:

1. Family members' individual mental health and well-being;

2. The three-generational transmission of expectations and relationship behavior

    patterns;

3. The quality of the parent-child relationships;

4. The quality of the relationship between the parents; and

5. The balance of life stresses and social supports in the family's relationships with
    peers, schools, work, and other social systems. (Pruett, Cowan, Cowan, & Pruett,
    2009, p. 166).

Findings from these studies indicated that families who received the intervention had

more positive results in terms of father involvement with their children, couple relationship

quality, and child behavior problems (Cowan, Cowan, Pruett, Pruett, & Wong, 2009). In addition, individuals who were placed in the couples groups in comparison to the fathers only groups illustrated more positive long term effects. Based on these results, researchers decided to implement the Supporting Father Involvement (SFI) program across other states and countries, Alberta, Canada being one of those areas, and to assess dissemination efficacy and feasibility.

Alberta Cohort. Similar to the California cohorts, participants in Alberta, Canada were recruited through family mental health centers in four regional sites including: the Western Rocky View Parent Link Centre in Cochrane, the Family Centre in Lethbridge, and the Norwood Child and Family Resource Centre in Edmonton. The fourth site in Red Deer is not included in the present study. Alberta participants completed pre and post questionnaires to measure family roles, child behavior, couple communication, marriage quality, adult depression, and parenting stress. These represented a subsample of questionnaires given to participants in the larger and more intensive evaluation undertaken in California. Out of the 164 Alberta couples recruited and assessed at baseline, 67 mothers and 61 mothers from a total of 63 families have completed follow-up assessments. Data collected from Alberta participants post-intervention illustrated positive trends in family functioning, father involvement, and couple relationships. The results from these assessments have provided researchers with information about changes reported post-intervention. Unfortunately due to the absence of a control group, any significant changes in parents' reports cannot be claimed to be directly attributable to the intervention.

The Alberta outcome data are suggestive that the SFI program contributes to positive outcomes for families on multiple levels. As such, the present study will continue to work with Alberta participants in order to identify areas of change that may reach statistical significance and/or elucidate what parents think about changes in their family subsequent to the SFI group

intervention, and how they view the changes as connected - or not - to the intervention. Through in-depth qualitative interviews and another assessment point of the quantitative survey used previously, current researchers will engage with participants in a follow-up study designed to further investigate the impact of the SFI intervention on family dynamics, roles, and relationships.

The Present Study

The present study is specifically interested in investigating how romantic adult attachment styles of SFI mothers and fathers relate to their levels of parenting stress. Participants will complete the original questionnaires that were administered prior to their participation in the Supporting father Involvement (SFI) program 12-22 months ago. Additionally, in-depth qualitative interviews will be conducted with families to gain a more substantial understanding of the impact of the intervention on their individual, parenting, parent-child, and family relationships.

Eligibility

In order to be eligible for the present study, criteria for the past implementation of the Supporting Father Involvement (SFI) intervention must also have been met. In previous studies, participants had to meet the following criteria:

1. Participants agreed to raise their youngest child together as co-parents, regardless of their current marital or living situation.

2. Participants did not struggle with mental illness or alcohol abuse problems to the extent that they interfered with their daily functioning at the time of their involvement in the intervention.

3. Participants did not have a current open child or spousal protection case with Child Protective Services at the time of the intervention.

4. Participants were over 18 years of age.

5. Participants spoke English, although a majority of them also spoke Spanish.

6. Participants agreed to participate in the SFI intervention and the research involved in the program.

In order to be eligible for the current study, participants must also have access to a phone line or Skype and be open to speaking with a researcher for about an hour about their experience in the Supporting Father Involvement (SFI) program as well as their couple relationship, parenting roles, and family dynamics.

Participants and Measures

Participants in the current study completed the Supporting Father Involvement (SFI) intervention initiated in 2011 in Alberta, Canada. Families were recruited from the three family resource center sites in Alberta described above drawing a random subsample of families from the original sample of families who participated in the program since 2011.

In order to understand the relationship between romantic adult attachment and parenting stress, participants in the present study will complete two questionnaires: the *Experiences in Close Relationships – Revised* designed to measure adult attachment style *(*Fraley et al., 2000), as well as the revised version of the *Parenting Stress Index* (Abidin, 1997) designed to identify parent-child stressors.

Experiences in Close Relationships – Revised (ECR-R). Fraley's et al. (2002) *Experiences in Close Relationships – Revised (ECR-R)* self-report measure of romantic adult attachment uses a 7-point Likert Scale to indicate the extent of agreement or disagreement with

statements describing how people feel in emotionally intimate relationships (e.g.s., "I'm afraid

that I will lose my partner's love," "Sometimes romantic partners change their feelings about me

for no apparent reason," and "I worry a lot about my relationships"). Upon completion of the

scale, participants' responses are divided into one of five adult attachment styles: preoccupied,

anxious-avoidant, anxious-fearful, avoidant, or secure (see literature review for detailed

descriptions).

Sibley, Fischer, and Liu (2005) examined the psychometric properties (the test-retest

reliability, convergent, and discriminant validity) of the ECR-R. Results indicated that it

> "predicted more than twice as much variance in avoidance, anxiety, and enjoyment in
> social interactions with a romantic partner as it did in interactions with a family member
> and more than 3 to 4 times as much variance as it did in interactions with a platonic
> friend. Overall then, these results indicate that the ECR-R displayed suitable convergent
> and discriminant validity as a measure of attachment representations of the romantic
> relationship domain" (p. 1533).

As a result of their findings, researchers concluded that the ECR-R is one of the most

appropriate self-report measures of adult romantic attachment currently available today (Sibley

et al., 2005).

Parenting Stress Index (PSI). Participants will also complete a 16-item revised version

of the *Parenting Stress Index (PSI).* The original 150-item scale (Loyd & Abidin, 1985) was

reduced to 36 variables and validated for the CA SFI project (Cowan, et al., 2009) to indicate

level of parenting stress. Using a 5-point Likert Scale, participants indicate the extent to which

they agree or disagree with the statements describing their feelings of being a parent in terms of

parental stressors, difficulties managing their child, and a lack of fit between what they expected

and the child they have (e.g.s., "I feel trapped by my responsibilities as a parent," My child rarely

does things for me that make me feel good," and "There are some things my child does that

really bother me a lot"; SFI α = .91 for fathers and .92 for mothers). This scale has been

validated by comparing parents who do and do not have known childrearing stressors (children with developmental delays, oppositional defiance, or difficult temperaments; Abidin, 1997) and is widely used in studies spanning 30 years. For this study, 16 variables were selected by the data manager on statistical and theoretical grounds at the request of the agencies to shorten the questionnaire without sacrificing any important domain. Although the previous instrument and this shorter one cannot be directly compared, the means for each subscale and the Total scale of the PSI were similar for the California data collected on the longer scale and the Alberta data, especially for the distress and parent-child dysfunctional interactions subscales. Means for the Difficult Child and Total scores were somewhat higher for Alberta fathers and mothers than CA parents (31 vs. 25 for both). Each subscale and the Total PSI scores were significantly correlated with depression for both the CA and the Alberta subscales, offering further evidence of the shorter scale's validity.

Qualitative Questions. Furthermore, participants will answer the following questions during the qualitative interview in order to gain more in-depth information about romantic adult attachment styles:

- How has your participation in SFI affected your relationship with your partner today? How has it affected your co-parenting?
    - **Probe**: Has it changed your degree of closeness with your partner? If so, how?
    - **Probe**: Has it changed your degree of trusting your partner? If so, how?
    - **Probe**: Has it changed your degree of intimacy with your partner? If so, how?
- How would you say that SFI has made a difference in how you see yourself as a spouse/partner? If I were to ask your partner this question, what do you think he/she would say?

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- Please use 5 adjectives to describe your partner.

Data Collection and Coding

Participants completed a battery of quantitative questionnaires, targeting their co-parenting relationships, the specific parent-child relationship, and the couple relationship. Participants additionally completed an hour long qualitative interview conducted by a team of masters' student researchers to gain a broader understanding of participants' parenting roles, stressors, conflicts, and overall couple relationship quality. The interviews were recorded using Pamela for Skype and transcribed selectively by the researcher, to identify themes consistent with a thematic analysis (Padgett, 2008). Using an inductive process (Thomas, 2006), researchers examined open-ended data to find meaning in individuals' experiences in order to generalize to the larger population. In order to identify different patterns in the data, the transcriptions were reviewed multiple times so that the researcher could become familiar with the data. Then data from three transcriptions were coded by two researchers in order to establish reliability in theme selection. The researchers discussed discrepancies in all cases until congruence was determined. If congruence was not reached, the larger research team (two additional student researchers and a senior advisor) were consulted. Once initial patterns were found, the researcher generated codes to document these patterns, and then combined codes into specific over-arching themes. Next, the researcher analyzed how the themes were congruent with the data and underlying attachment theory perspective. A total of 20% of the transcriptions were double coded to maintain a reliability check throughout the coding process. Information that did not fit into the identified themes was tracked separately and considered for divergent perspectives.

Hypotheses

Using an attachment theory framework to guide hypotheses about quantitative relationships between variables, I hypothesize the following: 1) Individuals will report an inverse relationship such that marital satisfaction is associated with lower levels of parenting stress. 2) Individuals who exhibit a secure attachment style will have a lower level of parenting stress and a higher level of marital satisfaction compared to individuals who exhibit an insecure attachment style (preoccupied, anxious-avoidant, anxious-fearful). 3) Relationships between marital satisfaction and parenting stress will differ across attachment styles. No hypotheses are made about qualitative data, as these are exploratory toward the purpose of obtaining more in-depth information about the constructs of interest.

Potential Biases

It is important to consider any potential biases in research**.** As a young White female in American culture, my perspective on parenting and relationship norms, beliefs, and values differed from the participants that I interviewed. I recognize that I was raised in a two parent upper-middle class household where both parents were involved in parenting and both parents worked outside of the home. This provided me with the framework and belief that parents should be seen as equal partners with similar roles and responsibilities in the family household. As a result of my own experience and lens, I was often surprised by some of the perspectives of the mothers and fathers that I interviewed, specifically when parents described their own parental involvement, parenting roles and expectations, and overall family dynamics. Although I am aware that all families function differently, I was surprised to learn that many of the families I interviewed adhere to "traditional" mother and father family roles (such that mothers work in the home while fathers are the bread-winners).

In order to minimize the influence of my bias, I endeavored to maintain neutrality during data collection so that my own perspectives did not impact the interview. I additionally interviewed fathers and mothers on alternate bases, was aware of my own background and perspective, and stayed focused on understanding the world view of participants. I also had reliability checks on the coded data to ensure that my biases did not infiltrate the data.

CHAPTER IV

Findings

The purpose of the present study was to explore attachment, marital satisfaction and parenting stress in quantitative and qualitative ways. First, the relationships between level of parenting stress and marital satisfaction in mothers and fathers who participated in the Supporting Father Involvement (SFI) program will be examined. The study further explored how attachment style impacted associations between parenting stress and marital satisfaction in both mothers and fathers. Finally, attachment as defined by levels of closeness, trust, and intimacy was investigated through qualitative interviews aiming to produce more in-depth information about current attachment styles present in participants.

Three hypotheses were stated and tested using quantitative analysis:

- *Hypothesis 1*: Both mothers and fathers will report an inverse relationship such that marital satisfaction is associated with lower levels of parenting stress.

- *Hypothesis 2*: Adults who are securely attached to their partners will have a) a lower level of parenting stress and b) a higher level of marital satisfaction when compared to adults who are insecurely attached to their partners.

- *Hypothesis 3*: Relationships between marital satisfaction and parenting stress will differ across attachment styles. Specific hypotheses are not offered, as there has been little research to suggest which attachment styles would affect the association between parenting stress and couple sat and in what ways.

Additional questions were asked in a qualitative interview in order to collect a range of responses regarding to attachment.

Demographic data will be presented first, followed by descriptive data, correlations and ANOVA tests of difference between groups, and finally, qualitative data will be discussed. It is important to note that due to the small sample size, the current findings may be due to chance. A discussion of the findings will occur in the last chapter with the understanding that all results cannot be supported until replication with a larger sample occurs.

Demographics

The 50 Alberta participants who completed the Post-2 assessment were between ages 18 to 54 years. A majority of them (86%) were born in Canada, with over 70% self-identifying as having European heritage background, 11% as Asian Canadian, 11% as First Nations/Inuit, and 8% as Other. Most (85%) of the couples indicated they were married, 9% were living separately and raising a child together (separated or divorced), and 6% were single (never-married or never-cohabiting couples). Participants were fairly well-educated: a majority of mothers and fathers finished high school or technical/trade school (88% Fathers, 88% Mothers) and some (31% of mothers; 29% of fathers) completed college or professional school. The average combined family income for Alberta participants ranged between $50,000 to $60,000 a year, with a median income of $60,000 and modal income over $90,000 a year. Only 8% of the couples reported being on financial assistance.

Findings

Marital Satisfaction and Parenting Stress. As you will see in Table 1 below, Pearson correlations between parenting stress (PSI) and quality of marriage (QMI) for both fathers and mothers have significant main effects at the 0.01 level and 0.05 level respectively. As

hypothesized (1), the higher the level of parenting stress, the lower the marital quality. This

relationship, however, is stronger for fathers than it is for mothers, highlighting that marital

quality and parenting stress are more connected for fathers than they are for mothers in this

sample.

Table 1

Pearson Correlations for Mothers and Fathers between PSI and QMI

Fathers	
Pearson Correlation	p-value
-.209	.004*
Mothers	
Pearson Correlation	p-value
-.154	.036*

Attachment Descriptive Data. These findings describe the breakdown of attachment

categories among participants. As shown in Table 2 below, there were significantly more

mothers and fathers who fit criteria for an insecure attachment style (79% of fathers and 82.5%

of mothers) as opposed to a secure attachment style (21% of fathers and 17% of mothers).

Within the insecure attachment category, the largest group of mothers identified with a

preoccupied attachment style, the second largest group by a dismissive style and the smallest and

approximately even percentage of mothers endorsing items characteristic of secure and fearful

insecure styles. Most fathers were split between a dismissive and a preoccupied attachment style,

again with equal numbers endorsing secure and fearful styles.

Table 2

Frequency of Secure and Insecure Attachment Styles among Mothers and Fathers

Attachment Category	Fathers N=24 (Frequency in %)	Mothers N=24 (Frequency in %)
Secure	21%	17%
Dismissive (Insecure)	29%	29%
Fearful (Insecure)	21%	16%
Preoccupied (Insecure)	29%	37.5%

Group Differences for Parenting Stress and Marital Satisfaction across Genders and Attachment Categories. Illustrated in Table 3 below are the mean scores for the level of parenting stress and the marital satisfaction separated by gender and attachment style. These statistics will first be reported by gender and will then be analyzed across attachment category.

Fathers. As hypothesized (2a), securely attached fathers reported a higher mean level of parenting stress in comparison to all categories of insecure fathers (dismissive, fearful, and preoccupied). The patterns were different, and less clear, for marital satisfaction. Dismissive fathers reported more satisfaction with their partner than fathers with secure, fearful, or preoccupied attachments. Therefore, hypothesis 2b was not confirmed. In fact, dismissive insecure styles were more strongly related in a negative way; fathers with dismissive styles (individuals who exhibit low levels of anxiety and prefer low levels of closeness in relationships) were less satisfied with their couple relationship.

Mothers. Among mothers, the opposite pattern was found than for fathers. Hypothesis 2a was not confirmed for mothers, such that secure mothers did not have lower stress than did other mothers. The style most clearly associated with marital satisfaction was fearful (illustrated by high levels of anxiety in a relationship but preferring low levels of closeness and intimacy) that predicted marital satisfaction. Fearful (insecure) mothers reported higher parenting stress than

did all other attach categories of mothers. However, as hypothesized in 2b, secure mothers were – on average – happier in their relationship than any category of insecure mothers: dismissive, fearful, or preoccupied.

In addition to gender, the study also examined group differences in each attachment category:

Secure. Securely attached fathers had higher levels of parenting stress in comparison to securely attached mothers. Securely attached mothers were more satisfied with their relationship than securely attached fathers.

Dismissive. Dismissive mothers and fathers reported similar levels of parenting stress. However, dismissive fathers reported more satisfaction in their couple relationship than dismissive mothers.

Fearful. Fearful mothers experience more parenting stress than do fearful fathers. Fearful mothers and fathers reported similar satisfaction in the couple relationship.

Preoccupied. Preoccupied mothers and fathers reported similar levels of parenting stress. Preoccupied fathers experience a higher level of happiness in their romantic relationship than preoccupied mothers.

From these findings, it is clear that for fathers, a secure attachment is not related to his level of marital satisfaction, yet it is for mothers. Furthermore, a secure attachment is related to a higher level of parenting stress for fathers, while for mothers, there is no relationship. However, in actual size, the means are not very different.

Table 3

Descriptive Statistics: Mean Scores across Attachment Categories, PSI, and QMI

Attachment Category	Fathers Mean PSI Score	Mothers Mean PSI Score	Fathers Mean QMI Score	Mothers Mean QMI Score
Secure	32.4 (sd = 4.6)	25.6 (sd = 7.2)	27.6 (sd = 9.3)	40.0 (sd = 3.5)
Dismissive (Insecure)	20.5 (sd = 5.2)	22.4 (sd = 5.7)	42.0 (sd = 2.7)	32.7 (sd = 15.0)
Fearful (Insecure)	29.0 (sd = 1.9)	40.5 (sd = 3.0)	30.8 (sd = 12.4)	30.2 (sd = 5.4)
Preoccupied(Insecure)	26.7 (sd = 8.1)	26.7 (sd = 4.7)	29.5 (sd = 8.2)	21.6 (sd = 10.0)

Table 4 below, illustrates the correlations for mothers and fathers between levels of parenting stress (PSI) and quality of marriage (QMI) across attachment style categories. There are significant correlations for dismissive and fearful fathers, suggesting that a fathers' insecure attachment to a mother (expressed through low levels of anxiety and preference for emotional distance in the relationship for dismissive fathers and high levels of anxiety and preference for emotional distance in the relationship for fearful fathers) has a strong impact on his level of parenting stress and marital quality (hypothesis 3). For mothers, however, hypothesis 3 was not confirmed. These data indicate that there are no significant relationships between the PSI and the QMI and any of the attachment styles (secure or insecure). This suggests that a mothers' attachment to a father has no bearing on the connection between her level of parenting stress and marital quality.

Table 4

Univariate ANOVAs for Parenting Stress and Quality of Marriage for Mothers and

Fathers by Attachment style

	F-value	p-value
Parenting Stress Index		
Fathers	4.72	.012**
Mothers	10.83	.000**
Quality of Marriage Index		
Fathers	3.85	.025**
Mothers	2.44	.098**

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

Using a set of univariate ANOVAs to test the relationships between attachment and parenting stress and between attachment and marital satisfaction for each gender, it was found that all relationships were significant (see Table 5 below). These data illustrate that for both mothers and fathers, levels of parenting stress and the degree of happiness in marriage vary significantly across attachment styles. Although specifics cannot be addressed at this point, these data show that overall, attachment moderates levels of parenting stress in mothers and fathers as well as marital satisfaction for both mothers and fathers. Since many other Pearson correlations have correlational R values of 0.4 and above, it is highly likely that they too would have been significant had the sample size been larger. Future studies can continue to investigate these correlations in order to better understand the specific trends present in the relationships.

Table 5

Correlations between PSI and QMI for Mothers and Fathers for each Attachment Style

Attachment Category	Pearson Correlation	p-value
Secure		
Fathers	.170	.785
Mothers	-.413	.587
Dismissive		
Fathers	-.927	.008**
Mothers	-.261	.618
Fearful		
Fathers	-.980	.020*
Mothers	.711	.507
Preoccupied		
Fathers	-.548	.203
Mothers	-.475	.196

* p < .05; ** p < .01.

Qualitative Findings

Changes in Couple Closeness and Relationship. Using an inductive process (Thomas, 2006), researchers examined transcriptions to identify major themes in participant responses in order to generalize to the larger population. The following qualitative questions were used to assess dimensions in the couple relationship in order to approximate variables that are theoretically related to partners' romantic adult attachment styles such as openness, closeness, dependency/independency, and level of comfort/safety with romantic partner.

1. *How has your participation in SFI affected your relationship with your partner today? Has it changed your degree of closeness with your partner? If so, how?*

Three central themes arose in the qualitative data collected: improved communication, increased awareness of and appreciation for partner's role as a parent, and increased working together as co-parents. Although these three themes do not specifically address the closeness

domain, there is a new level of attention and appreciation for the couple relationship identified, illustrating a stronger sense of closeness between partners.

Out of the 50 participants who completed the in-depth questionnaire, 27 reported having improved communication with their partner after the intervention was completed. For example, when referencing the program, one father stated "in a lot of ways it makes it easier for us to communicate because we have a reference point." As he continued to explain this comment, it became clear that by "reference point" he was referring to the intervention as way for him and his partner to communicate directly about the new parenting skills and knowledge they had gained from the program. Similarly, an SFI mother suggested that "you can't help but have … better conversations when you do something like SFI."

In addition to communicating better, 23 participants also reported having an increased awareness of and appreciation for their partner and their partner's role as a parent after the program. One mother who participated in the program reported "[the program] helped me to be more understanding of [my partner's] role as a father… I think it gave me a better understanding of who he is, who he wants to be as a father, who he is as a father, and not to make assumptions but to actually be able to talk to him about those things." Another mother who participated in the program reported a similar experience, stating "[the program] really did allow me to understand him better and understand just how he reacts to situations and how he sees things." An SFI father further expressed an increased awareness for his partner by suggesting that he was able to "understand [my partner's] feelings more and actually be in a place where I am fully focused and listening." Another SFI father expressed his appreciation for his partner after the program and stated:

> "I never realized how fortunate I was, well I knew I was fortunate, but some of the other parents were not very involved with their children and didn't seem to enjoy being involved

so it was very different for me to see that perspective and it made me come home and really appreciate what I had…”.

A third theme found in the qualitative data relating to couple closeness was an increase in couples working together as co-parents and feeling more connected while parenting. Out of the 50 participants, 29 participants expressed a positive change in their experience as co-parents. For example, one mother stated, “we are tighter together and stand more on the same point in raising our children.” Another mother reported “we’re communicating much better now. We’re more of a parenting team” and a SFI father expressed “we are united in following a common principle in parenting our children.” Additionally, multiple SFI parents reported having an “increased initiative to be helpful” and a better understanding of the “importance of taking time for each other” once the intervention was completed. An SFI mother said, “I think it’s important for us to have our own time, as a couple without the kids” and another mother expressed, “there’s a real reverence for the time that we do have together, just the two of us.” Five participants (4 out of 5 were male) reported feeling more confident as a couple after the program was completed. For example, one father reported that the program “increased support for one another and gave us more confidence as a couple” while another father said that he and his partner are “a little closer now after learning personal things about each other in group.”

Changes in Couple Trust.

2. *Has it changed your degree of trusting your partner? If so, how?*

Similar to the closeness domain, the data collected for the trust domain fell into three central themes: changes in trust in the couple relationship, changes in trust in the parenting domain, and no change in trust. Out of 50 participants, 9 participants reported a shift in trust regarding the relationship with their partner. One mother expressed that “it pulled us closer because we both have a better understanding of each other”, while another father stated that “it

builds trust when you can talk about issues and problems." Similarly, another SFI mother expressed that she trusts her partner more and is able to better understand his good intentions.

Along with changes in trust in the couple relationship, 5 participants reported a shift in trust regarding their partner in the parenting role. For example, one mother stated that "[I] know my child is cared for with his Dad" while father reported "if [my wife] goes with the kids, I trust her to come back." Another mother expressed "trust is better now because I know that my [husband] will pull through for me if I can't handle [our daughter]." Similarly, an SFI father reported that before the program he thought that his wife was overbearing with the children but now he "trusts her to not take everything to heart and knows that she's doing it out of love, not out of hate."

Despite the handful of participants who reported changes in their degree of trusting towards their partner in regards to their relationship or in their parenting role, the majority of participants reported no change in trust post-intervention (28 participants). One father reported "we trust each other on a pretty high level, so it's pretty hard to improve on that. It's like telling you're A+ student to push harder". Another mother reported "I've always trusted him with my life…I don't think that we would have gained anything from [the program] if we hadn't trusted each other."

Although the majority of participants reported no change in their level of trust, it is important to keep in mind that out of the 50 participants, ¼ of participants *did* report a change in trust, illustrating a small but significant segment of the couples. It is also important to note that those participants whose levels of trust did not change during or after the program were most likely due to the high levels of trust that already existed in the relationship. Furthermore, as is evidenced by participation quotes, it may require a certain level of trust to not only enroll in SFI

but actively participate as well, providing a potential explanation for the responses to this question.

Changes in Couple Intimacy.

3. *Has it changed your degree of intimacy with your partner? If so, how?*

As with both closeness and trust domains, data collected for the intimacy domain also fell into three central themes: change in emotional intimacy, change in physical intimacy and no change in intimacy. Out of 50 participants, 13 individuals reported a shift in their emotional intimacy with their romantic partner. One father expressed that the idea of "playfulness" was re-integrated into his relationship with his partner and "that sort of re-sparked what we loved about each other in an intimate way." Another father reported that he and his partner were "more intimate with each other and weren't tippy-toeing around each other." Having a similar experience, a mother reported "we don't forget that we're still us," illustrating a new and stronger sense of intimacy with her romantic partner.

Five participants also reported a positive change in their physical intimacy levels. One father reported:

> "my wife and I have always communicated a lot with each other but [at SFI] we had a focal point on communication and on our intimacy and our closeness and all of that… so we kind of came together, intimately we came closer together, mentally we came closer together, and physically we became closer together."

Similarly, another father expressed that his physical intimacy "improved and increased" post-intervention. Two mothers also reported having a positive shift in physical intimacy with their partner. One mother expressed that she experienced a positive increase because "[the program] made me realize how important it is to connect in that way" while another mother shared that she also experienced a positive shift in physical intimacy because "the issue is more 'out in the open' now."

Despite the fact that some participants reported a shift in intimacy levels after the intervention, the majority of participants reported no change in the degree of intimacy with their romantic partner (24 participants). Out of the 24 participants who expressed experiencing no change in their intimacy, 5 participants explained that the lack of change in intimacy was a result of poor intimacy prior to the program or a lack of participation in the program on their partner's part. For example, one mother was expressing her frustration with her partner for not participating in the program and explained:

> "…so like one part of the program was that he was supposed to do a date for me and we went home, he didn't do it. All week long, he didn't do it. And so eventually I got upset…he failed to do it….He couldn't understand why it bothered me or why I was upset or why I was hurt. It just brought our issues to the table."

As you will notice from her comment, this SFI mother experienced no change in her degree of intimacy with her partner because her partner did not actively participate in the program, perhaps eliminating possibility for this couple to increase togetherness and develop a new sense of closeness.

Another possibility to note is that participants may not have fully understood this question. The concept of "intimacy" can be defined in multiple ways – emotional intimacy, physical intimacy, mental intimacy…etc. However, because the domain of "intimacy" was not defined for participants in the interview, it may have caused confusion, limiting participants from fully understanding and answering the question.

Descriptions of Partner.

4. *Please describe your partner using 5 adjectives*

In exploring adjectives offered across genders and couples, two adjectives were used the most in response to this question: loving (22 participants) and caring (17 participants). This fits with prior qualitative findings that trust and intimacy were already present to some extent, prior

to the intervention. Out of the 50 participants, 38 individuals described their partner using a "positive description" (4 out of 5 adjectives were positive); while only 5 participants described their partner using a "negative description" (4 out of 5 adjectives were negative). The majority of the 38 individuals who used a "positive description," tended to use all positive adjectives while the 5 participants who used a "negative description" tended to use 4 negative adjectives with 1 positive adjective.

Nine participants used the adjective "hard-working" to describe their partner, 8 participants used the adjective "intelligent/smart," 7 participants used the adjective "great parent" or "great partner" and 5 participants used the adjective "trusting." Males used the adjectives "emotional" and "intelligent" to describe their female partners more than females used these adjectives to describe their male partners; females used the adjective "trusting" to describe their male partners more than males used this adjective to describe their female partners. In 22 out of 25 couples, both partners rated their significant other positively, while in only 3 out of 25 couples, both partners rated their significant other negatively. This means that all couples were in sync with each other when describing their partner – i.e. mothers who used "positive descriptions" to describe their partners were in relationships with fathers who described their partners using "positive descriptions" and vice versa for "negative descriptions."

CHAPTER V

DISCUSSION

This study sought to explore the relationship between romantic adult attachment style, parenting stress, and marital satisfaction in parents who participated in the Supporting Father Involvement (SFI) program implemented in Alberta, Canada. Specifically, the current study quantitatively examined the relationship between marital satisfaction and parenting stress in couples. The study also used quantitative analysis to further explore how attachment style impacted the relationship between parenting stress and marital satisfaction in both mothers and fathers. Finally, the present study used a qualitative analysis to examine attachment as defined by levels of closeness, trust, and intimacy in order to gain a broader sense of current attachment styles in participants. Through exploring adult attachment style, parenting stress, and marital satisfaction, this study illuminated the different connections between all three variables, providing future researchers and clinicians with a more comprehensive understanding of how attachment style in adults can influence level of couple happiness as well as level of parenting stress.

Parenting Stress and Marital Satisfaction

Consistent with past research (Belsky & Pensky, 2008; Twenge, Campbell, & Foster, 2003), findings from the current study also showed that parenting stress and marital satisfaction had an inverse relationship for both mothers and fathers. Interestingly, however, this relationship was stronger for fathers than for mothers, emphasizing how influential the couple relationship is

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for fathers in terms of their levels of parenting stress and marital satisfaction. This result is similar to findings analyzed by Pedro, Ribeiro, and Shelton (2012), who found that the quality of the marital relationship is more influential for father's parenting behaviors than for mothers. As evidenced by current findings and past research, the connection between marital satisfaction and parenting stress remains significant, providing future researchers and clinicians with an avenue to continue exploring.

Attachment Style and Marital Satisfaction

As hypothesized, secure mothers were happier in their romantic relationship in comparison to insecure mothers. This finding is similar to the results found by Meyer and Landsberger (2002) who also showed that married women with secure attachments had higher levels of marital satisfaction in comparison to married women with insecure attachment styles. The current findings also corroborate the results found by Mondor, McDuff, Lussier, and Wright (2011) who illustrated that women with preoccupied (insecure) attachments were less satisfied in their romantic relationship.

Past research illustrates that the relationship between secure attachment and level of marital satisfaction is similar for both men and women such that secure attachments correlate to higher levels of marital satisfaction (Collins & Read, 1990). Interestingly, however, secure fathers in the current study reported a lower level of marital satisfaction than insecure fathers. Specifically, dismissive (insecure) fathers reported having the highest level of happiness in their marriage in comparison to secure, fearful, and preoccupied fathers. Although present findings do not support past research, the current results can be explained using an attachment theory lens. Individuals with a dismissive attachment style exhibit low levels of anxiety about the relationship and prefer low levels of closeness and intimacy with their partner. From this

framework, dismissive fathers do not require strong emotional or physical connection from their romantic partner in order to feel satisfied in the couple relationship. Taking this into consideration, it would make sense that dismissive fathers are more highly satisfied in their relationship than secure, preoccupied, or fearful fathers as they require less closeness, intimacy, and trust to feel connected to their partner.

Along with using attachment theory to explain these results, it is again possible that the small sample size may be complicating the data, leading to confusing findings that do not support past research and results. As such it is important to keep in mind that at this point in time all current research findings are only speculative until further replication with a larger sample occurs.

Attachment Style and Parenting Stress

Secure fathers have higher levels of parenting stress. Overall, secure fathers reported a higher level of parenting stress than secure mothers. In fact, secure fathers reported the highest level of parenting stress in comparison to all insecure fathers. This was an unexpected finding as past literature and research has illustrated that secure attachment styles are correlated with lower levels of parenting stress for both males and females (Simpson, Rholes, Orina, & Girch, 2002). Although the current findings are consistent with past literature for mothers, the results do not fit with previous findings regarding secure fathers levels of parenting stress.

This unexpected outcome can again be explained using an attachment framework. According to attachment theory, individuals who fit criteria for secure attachment, exhibit low anxiety about their relationship and prefer a high level of closeness, connectedness, and intimacy with their partner. Theoretically, secure fathers are more connected with their partner in all aspects of a relationship – emotionally, physically, socially, and as a co-parent. Belsky (1984) suggests that

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the couple relationship directly impacts the parenting relationship such that the more attuned the partners are to each other, the more involved they will be with their children. Cowan, Cowan, Pruett, Pruett, & Wong (2009) also suggest that fathers are more likely to be positively involved with their children when they have a better relationship with their partner. As such, a secure father will be more attuned to his partners' needs as a mother and a wife, increasing his stress level as a husband and a father. Insecure fathers, on the other hand, are less attuned to their partners' needs and as a result less attuned to their child, decreasing their level of parenting stress.

Dismissive mothers have lower levels of parenting stress. Fearful mothers have higher levels of parenting stress. When analyzing the data across attachment categories, another interesting and unexpected finding arose. Although secure mothers had a lower level of parenting stress in comparison to secure fathers, dismissive (insecure) mothers actually had the least amount of parenting stress in comparison to secure, fearful, and preoccupied mothers. Fearful (insecure) mothers, however, reported experiencing the highest level of parenting stress. Both of these findings are unexpected and inconsistent with past literature, yet can be explained using attachment theory. As previously mentioned, individuals who fit criteria for a dismissive attachment exhibit low levels of anxiety about the relationship and prefer low levels of closeness and intimacy. Taking this into account, it could be suggested that dismissive mothers are not as emotionally connected with their children, minimizing their levels of parenting stress. Fearful mothers, on the other hand, exhibit high levels of anxiety about the relationship and prefer low levels of closeness and intimacy. As a result, it could be argued that fearful mothers have an increased level of parenting stress due to their high level of anxiety about their relationships.

Attachment Style

Attachment style was measured through both quantitative and qualitative analysis in order to gain specific data about current attachment styles as well as in-depth descriptions from participants on their romantic relationships.

Quantitatively, data showed that overall more parents fit criteria for an insecure attachment style (79% of fathers and 82.5% of mothers) than a secure attachment style (21% of fathers and 17% of mothers). Considering the fact that participants were recruited for this study through their participation in a parenting program at community mental health centers, it could be suggested that the relatively low percentage of secure parents may stem from underlying issues related to parent's mental health or past family issues. They might also be seeking support for their parenting and couple issues precisely because they are uncertain about the status of their romantic relationships. This suggestion would be consistent with previous findings showing a strong connection between insecure attachment styles and higher occurrences of mental health (Mikulincer & Florian, 1998).

Qualitative data supported the current quantitative findings in some ways, yet contradicted the findings in other ways. Secure or insecure attachment styles in adults can be recognized in how an individual describes or talks about his or her romantic partner (Collins & Read, 1990). Additionally, secure attachment may be expressed through feelings of closeness, openness, comfort, safety, and a balance of dependence and independence with the other person (Alexandrov, Cowan, & Cowan, 2005). Taking this into consideration, I specifically asked about three attachment domains (closeness, trust, and intimacy) in order to gain a broader understanding of how each participant experienced his/her partner. Although most participants did not report a significant change in their degrees of closeness, trust, or intimacy towards their

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partners post-intervention, ¼ of participants did report a change in each category and this number depicts a fairly robust result.

The concept of "closeness," specifically, can be understood in various ways – physical closeness, emotional closeness, being more closely connected as parents…etc. Unfortunately, "closeness" was not defined prior to conducting the interview with participants. As a result, participants reported changes in their romantic relationship through other domains, illustrating a shift in their degree of closeness but not using this term specifically. As mentioned previously, the majority of participants reported having an increased awareness of and appreciation for their parenting role, improved communication, and an increased ability to work together as co-parents after the intervention. Although these three themes do not specifically address "closeness," the changes illustrate a new sense of togetherness for couples who participated in SFI. Attachment suggests that the concept of "closeness" highlights a characteristic of secure attachment in couples. It could thus be argued that couples who experienced an increase in "closeness" may have shifted into a more secure attachment; however this remains to be more specifically tested in future studies.

The "trust" domain also has implications for attachment style in adult romantic relationships. The majority of participants indicated that they experienced "no change" in their degree of trust because "we've always had trust." Attachment theory suggests that a high level of trust in a romantic relationship is a key component to secure attachment. However when referring back to the quantitative data, we can see that only 21% of fathers and 17% of mothers fit criteria for secure attachment styles. This demonstrates the complexity of attachment style, illustrating that in order to have a secure attachment, more than just a high level of trust needs to exist.

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Similar to "closeness" and "trust," the "intimacy" domain provides an insight to understanding attachment styles in adults as well. Although the majority of participants reported experiencing "no change" in their degree of intimacy with their partner, some parents (again about ¼) reported an increase in emotional intimacy and physical intimacy. The fact that the same percentage of participants reported increases in truss suggests that changes in these variables might have occurred concurrently, such that the concepts do in fact appear to be conceptually related. As with closeness and trust, another key factor in secure attachment is level of intimacy in the romantic relationship. Using an attachment lens, it again appears that through participating in SFI, some partners experienced a shift in intimacy levels, indicating movement toward a secure attachment style.

I also asked participants to describe their partner using five adjectives. The majority of participants used positive descriptions when responding to this question, which would suggest a secure attachment (Collins & Read, 1990). This finding is interesting, however, because through quantitative analysis, it is clear that the majority of participants fit criteria for an insecure attachment style. As such, using positive adjectives to describe your partner is not clearly linked to secure attachment in the present sample. The current findings also are inconsistent with research conducted by Collins and Read (1990), who illustrated that individuals who fit criteria for an insecure attachment style are more likely to use negative characteristics to describe their relationship and their partner. Simpson, Rholes, and Phillips (1996) also found that individuals who fit criteria for insecure attachment styles report more hostility in their discussions with their partners. Although current findings are not supported by past research and literature, it is possible that social desirability participant biases are at play, explaining the high number of positive descriptions of romantic partners but low number of secure attachments in current

participants. It is also a possibility that a positive change did occur for couples as a result of SFI, however this change is not reflected in attachment scores. Attachment scores may instead be related to internal working models and not satisfaction in the relationship, particularly the co-parenting relationship.

Clinical Relevance of Findings

Both the qualitative and quantitative data provide insight to the importance of understanding adult attachment and its relationship to parenting stress and marital satisfaction in a clinical and therapeutic setting. The quantitative data illustrated the range of attachment styles in the study sample, demonstrating that attachment theory is alive and relevant to Albertan parents. This not only speaks to the universality of attachment in different societies and cultures but provides further motivation to utilize attachment as an exploration method when working with couples, families, and individuals in the clinical setting, as well as community settings such as the current study and intervention.

More specifically, these findings highlight important aspects in couple and family dynamics worth noting. Through examining adult attachment style and level of parenting stress along with adult attachment style and marital satisfaction, it is clear that there is a strong connection among them, illustrating important relationships for clinicians and researchers to target in family, individual, and couple therapy or therapeutic interventions. Through understanding the connection between adult attachment and its impact on parenting stress and marital satisfaction, clinicians will be more likely to use appropriate therapeutic methods or interventions to address the presenting problems. For example, when working with couples who struggle with high levels of parenting stress or low marital satisfaction, clinicians can use an attachment-based therapy approach to better understand each partner's inner fears, anxieties, and

experiences in their romantic relationship. This will provide the clinician with the opportunity to assist the couple in developing empathy for each other, increasing marital satisfaction and decreasing parenting stress. Specifically, Sue Johnson (2009), developer of Emotionally Focused Therapy, expresses the importance of using an attachment lens in therapy as a way for couples to create a new understanding of their partner's feelings and behaviors in the relationship, thereby developing more closeness.

The current findings also have implications for my own direct clinical practice as I move ahead in my career as a clinical social worker. Taking the present findings into consideration, I am now more likely to use attachment theory to guide my intervention when working with couples struggling with parenting stress, especially fathers. My findings highlight that for fathers the relationships among attachment, marital satisfaction, and parenting stress are significantly correlated, providing me with a framework to use when talking to couples and families about family dynamics, marital quality, and parenting styles.

However, although using an attachment framework may be useful in gaining a more comprehensive understanding of the underlying problems, utilizing only attachment theory in my clinical work will limit my ability to address presenting problems and current stressors in the present moment. Attachment theory and attachment-based therapies also neglect to incorporate different cultural, social, religious, and situational contexts into treatment, minimizing the impact of a couples' environment and background on level of parenting stress and marital satisfaction. As such, in my own clinical work, I would use more concrete techniques (such as solution-focused or strength-based therapies) along with an attachment lens with couples and families in order to address various levels at which parenting stress and low marital satisfaction play out in family relationships.

Study Limitations

      Given the mixed-methods study design utilized in this study, a small number of participants (N=50) were used in order to gain in-depth qualitative information, however this limited the validity and significance of the quantitative findings. A larger sample size would have provided a better understanding of the quantitative data, specifically, the relationship between adult attachment styles and level of parenting stress. It is additionally important to note that due to the small sample size, findings may have been due to chance. As a result, current findings can only be speculative until replication with a larger sample size occurs.

      Another limiting factor of the current study was level of interviewer/participant connection and rapport. Qualitative interviews were conducted over Skype, creating a clear physical distance between interviewer and participant. In some cases, this physical barrier limited the ability to connect and develop a strong rapport prior to or while conducting the interview. As a result, participants may have been more resistant to sharing, limiting the quality of their responses. If interviews had been conducted in person, the face-to-face contact may have facilitated a faster rapport building between participant and interviewer, leading to more in-depth and genuine responses.

Implications for Future Research

    The current study has many implications for future research involving couples and families. Although the mixed-methods design utilized in this study provided the researchers with in-depth qualitative data, it limited the validity and significance of the quantitative findings. As such, in order for results to be supported, replication with a larger sample must occur. In addition to replicating this study with a larger sample, it would also be interesting for further research to include non-heterosexual couples in the sample. This would expand the research tremendously as

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future researchers would have the opportunity to explore other types of romantic relationships instead of just heterosexual couples' relationships. As more non-heterosexual couples are forming romantic relationships and families in our culture, it will be important to learn how attachment styles function in different types of romantic relationships and whether the relationships between attachment style, marital satisfaction, and parenting stress are similar or different for non-heterosexual and heterosexual couples, as well as for same-sex couples that are both male versus female.

Another fact to be disentangled in future research is whether or not the same couples make shifts in all three attachment domains or if different couples experience changes in different domains. Through examining these findings, future researchers will be able to distinguish which couples are more receptive to change through the intervention and why. Additionally, research could further explore the mechanism by which attachment influences parenting stress and marital satisfaction to gain more knowledge on the specifics of the relationship. Finally, further research could examine why secure attachments do not seem to be related to lower levels of parenting stress to determine if it is a sampling, a conceptual, or a clinical issue relevant to co-parenting families with young children.

The current study provides future researchers with an exciting path to explore in the field of romantic adult attachment. Although past research has established that childhood working models of attachment are related to adult attachment styles (Feeney & Noller, 1990), the current study only *begins* the journey of examining how attachment styles in romantic partners influence marital quality and parenting stress. This journey can be continued through exploring how and why attachment styles influence romantic relationships and parenting in the way that it does, providing insight into the process by which attachment shapes our own experiences and our

relationships with others. As such, future research can lay the foundation for growth and

development in understanding the relationships between attachment, romantic relationships, and

parenting.

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APPENDIX A

HSR Application

Smith College School for Social Work

This study protocol has been reviewed and approved by the Smith College School for Social Work Human Subjects Review Board (HSRB).

_____

Chair, Smith College SSW HSRB   Date

IN THE SECTIONS BELOW WHERE DESCRIPTIONS ARE REQUESTED, BE SURE TO PROVIDE SUFFICIENT DETAIL TO ENABLE THE COMMITTEE TO EVALUATE YOUR PROCEDURES AND RESPONSES.

DESCRIPTION OF RESEARCH PROJECT INVOLVING HUMAN PARTICIPANTS
Briefly summarize the purpose of the study, the over-arching research question, and the planned use of human participants *with sufficient detail and in clear, concise language (space will expand in all sections as you enter your information)*:

Few programs to enhance fathers' engagement with children have been systematically evaluated, especially those aimed at supporting low-income marginalized populations. In response to this dearth of information, the Supporting Father Involvement (SFI) study was developed to strengthen paternal and maternal relationships, as well as father-child relationships, and to test the efficacy of doing so for family well-being. On the basis of earlier intervention results using a couples' group format (C. P. Cowan & Cowan, 2000; P. A. Cowan, Cowan, & Heming, 2005), we tested fathers and couples group interventions that we expected would positively affect three risk factors for child abuse – the quality of the father's relationship with the child, the quality of the couple relationship, and the children's behavior.

The Supporting Father Involvement (SFI) study has been implemented with over 800 families living in 5 counties of California over a 9-year period. The study followed a sample of predominantly low income families for 18 months in a randomized clinical trial of two variations of a preventive intervention; two thirds of participating families were Mexican American and one third European American and African American. The study compared the impact of a 16-week group for fathers, a 16-week group for couples, and a low-dose comparison condition in which both parents attend one 3-hour group session; all interventions were led by the same trained mental health professionals who focused on the importance of fathers to their children's development and well-being. The one-time meeting and the 16-week curriculum for fathers and couples' groups were based on a family risk model of the central factors that research has shown are associated with fathers' positive involvement with their children. A very extensive quantitative and qualitative evaluation of the program was conducted. Compared with families in the low-dose comparison condition, intervention families showed positive effects on fathers' engagement with their children, couple relationship quality, and children's problem behaviors. Participants in couples' groups showed more consistent, longer term positive effects than those in fathers-only groups. Intervention effects were similar across family structures, income levels, and ethnicities. Three different iterations of the intervention proved equally effective, with inclusion criteria expanded to include – not only biological parents – but any co-parenting dyads (e.g., siblings, Grandparents, stepparents, etc.), children up to 11 years old, and families who had been involved in the child welfare system.

On the basis of these results, several other states and countries began to implement SFI. One of these is Alberta, Canada. The program was implemented on a smaller scale at 4 sites without a control group, and with a scaled back version of the evaluation that included only a small group of quantitative instruments administered pre-intervention and one year later. Results to date are promising, but given the shorter follow-up time frame used and the small sample size available for study, it became clear that adding longer term quantitative data and interviews to capture qualitative impacts of the intervention according to parents' perceptions were warranted to fully appreciate what changes were happening for families in Alberta.

The purpose of the present study is to examine the effectiveness of the Supporting Father Involvement (SFI) program initiated in 2011 in Alberta, Canada. Similar to the California study, SFI Alberta aimed to strengthen fathers' involvement in the family, their relationships with their children and with the mothers of their children, and to promote healthy child development. The program entailed the same 16 week group intervention (either for fathers only or for couples), case management, and attempts to enhance father friendliness in the social service agencies in which SFI was embedded.

To study the effectiveness of the evidence-based SFI approach for Albertan families, a random subsample of families will be recruited from the original sample and the original questionnaires will be administered at 18-22 months after the intervention to determine if trends emerging in earlier analyses strengthen over time. In addition, interviews will be conducted with both parents/co-parents. These interviews will include questions about individual well-being, parenting, parent-child interactions, and three generation relationships in the family. Additional research questions related to student areas of interest deemed as particularly relevant to SFI will include:

- What parenting beliefs do participants in the study identify as important from their own growing up experience? How did these beliefs impact their own parenting? How did their involvement in SFI impact these beliefs about parenting?

- What factors are involved in how parents determine their roles and negotiate conflict within the family?

- How is the romantic attachment styles of SFII mothers and fathers related to their parenting styles?

A team of four Smith College School for Social Work students will enter and analyze the quantitative data collected via survey monkey or hard copy questionnaires distributed and collected by the program case managers. In addition, the team will conduct qualitative interviews via phone or Skype with participants from each of three Alberta sites.

PARTICIPANTS: if you are only observing public behavior, skip to question d in this section.

a). How many participants will be involved in the study?

___12-15   ___≥ 50 _X_ Other (how many do you anticipate)

36 families/72 participants (both co-parents)

b). List specific eligibility requirements for participants (or describe screening procedures), including exclusionary and inclusionary criteria. For example, if including only male participants, *explain why*. If using data from a secondary de-identified source, skip to question e in this section.

To participate in this study, participants must have met the criteria for inclusion in the SFI Alberta program:

1) Both partners are over 18 years of age, speak English, and agreed to participate in an SFI group and the research involved in the program. Participants participated in the SFI group sessions.

2) The parents/co-parents have agreed to raise their youngest child together, regardless of whether they were married, cohabiting, or living separately.

3) At the time of their participation in the SFI group, neither co-parent suffered from a mental illness or drug or alcohol abuse problems that interfered with their daily functioning at work or in caring for the child. If either co-parent reported serious problems of this kind, the family was not offered one of the study interventions and was referred for other appropriate services. Since recruitment for the current study is initiated at the sites, families who report any of the above difficulties at the present time to their case managers will again be excluded.

4) At the time of recruitment into the SFI program, co-parents were not accepted if there was a current open child or spousal protection case with Child Protective Services or an instance within the past year of spousal violence or child abuse. This last criterion was designed to exclude participants whose increased participation in daily family life might increase the risks for child abuse or neglect. Since recruitment for the current study is initiated at the sites, families who report spousal violence or child welfare involvement at the present time to their case managers will again be excluded.

5) Participants must have access to a phone line or Skype and be willing to speak with the researcher for about 45 min. about their experience in SFI as well as their family relationships, roles, and functioning. Participants must also be willing to complete the quantitative questionnaire familiar to them from earlier participation in the SFI program.

c). Describe how participants will be recruited. ***Be specific: <u>give step-by-step description</u>***. (*Attach all flyers, letters, announcement, email messages etc. that will be used to recruit*).

The participants will be selected randomly from the families who have already completed the SFI intervention 18 to 22 months prior to this assessment. Case managers at each of the three sites will randomly contact families who completed the intervention 18-22 months ago and will tell them about the study. If families agree to learn more about the study, they will be told that a Smith MSW student will be contacting them by phone. Either or both parents/co-parents may agree to be contacted. From among those who agree to be contacted, the case managers will give each potential participant's contact information to a designated Smith student. The student will then call the potential participant and will explain what the study is about and how it will be conducted. All SFI participants have completed a signed informed consent form agreeing to participate in the overall SFI research, of which this study will be a part. Still, a new consent form will be obtained for this study. After explaining the current study, the researcher will discuss the consent form and issues of confidentiality with each potential participant. The researcher will email the consent form to be filled out and uploaded back to the researcher or will offer to have the case manager send one by mail. In that call, the researcher also will determine by what method the parent wants to complete the questionnaire. Once the consent is returned, the researcher will either 1) mail the questionnaire to the potential participant, 2) send a link for survey monkey or 3) will offer to conduct the questionnaire over the phone. The researcher will inform each parent that once the survey is filled out, the interview will be conducted. Another possibility is for the case managers to invite participants to a research dinner and invite them to fill out the questionnaires there. Note that the informed consents will not be attached to the questionnaires because those families who choose to do a survey monkey version of the questionnaire will not be anonymous and a wet signature will be required. The procedures detailed above, though not the most efficient, cover each necessary aspect of obtaining informed consent.

A date will then be set for the interview. The researcher will confirm that the questionnaire was completed prior to interviewing the parent. If it has not been completed, an alternate date for the interview will be set OR it will be completed that day by phone. The researcher will set up separate interview times with each parent/co-parent who agrees to participate, and will call or use video Skype to contact each participant at the designated time to complete the interview.

d). Is there any relationship between you as the researcher and the participants (e.g. teacher/student, superintendent/principal/teacher; supervisor/clinician; clinician/client, etc.) that might lead to the appearance of coercion? If so, what steps will you take to avoid this situation. For example: "I will not interview individuals who have been direct clients."

This is not applicable to the members of the research team. However, since the case managers will be making the initial contact with participants and will have worked with the families, they will make it clear that the study is completely voluntary, and the decision not to participate will not prevent the family from seeking or obtaining services in the future.

e). Are participants members of any of the following federally defined vulnerable populations?
_____Yes   __X__No
If 'Yes', check all that apply:

___   minors (under 18 years of age)
___   prisoners
___   pregnant women
___   persons with physical disabilities
___   persons with mental disabilities
___   economically disadvantaged
___   educationally disadvantaged
___   other, please specify _____If any of the above are anticipated participants in this study, state the necessity for doing so. Please indicate the approximate age range of minors to be involved. Participants under age 18 require participant assent AND written consent from the parent/legal guardian. Please use related forms.

RESEARCH METHODS:
(Check which applies)
_X__   Interview and non-anonymous questionnaire
___   Anonymous questionnaire/survey
___   Observation of public behavior
___   Analysis of de-identified data collected elsewhere

() Where did these data come from originally?

_____
_____

Did this original research get IRB approval? ___ Yes   ___ No
(Skip to BENEFITS section)
___   Other   (describe) _____
              _____

Describe the nature of the interaction between you and the participants. Additionally, if applicable, include a description of the ways in which different subjects or groups of participants will receive different treatment (e.g., control group vs. comparison group, etc.).

a). Please describe, with sufficient detail, the procedure/plan to be followed in your research (e.g. what participants will do).

To assess the effectiveness of the SFI intervention, the researcher will conduct quantitative questionnaires via Survey Monkey and qualitative interviews via phone or Skype.

As described above, the researcher will contact willing families, explain the study components, and discuss and complete the consent form. The quantitative questionnaire consists of scales that assess parental depression, father involvement, family role sharing (who does what), communication styles, parent stress, and relationship satisfaction. In addition, for this study, an instrument assessing relationship attachment between partners will be assessed whenever the co-parents are in an intimate relationship (the vast majority, if not all, of the anticipated sample).

The researcher will arrange separate times for each member of the co-parenting dyad to complete the qualitative interview. To avoid possible confounds from interview order, the researcher will alternate which parent will be interviewed first in each family. For example, the researcher will interview the mother first for family 1 but reverse that order for family 2.

The researcher will ask participants open-ended questions that relate to individual characteristics of the parents (depression); father involvement; family role sharing; the couple or co-parenting communication styles, relationship quality, and attachment; parenting stress (including the quality of the parent-child relationship); and the intergenerational transmission of parenting styles. The researcher will ask the same questions to each parent in each family dyad.

Participants will receive a gift for their involvement in the study after they have completed both portions of the research. This compensation is in the form of a $15 gift card to a coffee house or grocery store in their neighborhood.

At the completion of both assessments for all families, the research team will compile the data to analyze any changes from the pre-intervention assessment, to the follow-up assessments, as well as to evaluate themes that emerge from the qualitative data.

b). How many times will you meet/interact with participants? (***If you are only observing public behavior, SKIP to question d in this section.***)

Interaction with the participants will occur over the phone or via Skype. Each researcher expects to contact each participant 1-3 times. Time 1: To assure participants' interest and go over the informed consent; Time 2: to do the interview or encourage completion of the questionnaire; Time 3 to do the interview if needed.

c). How much total time will be required of each participant?

We anticipate most families to fill out the questionnaire via online survey; the quantitative survey will take no longer than 20 minutes to complete online, as field tested by the researchers filling it out themselves to obtain an average time. It may take a bit longer by phone. The total interview time required for each participant will be 45 minutes for the interview and an hour and a quarter total. Because this research involves talking with couples, the total time for each family will be approximately 2 hours combined.

d). Where will the data collection occur (please provide sufficient detail)?

The data collection will occur at the participants' homes or offices over the phone or via Skype. The researcher will request that participants conduct the interviews from a quiet, private location that is away from the child(ren)'s earshot. Each researcher will conduct the interview either in his/her home or in a private study room at the library.

e). If you are conducting surveys, attach a copy of the survey instrument to this application. If you are conducting individual interviews or focus groups, including ethnographies or oral histories, attach a list of the interview questions as an "Attachment". Label attachments alphabetically, with descriptive titles (e.g.: *Attachment A: Interview Questions*).

The Questionnaire and Interview questions are attached to this application.

INFORMED CONSENT: (***If you are only observing public behavior, SKIP to next section***)

a). What categories of consent documentation will you be obtaining from your participants? (Check all that apply)

_X_   written participant consent

___   written parent/guardian consent

___   Child assent 14-17

___   Child assent, assent 6-13

b). Attach original consent documents. *note: be advised that, once the study begins, ALL consents/assents except those collected in connection with anonymous surveys will require [wet] signatures – no faxed or email/electronically signed copies.

Informed consent forms are attached following the instruments. (Please note that this appendix contains three informed consents since each of the three research sites requires slightly different language in terms of their program names and procedures)

COLLECTION /RETENTION OF INFORMATION:

a). With sufficient detail, describe the method(s) of recording participant responses (e.g., audiotape, videotape, written notes, surveys, etc.)

      The researcher will use an audio recorder to record the qualitative interview. All interviews will be transcribed by the researchers. Should a transcription service be needed, a certificate of confidentiality will be signed and retained.

      Survey Monkey will be used to collect the quantitative questionnaire data. The researcher will also give families the option of doing the quantitative questionnaire by mail or phone. The data will be collated by the researchers or the data manager for the SFI Alberta project, who is conducting the larger evaluation.

b). Include the following statement to describe where and for how long will these materials will be stored and the precautions being taken to ensure the security and safety of the materials.

      All research materials including recordings, transcriptions, analyses and consent/assent documents will be stored in a secure location for three years according to federal regulations. In the event that materials are needed beyond this period, they will be kept secured until no longer needed, and then destroyed. All electronically stored data will be password protected during the storage period.

c). Will the recordings of participant responses be coded for subsequent analysis? ***If you are only observing public behavior, SKIP to next section.***

_X_ Yes   (as described above)

___ No

CONFIDENTIALITY:

a). What assurances about maintaining privacy will be given to participants about the information collected?

___   1. Anonymity is assured (data cannot be linked to participant identities)

_X_   2. Confidentiality is assured (names and identifying information are protected, i.e., stored separately
       from data).

___   3. Neither anonymity nor confidentiality is assured

b). If you checked (2) above, describe methods to protect confidentiality with sufficient detail. Describe how you will maintain privacy of the participant as well as the data

      Researchers will conduct interviews in private places where others will not hear them. Researchers will encourage participants not to have their children present during the interview process. Researchers will not share data collected with anyone outside of the research group and the program Case Manager unless you provide information that you are at risk of harming yourself, your children, or someone else; such information will be brought to the attention of the program staff and may need to be reported to child protective services or law enforcement. Before choosing to report such information, the researcher will discuss with you what he/she needs to report before doing so. Researchers will de-identify any personal information in all writing materials and disguise quotes before including them in any reports or publication.

      All of the consent forms will be stored in a locked location away from the rest of the data at each researcher's location. The de-identified data will be available by DROPBOX for each of the researchers to acquire as needed. The transcriptions will be aggregated once they are fully de-identified so that the researchers will all have access to them.

When each researcher visits or returns to Smith, all data will be delivered in person to Dr. Pruett, who will keep it in a locked file in her office.

c). If you checked (3) above, explain, with sufficient detail, why confidentiality is not assured.

d). If you checked (3) above, provide sufficient detail that describes measures you will take to assure participants understand how their information will be used. Describe and attach any permissions/releases that will be requested from participants.

RISKS:

a). Could participation in this study cause participants to feel uncomfortable or distressed?

_X_ Yes

___ No

If yes, provide a detailed description of *what steps* you will take to protect them.

Participants may feel some distress talking about personal topics pertaining to themselves, their children and their partner relationship. The researcher will conduct a separate interview for each of the parents to avoid possible discomfort or arguments between them. Before beginning the interview, the researcher will ensure that participants understand that they may pause the interview at any time if they are feeling upset, or stop the interview all together. The researcher will also explain that participants may skip any question that they do not feel comfortable answering. During the interview, the researcher will remain alert to possible signs of distress and will check in with participants about their comfort level if they may be upset. The researcher will attempt to reframe and restructure the conversation by using his/her clinical skills, and will assist participants with connecting to their SFI case manager if they express a need for further support or resources. Since these couples have already been engaged with the SFI program and are familiar with the topics and questionnaires being addressed, risk of discomfort or distress with the questions themselves will be relatively low.

b). Are there any other risks associated with participation (e.g. financial, social, legal, etc.)?

___ Yes

_X_ No

If yes, provide a detailed description of the measures you will take to mitigate these additional risks.

COMPENSATION: (*If you are only observing public behavior, SKIP to the next section*)

Describe any cash or 'gifts' (e.g.: coffee shop gift card) that participants will receive for participating in this research (see guidance about payment/gift compensation in the Smith School for Social Work Human Subjects Review Guideline, at the HSR site in the SSW website).

Each participant will receive a 15 dollar gift certificate after completing the Survey Monkey questionnaire and qualitative interview.

BENEFITS:

a). Describe the potential benefits for the researcher (you).

This research will enable the research team to learn how to conduct a program evaluation, practice clinical skills in working with families and couples, and gain insight into issues of clinical relevance for work with families and children. In addition, each researcher will gain experience in working as part of a research team under a senior faculty researcher. This study will also include a stipend and partially fulfill the requirement necessary to obtain the researchers' MSW degrees.

b). Describe the potential or guaranteed benefits for participants, EXCLUDING payment/gift compensations.

The post-assessment interview and questionnaire may help participants to reinforce what they have learned during the initial intervention process. Participants will have the chance to process their experience in and the intervention groups, and to re-evaluate their goals related to parenting, their relationship with their partner, and their personal well-being. They will also have the opportunity to reconnect with their case manager for further resources or support.

c). What are the potential benefits to social work/society from this research?

This research may contribute to a better understanding of how to enhance children's healthy development and well-being through inclusion of fathers in the family and a focus on the couple (co-parenting) relationship. The research may also contribute to the development of an evidence-based intervention model that can be replicated in a different set of communities or another country in reducing known risk factors and increasing known buffers for domestic violence, child abuse and neglect.

FINAL APPLICATION ELEMENTS:

a. Include the following statement to describe the intended uses of the data:

The data collected from this study will be used to complete researchers' Master's in Social Work (MSW) Thesis. The results of the study may also be used in publications and presentations.

b. If there are Co- Researchers, cooperating departments, and/or cooperating institutions, follow the following instructions:

If you are working with/conducting your research with a researcher working at another institution or organization, include a letter of approval from that institution's IRB or agency administrator. If there are multiple

researchers, indicate only one person on the Documentation of Review and Approval as the researcher; others should be designated as "Co-Researcher(s)" here.

The Principle Investigator and Researcher for this study is Dr. Marsha Pruett. The co-researchers are Todd Chen, Rachel Honig, Annabel Lane, and Sarah Robins.

c. TRAINING: Include the following statement to describe training:

All researchers have completed the Collaborative Institutional Training Initiative (CITI) on line training course prior to HSR approval. The certificate of completion is on file at the SSW.

Form updated 9/25/13

Quantitative Survey

1. Supporting Father Involvement

1. Family ID Number

[   ]

2. Date of this evaluation

          MM   DD   YYYY

1.   [   ] / [   ] / [   ]

3. Are you the dad or father figure?

What is your relation to the child involved in the project?

  ○ Dad

  ○ Father Figure

Relation:

[   ]

4. Are you the mom or mother figure?

What is your relation to the child involved in the project?

  ○ Mother

  ○ Mother-Figure

Relation:

[   ]

5. Site

  ○ Edmonton

  ○ Cochrane

  ○ Lethbridge

2. Demographics

6. How old are you? (Please check one)

- ○ Under 18 years
- ○ 18-24 years
- ○ 25-34 years
- ○ 35-44 years
- ○ 45-54 years
- ○ 55-64 years
- ○ 65+ years

7. What is your current marital status? (Please check one)

- ○ Single
- ○ Married
- ○ Living together as a couple
- ○ Divorced or separated
- ○ Widowed

8. Were you born in Canada?

- ○ Yes
- ○ No

3. Demographics Continued

9. If you were not born in Canada please answer the following:

What is your current immigration status? (Check one)

- ○ Landed immigrant
- ○ Refugee claimant
- ○ Canadian citizen naturalization
- ○ Don't know
- ○ Not applicable (Canadian citizen by birth)

10. If you were not born in Canada, please answer the following:

How long have you lived in Canada (Check one)

- ○ Less than one year
- ○ 1-3 years
- ○ 4-10 years
- ○ more than 10 years

11. Which of these categories best describes your ethnicity or race? (Select all that apply)

- ☐ First Nation
- ☐ Metis
- ☐ Inuit
- ☐ European / White
- ☐ Black / African Canadian
- ☐ Asian / Pacific Islander / Asian-Canadian
- ☐ Latino/Hispanic/Chicano
- ☐ Other (please describe)

12. If First Nations, what band are you a member of?

4. Demographics Continued

13. What is the highest grade or year of school that you have completed? (Check one)

- ○ No formal schooling
- ○ Grade 8 or less
- ○ Some high school (grades 9,10,11 and 12)
- ○ High school diploma (completed grade 12)
- ○ G.E.D. (high school equivalent)
- ○ Some college or 2 year certificate
- ○ Technical or trade school
- ○ Bachelor's degree
- ○ Graduate or professional school

14. What is your combined household income? (Check one)

- ○ $20,000 or less
- ○ $20,001 to $30,000
- ○ $30,001 to $40,000
- ○ $40,001 to $50,000
- ○ $50,001 to $60,000
- ○ $60,001 to $70,000
- ○ $70,001 to $80,000
- ○ $80,001 to $90,000
- ○ more than $90,000

15. Are you on financial assistance?

- ○ Yes
- ○ No

5. Child Adaptive Behavior Inventory

Below are statements describing a child's behavior. Please indicate how well each statement describes your youngest child: not at all like, very little like, somewhat like, or very much like the child. Please read all choices for each question and choose one option for each statement.

Your child . . .

16. Is shy or bashful with adults

○ Not At All Like   ○ Very Little Like   ○ Somewhat Like   ○ Very Much Like

17. Tends to disobey or break rules

○ Not At All Like   ○ Very Little Like   ○ Somewhat Like   ○ Very Much Like

18. Is restless; can't sit still

○ Not At All Like   ○ Very Little Like   ○ Somewhat Like   ○ Very Much Like

19. Has a difficult time initiating play with a group of peers and gaining entry into their group

○ Not At All Like   ○ Very Little Like   ○ Somewhat Like   ○ Very Much Like

20. Has trouble concentrating on what he/she's doing

○ Not At All Like   ○ Very Little Like   ○ Somewhat Like   ○ Very Much Like

21. Is uncooperative in group situations with adults

○ Not At All Like   ○ Very Little Like   ○ Somewhat Like   ○ Very Much Like

22. Is shy or bashful with other children

○ Not At All Like   ○ Very Little Like   ○ Somewhat Like   ○ Very Much Like

23. Acts as a leader

○ Not At All Like   ○ Very Little Like   ○ Somewhat Like   ○ Very Much Like

24. In unable to work independently; needs constant attention

○ Not At All Like   ○ Very Little Like   ○ Somewhat Like   ○ Very Much Like

25. Takes a while to get comfortable with others

○ Not At All Like   ○ Very Little Like   ○ Somewhat Like   ○ Very Much Like

26. Sometimes breaks or ruins things

○ Not At All Like   ○ Very Little Like   ○ Somewhat Like   ○ Very Much Like

27. Has a hot temper

  ○ Not At All Like   ○ Very Little Like   ○ Somewhat Like   ○ Very Much Like

28. Seeks attention; "shows off."

  ○ Not At All Like   ○ Very Little Like   ○ Somewhat Like   ○ Very Much Like

29. Isolates himself/herself from the peer group

  ○ Not At All Like   ○ Very Little Like   ○ Somewhat Like   ○ Very Much Like

30. Is self-conscious; easily embarrassed

  ○ Not At All Like   ○ Very Little Like   ○ Somewhat Like   ○ Very Much Like

31. Punishment doesn't affect his/her behavior

  ○ Not At All Like   ○ Very Little Like   ○ Somewhat Like   ○ Very Much Like

32. Is uncooperative in group situations with children

  ○ Not At All Like   ○ Very Little Like   ○ Somewhat Like   ○ Very Much Like

33. Is easily distracted from what he/she's doing

  ○ Not At All Like   ○ Very Little Like   ○ Somewhat Like   ○ Very Much Like

34. Has an outgoing personality

  ○ Not At All Like   ○ Very Little Like   ○ Somewhat Like   ○ Very Much Like

35. Usually plays or works alone

  ○ Not At All Like   ○ Very Little Like   ○ Somewhat Like   ○ Very Much Like

36. Argues; quarrels

  ○ Not At All Like   ○ Very Little Like   ○ Somewhat Like   ○ Very Much Like

37. Is deliberately cruel to others

  ○ Not At All Like   ○ Very Little Like   ○ Somewhat Like   ○ Very Much Like

38. Like to meet new people

  ○ Not At All Like   ○ Very Little Like   ○ Somewhat Like   ○ Very Much Like

39. Gets into fights with other children

  ○ Not At All Like   ○ Very Little Like   ○ Somewhat Like   ○ Very Much Like

40. Is always getting into things

  ○ Not At All Like   ○ Very Little Like   ○ Somewhat Like   ○ Very Much Like

41. Usually plays or works with only one other child

○ Not At All Like   ○ Very Little Like   ○ Somewhat Like   ○ Very Much Like

42. Is stubborn or irritable

○ Not At All Like   ○ Very Little Like   ○ Somewhat Like   ○ Very Much Like

43. Doesn't always tell the truth

○ Not At All Like   ○ Very Little Like   ○ Somewhat Like   ○ Very Much Like

44. Makes friends quickly and easily

○ Not at All Like   ○ Very Little Like   ○ Somewhat Like   ○ Very Much Like

6. How I've Been Feeling Lately

Here is a list of the ways you might have felt or behaved. Please choose the number that represents how often you have felt each of these ways during the past week. (Please read all choices)

0 = Rarely or none of the time (less than 1 day)
1 = Some or a little of the time (1-2 days)
2 = Occasionally or a moderate amount of time (3-4 days)
3 = Most or all of the time (5-7 days)

During the Past Week:

45. I was bothered by things that don't usually bother me.

- ○ 0 Rarely or none of the time (less than 1 day)
- ○ 1 Some or a little of the time (1-2 days)
- ○ 2 Occasionally or a moderate amount of time (3-4 days)
- ○ 3 Most or all of the time (5-7 days)

46. I did not feel like eating; my appetite was poor.

- ○ 0 Rarely or none of the time (less than 1 day)
- ○ 1 Some or a little of the time (1-2 days)
- ○ 2 Occasionally or a moderate amount of time (3-4 days)
- ○ 3 Most or all of the time (5-7 days)

47. I felt that I could not shake off the blues, even with help from my family or friends.

- ○ 0 Rarely or none of the time (less than 1 day)
- ○ 1 Some or a little of the time (1-2 days)
- ○ 2 Occasionally or a moderate amount of time (3-4 days)
- ○ 3 Most or all of the time (5-7 days)

48. I felt that I was just as good as other people.

- ○ 0 Rarely or none of the time (less than 1 day)
- ○ 1 Some or a little of the time (1-2 days)
- ○ 2 Occasionally or a moderate amount of time (3-4 days)
- ○ 3 Most or all of the time (5-7 days)

49. I had trouble keeping my mind on what I was doing.

- ○ 0 Rarely or none of the time (less than 1 day)
- ○ 1 Some or a little of the time (1-2 days)
- ○ 2 Occasionally or a moderate amount of time (3-4 days)
- ○ 3 Most or all of the time (5-7 days)

50. I felt depressed.

- ○ 0 Rarely or none of the time (less than 1 day)
- ○ 1 Some or a little of the time (1-2 days)
- ○ 2 Occasionally or a moderate amount of time (3-4 days)
- ○ 3 Most or all of the time (5-7 days)

51. I felt that everything I did was an effort.

- ○ 0 Rarely or none of the time (less than 1 day)
- ○ 1 Some or a little of the time (1-2 days)
- ○ 2 Occasionally or a moderate amount of time (3-4 days)
- ○ 3 Most or all of the time (5-7 days)

52. I felt hopeful about the future.

- ○ 0 Rarely or none of the time (less than 1 day)
- ○ 1 Some or a little of the time (1-2 days)
- ○ 2 Occasionally or a moderate amount of time (3-4 days)
- ○ 3 Most or all of the time (5-7 days)

53. I thought my life had been a failure.

- ○ 0 Rarely or none of the time (less than 1 day)
- ○ 1 Some or a little of the time (1-2 days)
- ○ 2 Occasionally or a moderate amount of time (3-4 days)
- ○ 3 Most or all of the time (5-7 days)

54. I felt fearful.

- ○ 0 Rarely or none of the time (less than 1 day)
- ○ 1 Some or a little of the time (1-2 days)
- ○ 2 Occasionally or a moderate amount of time (3-4 days)
- ○ 3 Most or all of the time (5-7 days)

55. My sleep was restless.

- ○ 0 Rarely or none of the time (less than 1 day)
- ○ 1 Some or a little of the time (1-2 days)
- ○ 2 Occasionally or a moderate amount of time (3-4 days)
- ○ 3 Most or all of the time (5-7 days)

56. I was happy.

- ○ 0 Rarely or none of the time (less than 1 day)
- ○ 1 Some or a little of the time (1-2 days)
- ○ 2 Occasionally or a moderate amount of time (3-4 days)
- ○ 3 Most or all of the time (5-7 days)

57. I talked less than usual.

- ○ 0 Rarely or none of the time (less than 1 day)
- ○ 1 Some or a little of the time (1-2 days)
- ○ 2 Occasionally or a moderate amount of time (3-4 days)
- ○ 3 Most or all of the time (5-7 days)

58. I felt lonely.

- ○ 0 Rarely or none of the time (less than 1 day)
- ○ 1 Some or a little of the time (1-2 days)
- ○ 2 Occasionally or a moderate amount of time (3-4 days)
- ○ 3 Most or all of the time (5-7 days)

59. People were unfriendly.

- ○ 0 Rarely or none of the time (less than 1 day)
- ○ 1 Some or a little of the time (1-2 days)
- ○ 2 Occasionally or a moderate amount of time (3-4 days)
- ○ 3 Most or all of the time (5-7 days)

60. I enjoyed life.

- ○ 0 Rarely or none of the time (less than 1 day)
- ○ 1 Some or a little of the time (1-2 days)
- ○ 2 Occasionally or a moderate amount of time (3-4 days)
- ○ 3 Most or all of the time (5-7 days)

61. I had crying spells.

◯ 0 Rarely or none of the time (less than 1 day)

◯ 1 Some or a little of the time (1-2 days)

◯ 2 Occasionally or a moderate amount of time (3-4 days)

◯ 3 Most or all of the time (5-7 days)

62. I felt sad.

◯ 0 Rarely or none of the time (less than 1 day)

◯ 1 Some or a little of the time (1-2 days)

◯ 2 Occasionally or a moderate amount of time (3-4 days)

◯ 3 Most or all of the time (5-7 days)

63. I felt that people dislike me.

◯ 0 Rarely or none of the time (less than 1 day)

◯ 1 Some or a little of the time (1-2 days)

◯ 2 Occasionally or a moderate amount of time (3-4 days)

◯ 3 Most or all of the time (5-7 days)

64. I could not get "going."

◯ 0 Rarely or none of the time (less than 1 day)

◯ 1 Some or a little of the time (1-2 days)

◯ 2 Occasionally or a moderate amount of time (3-4 days)

◯ 3 Most or all of the time (5-7 days)

7. Couple Communication

These questions ask about your relationship with your partner, how the two of you handle disagreements, and how you try to solve your day-to-day problems.

65. When you and your partner attempt to solve a marital or family problem, which of the following strategies do you tend to use?

Please select all that apply

- [ ] 1. We delay action
- [ ] 2. We talk about it to clarify the problem
- [ ] 3. We discuss both of our points of view
- [ ] 4. We compromise
- [ ] 5. We work until we have a solution
- [ ] 6. We ignore the problem
- [ ] 7. We avoid talking about it, but continue to feel uneasy
- [ ] 8. We avoid talking about it, just accept our differences

- [ ] 9. We talk about it and accept our differences
- [ ] 10A. I stomp out of the room
- [ ] 10B. My partner stomps out of the room
- [ ] 11A. I yell or insult my partner
- [ ] 11B. My partner yell or insults me
- [ ] 12A. I throw something
- [ ] 12B. My partner throws something
- [ ] 13A. I throw something at my partner

- [ ] 13B. My partner throws something at me
- [ ] 14A. I push, grab, or shove my partner
- [ ] 14B. My partner pushes, grabs, or shoves me
- [ ] 15A. I slap or try to hit my partner, but not with anything
- [ ] 15B. My partner slaps or tries to hit me, but not with anything
- [ ] 16A. I slap or try to hit my partner with something hard
- [ ] 16B. My partner slaps or tries to hit me with something hard

Using the following scale, please indicate how much conflict or disagreement you and your partner have had on each of the following issues, during the past month.

How much conflict regarding.... 0 (none) – 6 (a lot)

66. The division of workload in the family

- ( ) 0 None
- ( ) 1
- ( ) 2 A Little
- ( ) 3
- ( ) 4 A Moderate Amount
- ( ) 5
- ( ) 6 A Lot

67. The amount of time we spend together as a couple

◯ 0 None

◯ 1

◯ 2 A Little

◯ 3

◯ 4 A Moderate Amount

◯ 5

◯ 6 A Lot

68. Our sexual relationship

◯ 0 None

◯ 1

◯ 2 A Little

◯ 3

◯ 4 A Moderate Amount

◯ 5

◯ 6 A Lot

69. Who earns money

◯ 0 None

◯ 1

◯ 2 A Little

◯ 3

◯ 4 A Moderate Amount

◯ 5

◯ 6 A Lot

70. How we spend money

◯ 0 None

◯ 1

◯ 2 A Little

◯ 3

◯ 4 A Moderate Amount

◯ 5

◯ 6 A Lot

71. The quality of time we spend together as a couple

◯ 0 None

◯ 1

◯ 2 A Little

◯ 3

◯ 4 A Moderate Amount

◯ 5

◯ 6 A Lot

72. Our relationship with our in-laws

◯ 0 None

◯ 1

◯ 2 A Little

◯ 3

◯ 4 A Moderate Amount

◯ 5

◯ 6 A Lot

73. Ideas about how to raise children

◯ 0 None

◯ 1

◯ 2 A Little

◯ 3

◯ 4 A Moderate Amount

◯ 5

◯ 6 A Lot

74. Willingness to work for improvement in our relationship

◯ 0 None

◯ 1

◯ 2 A Little

◯ 3

◯ 4 A Moderate Amount

◯ 5

◯ 6 A Lot

75. The way we communicate with one another

- ( ) 0 None
- ( ) 1
- ( ) 2 A Little
- ( ) 3
- ( ) 4 A Moderate Amount
- ( ) 5
- ( ) 6 A Lot

76. Our work outside the home

- ( ) 0 None
- ( ) 1
- ( ) 2 A Little
- ( ) 3
- ( ) 4 A Moderate Amount
- ( ) 5
- ( ) 6 A Lot

77. Our child(ren)'s schooling

- ( ) 0 None
- ( ) 1
- ( ) 2 A Little
- ( ) 3
- ( ) 4 A Moderate Amount
- ( ) 5
- ( ) 6 A Lot

78. How to discipline our child(ren)

- ( ) 0 None
- ( ) 1
- ( ) 2 A Little
- ( ) 3
- ( ) 4 A Moderate Amount
- ( ) 5
- ( ) 6 A Lot

79. Any other issue? Please explain

80. Rating of other issue

◯ 0 None

◯ 1

◯ 2 A Little

◯ 3

◯ 4 A Moderate Amount

◯ 5

◯ 6 A Lot

8. Parenting Stress Index

The statements below ask you about your feelings of being a parent to your youngest child. Using the following scale, please choose the answer that best matches how much you agree or disagree with each of the following statements. YOUR FIRST REACTION SHOULD BE YOUR ANSWER.

81. I feel trapped by my responsibilities as a parent.

◯ Strongly Agree ◯ Agree ◯ Not Sure ◯ Disagree ◯ Strongly Disagree

82. Having a child has caused more problems than I expected in my relationship with my spouse (male/female friend).

◯ Strongly Agree ◯ Agree ◯ Not Sure ◯ Disagree ◯ Strongly Disagree

83. My child rarely does things for me that make me feel good.

◯ Strongly Agree ◯ Agree ◯ Not Sure ◯ Disagree ◯ Strongly Disagree

84. When I do things for my child I get the feeling that my efforts are not appreciated very much.

◯ Strongly Agree ◯ Agree ◯ Not Sure ◯ Disagree ◯ Strongly Disagree

85. When playing, my child doesn't often giggle or laugh.

◯ Strongly Agree ◯ Agree ◯ Not Sure ◯ Disagree ◯ Strongly Disagree

86. My child doesn't seem to learn as quickly as most children.

◯ Strongly Agree ◯ Agree ◯ Not Sure ◯ Disagree ◯ Strongly Disagree

87. It takes a long time and it is very hard for my child to get use to new things.

◯ Strongly Agree ◯ Agree ◯ Not Sure ◯ Disagree ◯ Strongly Disagree

88. I expected to have closer and warmer feelings for my child than I do and this bothers me.

◯ Strongly Agree ◯ Agree ◯ Not Sure ◯ Disagree ◯ Strongly Disagree

89. My child seems to cry, fuss, or get upset more often than most children.

◯ Strongly Agree ◯ Agree ◯ Not Sure ◯ Disagree ◯ Strongly Disagree

90. My child reacts very strongly when something happens that my child doesn't like.

◯ Strongly Agree ◯ Agree ◯ Not Sure ◯ Disagree ◯ Strongly Disagree

91. There are some things my child does that really bother me a lot.

◯ Strongly Agree ◯ Agree ◯ Not Sure ◯ Disagree ◯ Strongly Disagree

92. My child rarely does things for me that make me feel good.

◯ Strongly Agree   ◯ Agree   ◯ Not Sure   ◯ Disagree   ◯ Strongly Disagree

93. I feel that I am: (READ ALL CHOICES)

◯ not very good at being a parent,

◯ a person who has some trouble being a parent,

◯ an average parent,

◯ a better than average parent,

◯ a very good parent.

94. I have found that getting my child to do something or to stop doing something is: (READ ALL CHOICES)

◯ much harder than I expected,

◯ somewhat harder than I expected,

◯ about as hard as I expected,

◯ somewhat easier than I expected,

◯ much easier than I expected.

95. Overall, how do you rate your child's health?

◯ Excellent   ◯ Good   ◯ Fair   ◯ Poor

96. Overall, how would you rate your own health?

◯ Excellent   ◯ Good   ◯ Fair   ◯ Poor

9. Who Does What - Introduction

All parents develop ways of dividing family household tasks and the caring and rearing of children. And, parents of babies tend to do different sorts of tasks than do parents of older children.
Please think about the different things you do for (and with) your YOUNGEST child.

PARENTS WITH BABIES: If your youngest child is a baby aged 1-1/2 years or less, please respond to the questions regarding parents with babies ONLY.

PARENTS WITH CHILDREN OLDER THAN 1-1/2 YEARS: If your youngest child is older than 1-1/2 years, please respond to the questions regarding parents with children older than 1-1/2 years ONLY.

Choose (and respond to) only one page of questions.

97. Please choose one of the following:

◯ I am a parent with a baby. My youngest child is a baby aged 1-1/2 years or less.

◯ I am a parent with child(ren) older than 1-1/2 years.

10. Who Does What - Parents with Babies

FOR PARENTS WITH BABIES:

Please show how you and your partner divide the family tasks listed here. Using the numbers on the scale below, show HOW IT IS NOW and HOW YOU WOULD LIKE IT TO BE.

98. Feeding the baby: How it is NOW...

◯ 1 SHE DOES IT ALL

◯ 2

◯ 3

◯ 4

◯ 5 WE BOTH DO THIS ABOUT EQUALLY

◯ 6

◯ 7

◯ 8

◯ 9 HE DOES IT ALL

99. Feeding the baby: How you would LIKE it to be...

◯ 1 SHE DOES IT ALL

◯ 2

◯ 3

◯ 4

◯ 5 WE BOTH DO THIS ABOUT EQUALLY

◯ 6

◯ 7

◯ 8

◯ 9 HE DOES IT ALL

100. Bathing the baby: How it is NOW...

◯ 1 SHE DOES IT ALL

◯ 2

◯ 3

◯ 4

◯ 5 WE BOTH DO THIS ABOUT EQUALLY

◯ 6

◯ 7

◯ 8

◯ 9 HE DOES IT ALL

101. Bathing the baby: How you would LIKE it to be...

◯ 1 SHE DOES IT ALL

◯ 2

◯ 3

◯ 4

◯ 5 WE BOTH DO THIS ABOUT EQUALLY

◯ 6

◯ 7

◯ 8

◯ 9 HE DOES IT ALL

102. Changing the baby's diapers; dressing the baby: How it is NOW...

◯ 1 SHE DOES IT ALL

◯ 2

◯ 3

◯ 4

◯ 5 WE BOTH DO THIS ABOUT EQUALLY

◯ 6

◯ 7

◯ 8

◯ 9 HE DOES IT ALL

103. Changing the baby's diapers; dressing the baby: How you would LIKE it to be...

○ 1 SHE DOES IT ALL

○ 2

○ 3

○ 4

○ 5 WE BOTH DO THIS ABOUT EQUALLY

○ 6

○ 7

○ 8

○ 9 HE DOES IT ALL

104. Doing the baby's laundry: How it is NOW...

○ 1 SHE DOES IT ALL

○ 2

○ 3

○ 4

○ 5 WE BOTH DO THIS ABOUT EQUALLY

○ 6

○ 7

○ 8

○ 9 HE DOES IT ALL

105. Doing the baby's laundry: How you would LIKE it to be...

○ 1 SHE DOES IT ALL

○ 2

○ 3

○ 4

○ 5 WE BOTH DO THIS ABOUT EQUALLY

○ 6

○ 7

○ 8

○ 9 HE DOES IT ALL

106. Responding to the baby's crying in the middle of the night: How it is NOW...

◯ 1 SHE DOES IT ALL

◯ 2

◯ 3

◯ 4

◯ 5 WE BOTH DO THIS ABOUT EQUALLY

◯ 6

◯ 7

◯ 8

◯ 9 HE DOES IT ALL

107. Responding to the baby's crying in the middle of the night: How you would LIKE it to be...

◯ 1 SHE DOES IT ALL

◯ 2

◯ 3

◯ 4

◯ 5 WE BOTH DO THIS ABOUT EQUALLY

◯ 6

◯ 7

◯ 8

◯ 9 HE DOES IT ALL

108. Taking the baby out: walking, driving, visiting, etc.: How it is NOW...

◯ 1 SHE DOES IT ALL

◯ 2

◯ 3

◯ 4

◯ 5 WE BOTH DO THIS ABOUT EQUALLY

◯ 6

◯ 7

◯ 8

◯ 9 HE DOES IT ALL

109. Taking the baby out: walking, driving, visiting, etc.: How you would like it to be...

○ 1 SHE DOES IT ALL

○ 2

○ 3

○ 4

○ 5 WE BOTH DO THIS ABOUT EQUALLY

○ 6

○ 7

○ 8

○ 9 HE DOES IT ALL

110. Arranging childcare/babysitter: How it is NOW...

○ 1 SHE DOES IT ALL

○ 2

○ 3

○ 4

○ 5 WE BOTH DO THIS ABOUT EQUALLY

○ 6

○ 7

○ 8

○ 9 HE DOES IT ALL

111. Arranging childcare/babysitter: How you would LIKE it to be...

○ 1 SHE DOES IT ALL

○ 2

○ 3

○ 4

○ 5 WE BOTH DO THIS ABOUT EQUALLY

○ 6

○ 7

○ 8

○ 9 HE DOES IT ALL

112. Choosing toys for the baby: How it is NOW...

◯ 1 SHE DOES IT ALL

◯ 2

◯ 3

◯ 4

◯ 5 WE BOTH DO THIS ABOUT EQUALLY

◯ 6

◯ 7

◯ 8

◯ 9 HE DOES IT ALL

113. Choosing toys for the baby: How you would LIKE it to be...

◯ 1 SHE DOES IT ALL

◯ 2

◯ 3

◯ 4

◯ 5 WE BOTH DO THIS ABOUT EQUALLY

◯ 6

◯ 7

◯ 8

◯ 9 HE DOES IT ALL

114. Playing with the baby: How it is NOW...

◯ 1 SHE DOES IT ALL

◯ 2

◯ 3

◯ 4

◯ 5 WE BOTH DO THIS ABOUT EQUALLY

◯ 6

◯ 7

◯ 8

◯ 9 HE DOES IT ALL

115. Playing with the baby: How you would LIKE it to be...

◯ 1 SHE DOES IT ALL

◯ 2

◯ 3

◯ 4

◯ 5 WE BOTH DO THIS ABOUT EQUALLY

◯ 6

◯ 7

◯ 8

◯ 9 HE DOES IT ALL

116. Deciding how to respond to the baby: How it is NOW...

◯ 1 SHE DOES IT ALL

◯ 2

◯ 3

◯ 4

◯ 5 WE BOTH DO THIS ABOUT EQUALLY

◯ 6

◯ 7

◯ 8

◯ 9 HE DOES IT ALL

117. Deciding how to respond to the baby: How you would LIKE it to be...

◯ 1 SHE DOES IT ALL

◯ 2

◯ 3

◯ 4

◯ 5 WE BOTH DO THIS ABOUT EQUALLY

◯ 6

◯ 7

◯ 8

◯ 9 HE DOES IT ALL

118. Dealing with the doctor regarding the baby's health: How it is NOW...

◯ 1 SHE DOES IT ALL

◯ 2

◯ 3

◯ 4

◯ 5 WE BOTH DO THIS ABOUT EQUALLY

◯ 6

◯ 7

◯ 8

◯ 9 HE DOES IT ALL

119. Dealing with the doctor regarding the baby's health: How you would LIKE it to be...

◯ 1 SHE DOES IT ALL

◯ 2

◯ 3

◯ 4

◯ 5 WE BOTH DO THIS ABOUT EQUALLY

◯ 6

◯ 7

◯ 8

◯ 9 HE DOES IT ALL

SATISFACTION WITH OVERALL DIVISION BETWEEN PARENTS

120. Overall, how do you feel about YOUR level of involvement with your child?

◯ 1 Very satisfied

◯ 2

◯ 3 Neutral

◯ 4

◯ 5 Very dissatisfied

121. Overall, how do you feel about the other parent's level of involvement with your child?

◯ 1 Very satisfied

◯ 2

◯ 3 Neutral

◯ 4

◯ 5 Very dissatisfied

122. Overall, how do you think the other parent feels about your level of involvement with your child?

◯ 1 Very satisfied

◯ 2

◯ 3 Neutral

◯ 4

◯ 5 Very dissatisfied

11. Who Does What - Parents with Children over 1 1/2

FOR PARENTS OF CHILDREN OLDER THAN 1-1/2 YEARS:

Please show how you and your partner divide the family tasks listed here. Using the numbers on the scale below, show HOW IT IS NOW and HOW YOU WOULD LIKE IT TO BE.

**NOTE: If you already completed this questionnaire for "parents with babies," please skip this questionnaire.

123. Making meals for the child (even if occasionally): How it is NOW...

◯ 1 SHE DOES IT ALL

◯ 2

◯ 3

◯ 4

◯ 5 WE BOTH DO THIS ABOUT EQUALLY

◯ 6

◯ 7

◯ 8

◯ 9 HE DOES IT ALL

124. Making meals for the child (even if occasionally): How you would LIKE it to be...

◯ 1 SHE DOES IT ALL

◯ 2

◯ 3

◯ 4

◯ 5 WE BOTH DO THIS ABOUT EQUALLY

◯ 6

◯ 7

◯ 8

◯ 9 HE DOES IT ALL

125. Reading to/with the child: How it is NOW...

◯ 1 SHE DOES IT ALL

◯ 2

◯ 3

◯ 4

◯ 5 WE BOTH DO THIS ABOUT EQUALLY

◯ 6

◯ 7

◯ 8

◯ 9 HE DOES IT ALL

126. Reading to/with the child: How you would LIKE it to be...

◯ 1 SHE DOES IT ALL

◯ 2

◯ 3

◯ 4

◯ 5 WE BOTH DO THIS ABOUT EQUALLY

◯ 6

◯ 7

◯ 8

◯ 9 HE DOES IT ALL

127. Choosing clothes for the child: How it is NOW...

◯ 1 SHE DOES IT ALL

◯ 2

◯ 3

◯ 4

◯ 5 WE BOTH DO THIS ABOUT EQUALLY

◯ 6

◯ 7

◯ 8

◯ 9 HE DOES IT ALL

128. Choosing clothes for the child: How you would LIKE it to be...

○ 1 SHE DOES IT ALL

○ 2

○ 3

○ 4

○ 5 WE BOTH DO THIS ABOUT EQUALLY

○ 6

○ 7

○ 8

○ 9 HE DOES IT ALL

129. Doing the child's laundry: How it is NOW...

○ 1 SHE DOES IT ALL

○ 2

○ 3

○ 4

○ 5 WE BOTH DO THIS ABOUT EQUALLY

○ 6

○ 7

○ 8

○ 9 HE DOES IT ALL

130. Doing the child's laundry: How you would LIKE it to be...

○ 1 SHE DOES IT ALL

○ 2

○ 3

○ 4

○ 5 WE BOTH DO THIS ABOUT EQUALLY

○ 6

○ 7

○ 8

○ 9 HE DOES IT ALL

131. Deciding whether or how to respond to the child when upset: How it is NOW...

◯ 1 SHE DOES IT ALL

◯ 2

◯ 3

◯ 4

◯ 5 WE BOTH DO THIS ABOUT EQUALLY

◯ 6

◯ 7

◯ 8

◯ 9 HE DOES IT ALL

132. Deciding whether or how to respond to the child when upset: How you would LIKE it to be...

◯ 1 SHE DOES IT ALL

◯ 2

◯ 3

◯ 4

◯ 5 WE BOTH DO THIS ABOUT EQUALLY

◯ 6

◯ 7

◯ 8

◯ 9 HE DOES IT ALL

133. Taking the child out: walking, driving, visiting, etc.: How it is NOW...

◯ 1 SHE DOES IT ALL

◯ 2

◯ 3

◯ 4

◯ 5 WE BOTH DO THIS ABOUT EQUALLY

◯ 6

◯ 7

◯ 8

◯ 9 HE DOES IT ALL

134. Taking the child out: walking, driving, visiting, etc.: How you would LIKE it to be...

◯ 1 SHE DOES IT ALL

◯ 2

◯ 3

◯ 4

◯ 5 WE BOTH DO THIS ABOUT EQUALLY

◯ 6

◯ 7

◯ 8

◯ 9 HE DOES IT ALL

135. Getting the child to and from school (N/A if not in school): How it is NOW...

◯ 1 SHE DOES IT ALL

◯ 2

◯ 3

◯ 4

◯ 5 WE BOTH DO THIS ABOUT EQUALLY

◯ 6

◯ 7

◯ 8

◯ 9 HE DOES IT ALL

136. Getting the child to and from school (N/A if not in school): How you would LIKE it to be...

◯ 1 SHE DOES IT ALL

◯ 2

◯ 3

◯ 4

◯ 5 WE BOTH DO THIS ABOUT EQUALLY

◯ 6

◯ 7

◯ 8

◯ 9 HE DOES IT ALL

137. Choosing or being involved with child choosing own toys: How it is NOW...

◯ 1 SHE DOES IT ALL

◯ 2

◯ 3

◯ 4

◯ 5 WE BOTH DO THIS ABOUT EQUALLY

◯ 6

◯ 7

◯ 8

◯ 9 HE DOES IT ALL

138. Choosing or being involved with child choosing own toys: How you would LIKE it to be...

◯ 1 SHE DOES IT ALL

◯ 2

◯ 3

◯ 4

◯ 5 WE BOTH DO THIS ABOUT EQUALLY

◯ 6

◯ 7

◯ 8

◯ 9 HE DOES IT ALL

139. Playing with the child: How it is NOW...

◯ 1 SHE DOES IT ALL

◯ 2

◯ 3

◯ 4

◯ 5 WE BOTH DO THIS ABOUT EQUALLY

◯ 6

◯ 7

◯ 8

◯ 9 HE DOES IT ALL

140. Playing with the child: How you would LIKE it to be...

◯ 1 SHE DOES IT ALL

◯ 2

◯ 3

◯ 4

◯ 5 WE BOTH DO THIS ABOUT EQUALLY

◯ 6

◯ 7

◯ 8

◯ 9 HE DOES IT ALL

141. Disciplining the child: How it is NOW...

◯ 1 SHE DOES IT ALL

◯ 2

◯ 3

◯ 4

◯ 5 WE BOTH DO THIS ABOUT EQUALLY

◯ 6

◯ 7

◯ 8

◯ 9 HE DOES IT ALL

142. Disciplining the child: How you would LIKE it to be...

◯ 1 SHE DOES IT ALL

◯ 2

◯ 3

◯ 4

◯ 5 WE BOTH DO THIS ABOUT EQUALLY

◯ 6

◯ 7

◯ 8

◯ 9 HE DOES IT ALL

143. Dealing with the doctor regarding the child's health: How it is NOW...

◯ 1 SHE DOES IT ALL

◯ 2

◯ 3

◯ 4

◯ 5 WE BOTH DO THIS ABOUT EQUALLY

◯ 6

◯ 7

◯ 8

◯ 9 HE DOES IT ALL

144. Dealing with the doctor regarding the child's health: How you would LIKE it to be...

◯ 1 SHE DOES IT ALL

◯ 2

◯ 3

◯ 4

◯ 5 WE BOTH DO THIS ABOUT EQUALLY

◯ 6

◯ 7

◯ 8

◯ 9 HE DOES IT ALL

SATISFACTION WITH OVERALL DIVISION BETWEEN PARENTS

145. Overall, how do you feel about YOUR level of involvement with your child?

◯ 1 Very satisfied

◯ 2

◯ 3 Neutral

◯ 4

◯ 5 Very dissatisfied

146. Overall, how do you feel about the other parent's level of involvement with your child?

○ 1 Very satisfied

○ 2

○ 3 Neutral

○ 4

○ 5 Very dissatisfied

147. Overall, how do you think the other parent feels about your level of involvement with your child?

○ 1 Very satisfied

○ 2

○ 3 Neutral

○ 4

○ 5 Very dissatisfied

12. Quality of Marriage Index

Our Relationship (between the parents)

Please choose the number that best describes the degree of satisfaction you feel in each of these areas of your relationship.

148. We have a good relationship.

- ◯ 1 Very Strongly Disagree
- ◯ 2 Strongly Disagree
- ◯ 3 Disagree
- ◯ 4 Neither Agree nor Disagree
- ◯ 5 Agree
- ◯ 6 Strongly Agree
- ◯ 7 Very Strongly Agree

149. My relationship with my child's other parent is very stable.

- ◯ 1 Very Strongly Disagree
- ◯ 2 Strongly Disagree
- ◯ 3 Disagree
- ◯ 4 Neither Agree nor Disagree
- ◯ 5 Agree
- ◯ 6 Strongly Agree
- ◯ 7 Very Strongly Agree

150. My relationship with my child's other parent is strong.

- ◯ 1 Very Strongly Disagree
- ◯ 2 Strongly Disagree
- ◯ 3 Disagree
- ◯ 4 Neither Agree nor Disagree
- ◯ 5 Agree
- ◯ 6 Strongly Agree
- ◯ 7 Very Strongly Agree

151. My relationship with my child's other parents makes me happy.

◯ 1 Very Strongly Disagree

◯ 2 Strongly Disagree

◯ 3 Disagree

◯ 4 Neither Agree nor Disagree

◯ 5 Agree

◯ 6 Strongly Agree

◯ 7 Very Strongly Agree

152. I really feel like part of a team with my child's other parent.

◯ 1 Very Strongly Disagree

◯ 2 Strongly Disagree

◯ 3 Disagree

◯ 4 Neither Agree nor Disagree

◯ 5 Agree

◯ 6 Strongly Agree

◯ 7 Very Strongly Agree

153. On a scale from one to ten, one being unhappy, five being happy, and ten being perfectly happy, all things considered, what degree of happiness best describes your relationship with your partner? Please choose a number.

◯ 1   ◯ 2   ◯ 3   ◯ 4   ◯ 5   ◯ 6   ◯ 7   ◯ 8   ◯ 9   ◯ 10
Unhappy   Happy   Perfectly
                                                                       happy

154. How long have you two known each other?

(Please specify ____ months and ____years)

155. PLEASE ANSWER ONE OF THE FOLLOWING:

(If you are romantically involved with your partner):
How long have you two been a couple?

(Please specify ____ months and ____years)

156. (If you two co-parent the child but are not romantically involved with each other):
How long have you been co-parenting the child who was involved in the SFI project?

(Please specify ____ months and ____years)

13. Experiences in Close Relationships - Revised

The statements below concern how you feel in emotionally intimate relationships. Please think about how you generally experience relationships, not just in what is happening in a current relationship. Respond to each statement by choosing a number to indicate how much you agree or disagree with the statement.

1 = Strongly Disagree.........7= Strong Agree

157. I'm afraid that I will lose my partner's love.

○ 1 Strongly Disagree
○ 2
○ 3
○ 4
○ 5
○ 6
○ 7 Strongly Agree

158. I often worry that my partner will not want to stay with me.

○ 1 Strongly Disagree
○ 2
○ 3
○ 4
○ 5
○ 6
○ 7 Strongly Agree

159. I often worry that my partner doesn't really love me.

○ 1 Strongly Disagree
○ 2
○ 3
○ 4
○ 5
○ 6
○ 7 Strongly Agree

160. I worry that romantic partners won't care about me as much as I care about them.

◯ 1 Strongly Disagree

◯ 2

◯ 3

◯ 4

◯ 5

◯ 6

◯ 7 Strongly Agree

161. I often wish that my partner's feelings for me were as strong as my feelings for him or her.

◯ 1 Strongly Disagree

◯ 2

◯ 3

◯ 4

◯ 5

◯ 6

◯ 7 Strongly Agree

162. I worry a lot about my relationships.

◯ 1 Strongly Disagree

◯ 2

◯ 3

◯ 4

◯ 5

◯ 6

◯ 7 Strongly Agree

163. When my partner is out of sight, I worry that he or she might become interested in someone else.

◯ 1 Strongly Disagree

◯ 2

◯ 3

◯ 4

◯ 5

◯ 6

◯ 7 Strongly Agree

164. When I show my feelings for romantic partners, I'm afraid they will not feel the same about me.

◯ 1 Strongly Disagree

◯ 2

◯ 3

◯ 4

◯ 5

◯ 6

◯ 7 Strongly Agree

165. I rarely worry about my partner leaving me.

◯ 1 Strongly Disagree

◯ 2

◯ 3

◯ 4

◯ 5

◯ 6

◯ 7 Strongly Agree

166. My romantic partner makes me doubt myself.

○ 1 Strongly Disagree

○ 2

○ 3

○ 4

○ 5

○ 6

○ 7 Strongly Agree

167. I do not often worry about being abandoned.

○ 1 Strongly Disagree

○ 2

○ 3

○ 4

○ 5

○ 6

○ 7 Strongly Agree

168. I find that my partner(s) don't want to get as close as I would like.

○ 1 Strongly Disagree

○ 2

○ 3

○ 4

○ 5

○ 6

○ 7 Strongly Agree

169. Sometimes romantic partners change their feelings about me for no apparent reason.

○ 1 Strongly Disagree

○ 2

○ 3

○ 4

○ 5

○ 6

○ 7 Strongly Agree

170. My desire to be very close sometimes scares people away.

○ 1 Strongly Disagree

○ 2

○ 3

○ 4

○ 5

○ 6

○ 7 Strongly Agree

171. I'm afraid that once a romantic partner gets to know me, he or she won't like who I really am.

○ 1 Strongly Disagree

○ 2

○ 3

○ 4

○ 5

○ 6

○ 7 Strongly Agree

172. It makes me mad that I don't get the affection and support I need from my partner.

○ 1 Strongly Disagree

○ 2

○ 3

○ 4

○ 5

○ 6

○ 7 Strongly Agree

173. I worry that I won't measure up to other people.

○ 1 Strongly Disagree

○ 2

○ 3

○ 4

○ 5

○ 6

○ 7 Strongly Agree

174. My partner only seems to notice me when I'm angry.

○ 1 Strongly Disagree

○ 2

○ 3

○ 4

○ 5

○ 6

○ 7 Strongly Agree

175. I prefer not to show a partner how I feel deep down.

○ 1 Strongly Disagree

○ 2

○ 3

○ 4

○ 5

○ 6

○ 7 Strongly Agree

176. I feel comfortable sharing my private thoughts and feelings with my partner.

○ 1 Strongly Disagree

○ 2

○ 3

○ 4

○ 5

○ 6

○ 7 Strongly Agree

177. I find it difficult to allow myself to depend on romantic partners.

○ 1 Strongly Disagree

○ 2

○ 3

○ 4

○ 5

○ 6

○ 7 Strongly Agree

178. I am very comfortable being close to romantic partners.

○ 1 Strongly Disagree

○ 2

○ 3

○ 4

○ 5

○ 6

○ 7 Strongly Agree

179. I don't feel comfortable opening up to romantic partners.

○ 1 Strongly Disagree

○ 2

○ 3

○ 4

○ 5

○ 6

○ 7 Strongly Agree

180. I prefer not to be too close to romantic partners.

○ 1 Strongly Disagree

○ 2

○ 3

○ 4

○ 5

○ 6

○ 7 Strongly Agree

181. I get uncomfortable when a romantic partner wants to be very close.

○ 1 Strongly Disagree

○ 2

○ 3

○ 4

○ 5

○ 6

○ 7 Strongly Agree

182. I find it relatively easy to get close to my partner.

○ 1 Strongly Disagree
○ 2
○ 3
○ 4
○ 5
○ 6
○ 7 Strongly Agree

183. It's not difficult for me to get close to my partner.

○ 1 Strongly Disagree
○ 2
○ 3
○ 4
○ 5
○ 6
○ 7 Strongly Agree

184. I usually discuss my problems and concerns with my partner.

○ 1 Strongly Disagree
○ 2
○ 3
○ 4
○ 5
○ 6
○ 7 Strongly Agree

185. It helps to turn to my romantic partner in times of need.

○ 1 Strongly Disagree
○ 2
○ 3
○ 4
○ 5
○ 6
○ 7 Strongly Agree

186. I tell my partner just about everything.

◯ 1 Strongly Disagree

◯ 2

◯ 3

◯ 4

◯ 5

◯ 6

◯ 7 Strongly Agree

187. I talk things over with my partner.

◯ 1 Strongly Disagree

◯ 2

◯ 3

◯ 4

◯ 5

◯ 6

◯ 7 Strongly Agree

188. I am nervous when partners get too close to me.

◯ 1 Strongly Disagree

◯ 2

◯ 3

◯ 4

◯ 5

◯ 6

◯ 7 Strongly Agree

189. I feel comfortable depending on romantic partners.

◯ 1 Strongly Disagree

◯ 2

◯ 3

◯ 4

◯ 5

◯ 6

◯ 7 Strongly Agree

190. I find it easy to depend on romantic partners.

◯ 1 Strongly Disagree

◯ 2

◯ 3

◯ 4

◯ 5

◯ 6

◯ 7 Strongly Agree

191. It's easy for me to be affectionate with my partner.

◯ 1 Strongly Disagree

◯ 2

◯ 3

◯ 4

◯ 5

◯ 6

◯ 7 Strongly Agree

192. My partner really understands me and my needs.

◯ 1 Strongly Disagree

◯ 2

◯ 3

◯ 4

◯ 5

◯ 6

◯ 7 Strongly Agree

Qualitative Interview

Introduction:

Hello, my name is _____. I am one of the research assistants in the SFI program. We want to thank you for taking the time and effort today to be a part of this interview and for your participation in the SFI program.

As you know, it has been over __ months since you began participating in the SFI program and we realize that a lot may have happened in your family since the group ended.   So we wanted to take this opportunity to ask you have some questions about how everything is going with you and your family. We are interested in how you are thinking now about your SFI experience and how your thinking has evolved over the past year. Before we get started, do you have any questions for me?

Throughout the interview, use clinical interventions such as basic attending, listening and action skills. Examples include paraphrasing, clarification and reflection of feeling. Always try to focus the questions on the domains.
Questions:

Individual Domain:

If you were to think back to what you have learned in SFI, what kind of changes have you noticed in yourself as a result of being part of the group?
What kind of changes have you noticed in your partner?
Some people in your group reported being pretty depressed at the beginning of the group. How did <u>you</u> feel? How do you feel now? What changed?
Parenting:

How has your involvement with your child changed since being in SFI? What do you attribute the changes to?

How has your partner's involvement with your child changed? What do you attribute the changes to?

Have you noticed any other differences in your relationship with your child?
Probe: What's different?
How have these changes affected your relationship with your partner?
As you looked back on what you learned at SFI about parenting, what do you remember most?
What kind of parenting beliefs do you hold most dear that come from your own growing up experience?
Probe: How did these beliefs influence your own parenting?
How has participating in SFI strengthened or changed these beliefs?
Partner:
In a perfect world, how would you and your partner split up family tasks? How do you think your partner would answer that question?
Probe: How have your feelings about this changed since being in SFI, or in the time since the group ended?
How do you and your partner resolve disagreements about who does what?
Probe: How has this changed since being in SFI?
Probe: How is this similar or different from the way you resolve other kinds of disagreements?
How has your participation in SFI affected your relationship with your partner today? How has it affected your co-parenting?

Probe: Has it changed your degree of closeness with your partner? If so, how?

Probe: Has it changed your degree of trusting your partner? If so, how?

Probe: Has it changed your degree of intimacy with your partner? If so, how?

How would you say that SFI has made a difference in how you see yourself as a spouse/partner? If I were to ask your partner this question, what do you think he/she would say?

Please use 5 adjectives to describe your partner.

<u>Overall Program:</u>
In what ways has SFI contributed to your family's overall well-being that you haven't yet mentioned?
What do you think was most important to you and your family about the SFI program?
What changes in the program would you recommend?
What was helpful about your connection with your Case Manager/Family Worker? With your Group Leaders?

Informed Consent Forms
(For sites: Norwood, Lethbridge and Cochrane)

SMITH COLLEGE

Consent to Participate in a Research Study
               Smith College School for Social Work ● Northampton, MA

………………………………………………………………………….

Title of Study: Supporting Father Involvement (SFI), Norwood site

Lead Researcher: Dr. Marsha Pruett, Smith College School of Social Work, 413-585-7997

Co-Researchers: Todd Chen, Rachel Honig, Annabel Lane, and Sarah Robins
               (Smith College School for Social Work)

………………………………………………………………………….

Introduction
- You are being asked to help us understand what you learned in the Parenting in Partnership program at the Norwood Child and Family Resource Centre by participating in follow-up research on the program's effectiveness.
- You were selected as a possible participant because of your previous participation in the program.
- Please read this form and ask any questions that you have before agreeing to be in the study.

Purpose of Study
- The purpose of the study is to better understand the experiences of families who participated in the Parenting in Partnership program. We would like to learn more about how your family may or may not have changed in the time since you participated in the program. In this program evaluation, we will ask for information about your well-being as an individual, partner/co-parent, and parent, as well as your children's well-being, and relationships within your family.
- This study is being conducted to assist the program funders in attracting interest for additional funding for the program. This study also fulfills a requirement for the researchers' Master's in Social Work (MSW) degrees.
- Ultimately, this research may be published or presented at professional conferences.

Description of the Study Procedures
- If you agree to be in this study, you will be asked to:

   1) Participate in a brief, introductory conversation with a Smith graduate student researcher over the phone. The purpose of this conversation is to explain what the study is about and how it will be conducted, and to answer any questions you might have. The researcher will also explain the consent form and issues of confidentiality.

   2) Complete a questionnaire that can be filled out online, mailed, or delivered to you by your family

support worker. This questionnaire should take about 20 minutes to complete. The survey is just like the ones you have filled out in the past, with a few additional questions.

3) Participate in an interview by phone or Skype that will last about 45 minutes. Each parent will have a separate interview, which will consist of answering questions about how you are thinking about your Parenting in Partnership experiences and how your thinking has evolved over the past year. Although this interview will be conducted separately for each parent, participation from both parents is strongly encouraged. An audio recorder will be used for this interview, so the interview can be transcribed and themes from all of the interviews compiled.

Risks/Discomforts of Being in this Study
- The study has minimal risks. Some of the questions in the interview and the questionnaire are of a personal nature and may cause you some discomfort or distress. You may skip any question that you do not feel comfortable answering and can pause or end the interview at any time. Your family support worker will be available if you want to discuss some of the issues after the interview and/or seek support for yourself or your family; the researcher can put you in touch with him or her.

Benefits of Being in the Study
- The study will give you the opportunity to think more about your relationships with your children and your partner/co-parent. In addition, you will have an opportunity to talk about family issues that are important to you, revisit what you have learned during the Parenting in Partnership program, and reflect on your goals for the future.

- Your participation in this study may also benefit other families by providing a better understanding of how to improve children's healthy development and well-being. It will also help researchers learn how the Parenting in Partnership program was helpful to families, and may contribute to the longevity of Parenting in Partnership program, as well as the development of future programs based on the Supporting Fatherhood Involvement model.

Confidentiality
- Your participation will be kept confidential. The questionnaires and the interviews will be conducted in the privacy of your home or preferred location. Your decision to participate will be shared only among the research team at Smith College and the Parenting in Partnership staff at Norwood. The information you provide will not be shared outside of the Smith College research team and the Data Manager for the Parenting in Partnership program unless you provide information that you are at risk for harming yourself or someone else; such information will be brought to the attention of the Parenting in Partnership staff and may need to be reported to child protective services or law enforcement. Before choosing to report such information, the researcher will discuss with you what he/she needs to report before doing so. Information will be compiled in a final report for the funders of the program, but all information will be reported in aggregate, and any quotes or examples will be carefully disguised.

- All research materials including recordings, transcriptions, analyses and consent documents will be stored in a secure location for three years according to U.S. federal regulations. In the event that materials are needed beyond this period, they will be kept secured until no longer needed, and then destroyed. All electronically stored data will be password protected during the storage period. We will not include any information in any report we may publish that would make it possible to identify you.

Payments/gift

- You will receive the following gift after completing both the questionnaire and interview: a 15 dollars gift certificate to a local coffee shop or grocery store. The gift certificate will be delivered to you by your family support worker.

Right to Refuse or Withdraw
- The decision to participate in this study is entirely up to you. You may decide not to take part in the study without affecting your relationship with the researchers of this study, Smith College, or the Centre. Your decision to decline will not prevent you from receiving any services now or in the future at Norwood Child and Family Resource Centre. You have the right not to answer any single question, as well as to withdraw completely up to the date noted below. If you choose to withdraw, I will not use any of your information collected for this study. You must notify me of your decision to withdraw by email or phone by March 1, 2014. After that date, your information will be part of the thesis and final report.

Right to Ask Questions and Report Concerns
- You have the right to ask questions about this research study and to have those questions answered by me before, during or after the research. If you have any further questions about the study, at any time feel free to contact researchers Todd Chen at xxxxxx@xxxx, (xxx)xxx-xxxx or Sarah Robins at xxxxxx@xxxx, (xxx)xxx-xxxx. If you would like a summary of the study results, please let one of us or your family service worker know and we will send you one once the study is completed. If you have any other concerns about your rights as a research participant, or if you have any problems as a result of your participation, you may contact the Chair of the Smith College School for Social Work Human Subjects Committee at (413) 585-7974.

Consent
- Your signature below indicates that you have decided to volunteer as a participant in this study, and that you have read and understood the information provided above. You will be given a signed and dated copy of this form to keep.

Name of Participant (print): _____

Signature of Participant: _____   Date: _____

Signature of Researcher(s): _____   Date: _____

…………………………………………………………………..

APPENDIX E

SMITH COLLEGE

Consent to Participate in a Research Study
Smith College School for Social Work ● Northampton, MA

…………………………………………………………………………..

Title of Study: Supporting Father Involvement (SFI), Lethbridge Site

Lead Researcher: Dr. Marsha Pruett, Smith College School of Social Work, 413-585-7997

Co-Researchers: Todd Chen, Rachel Honig, Annabel Lane, and Sarah Robins
  (Smith College School for Social Work)

…………………………………………………………………………..

Introduction
- You are being asked to help us understand what you learned in the Supporting Father Involvement (SFI) program at Family Centre by participating in follow-up research on the program's effectiveness.
- You were selected as a possible participant because of your previous participation in the program.
- Please read this form and ask any questions that you have before agreeing to be in the study.

Purpose of Study
- The purpose of the study is to better understand the experiences of the families who participated in the SFI program. We would like to learn more about how your family may or may not have changed in the time since you participated in the program. In this program evaluation, we will ask for information about your well-being as an individual, partner/co-parent, and parent, as well as your children's well-being, and relationships within your family.
- This study is being conducted to assist the program funders in attracting interest for additional funding for the program. This study also fulfills a requirement for the researchers' Master's in Social Work (MSW) degrees.
- Ultimately, this research may be published or presented at professional conferences.

Description of the Study Procedures
- If you agree to be in this study, you will be asked to:

  4) Participate in a brief, introductory conversation with a Smith graduate student researcher over the phone. The purpose of this conversation is to explain what the study is about and how it will be conducted, and to answer any questions you might have. The researcher will also explain the consent form and issues of confidentiality.

  5) Complete a questionnaire that can be filled out online, mailed, or delivered to you by your case manager. This questionnaire should take about 20 minutes to complete. The survey is just like the ones you have filled out in the past, with a few additional questions.

  6) Participate in an interview by phone or Skype that will last about 45 minutes. Each parent will

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have a separate interview, which will consist of answering questions about how you are thinking about your SFI experiences and how your thinking has evolved over the past year. Although this interview will be conducted separately for each parent, participation from both parents is strongly encouraged. An audio recorder will be used for this interview, so the interview can be transcribed and themes from all of the interviews compiled.

Risks/Discomforts of Being in this Study
- The study has minimal risks. Some of the questions in the interview and the questionnaire are of a personal nature and may cause you some discomfort or distress. You may skip any question that you do not feel comfortable answering and can pause or end the interview at any time. Please contact your SFI case manager if you want to discuss some of the issues after the interview and/or seek support for yourself or your family.

Benefits of Being in the Study
- The study will give you the opportunity to think more about your relationships with your children and your partner/co-parent. In addition, you will have an opportunity to talk about family issues that are important to you, revisit what you have learned during the SFI program, and reflect on your goals for the future.

- Your participation in this study may also benefit other families by providing a better understanding of how to improve children's healthy development and well-being. It will also help researchers learn how the SFI program was helpful to families, and may contribute to the longevity of the local SFI program, as well as the development of future programs based on the SFI model.

Confidentiality
- Your participation will be kept confidential. The questionnaires and the interviews will be conducted in the privacy of your home or preferred location. Your decision to participate will be shared only among the research team at Smith College and the SFI staff at Family Centre. The information you provide will not be shared outside of the Smith College research team or the SFI Data Manager unless you provide information that you are at risk for harming yourself or someone else; such information will be brought to the attention of the SFI staff at Family Centre and may need to be reported to child protective services or law enforcement. Before choosing to report such information, the researcher will discuss with you what he/she needs to report before doing so. Information will be compiled in a final report for the funders of the program, but all information will be reported in aggregate, and any quotes or examples will be carefully disguised. In no ways will we disclose information that would identify your personal details when presenting our research for any of the purposes outlined above.

- All research materials including recordings, transcriptions, analyses and consent documents will be stored in a secure location at Smith College for three years according to U.S. federal regulations. In the event that materials are needed beyond this period, they will be kept secured until no longer needed, and then destroyed. All electronically stored data will be password protected during the storage period. We will not include any information in any report we may publish that would make it possible to identify you.

Payments/gift
- You will receive the following gift after completing both the questionnaire and interview: a $15 dollar gift certificate to a local coffee shop (Tim Hortons).

Right to Refuse or Withdraw
- The decision to participate in this study is entirely up to you. You may decide not to take part in the

study without affecting your relationship with the researchers of this study, Smith College, or Family Centre. Your decision to decline will not prevent you from receiving any services now or in the future. You have the right not to answer any single question, as well as to withdraw completely up to the date noted below. If you choose to withdraw, I will not use any of your information collected for this study. You must notify me of your decision to withdraw by email or phone by March 1, 2014. After that date, your information will be part of the thesis and final report.

Right to Ask Questions and Report Concerns
- You have the right to ask questions about this research study and to have those questions answered by me before, during or after the research. If you have any further questions about the study, at any time feel free to contact researchers Rachel Honig at xxxxxx@xxxx, (xxx)xxx-xxxx or Sarah Robins at xxxxxx@xxxx, (xxx)xxx-xxxx. If you would like a summary of the study results, please let one of us or your family service worker know and we will send you one once the study is completed. If you have any other concerns about your rights as a research participant, or if you have any problems as a result of your participation, you may contact the Chair of the Smith College School for Social Work Human Subjects Committee at (413) 585-7974.

Consent
- Your signature below indicates that you have decided to volunteer as a participant in this study, and that you have read and understood the information provided above. You will be given a signed and dated copy of this form to keep.

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Name of Participant (print): _____

Signature of Participant: _____   Date: _____

Signature of Researcher(s): _____   Date: _____

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SMITH COLLEGE

Consent to Participate in a Research Study
Smith College School for Social Work ● Northampton, MA

…………………………………………………………………………..

Title of Study: Supporting Father Involvement (SFI), Cochrane Site

Lead Researcher: Dr. Marsha Pruett, Smith College School of Social Work, 413-585-7997

Co-Researchers: Todd Chen, Rachel Honig, Annabel Lane, and Sarah Robins
(Smith College School for Social Work)

…………………………………………………………………………..

Introduction
- You are being asked to help us understand what you learned in the Fathers Matter program at the Western Rocky View Parent Link Centre by participating in follow-up research on the program's effectiveness.
- You were selected as a possible participant because of your previous participation in the program.
- Please read this form and ask any questions that you have before agreeing to be in the study.

Purpose of Study
- The purpose of the study is to better understand the experiences of the families who participated in the Fathers Matter program. We would like to learn more about how your family may or may not have changed in the time since you participated in the program. In this program evaluation, we will ask for information about your well-being as an individual, partner/co-parent, and parent, as well as your children's well-being, and relationships within your family.
- This study is being conducted to assist the program funders in attracting interest for additional funding for the program. This study also fulfills a requirement for the researchers' Master's in Social Work (MSW) degrees.
- Ultimately, this research may be published or presented at professional conferences.

Description of the Study Procedures
- If you agree to be in this study, you will be asked to:

  7) Participate in a brief, introductory conversation with a Smith graduate student researcher over the phone. The purpose of this conversation is to explain what the study is about and how it will be conducted, and to answer any questions you might have. The researcher will also explain the consent form and issues of confidentiality.

  8) Complete a questionnaire that can be filled out online, mailed, or delivered to you by your case manager. This questionnaire should take about 20 minutes to complete. The survey is just like the ones you have filled out in the past, with a few additional questions.

9) Participate in an interview by phone or Skype that will last about 45 minutes. Each parent will have a separate interview, which will consist of answering questions about how you are thinking about your SFI experiences and how your thinking has evolved over the past year. Although this interview will be conducted separately for each parent, participation from both parents is strongly encouraged. An audio recorder will be used for this interview, so the interview can be transcribed and themes from all of the interviews compiled.

Risks/Discomforts of Being in this Study
- The study has minimal risks. Some of the questions in the interview and the questionnaire are of a personal nature and may cause you some discomfort or distress. You may skip any question that you do not feel comfortable answering and can pause or end the interview at any time. Your case manager will be available if you want to discuss some of the issues after the interview and/or seek support for yourself or your family; the researcher can put you in touch with him or her.

Benefits of Being in the Study
- The study will give you the opportunity to think more about your relationships with your children and your partner/co-parent. In addition, you will have an opportunity to talk about family issues that are important to you, revisit what you have learned during the Fathers Matter program, and reflect on your goals for the future.

- Your participation in this study may also benefit other families by providing a better understanding of how to improve children's healthy development and well-being. It will also help researchers learn how the SFI program was helpful to families, and may contribute to the longevity of the Fathers Matter program, as well as the development of future programs based on the SFI model.

Confidentiality
- Your participation will be kept confidential. The questionnaires and the interviews will be conducted in the privacy of your home or preferred location. Your decision to participate will be shared only among the research team at Smith College and the Fathers Matter staff. The information you provide will not be shared outside of the Smith College research team or the SFI Data Manager for the Families Matter program unless you provide information that you are at risk for harming yourself or someone else; such information will be brought to the attention of the Families Matter staff and may need to be reported to child protective services or law enforcement. Before choosing to report such information, the researcher will discuss with you what he/she needs to report before doing so.
- All research materials including recordings, transcriptions, analyses and consent documents will be stored in a secure location for three years according to U.S. federal regulations. In the event that materials are needed beyond this period, they will be kept secured until no longer needed, and then destroyed. All electronically stored data will be password protected during the storage period. We will not include any information in any report we may publish that would make it possible to identify you.

Payments/gift
- You will receive the following gift after completing both the questionnaire and interview: a 15 dollar gift certificate to a local coffee shop. The gift certificate will be delivered to you by your case manager.

Right to Refuse or Withdraw
- The decision to participate in this study is entirely up to you. You may decide not to take part in the

study without affecting your relationship with the researchers of this study, Smith College, or the Parent Link Centre. Your decision to decline will not prevent you from receiving any services now or in the future at the Centre. You have the right not to answer any single question, as well as to withdraw completely up to the date noted below. If you choose to withdraw, I will not use any of your information collected for this study. You must notify me of your decision to withdraw by email or phone by March 1, 2014. After that date, your information will be part of the thesis and final report.

Right to Ask Questions and Report Concerns
- You have the right to ask questions about this research study and to have those questions answered by me before, during or after the research. If you have any further questions about the study, at any time feel free to contact researchers Annabel Lane at xxxxxx@xxxx, (xxx)xxx-xxxx or Sarah Robins at xxxxxx@xxxx, (xxx)xxx-xxxx. If you would like a summary of the study results, please let one of us or your case manager know and we will send you one once the study is completed. If you have any other concerns about your rights as a research participant, or if you have any problems as a result of your participation, you may contact the Chair of the Smith College School for Social Work Human Subjects Committee at (413) 585-7974.

Consent
- Your signature below indicates that you have decided to volunteer as a participant in this study, and that you have read and understood the information provided above. You will be given a signed and dated copy of this form to keep.

....

Name of Participant (print): _____

Signature of Participant: _____   Date: _____

Signature of Researcher(s): _____   Date: _____

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Appendix G

HSR Approval Letter

SMITH COLLEGE

School for Social Work
Smith College
Northampton, Massachusetts 01063
T (413) 585-7950   F (413) 585-7994

January 4, 2014

Todd Chen, Rachel Honig, Annabel Lane, and Sarah Robins

Dear Todd, Rachel, Annabel and Sarah,

You did a very nice job on your revisions. Your project is now approved by the Human Subjects Review Committee.

Please note the following requirements:

Consent Forms: All subjects should be given a copy of the consent form.

Maintaining Data: You must retain all data and other documents for at least three (3) years past completion of the research activity.

In addition, these requirements may also be applicable:

Amendments: If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

Renewal: You are required to apply for renewal of approval every year for as long as the study is active.

Completion: You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.

Congratulations and our best wishes on your interesting study.

Sincerely,

Elaine Kersten, Ed.D.
Co-Chair, Human Subjects Review Committee

CC: Marsha Pruett, Research Advisor