HELPING KIDS BY HELPING THEIR DADS: FATHERS FOR CHANGE, A FATHER-FOCUSED INTERVENTION TO ADDRESS FAMILY VIOLENCE

October is Domestic Violence Awareness Month. As we are experiencing an escalation of violent acts in our communities, collaborative work is being done between the Department of Children and Families, Yale University, and the University of Connecticut Health Center to assess and address the underlying issues associated with family violence.

One program is Fathers for Change (F4C), a psychotherapy intervention with a dual focus on domestic violence and child maltreatment. It engages men by emphasizing and building on their roles as fathers.

Read the article below about F4C, initial outcomes, current research underway and how to refer fathers to this support.

HELPING KIDS BY HELPING THEIR DADS: FATHERS FOR CHANGE, A FATHER-FOCUSED INTERVENTION TO ADDRESS FAMILY VIOLENCE

By Damion J. Grasso, PhD

About 70% of children continue to have contact with their father after police or state intervention for father inflicted family violence. This is true regardless of whether anything has been done to help the father change his behavior. Unfortunately, in much of the United States, child welfare services focus on mothers and often do not expect or help fathers to become better fathers and coparents. This places an unfair burden on mothers and is a bias toward fathers who are not always offered services the way maltreating or struggling mothers are provided treatment opportunities, even if their use of violence led to the family's involvement with child protective services. Even when services are offered to these fathers, they typically occur in a vacuum, with fathers, mothers, and children receiving services separately in a siloed system that largely ignores the family dynamic and the father-child relationship. Fortunately, Connecticut has made great strides in shifting the paradigm to engage fathers in change – for their benefit and the benefit of their families.

Domestic Violence – the *Gateway Adversity*

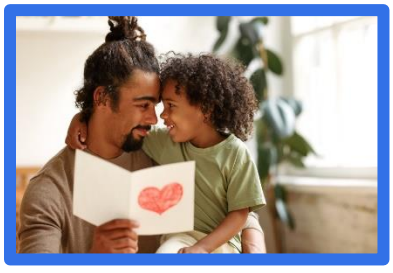
Children's exposure to domestic violence (DV) is prevalent, with about 1 in 6 children impacted in the United States (Hamby, Finkelhor, Turner, & Omrod, 2011). Most of these children also experience direct forms of child maltreatment, including emotional and physical abuse and

neglect (Grasso et al., 2016). Some have described young children's exposure to DV as a *gateway* adversity to other forms of adversity and trauma across the lifespan (Dierkhising et al., 2019; Grasso et al., 2016). Together, DV and co-occurring forms of child maltreatment can wreak havoc on children, with significant immediate and long-term consequences on physical and psychological health that can emerge early and cascade across development into adulthood (Briggs-Gowan et al., 2019; Grasso et al., 2016; Stover et al., 2019).

Not surprisingly, DV is especially common among children referred to child protective services – and this impact is greater than often realized. In a study conducted by the Connecticut Children's Injury Prevention Center, 44% of child maltreatment reports had documented DV exposure indicated in their child maltreatment codes whereas researchers found evidence of DV exposure in 78% of cases when conducting a comprehensive review of narrative documentation maintained in DCF records (Grasso et al., 2021). This is important given that the same study found that more severe DV, as quantified using a validated coding scheme, was significantly associated with (a) number of substantiated allegation types, (b) poly-victimization and poly-deprivation (number of documented threat- and neglect-based adversity types, respectively), and critically, (c) having a new allegation of abuse or neglect within 12 months of the study's index allegation (Grasso et al., 2021; O'Dea et al., 2020).

What is Fathers for Change (F4C)

Fathers for Change (F4C; Stover, 2023) is a psychotherapy intervention with a dual focus on DV and child maltreatment. It engages men by emphasizing and building on their roles as fathers. It involves both individual and family work, when appropriate, and utilizes a family systems frame to examine and address multigenerational patterns and experiences that perpetuate and maintain family violence. Additional sessions focus on improving fathers' (a) understanding of their own emotions, triggers, thoughts, and behaviors, (b) perception of their partners' and children's intentions and behaviors, and (c) capacity to regulate and manage stress reactions. Following individually focused topics, F4C allows for optional conjoint coparent and child participation in sessions focused on healing relationships. Father-child sessions focus on reparations that benefit children, including the father taking responsibility for his violence, making an apology, and sharing what he is learning to change his behaviors. Therapists work closely with the father to help him to do this. These session focus on rebuilding the father-child relationship through co-regulation activities, play, and discussion.



Is there evidence that F4C works?

F4C is supported by several lines of work including three small randomized clinical trials (Stover, 2013; 2015; Stover, Carlson, Patel, 2017; Stover, Mcmahon, & Moore, 2019). Completion rates across these studies ranged from 67 to 80%, which is impressive relative to other family violence interventions. Studies provide evidence that F4C is superior (compared to traditional

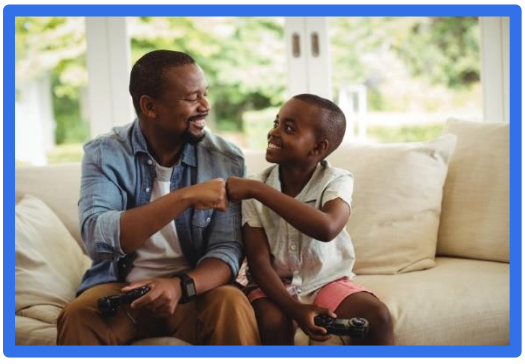
interventions) in reducing rates of DV post-treatment and at a 3-month follow-up. There is also evidence that F4C improves father-child interactions, with coded recordings showing that men who received F4C were less intrusive and more harmonious with their children during play. In addition, F4C is associated with greater improvements in fathers' substance misuse and negative mood symptoms, coparents' negative mood symptoms, and importantly, children's self-reported posttraumatic stress symptoms.

There is also positive data from the DCF Intimate Partner Violence - Family Assessment Intervention Response (IPV-FAIR), which is co-facilitated by the Connecticut Children's Injury Prevention Center. In IPV-FAIR, fathers who are appropriate for F4C can be referred to one of several community providers across the state who are trained to deliver the model. In a sample of 204 families who received F4C, coparents reported significant reductions in IPV and children's exposure to conflict, with medium to large effects (Stover et al., 2020). Fathers also reported

improvements in their emotion regulation, parenting skills, and anger and hostility. In a recent study, Dr. Rebecca Beebe and colleagues applied a statistical algorithm to compare families who received F4C as part of IPV-FAIR to a matched control sample of fathers implicated in IPV but who did not receive the model (Beebe et al., 2023). Administrative data were extracted from DCF electronic records. Compared to fathers receiving F4C, control fathers were 2.4 times more likely to be named in a new maltreatment allegation during a 12-month follow-up period, suggesting that F4C may provide an effective approach for reducing recidivism risk.

The Yale-UConn Health Randomized Controlled Trial comparing F4C to the Duluth Model Intervention.

F4C has a growing research-base and has already been embraced by Connecticut DCF and its community partners. Nonetheless, a Stage II efficacy randomized controlled trial (RCT) of F4C is necessary to bring it to the next level and disseminate it beyond Connecticut so that more families can benefit from this novel approach. Fortunately, Dr Carla Stover from the Yale Child Study Center and Dr. Damion Grasso from the University of Connecticut School of Medicine have received a competitive grant from the National Institute of Child Health and Development (NICHD) to carry out a large-scale, dual-site RCT of 260 families over the course of 4 years. The study will compare F4C to the Duluth Model Domestic Violence Intervention, which is the current standard and most commonly delivered IPV intervention. The study will not only provide the best available data on the model's efficacy but will answer new research questions about the impact of the intervention on children's outcomes. Multiple sources and methods will be used to examine whether F4C is superior to Duluth in reducing family violence, DCF recidivism, and mental health outcomes for



fathers, children, and coparents. It will also take a closer look at *how* the treatment works by testing whether hypothesized therapeutic targets (i.e., reflective functioning, emotion regulation) are driving treatment outcomes. This will be accomplished through weekly data collection and observational coding of therapy sessions.

How to refer fathers to the Yale-UConn Study

Both the Yale and UConn sites currently have immediate openings available. Fathers are eligible for the study if they: (1) have used violence with a coparent or partner over the past 18 months; (2) have a biological child between the ages of 3 months and 12 years; (3) have or expect to have some ongoing contact with that child; (4) can complete research assessments in English; (5) have not used extreme violence, such as use of a firearm or violence that led to a coparent being admitted to the hospital; (6) are not currently incarcerated; (7) are not in active withdrawal from alcohol or substance use or have untreated serious psychiatric illness; and (8) have not already received Fathers for Change. With permission, coparents are also invited to participate in the study as informants on research assessments. Additionally, with permission, children 7 years or older are invited to participate on research assessments. Assessments can happen virtually and all participants receive monetary compensation for completing research assessments. Therapy involves 18 weekly sessions that occur in person at either in New Haven (Yale) or West Hartford (UConn Health). Virtual sessions are available in circumstances in which transportation is a significant barrier to treatment.

Referrals can be sent to either site by visiting https://h.uconn.edu/F4Cstudy, downloading a referral form and sending to either Dr. Stover (carla.stover@yale.edu) for New Haven area referrals or Dr. Grasso (dgrasso@uchc.edu) for Hartford area referrals.

Case Illustration

Izaya is a 9-year-old boy and only child of Sandra and Victor, a 27-year-old father recently referred to the Fathers for Change program. Both Sandra and Victor describe themselves as having hot tempers. Arguments are frequent and both can instigate physical aggression; however, Victor tends to cause more damage and more harm. Often, substance use exacerbates these conflicts. Izaya is often present during these conflicts.

Both Sandra and Victor grew up in the foster care system and have histories of exposure to family violence. They met young and had Izaya shortly thereafter. In his short life, Izaya had already been named a victim in three substantiated child maltreatment allegations involving parental substance use and IPV – his most recent when he attempted to intervene in the conflict and consequently was thrown into a table where he hit his head and needed urgent care. After DCF opened the case, Victor left to live with his mother until he and Sandra could work things out.

Victor was weary about F4C but agreed to commit. The program began with a comprehensive intake assessment. Victor surprised himself in how forthcoming he was with the therapist about personal matters, including sharing about his trauma history and a time when he was sexually assaulted as a child. One of the assessments indicated posttraumatic stress from these experiences. Victor found himself leaving these early sessions with a renewed sense of purpose and a true desire to be a better father to Izaya and coparent to Sandra. With the therapist's help, Victor developed a written Change Plan.

In one of his early sessions, Izaya joined Victor for a recorded play assessment. Izaya was seemingly nervous at first, but soon warmed up to his dad. It was a chance for the therapist to observe Victor's strengths and growth opportunities, which were later reviewed and discussed with Victor as they worked towards reducing overriding or intrusive behaviors and improving father-child reciprocity.

Sessions soon focused on exploring triggers for Victor's aggression and use of substances. Triggers included reminders of Victor's past trauma and maltreatment. Victor began to understand his aggressive behavior as a product of his body's stress response and the interaction of stress-related thoughts, emotions, and physiological reactions. The therapist helped Victor to learn and implement strategies to identify and manage these reactions in healthy ways, including controlled breathing, guided imagery, and mindfulness principles.

Over time, the focus shifted to coparenting skills with the goal of increasing positive interactions with Sandra. This involved conjoint sessions with Sandra where they both practiced active listening and showed appreciation by giving compliments and "catching each other doing something they appreciate." They also worked on strategies for solving problems and managing stressful family situations. Through this work, Victor and Sandra developed a Healthy Relationships Contract. They also discussed and gained a better understanding of unique and common goals for Izaya so that they could be a united front.

Sessions moved to focusing on restorative parenting. Some of these were individual sessions and others included Sandra. The therapist worked with them on increasing awareness of their own and Izaya's emotions, naming emotions, and finding solutions for emotional distress. The therapist also explored Victor and Sandra's own experiences growing up as children and how these may have influenced how they interact and parent Izaya. Both conveyed wanting to be better parents and to provide a healthier caregiving environment for Izaya than they had experienced.

An important part of the therapy involved Victor working with the therapist to make amends with Izaya. This involved reviewing prior family violence, discussing Izaya's reactions to the conflict, and preparing for the father-child conjoint session. The therapist explained that the goal of this session was to talk to Izaya about Victor's past behavior, acknowledge that the behavior was wrong, make a sincere apology, and describe the work he is doing in therapy to change his behavior. The session went very well. Victor was nervous about the session. It helped that he had developed a written apology with the therapist ahead of time so that he could

remain focused on his message. Both Izaya and Victor got emotional during the session and Izaya had an opportunity to share with Victor how he has been feeling about the conflict. During the last part of the session, Victor and Izaya played a game and enjoyed each other's company.

A few weeks before his final session, Victor moved back home with Sandra and Izaya. This enabled Victor to start to implement all that he had learned in therapy. Victor's desire to be a better father to Izaya had sealed his commitment to the program and early gains led to bigger gains as he completed the treatment phases. Sandra reported that she and Victor were applying the coparenting skills they learned. At the end of the treatment, the therapist praised Victor for all his hard work and discussed next steps, including a referral to continue to work on his substance use, as well as specific treatment to address posttraumatic stress symptoms from childhood trauma.

CONTRIBUTORS

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