

Trauma-Informed, Family-Centered Practices Training Series



Module 3 Engaging Fathers & Other Coparents in Services



Foundation for a
Healthy St. Petersburg

 UNIVERSITY of
SOUTH FLORIDA
Family Study Center

Module 3. Engaging Fathers & Other Coparents in Services

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MODULE 3.

ENGAGING FATHERS & OTHER COPARENTS IN SERVICES

Dr. James McHale, clinical psychologist and Director of the Family Study Center at the University of South Florida, draws a distinction between most agencies' standard practices in serving families with infants and toddlers, and the approach he labels family-centered practice. In standard agency practice, one informant per family, typically the child's mother, is established as the point of contact right from the beginning, and she becomes the recipient of all supports and services delivered on behalf of the child. In contrast, family-centered practices are intentional about engaging multiple coparenting adults from the point of initial contact, first seeking to identify all relevant adults responsible for the child's care and upbringing and then working deliberately to engage multiple coparents in an ongoing way in order to strengthen the child's broader system of care.

This module summarizes the infant-family mental health benefits of a family-centered approach and proposes steps agencies can take to meaningfully transform their current practice. Common personal and agency obstacles that get in the way of implementing such an approach are also addressed. Two brief vignettes, one portraying how-to and another how-not-to approach fathers to engage them in casework, are offered. Finally, concrete strategies that agency personnel can use to strengthen ongoing coparent engagement, promote coparenting alliances, and secure agency support for effective family-centered practices in human services are provided.

Dr. James McHale is a Professor of Psychology and Director of the USF Family Study Center and serves as Executive Director for the Family Study Center's Infant-Family Center. He is author or co-author of over 100 articles, chapters, and books on coparenting in diverse family systems and received the Irving B. Harris National Book Award for his 2007 book *Charting the Bumpy Road of Coparenthood*. In 2004, he was honored by the World Association for Infant Mental Health as its "Decade of Behavior Lecturer." His research on coparenting and child development has been funded since 1996 by the National Institute of Mental Health, National Institute of Child Health & Development, Administration for Children & Families, Brady Education Foundation, and numerous other state and local entities. Dr. McHale is Past President of the Florida Association for Infant Mental Health and has served as a Steering Committee member for the National Fatherhood Research & Practice Network. He holds a PhD in Clinical Psychology from the University of California, Berkeley, and a master's degree in Developmental Psychology from Tulane University.

FAMILY-CENTERED PRACTICE VS. STANDARD PRACTICE

(Timestamp 00:04:52 - 00:06:55)

Indicate whether the statement is **TRUE** or **FALSE** for each practice.

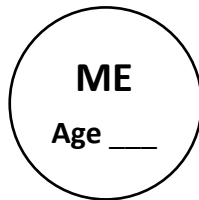
	STANDARD PRACTICE	FAMILY-CENTERED PRACTICE
The client is the child/adult plus their family and coparents.		
Info about the client is reported by their family and coparents.		
Client info and updates are shared with the family and coparents.		
Agency staff make outreach efforts to the family and coparents.		
The agency encourages family and coparents' involvement.		

Notes & Thoughts

ECOMAP & CAREGIVERS

(Timestamp 00:06:56 - 00:10:18)

An ecomap is a diagram that depicts the social and personal relationships of an individual. The person of interest – in this case the baby or young child – is in the center. The closeness of the bond or “heart connection” between the child and each particular person is indicated by the length of the line drawn connecting the two: the shorter the line, the closer their bond. Think back to a particular point as early as you can remember in your childhood and create an ecomap depicting those close relationships that were most meaningful and influential to you



IMPEDIMENTS TO FAMILY ENGAGEMENT

(Timestamp 00:10:18 - 00:18:12)

COMMON AGENCY OBSTACLES

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

COMMON PERSONAL OBSTACLES

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

OPENING THE DOOR TO FAMILY ENGAGEMENT

(Timestamp 00:18:13 - 00:21:11)

With any two-parent family, including non-residential families, meet first with the person who has made the initial contact with your agency, then reach out to the child's second coparent.

For example, when initial outreach has been from mom and the child has access to both biological parents, the first step would be to talk individually with mom.

The second step is to talk individually with dad.

This same process to family engagement – initial individual contact to show respect for each person's role – is generally also useful in families led by LGBTQ+ parents and multigenerational families led by grandparents.



AT THE FIRST MEETING

Ask each coparent individually:

- How can I be of help to you and your family?
- What are your family's most pressing needs?

Determine what referrals are needed for each family member – child, each individual coparent.

Establish the comfort and safety of the coparents meeting together.

If fathers are involved in their children's lives, even minimally, spend time talking about the importance of father engagement for each child and the family collective.

SUBSEQUENT JOINT MEETINGS with both/all coparents together demonstrates that each person is as important to the agency as they are to the child.

Notes & Thoughts

PROFESSIONAL-CLIENT SCENARIOS: OBSERVATIONS
 (Timestamp 00:21:12 - 00:29:15)

SCENARIO 1: STANDARD PRACTICE (Timestamp 00:21:12 - 00:24:50)	
What do you notice about the professional's interaction with each parent and the parents' reactions and responses, spoken and unspoken?	
PROFESSIONAL TOWARDS MOM	PROFESSIONAL TOWARDS DAD
MOM'S REACTIONS	DAD'S REACTIONS

SCENARIO 2: FAMILY-CENTERED PRACTICE (Timestamp 00:24:51 - 00:29:15)	
What's different in this scenario about the professional's interaction with each parent and their reactions and responses, spoken and unspoken?	
PROFESSIONAL TOWARDS MOM	PROFESSIONAL TOWARDS DAD
MOM'S REACTIONS	DAD'S REACTIONS

PROFESSIONAL-CLIENT SCENARIOS: RECOMMENDATIONS

(Timestamp 00:29:16 - 00:44:22)

<u>Do This</u>	<u>Don't Do This</u>
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

Notes & Thoughts

ENCOURAGING COPARENTING AT AGENCIES

(Timestamp 00:44:23 - 00:55:05)

AGENCY TYPE	SOME IDEAS ABOUT ENCOURAGING COPARENTING
Community Health	<ol style="list-style-type: none">1.2.3.
Substance Treatment	<ol style="list-style-type: none">1.2.3.4.5.
Foster Care	<ol style="list-style-type: none">1.2.3.4.

Notes & Thoughts

ENCOURAGING COPARENTS TO ENGAGE

(Timestamp 00:55:06 - 00:57:54)

WAYS TO ENCOURAGE ENGAGEMENT

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

Notes & Thoughts

PERSONAL REFLECTION: IMPROVING MY EFFECTIVENESS

(Timestamp 00:57:55 - 01:00:19)

- In which cases can I/could I have done better at involving the father and how?

CASE 1

CASE 2

- What things have prevented me from engaging fathers in my casework?

- What supports exist at my agency that I could use to enhance father engagement?

PERSONAL REFLECTION: IMPROVING MY EFFECTIVENESS (con.)
(Timestamp 00:57:55 - 01:00:19)

Which of my colleagues can I seek out to discuss ways to improve my engagement of fathers?

What skills, training or knowledge could I recommend my supervisor seek out to help me and others I work with improve our competencies?

_____ Cultural competency

_____ Fathers & fatherhood

_____ Gender competency

_____ Coparent

_____ Resolving couple disputes

_____ Outreach & engagement

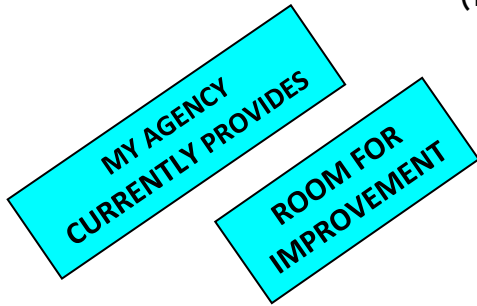
Other _____

Other _____

Notes & Thoughts

MY AGENCY'S SUPPORT FOR FATHERS, COPARENTS & STAFF

(Timestamp 01:00:20 - 01:02:40)



- _____ _____ Posters, pamphlets & materials aimed at fathers
- _____ _____ Baby changing stations in men's rooms
- _____ _____ Safety policies & procedures in place
- _____ _____ Father-focused policies & procedures
- _____ _____ Father outreach, support & engagement programs
- _____ _____ Coparenting outreach, support & engagement programs
- _____ _____ Family/father advocates
- _____ _____ Forums for colleagues to share their ideas & efforts on engaging fathers
& coparents
- _____ _____ Father involvement is discussed in supervision
- _____ _____ Family-focused, rather than mom-focused, agency culture
- _____ _____ Cultural competency training
- _____ _____ Gender competency training
- _____ _____ Fathers & fatherhood training
- _____ _____ Couple conflict resolution training
- _____ _____ Other _____
- _____ _____ Other _____

APPLICATION: TRAUMA-INFORMED, FAMILY-CENTERED PRACTICES

(Timestamp 01:02:41 - 01:06:00)

Module 3 has focused on family-centered practices and how to offer services and programs in ways that acknowledge all coparents and encourage father and family engagement. The objective of this page is to incorporate these ideas with those presented in Modules 1 and 2 on ***trauma and trauma-informed care***.

OVERVIEW: TRAINING SERIES TOPICS		
MODULE 1. What is Trauma?	MODULE 2. Trauma-Informed Care	MODULE 3. Engaging Fathers & Other Coparents in Services
<ul style="list-style-type: none"> ▪ Types of Trauma ▪ Reactions to Trauma ▪ Childhood Trauma ▪ ACEs ▪ Impact of Trauma 	<ul style="list-style-type: none"> ▪ Trauma-Informed Practices ▪ 7 Domains of TIC ▪ Connecting with Clients ▪ 6 Guiding Principles ▪ Triggers ▪ Resiliency 	<ul style="list-style-type: none"> ▪ Family-Centered Practices ▪ Coparenting ▪ Engaging Fathers & Coparents ▪ Supporting Fathers, Coparents & Staff

When parents are working more effectively as a team and showing greater solidarity and communication, child safety and security are enhanced. Coparenting is a means of minimizing the harm of childhood trauma and adversity while also aiding the infant’s or child’s healing and recovery. Applying the lessons learned in this training series, how could a standard-practice agency become a more ***trauma-informed, family-centered*** practice?

How could I apply the lessons learned in this training series to improve my effectiveness as a ***trauma-informed, family-centered*** practitioner?

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ACKNOWLEDGEMENTS

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