

Practical Considerations for Parenting Interventions for Men who Batter

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With contributions from Fernando Mederos

“‘Mature’ agencies are those with an agency-wide commitment to engaging fathers, whose staff all understand the potential positive and negative impact of fathers on their children’s development, who routinely consider and involve fathers in intervention planning and who view fathers and mothers as equally important targets of intervention. In the absence of this type of environment, agencies may have the most success in engaging fathers in programs that are designed specifically for men or father-child dyads.”

Applied Research papers synthesize and interpret current research on violence against women, offering a review of the literature and implications for policy and practice.

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This is a companion paper to another VAWnet applied research paper titled *Parenting Interventions for Men who Batter* (Scott, 2012). *Parenting Interventions for Men who Batter* describes developments in the field of parenting programs for men who batter, identifies commonalities across pioneering programs in approach and philosophy, and highlights areas of greater debate within the field. Although these questions of principle are extremely important, there are also a number of very practical questions that need to be addressed. These include questions about program length and organization, referral routes, specific program content, and nature of collaboration between agencies. This companion paper addresses these practical concerns.

Fortunately, parenting programs for men who batter exist at the intersection of a variety of literatures capable of informing continued program development, including parent training, fathering, batterer intervention, and child welfare. In each of these areas, there have been recent reviews and meta-analyses conducted to help guide future development of services. Parent training programs, for example, have been central to interventions for reducing mothers’ risk for child maltreatment. Parenting programs build upon evidence that abusive parents, compared to non-abusive parents, are less able to problem-solve in child-rearing situations, set reasonable expectations for their children, and interpret children’s nonverbal cues. These programs generally focus on teaching parents to more accurately interpret their children’s behaviors, develop better ways to discipline and attend to their children, and reduce parenting stress. There have been numerous reviews and a few meta-analyses of the efficacy of parent training that target families at-risk for maltreatment (MacLeod & Nelson, 2000), including two that carefully investigated characteristics of interventions likely to be more successful (Lundahl, Nimer, & Parsons, 2006; Skowron & Reinemann, 2005), making it possible to draw on lessons learned from these interventions.

A second area of intersection is fathering, or fatherhood, programs. A common theme among these programs is the need for men to develop the capacity to care for themselves in order to become more effective and responsible fathers (Levine & Pittinsky, 1997). Accordingly, some programs target men's work skills, employment, and self-sufficiency, while others work with fathers who face challenges, such as heavy use of drugs or alcohol or a history of incarceration. Still other programs target men's co-parenting with their children's mothers. Recent reviews of literature in this area provided numerous recommendations for continued development of fatherhood programs and for continued engagement of fathers into more general child and family services (Bronte-Tinkew, Carrano, Allen, Bowie, Mbawa, & Matthews, 2007; Burgess, 2009)

Finally, we can learn about parenting programs for men who batter from considering the literature on child protection and batterer intervention. From this area, we have chosen to highlight shared findings about the risk factors/intervention needs common to abusive parenting and perpetration of domestic violence. This paper reviews these literatures (i.e., parent training, fatherhood programs, child protection and batterer intervention) as a basis for offering recommendations for parenting programs for batterers in four areas: recruitment, program organization, intervention content, and collaborative relationships with other service providers.

Recruitment

Over the past two decades, many attempts have been made to engage fathers in parenting support and intervention programs that have traditionally served women and children. What we have learned from these efforts is that it is not enough to simply invite fathers to already established services: very few fathers come (Phares, Fields, & Binitie, 2006; Rimm-Kaufman & Zhang, 2005). Fortunately, literature on fatherhood programs and, to a lesser extent, parent training, offer research and practice recommendations for recruiting and retaining men in services (e.g. Lengua, Rose, Schupak-Neuberg, Michaels, Berg, & Weschler, 1992; Pruett, Cowan,

Cowan & Pruett, 2009). These recommendations include the following:

Make programs father-friendly. Large differences in father engagement exist between agencies that are "mature" in their engagement of fathers and those that are not (Burgess, 2009). "Mature" agencies are those with an agency-wide commitment to engaging fathers, whose staff all understand the potential positive and negative impact of fathers on their children's development, who routinely consider and involve fathers in intervention planning and who view fathers and mothers as equally important targets of intervention. In the absence of this type of environment, agencies may have the most success in engaging fathers in programs that are designed specifically for men or father-child dyads.

Use teaching methods and materials that are appropriate for fathers and for the cultures of the populations being served. Another recommendation for success is to ensure that programs and materials are culturally sensitive. If possible, it is recommended that programs are staffed by fathers from within the same cultural group or from similar living environments as program participants, so that facilitators have an understanding of the models of fatherhood and challenges to fathers that are most relevant to their clients.

Use incentives to engage fathers and families. The use of incentives to motivate fathers to participate in programs is recommended as a potential method of engaging and retaining fathers. In addition to incentives such as meals and bus tickets, Bronte-Tinkew and colleagues (2007) recommend considering cash incentives as a method of prompting engagement. Burgess (2009) takes a different approach. Rather than providing incentives to engage fathers, she recommends encouraging agencies, staff, women and men to all hold, communicate and reinforce the expectation that fathers be involved in services.

Consider mandating treatment. A meta-analysis of interventions for child maltreatment concluded that mandating treatment is not associated with lower

treatment efficacy, and may in fact reduce drop-out rates and increase compliance (Skowron & Reinemann, 2005).

Be creative with outreach. A final recommendation is to be creative with efforts to recruit fathers. In the programs reviewed by Bronte-Tinkew and colleagues (2007), an identified transition (new father, application to the court for divorce) or a problem (incarceration, previous drug use) was often the means of recruitment. Burgess (2009) focuses more broadly on the need for all parenting and family support services to expect and encourage father engagement from the onset, view fathers' involvement as equally important as that of mothers and to repeatedly emphasize to men the benefits of their engagement in intervention.

In considering these recommendations, three referral routes stand out. The first is referral through criminal court and associated batterer intervention programs. Such referral could occur as part of a pre-sentencing condition, as a condition of a probation order, or as a voluntary or mandated add-on service to batterer intervention. The advantages of criminal court-based refers are the clear mandate of men to intervention, existing protocols for risk assessment and management, and attention to safety of women as a traditional component of practice with men who batter. The disadvantage concerns the capacity to integrate planning with child protection and mental health services and ensure that intervening with men as fathers is in the best interest of their children.

At the next broadest level, recruitment might occur through professionals concerned with child protection. The National Data Archive on Child Abuse and Neglect (US Department of Health and Human Services, 2010) reports that, in 2007, 794,000 children were verified victims of child abuse or neglect by child protective services (10.6/1000 children). Domestic violence is a co-occurring problem in a majority of these cases. However, because interventions to protect children and reduce risk for child maltreatment focus primarily on mothers (Brown, Callahan, Strega, Walmsley, & Dominelli, 2008; Featherstone, Hooper, Scourfield,

& Taylor, 2010; Strega, Fleet, Brown, Dominelli, Callahan, & Walmsley, 2008), the potential to intervene with battering fathers is very often lost (Scott & Crooks, 2004). A change in practice within child protection to better recognize fathers could become part of child protection planning and generate referrals of men to parenting interventions for men who batter, as well as to batterer interventions more generally. This referral route has the significant advantage of professional involvement with men's children which could provide a feedback loop into the program and would allow follow-up when fathers fail to engage or progress in services.

A third source of referral is through family court as part of the process of separation and divorce. Rates of abuse are high among couples coming to the attention of the court for problems with resolving separation agreements. Following on research findings that unharmonious and antagonistic co-parenting relationships consistently relate to poorer outcomes for children, a number of fatherhood programs aim to promote and strengthen co-parenting relationships. Programs have used a variety of recruitment methods including court mandate (e.g. PEACE program) and voluntary recruitment with monetary incentive following divorce proceedings (e.g. Dads for Life). The advantage of recruiting from the courts is potential access to an even broader population of fathers; however, there are also many challenges. As outlined in the companion paper *Parenting Interventions for Men who Batter*, the population of fathers who have exposed their children to abuse of their mothers requires an intervention program that is oriented towards monitoring and addressing men's risk for future violence and abuse and ensuring the safety of women and children. This work requires a level of service coordination and sensitivity to issues of women's victimization that are generally absent in community and child and family mental health-based parenting programs. Moreover, when working with family courts, great care needs to be taken in deriving clear agreements about information sharing and involvement in subsequent litigation to prevent program completion, in and of itself, as being the basis for changes in custody or access.

Finally, fathers might be recruited with incentives and encouragement from the community, in particular from programs such as mental health and community services for children and families. Although community-based recruitment has the significant advantage of potentially reaching fathers early in the development of problems, it is likely to be fairly inefficient and labor intensive. A better option might be to improve the capacity within community and health services to recognize and engage fathers and families where men's behavior is problematic so that abusive fathers who are already engaged in more general services can be better recognized and diverted into such a program.

Pioneering programs for fathers who batter already follow many of these recommendations for enhancing recruitment and retention and utilize many of these referral routes (e.g. Scaia, Connelly, & Downing, 2010; Scott, Francis, Crooks, & Kelly, 2006). These programs are father-friendly and have been developed with consideration to issues of cultural diversity. More controversial is the use of incentives to enhance recruitment and program retention. Although practice is changing (Murphy & Maiuro, 2009), batterer intervention programs have traditionally avoided all forms of incentives (including the provision of snacks) to emphasize accountability for fathers in attendance. This philosophy is in contrast to parenting and fathering programs that typically go to great lengths to ensure they are welcoming to clients and that view provision of small incentives, such as food, bus tickets, and small children's toys, as part of practice. Parenting programs for men who batter vary in their adoption of these approaches, with most adopting an inviting style of intervention but coupling this with fairly strict rules about program attendance.

Program Organization

The literature on parent training and fatherhood programs also has direct relevance for the organization of parenting programs for men who batter. Drawing from this literature, the following recommendations can be made:

Include a mix of behavioral and attitudinal components. Reviews of parent training literature have concluded that interventions that include a mix of behavioral (e.g., skills training, role play, directed practice) and attitudinal (e.g., discussion of strategies for dealing with concerns, education about child development) components yield more positive results than either alone (Skowron & Reinemann, 2005; Lundahl et al., 2006).

Offer intervention using a combination of group and individual sessions. Similarly, analysis of studies on parent training (Lundahl et al., 2006) and fatherhood programs (Bronte-Tinkew et al., 2007) have concluded that a combination of group and individual delivery is superior to either group or individual work alone. Parental attitudes change more through group delivery, perhaps because parents' long-held attitudes are better challenged by the power of group consent on what is correct. Individual delivery, on the other hand, likely provides a means to conduct a more thorough functional assessment of the steps leading to abusive or neglectful behavior and to develop individually-tailored intervention plans. Individual sessions also offer opportunity for case management, and can promote coordination of services for other co-occurring problems such as substance use, employment, or mental health.

Offer longer treatments. Meta-analysis of the literature on parent training for populations at-risk for abuse and reviews of fatherhood programs are consistent in concluding that longer treatments (i.e., those lasting a minimum of two to three months) are associated with greater gains than shorter ones (Bronte-Tinkew et al., 2007, Lundahl et al., 2006). There is also some evidence that treatments that last for a year are more effective than shorter-term (i.e. two to three months) interventions (Skowron & Reinemann, 2005).

Use a targeted replicable curriculum. Interventions that use a specified set of activities based on a clear theoretical program model are more successful than interventions that use less theoretical and less structured programs (Bronte-Tinkew et al., 2007).

Select teachers and facilitators with experience and provide them with relevant training and coaching. Perhaps unsurprisingly, programs with the most positive outcomes use facilitators with greater experience and training (Bronte-Tinkew et al., 2007). Success of the programs is specifically associated with programs having facilitators with solid theoretical grounding in the program model being used, considerable experience in working with families, culturally competent and experienced in working with the specific population targeted by the intervention. Success of the program is also associated with structured training and ongoing supervision of group leaders.

In summary, these recommendations suggest certain program structures and components for increasing the effectiveness of programs that offer parenting training to men who batter. An ideal program would be based on a clear and replicable program model, would include both group and individual components, and last for a period of at least three months. Facilitators hired for the program would be experienced and culturally competent, would receive training and supervision, and would have a clear understanding of the program theory and intervention model. The program itself would include activities targeting both behavioral and attitudinal components of parenting. A model program would also include case management to facilitate coordination of interventions to address issues such as unemployment, substance use, and other problems faced by men as fathers.

Once again, many of these recommended aspects of program organization are already in place in developing services for fathers who batter. Perhaps the most challenging recommendation is including individual sessions in program interventions, although the difficulties associated with this are likely to be financial rather than conceptual. There are creative ways to combine group and individual practice. For example, in the Incredible Years program parents attend a series of groups, followed by individualized telephone-based consultation and follow-up. In the most recent revision of the Caring Dads program, facilitators replace normal group

session with brief individual work on one or two occasions midway through the group (i.e., during the time group would normally run, men attend 20 minute individual meetings). With continued development of models of intervention that strategically combine group and individual sessions in a planned manner, it may be possible to gain the benefits of a combined group and individual service even within the limitations of current funding.

Program Content

Many existing parenting programs for batterers have been developed by batterer intervention service providers. It is therefore unsurprising that programs focus on teaching men about the effects of domestic violence, developing men's accountability for past abuse, and on changing men's abuse-supporting attitudes. Less emphasis has been placed on content typically covered in parent training programs. There is an extensive literature on risk factors for child maltreatment and for men's abuse of women, and there is a remarkable degree of similarity in the core problems identified in both literatures (see risk factor reviews by Black, Heyman, & Slep, 2001; Black, Slep, & Heyman, 2001; Lee, Guterman, & Yookyong, 2008; Schumacher, Feldbau-Kohn, Slep, & Heyman, 2001; Stith et al., 2009; Wilson, Rack, Shi, & Norris, 2008 and comparisons of abusive mothers and fathers by Pittman & Buckley, 2006; Schaeffer, Alexander, Bethke, & Kertz., 2005). Drawing on these reviews, the following paragraphs highlight four content areas that are most relevant to parenting interventions for men who batter:

Focus on reducing over-reactivity/anger/hostility in parenting. Elevations in anger, hostility, and over-reactivity are consistently reported in meta-analytic studies and reviews as predictors of child maltreatment (e.g. Stith et al., 2009) and in studies of the characteristics of men who batter (e.g., Eckhardt, Samper, & Murphy, 2008). Despite a broad recognition that heightened anger and hostility are characteristics of this population, the question of how to best conceptualize and address men's over-reactive, angry, and hostile parenting is somewhat controversial. Within the field of family violence,

addressing anger has had a complicated and highly political history. On one hand, anger management programs are not recommended for men who batter since those programs fail to address the wider context of men's controlling behavior and women's victimization and may fail to recognize that anger can be used deliberately by perpetrators to support a style of fear-based control (Gondolf, 2007; Gondolf & Russell, 1986). On the other hand, self-monitoring of emotion and management of anger has long been a part of skills taught in batterer intervention programs. Review of the literature on the potential needs of fathers who have battered suggests that this complex view of anger be maintained within parenting programs for men who batter. Specifically, intervention for this population should include exercises to:

- help fathers identify attitudes and beliefs about children and children's mothers that underlie high levels of anger and hostility and prompt inordinately angry reactions to annoying child behaviors;
- identify and address instances and patterns of men's use of anger to gain control or compliance;
- target distorted patterns of thinking using cognitive-behavioral methods; and
- teach men skills for recognizing and reducing levels of anger arousal.

Teach strategies for respectful parenting, co-parenting, or parallel-parenting with their children's mothers. Fathers in a parenting program for men who batter will almost always be in a situation of shared parenting with their children's mothers. In some cases, men will be living with their families. Other times, men will be living separately from their partners and children and sharing parenting responsibilities with children's mothers directly or through third-party communication. Still other men may be seeing their children only in supervised access centers. Regardless of their situation, conflict (direct and/or indirect) often continues between fathers and mothers. Conflict such as this predicts child maltreatment by fathers and is independently harmful to children's development (e.g., Wolfe, Crooks, Lee, McIntyre-Smith, & Jaffe, 2003),

particularly when such conflict is focused on children (Katz & Low, 2004). Helping fathers behave respectfully towards their children's mothers is therefore critical. Fathers will benefit from program content that helps them develop an appreciation for mothers' importance to children's wellbeing and advances men's skills for engaging in more cooperative shared parenting.

Improve the quality of father-child relationships by addressing fathers' attitudes and skills.

Observational, experimental, and questionnaire-based studies have all found that maltreating parents differ from non-maltreating parents in their attitudes and behaviors. Specifically, maltreating parents are considerably more likely to assume that their children are intentionally engaging in negative behaviors and consistently engage in lower levels of positive, attuned engagement with their children (Perez-Albeniz & de Paul, 2004; Francis & Wolfe, 2008). Moreover, change in both of these areas has been associated with reduced risk for subsequent abuse (Bugental & Schwartz, 2009; Bugental et al., 2010). Fathering programs for men who batter should therefore address both attributions and positive behaviors as targets of intervention. Distorted attributions can be addressed by educating fathers on children's development, including reactions to domestic violence, and by eliciting and countering men's misattributions. These interventions build fathers' tolerance and acceptance of children's challenging behaviors. Fathers' positive engagement with their children can be increased through direct teaching of skills for reading to children, playing and talking with children, and through coached practice in noticing and praising children.

Address men's abuse of substances. A final risk factor for violence in the family is substance abuse. For men, the relationship between substance misuse and both woman abuse and child maltreatment is very robust. There is also evidence for an ongoing association of substance abuse and repeat maltreatment (Jones & Gondolf, 2001). Therefore, interventions targeting fathers who have battered should attend to substance abuse as a risk factor for

future violence.

These four content areas are differentially reflected in pioneering parenting programs for men who batter. Certainly, all programs target men's attitudes about the acceptability and justifiability of abusive and controlling behaviors and provide education on the need to avoid harsh discipline. Integration of broader skills-based treatment targets, such as problem-solving for difficulties in shared parenting and strategies to play with, read to, and talk to children are included with less consistency. Although screening for substance use problems may be in place, there are few examples of intervention programs for men who batter that integrate treatment for substance abuse, violence, and parenting as overlapping problems. As the field develops, it is important that studies examine the aspects of treatment identified by clients, families, providers, and empirical data as most helpful for promoting both reductions in men's abusive behaviors and improvements in their parenting.

Collaborative, inter-agency practice to assess, monitor and contain risk

A final recommendation for parenting programs for men who batter concerns the way in which such programs are linked to other services aiming to end family violence. The fields of child protection and batterer intervention both acknowledge that a proportion of clients will likely not benefit from intervention. Studies of batterer interventions, for example, have found that around 15% to 20% of offenders are likely to be chronic and severe abusers, despite intervention attempts (Klein & Tobin, 2008; Gondolf, 2001; Bennett, Stoops, Call, & Flett, 2007). Thus, containment measures are necessary to ensure the safety of potential victims of abuse. For such containment measures to work, it is necessary to have strong communication and coordination across agencies. Improved communication and collaboration within and across agencies is one of the most common recommendations of child abuse and domestic violence fatality reviews (Douglas & Cunningham, 2008), and is generally recommended for improved domestic violence and child

maltreatment services (Allen, 2006 Pennington-Zoellner, 2009). Parenting programs for men who batter might include the following practices:

Shared intake with program referrers. One way to address the communication gap between professionals across agencies (and between professionals and clients) is to organize joint intake appointments. Joint intakes provide a forum for clear communication about the reason for referral and the desired outcome of intervention.

Regularly scheduled check-ins with referrers. Regularly scheduled contacts between facilitators of fathering groups for men who batter and the justice, child protection, or family intervention professionals that referred men to group are other ways to improve communication. Such contacts are most helpful when focused on discussions about men's progress, or lack of progress, towards program goals, and on review of actions taken by clients and referrers to ensure reduced risk to victims of men's abuse. Care needs to be taken to ensure that such contacts remain focused on assessing, monitoring and containing risk rather than drift into providing advocacy for fathers.

Thorough follow-up on failed referrals and program drop-outs. Longitudinal research on the outcomes of intervention for men who have abused their partners and for parents who have maltreated their children have found that treatment drop-out is a good predictor of re-assault (Gondolf, 2001). For example, analyzing 899 men referred to 30 different BIP programs, Bennett and colleagues (2007) found that program dropout increased the likelihood of reassault by 39%. Given these findings, it is particularly important that intervention programs for fathers who have battered work with referral agents and other professionals to ensure that appropriate protective measures are in place for all members of the family when fathers drop out of a parenting intervention program.

Organization of and participation in multi-agency case management teams for clients at high levels of risk. Finally, for those clients who pose an especially high risk to women and/or children, the formation of

high-risk case management teams is recommended. These teams bring together all of the professionals working with men and their families to develop comprehensive safety plans and risk management strategies with the parties involved. Follow-up meetings are held to ensure appropriate monitoring and response, as well as ongoing evaluation of the level of risk. Although such teams need to be vigilant to issues of confidentiality and protection of information, they are a powerful forum for increasing the effectiveness of our responses to high risk cases.

Conclusions

Pioneering interventions for men who batter need to be based on clear principles and guidelines that protect the safety and well-being of women and children. Such considerations are outlined in a companion paper entitled *Parenting Interventions for Men who Batter*. Also important are considerations about the practicalities of service provision, such as how to best recruit fathers into the program, how programs might best be organized, and on the collaborative structure and policies that are useful to guide program work. The current paper drew on lessons learned in parenting, fathering, batterer, and child protective interventions to make some fairly clear recommendations for the content and structure of a program targeting the fathering of men who batter. Issues around recruitment were initially considered. Recommendations were made for program to be father-friendly, to engage in creative outreach, and to consider the value of mandating men to treatment. A variety of referral routes were outlined, and their advantages and disadvantages were highlighted.

In terms of content, parenting programs for men who batter should include a focus on risk factors common to battering and to poor parenting. Specifically, program content should work to reduce fathers' anger, hostility, and over-reactivity to children and to children's mothers; increase men's engagement in respectful and cooperative co-parenting with children's mothers; increase fathers' positive and

involved interactions with their children; and reduce the frequency of aversive father-child interactions. A model parenting program for men who batter would also address the negative attributions fathers make about their children's behavior. Most often, this will mean educating and challenging men about child development and the impact of exposure to abuse (and potentially direct maltreatment) on their children's behaviors. Finally, a model parenting program for men who batter would include materials to help men make fathering a clear and consistent priority (be it as a residential or separated father).

From a structural perspective, a model program would include both group and individual components and last for a period of at least three to four months. Facilitators hired for the program would be experienced and would have a clear understanding of the program model. The program itself would include activities targeting both behavioral and attitudinal components of parenting and would use materials that are sensitive to culture, background, and parenting experiences of group participants. A model program might also include case management and integrated or coordinated interventions to address issues such as unemployment, substance use, and other problems faced by men as fathers.

Finally, parenting programs for men who batter should engage in cooperative, coordinated inter-agency practice to assess, monitor, and reduce risks to potential victims of men's abuse. As outlined in the previous paper, adhering to this recommendation requires that, at a minimum, parenting programs for men who batter have active partnerships with shelter and advocacy agencies for battered women and with child protective services and clear policies set out for assessing and sharing information about any change in men's risk of violence. However, collaboration can also be instituted in the practice guidelines for program facilitation. Herein, recommendations were made for joint intake appointment, regularly scheduled check-ins between program facilitators and referrers, thorough follow-up on men who dropout, and the organization of multi-agency teams for management of high-risk cases.

These recommendations are not always easy to achieve and some represent clear change in the structure and content of programs most commonly available. However, it is also extremely exciting to be able to build on lessons learned from parenting, child protection, batterer and fathering interventions to develop efficacious programs for men who batter that can contribute to communities' efforts to end violence against women and children.

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In Brief: Practical Considerations for Parenting Interventions for Men who Batter

Pioneering interventions for men who batter need to be based on clear principles and guidelines that protect the safety and well-being of women and children. Such considerations are outlined in a companion paper entitled *Parenting Interventions for Men who Batter*. Also important are considerations about the practicalities of service provision, including questions about program length and organization, referral routes, specific program content, and nature of collaboration between agencies. Lessons learned from parenting, fathering, batterer, and child protective interventions are the basis for offering practical recommendations for parenting programs for batterers.

Recruitment

Referral routes can be organized through the criminal court system, child-protection professionals, or family court. But is not enough to simply invite fathers to established services: very few fathers come (Phares, Fields, & Binitie, 2006; Rimm-Kaufman & Zhang, 2005). Literature on fatherhood programs and parent training offer recommendations for recruiting and retaining men in services (e.g. Lengua, Rose, Schupak-Neuberg, Michaels, Berg, & Weschler, 1992; Pruett, Cowan, Cowan & Pruett, 2009), including:

- Make programs father-friendly. Agencies may have the most success in engaging fathers in programs that are designed specifically for men or father-child dyads.
- Use teaching methods and materials that are appropriate for fathers and for the cultures of the populations being served.
- Use incentives to engage fathers and families, such as meal and bus tickets, cash, and agency-wide reinforcement of the expectation that fathers be involved in services (Burges, 2009; Bronte-Tinkew et al., 2007).
- Consider mandating treatment. Mandates are not associated with lower treatment efficacy, and may in fact reduce drop-out rates and increase compliance (Skowron & Reinemann, 2005).
- Be creative with outreach and emphasize the benefits of men's engagement in intervention (Burgess, 2009). For example, recruit during an identified transition (new father, application to the court for divorce) or a problem (incarceration, previous drug use) (Bronte-Tinkew et al., 2007).

Program Organization

The literature on parent training and fatherhood programs also has direct relevance for the organization of parenting programs for men who batter. The following recommendations can be made:

- Include a mix of behavioral and attitudinal components (Skowron & Reinemann, 2005; Lundahl et al., 2006).
- Use a combination of group and individual sessions to assure comprehensive treatment (Lundahl et al., 2006; Bronte-Tinkew et al., 2007).
- Lengthen the duration of treatment time (ie. a minimum of two to three months) (Bronte-Tinkew et al., 2007; Lundahl et al., 2006).
- Work with a targeted replicable curriculum that has a clear theoretical foundation (Bronte-Tinkew et al., 2007).
- Select teachers and facilitators with experience and relevant training (Bronte-Tinkew et al., 2007).

Program Content

Many existing parenting interventions for men who batter focus less on content typically covered in parent training programs, and more on themes developed by batterer service providers: effects of domestic violence, accountability for past abuse, and changing men's abuse-supporting attitudes. A review of the literature on child maltreatment and men's abuse of women yields the following recommendations for program content:

- Focus on reducing over-reactivity/anger/hostility in parenting (Stith et al., 2009; Eckhardt, Samper, & Murphy, 2008), using a complex view of the role of anger in family violence (Gondolf, 2007; Gondolf & Russell, 1986).
- Teach strategies for respectful parenting, co-parenting, or parallel-parenting with their children's mothers; continued conflict between mothers and fathers is associated with negative outcomes for children (Katz & Low, 2004; Wolfe, Crooks, Lee, McIntyre-Smith, & Jaffe, 2003).
- Improve the quality of father-child relationships by addressing fathers' attitudes and skills. Interventions that build fathers' tolerance of challenging behaviors and increase positive engagement with their children help reduce the risk factors for child maltreatment (Bugental et al., 2010; Bugental & Schwartz, 2009; Francis & Wolfe, 2008; Perez-Albeniz & de Paul, 2004).
- Address men's abuse of substances as a significant risk factor for both woman abuse and child maltreatment (Jones & Gondolf, 2001).

Collaborative Management of Risk

Improved inter-agency collaboration is one of the most common recommendations of child abuse and domestic violence services (Pennington-Zoellner, 2009; Douglas & Cunningham, 2008; Allen, 2006); this is particularly true of parenting interventions for men who batter. A proportion of clients will likely not benefit from intervention (Klein & Tobin, 2008; Gondolf, 2001; Bennett, Stoops, Call, & Flett, 2007). Containment measures become necessary to ensure the safety of potential victims of abuse, requiring strong communication and coordination across agencies. Recommendations include:

- Shared intake with program referrers. Joint intakes provide a forum for clear communication about the reason for referral and the desired outcome of intervention.
- Regularly scheduled check-ins with referrers. Such contacts must remain focused on assessing, monitoring, and containing risk and avoid drifting into providing advocacy for fathers.
- Thorough follow-up on failed referrals and program drop-outs. Research demonstrates that treatment drop-out is a good predictor of re-assault (Bennet et al., 2007; Gondolf, 2001); in these cases, intervention programs must ensure that appropriate protective measures are in place for all members of the family.
- Organization of and participation in multi-agency case management teams for clients at high levels of risk. While such teams need to be vigilant to issues of confidentiality and protection of information, they can develop comprehensive safety plans and risk management strategies for men and their families.

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