

Listen to Us: Dad-Endorsed Strategies for EHDl Professionals

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Abstract: Although fathers play an increasingly important role in today's families, there is an imbalance of research regarding fathers of children with disabilities compared to mothers, including research about fathers of children who are deaf or hard of hearing. With the advent of newborn hearing screening, the number of children who have hearing loss being identified within the first six months of life has significantly increased. Thus, the number of fathers participating in EHDl services has also increased. This article seeks to answer the question, "What do fathers' experiences in the early intervention process tell professionals about family-centered practice?" The authors have synthesized the available research into strategies that EHDl professionals can take to foster more effective parent-professional relationships with fathers of children with hearing loss. Discussion is offered regarding implementation of these action steps as part of family-centered early intervention that considers the needs of fathers in the context of the whole family system.

Key Words: family-centered, fathers, deaf, early intervention, EHDl

Acronyms: DHH = deaf or hard of hearing; EHDl = early hearing detection and intervention; IEP = Individual Education Plan; IFSP = Individual Family Service Plan; NFI = National Fatherhood Initiative

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Whenever it was a home visit day, I always thought of an excuse to not be there. I didn't really know what I was supposed to do. My wife seemed to have such a good rapport with [the early interventionists] and I felt self-conscious—kind of like a third wheel on a date. It wasn't that I didn't care about [my daughter], it was just really uncomfortable so I found other things to do during that time. I had the cleanest garage in town during those early months!

At no other time in the history of the education of students who are deaf or hard of hearing (DHH), has the opportunity for communication access and optimal educational and career outcomes been so great (Strickland, Eichwald, Cooper, & White, 2011). Advances in technology now allow for identification of hearing loss in infancy and pave the way for timely early intervention for children who are DHH and their families.

Essential in the early intervention process are family-centered practices, which reflect an equal partnership between parents and professionals rather than an approach where professionals are viewed as the experts. Placing the family at the center of the early intervention process is based on overwhelming research demonstrating that when all members of the child's family are involved and empowered, child outcomes are positively impacted. A meta-analysis conducted more than 30 years ago

by Shonkoff and Hauser-Cram (1987) found that early intervention was most successful for infants and toddlers with disabilities when family members were involved. A wide range of child outcomes are associated with family involvement and parental self-efficacy, including social development, cognitive skills, school readiness, emotional well-being, decreased problem behaviors, and later academic achievement (Turnbull, Turnbull, Erwin, Soodak, & Shogren, 2015). Research with children who are DHH shows higher levels of family involvement in early hearing detection and intervention (EHDl) are associated with better child language and literacy development (Calderon, 2000; Moeller, 2000; Yoshinaga-Itano, Sedey, Coulter, & Mehl, 1998). Healthy family functioning, parental involvement, empowerment, and engagement comprise the foundation for positive child outcomes for all children, including those who are DHH. The question arises, though, are all members of the child's family truly being included in the family-centered equation?

Research on the evolution of gender roles and the make-up of the Western family recognizes that fathers are increasingly taking on child care-giving responsibilities once reserved only for mothers. Thus, the unique contributions of fathers to the healthy development of their children is receiving national attention (Chelsey, 2017; Valiquette-Tessier, Gosselin, Young, & Thomassin, 2018). A meta-analysis of father involvement (Sarkadi,

Kristiansson, Oberklaid, & Bremberg, 2008) revealed a positive association with child outcomes of cognitive and language skills, decreased problem behavior in boys, and fewer mental health issues in girls across factors such as socio-economic status and family structure (Figure 1). A look at the impact on child outcomes when fathers are not involved is more startling. The National Fatherhood Initiative (NFI) reports father absence is associated with higher risk of poverty, teen pregnancy, behavioral problems, incarceration, substance abuse, child neglect, and school failure (NFI, 2016).



Figure 1. Father involvement is associated with improved child outcomes.

Despite these data, research in family-centered early intervention is heavily reflective of mothers. This is problematic because, although EHDl professionals are uniquely poised to support healthy family functioning from the start of a child's life by supporting all members of the family, professionals may not be equipped with knowledge and skills to attend to the unique aspects of father involvement. In a profession where the representation is predominantly female, it is important for EHDl professionals to be aware of any unconscious bias that may potentially interfere with equal engagement by both mothers and fathers in the services provided. A cultural competence model of intervention warns that when professionals are unaware of their own potential biases, they may often default to their own world view (Lynch & Hanson, 2011). Professionals should examine any potential unconscious biases they may hold associated with parenting roles and leave them at the door.

The purpose of this article is to leverage the influence of EHDl professionals on establishing empowered and engaged families by building awareness of the available research on fathers relative to early intervention and by offering strategies for family-centered services that include fathers of children who are DHH. The term father is used here as inclusive of biological, adoptive, foster, traditional

marriage, custodial and non-custodial, and other males serving as a substantial and consistent influence in the life of a young child.

Fatherhood Culture

A large body of literature exists regarding traditional and evolving gender differences, including learning preferences, parenting approaches, parent-child interaction styles, and social-support needs. This research has yielded varying results, especially as concepts of gender in our society become more fluid (Majdandžić, de Vente, Colonnaesi, & Bögels, 2018). Yet, there is recognition that support needs of men can be different than those of women. For the first time, the American Psychological Association (APA) issued a guidance document for practitioners when working with boys and men (APA, 2018). The existence of a culture of fatherhood has been increasingly recognized and researched in the sociology and gender fields since the turn of the 21st century; this research has also been applied in working with fathers in human services fields such as Social Work (Dermott, 2014; Wall & Arnold, 2007).

Bodner-Johnson (2001) recommends that EHDl professionals adopt an adult learning perspective that seeks to know parents as individuals to form better partnerships. The following list summarizes some general differences between mothers and fathers that may be relevant for consideration by professionals as they approach the process of getting to know individual family members (Lamb & Lewis, 2010; National Family Preservation Network, 2012; Pelchat, Lefebvre, & Perreault, 2003; Pruett, 1998).

- Whereas mothers tend to be first focused on day to day care tasks, fathers tend to focus on outer-world and future aspects.
- Whereas mothers tend to excel at interpersonal and group communication, fathers are often less likely to independently seek social support.
- Whereas mothers' interactions tend to focus more on care-taking than play, play is the prominent factor in father-child interactions. Fathers' play is more physical and unpredictable than is mothers'.
- Whereas mothers' interaction style tends to be predictable and safe, fathers tend to build confidence by allowing more freedom to explore and encourage risk-taking.
- Whereas mothers' discipline tends to stress sympathy, care, and problem-solving, fathers' discipline tends to focus on justice, fairness, and explanation of rules.
- Whereas mothers tend to modify their language in communicating with their child, fathers tend to use shorter utterances but are less likely to modify their language.
- Whereas mothers tend to be more comfortable learning through listening and talking, fathers tend

to prefer kinesthetic, tactile, and visual learning strategies in an informal environment.

- Whereas mothers tend to be comfortable discussing personal relationships and sharing self, fathers are more task-oriented, and less likely to talk about relationships without support.

The composition of the American family continues to change and become more diverse. Cultural norms must be considered within the culture of fatherhood as gender roles are often dictated or influenced by the family's cultural affiliation. Professionals must keep in mind that descriptions of gender roles and their associated recommendations for interaction are helpful in a broad context; however, careful attention to the individuality of each family member and the family system is paramount.

Family-Centered EHDI

The Division for Early Childhood at the Council for Exceptional Children¹ (2014) defines family-centered practices as

Practices that treat families with dignity and respect; are individualized, flexible, and responsive to each family's unique circumstances; provide family members complete and unbiased information to make informed decisions; and involve family members in acting on choices to strengthen child, parent, and family functioning. (p. 10)

Much has been written regarding family-centered EHDI practices since the turn of the 21st century, such as the Supplement to the JCIH 2007 Position Statement outlining best practices in early intervention after diagnosis of hearing loss (Muse et al., 2013). The ability of the early interventionist to establish a trusting relationship with the family is vital to the implementation of family-centered practices in EHDI. That relationship can be used as a foundation to support families in discovering their strengths and needed resources to parent their child who is DHH (Stredler Brown, 2005). Best practice recommendations for building effective family-centered parent-professional relationships in EHDI include (a) focusing on strengthening competence and self-efficacy, (b) using a non-judgmental approach, (c) asking families what information and resources they need rather than assuming, (d) using active listening and supported problem-solving, (e) offering both social and emotional support opportunities, and (f) providing support for self-determination (Ingber & Dromi, 2009; Sass-Lehrer, 2004).

Establishing and maintaining relationships with families requires early interventionists to strategically select and employ strategies that are a match to the unique needs of a particular family. Just as a one-size fits all approach is ineffective when teaching children, failing to meet the unique needs of parents, including fathers, can result in less than optimal parent-professional relationships.

Dads of Children who are Deaf or Hard of Hearing

Not surprisingly, literature addressing fathers of children who are DHH is limited. This limited research does appear to align with two important findings of research conducted with fathers whose children have other types of disabilities: (a) that father role-identity and parenting self-efficacy are positively associated with involvement in their child's programming, and (b) that father involvement was a mediator in mothers' stress and led to increased family harmony (Hintermair & Saramski, 2019; Ingber & Most, 2012; Zaidman-Zait, Most, Tarrasch, & Haddad, 2018). Further, the barriers to father involvement identified in other disability areas may also occur in EHDI programs. Muñoz, Nelson, Blaiser, Price, and Twohig (2015) surveyed 45 professionals providing services to families of young children who were DHH. The professionals reported teaching skills directly to mothers 91% of the time, while teaching to fathers only 19% of the time. Muñoz et al. also describe the practice of EHDI professionals focusing on child skills and lacking in their attention to the emotional and learning needs of parents. There is also evidence to suggest that fathers of children who are DHH process the parenting experience differently, and therefore, may require different types of support (Hintermair & Saramski, 2019; Zaidman-Zait et al., 2018). Fathers' own input on how they can be involved in the parenting experience is equally scarce in the literature. Table 1 displays five peer reviewed studies examining the recommendations of fathers to facilitate their own involvement.

Strategies for Professionals to Offer Family-Centered Services that Include Dads

Findings from the studies described in Table 1 have been synthesized into seven strategies that EHDI professionals can use when seeking to provide family-centered services that consider the needs of fathers. Given the diverse and evolving nature of gender roles and varying family compositions, these strategies may also be applied to other family members, in addition to fathers, who face similar potential barriers to involvement in EHDI services. The seven strategies for EHDI professionals are:

- Offer flexible options for fathers.
- Be patient, persistent, and proactive.
- Treat fathers as equal partners in parenting when sharing information.
- Build a team that is knowledgeable, current, and unbiased about ALL aspects of the child.
- Remember different isn't wrong.
- Build confidence and competence.
- Facilitate novice to expert father support.

To further add father voice, fathers' quotes from Pedersen and MacIver's (2013) study relevant to each of the seven strategies is offered.

¹The Council for Exceptional Children is the premiere professional organization devoted to quality education for children and youth with disabilities. The Division for Early Childhood is one of 17 specialty divisions and focuses on children ages birth to eight years with disabilities or those at risk for disabilities.

Table 1

Peer Reviewed Research on Fathers of Children who are Deaf or Hard of Hearing

Study	Design	Population	Relevant Findings
Houston, 2012	Quantitative survey	262 American fathers	Fathers wanted professionals to be up-to-date with latest information, share information and options without bias, and be more proactive about including fathers.
Ingber & Most, 2012	Correlation with control group	38 Israeli fathers	Fathers of preschool children with and without hearing loss self-reported similar levels of involvement. Involvement correlated positively with parenting self-efficacy, family cohesion, and adaptability.
Pedersen & MacIver, 2013	Qualitative focus group	10 American fathers	Fathers value service options, including those specifically designed for children who are DHH, and highly trained EHDI professionals. Identified themes in narratives were Memories, Relationships, Unique Dad Characteristics, and Advice.
Hintermair & Saramski, 2018	Quantitative survey with correlation	92 European fathers	A strong relationship between parenting self-efficacy and perceived EHDI support programs and activities. Impact of a child's hearing loss on parenting may be unique in fathers.
Zaidman-Zait, Most, Tarrasch, & Haddad, 2018	Quantitative survey with correlation	30 Israeli-Arab fathers	Mothers were more involved than fathers in intervention activities. Parental self-efficacy, informal and formal social support was associated with father involvement. Only formal social support was associated with involvement for mothers.

Note. DHH = deaf or hard of hearing.

Offer flexible options for fathers.

These kids are expensive so both of us can't always be taking off work for appointments and home visits, someone's gotta work.

In a survey of over 700 fathers conducted by the National Fatherhood Initiative (2016), fathers cited work responsibilities as the number one obstacle to being a good father and financial problems as the third. Although the American family increasingly has both parents working, working mothers are often afforded more flexibility in work hours and work absences than working fathers (Harrington, Van Deusen, & Humberd, 2011; Rehel & Baxter, 2015). Additionally, care must be taken to consider the inclusion of fathers who do not live with their children, military fathers, and fathers whose jobs take them away from home for long periods of time.

Family life in general is becoming increasingly busy and all families struggle with time demands. Families who have children with disabilities specifically report struggling with the sheer number of appointments and tasks they are asked to complete and express frustration with a lack of flexibility in scheduling family-centered services (Brotherson & Goldstein, 1992).

For EHDI providers, accommodating the wide variety of differences in fathers' schedules may seem overwhelming. To combat this, maximizing the time fathers are available for services is key (also known as getting the most bang for one's buck). Coordination among appointments is especially helpful to allow fathers a chance to form relationships with other EHDI providers they may not see as often as mothers. Embedding intervention strategies into daily routine is a fundamental strategy in family-centered services; however, EHDI providers

must recognize that daily routine interactions between fathers and children are unique. Professionals also need to consider alternate options for father participation other than the typical home visit format. Many organizations of parents of children who are DHH host a variety of family events such as barbeques, carnivals, and even ice fishing in North Dakota! Since fathers tend to be task-oriented, these family activities may offer opportunities for fathers to be assigned specific responsibilities that may lend themselves to more natural involvement such as grilling hotdogs or coaching the softball game at a picnic. Results of father involvement efforts in other contexts, such as Head Start, early literacy programs, and social welfare interventions indicate fathers are more satisfied with activities that provide information on how to support their child's development through active participation in general activities like running errands, cooking, games, and sporting events (Cullen, Cullen, Band, Davis, & Lindsay, 2011; Fabiano et al., 2009; Maxwell, Scourfield, Featherstone, Holland, & Tolman, 2012; National Deaf Children's Society, 2006; Raikes & Bellotti, 2006).

Be patient, persistent, and proactive.

When we are at appointments with our wives and they are crying, we are supposed to be the rock and support her, not be the one crying. So, in order be the 'man', we close ourselves off from saying anything to avoid letting the emotion out.

Some evidence suggests that fathers may initially be reluctant participants in the early intervention process for a variety of reasons; for example, they may view themselves as inadequate parents (Maxwell et al., 2012). This is particularly true when the first child born to a couple is DHH and the first-time learning of parenting skills is further complicated with extra visits, technology, and

communication choices, etc. However, even if the parents have other children, the experience of parenting a child with hearing loss is unique and challenging.

Maxwell et al. (2012) suggest that providers be persistent, even when initially brushed off, in consulting fathers about what type of supports they need. A study of fathers in a parent support program also noted this.

You do have to do the drip-drip approach because a lot of fathers will say initially, 'I leave her (the mother) to deal with all that type of thing. What you put on is important, and it's a matter of consulting with them to find out what they want. It's no good just thinking of an idea and then just expecting them to come in. If you put something on that's a kind of like a hook, then they'll come in. If you put something on that dads would never dream of doing, then they'll not come in. (Cullen et al., 2011, p. 493)

Treat fathers as equal partners in parenting when sharing information.

They see me in the grocery store and say, 'Oh, you two are on your own this week? Well, don't worry, you'll make it until mom's back in town', like I can't take care of my own kid by myself. It's really kind of sexist.

Often doctors' attention and eye contact is given directly to the wife during appointments. We might as well go sit out in the waiting room.

Recent national dialogues in the United States challenge the concept of reverse-sexism and question whether men can experience it (Fabello, 2015). However, when it comes to parenting, there is still a tendency for professionals to enter the early intervention process with pre-conceived notions about fathers and their role. This may impact how professionals interact with families (Maxwell et al., 2012; Muñoz et al., 2015).

In *Men are from Mars, Women are from Venus: The Classic Guide to Understanding the Opposite Sex*, Gray (2004) asserts that men and women are so different in their communication needs that they are on different planets. He noted that men cope with stressful situations by withdrawing from conversations while women prefer to talk about the sources of their stress. Also, mothers and fathers of children who are DHH may not navigate the grief cycle in the same manner or on the same timeline (Luterman, 2006). Consequently, EHDI providers must consider their communication approach when sharing information with fathers. In addition to cultural influences on men's communication, a substantial amount of research has identified the concept of mothers functioning as gatekeepers of information and access to children for fathers (Allen & Hawkins, 1999; De Luccie, 1995; Sano, Richards, & Zvonkovic, 2008). Professionals must consider methods for sharing information directly with fathers rather than relying on mothers to convey it.

In addition to assumptions and biases being a potential barrier to sharing information with fathers and involving them in the decision-making process, communication logistics can play a role (Ancell, Bruns, & Chitiyo, 2018). EHDI providers should consider alternate forms of direct communication with fathers such as texts and email. When it comes to sharing coaching and intervention strategies, video modeling and interactive remote technologies such as Skype or Facebook Live can be helpful tools to allow fathers to interact directly with providers and receive information that is not filtered through the child's mother.

Build a team that is knowledgeable, current, and unbiased about ALL aspects of the child.

She (the professional) said our baby may never talk and would probably have a very limited capability in life because she was deaf. That was devastating and we have never forgotten it. I'd love to introduce her to [our daughter] now.

This dad-endorsed strategy is consistent with recommended EHDI practices. The EHDI family-centered early intervention literature strongly advocates that the team include professionals with expertise in all aspects related to deafness; in particular, the potential impact of childhood hearing loss on all aspects of child development. Additionally, because a large number of infants and toddlers who are DHH have additional disabilities, the need for specialized personnel with expertise that matches the child's potential challenge areas is key (Moeller, Carr, Seaver, Stredler-Brown, & Holzinger, 2013; Muse et al., 2013; Sass-Lehrer, 2004). It is interesting that fathers of children who are DHH appear to clearly understand this need. One study of father involvement found that fathers of children in an early intervention program indicated knowing what was involved in the program and knowing that the interventionist is trained were the two most important factors in participating (Tully et al., 2017). It is possible that fathers' involvement may be influenced by being clear about the qualifications of their child's team and what expertise each member has to offer.

Remember different isn't wrong.

I think I scared the early intervention team with how physical I was with [our daughter]. Now we play Monkeys' Jumping on the Bed and keep it a secret from Mom—it's our game.

As long as she's still breathing when mom comes home, I've done my job.

Maxwell et al. (2012) noted that fathers may be concerned that early intervention programs may dictate how they should parent and fathers feared they would not be able to live up to these expectations; they were intimidated. One father in Pedersen and MacIver's (2013) study recalled a memory of walking into his home during an early intervention visit where his wife and three female providers were present. He enthusiastically greeted his infant and tossed her up in the air, as was his practice. There was

a collective gasp from the female providers. The father remarked, “I knew I had done something wrong, so I just went out in the kitchen and tried to look busy.”

Family-centered services must consider how the professionals can leverage each unique family system and individual family member strengths. EHDI professionals should challenge their assumptions about what good parenting is and examine whether their views may be biased toward behaviors that mothers typically exhibit.

Build confidence and competence.

You don't need to know everything and don't be afraid to ask questions.

As mentioned above, fathers may tend to feel inadequate in parenting their child who is DHH. Sass-Lehrer (2004) recommends that a goal of family-centered EHDI services should be to support both confidence and competence in parents. Self-efficacy theory (Bandura, 1997) supports the premise that the more an individual believes they can successfully accomplish a task, the greater the likelihood that he will want to engage in the task and persist in its execution. When professionals facilitate fathers' enjoyment of father-child relationships, it leads to increased father engagement in early intervention (Anderson, Aller, Piercy, & Roggman, 2015). There is also evidence indicating that fathers of children who are DHH who have higher levels of self-efficacy also have higher levels of involvement in their child's early intervention program (Ingber & Most, 2012).

How to build confidence and competence in fathers begins with the previous strategy of remembering that different isn't wrong, and by viewing fathers' styles as unique and complimentary to mothers' rather than opposing or contradictory.

It seems that in the context of family support work, the most effective interventions adopt a strengths-based approach which focus upon the important contributions fathers make to their children's lives, where workers are positive about the father's ability...emphasize the father's existing skills and use solution-focused thinking to develop their skills and build confidence. (Maxwell et al., 2012, p. 165–166)

One example from an early intervention home visit comes from the author's experience as an EHDI professional (Pedersen, personal communication, January 29, 2019).

One mother showed me a 2-minute video taken on her cell phone of a father just playing with his infant daughter who has a dual-sensory disability. Within that two minutes, the father used several instances of evidence-based communication strategies: proximity, turn taking, waiting, reinforcement, and multiple means of sensory input. While he was not yet comfortable interacting with his child like this in front of me, I was able to use this video to

show the father each of these instances and build his confidence and competence by illustrating how his natural interactions were exactly what his daughter needed.

Facilitate novice to expert father support.

It's the fear of the unknown that is the biggest thing.

Probably one of the biggest differences is I was worried if she would ever be a country music star or how would she go waterskiing or play sports with hearing aids. I don't think (my wife) worried about those things as much.

Although offering a combination of whole family and father-specific activities is recommended, one thing is clear—fathers of children with disabilities benefit from accessing peer support (Konstantareas & Homatidis, 1992). In the 2013 International Consensus Statement on best practices in family-centered early intervention for children who are deaf or hard of hearing, Moeller et al. (2013) state that parent to parent support is essential for family well-being. Many early intervention programs offer parent to parent connections, but those specific to fathers are rare. Fathers may again be reluctant to reach out to another father in the same way that mothers do (Pelchat et al., 2003) and the type of social support needed may also be different than mothers (Zaidman-Zait, et al., 2018). For example, in a case study of two fathers of children with hearing loss, laughter was frequently used to characterize the fathers' parenting experiences and humor appeared to mediate stress and support the fathers' transition to confident parent (Pedersen & Spooner, 2017). Recognizing gender differences can be helpful in implementing this strategy as well; while women tend to connect with others simply by talking, men develop relationships with each other through activities (Tannen, 1990). Providers should consider this and be intentional and creative when planning group family activities and support opportunities for fathers to connect organically, rather than through a traditional support group approach.

Tools for Implementing These Strategies

Avoiding subconscious bias necessitates EHDI providers be intentional about the inclusiveness of their communication and addressing both mothers and fathers equally. Three tools are offered here to assist providers and agencies in self-assessing their practices relative to attending to fathers.

- The Checklist for Assessing Adherence to Family-Centered Practices (Wilson & Dunst, 2005) has been adapted with permission to include a focus on fathers in Appendix A.
- The Dakota Father Friendly Assessment (DFFA) tool was developed for use in Head Start programs. The DFFA (White, Brotherson, Galovan, Holmes, & Kampmann, 2011) consists of 33 self-report items designed to measure the constructs of staff biases, staff attitudes, staff behaviors, organizational attitudes, and organizational

behaviors. A list of the items has been reproduced with permission in Appendix B.

- The Father Friendly Check-Up™ (NFI, 2016) is designed for organizations and programs serving fathers to assess their efforts in the four categories of Leadership Development, Organizational Development, Program Development, and Community Engagement. The checklist is available for free download at <https://www.fatherhood.org/ffcu>.

Conclusion

This article has offered considerations and practical strategies EHDI professionals can use to refine their family-centered practices to better include fathers. In seeking to meet the needs of families with many different characteristics, one simple constant must be at the forefront of the EHDI provider's mind: A child cannot have too many people equipped and empowered to support their healthy development. Working to support all members of the child's family increases the odds that children who are DHH and their families can enjoy every opportunity to achieve their desired outcomes.

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Appendix A

Family-Centered/Father-Focused Practices Checklist

Linda L. Wilson & Carl J. Dunst

Staff Member _____

Context _____

Observer/Coach _____

Date(s) _____

Rating Scale		1 = Yes, practice was used 2 = Practice was partially, sometimes done 3 = Practice not used, opportunity missed 4 = NA, no opportunity to observe the practice			
		In what way was each practice used?	Rating	Example/Comment/Reflection	
	Interpersonal Skills	Father-Focused Interpersonal Skills	Communicate clear and complete information in a manner that matches the family's style and level of understanding.		
			Communicate clear and complete information in a manner that matches the father's style and level of understanding.		
			Interact with the family in a warm, caring, and empathetic manner.		
			Interact with the father considering the unique communication preferences of fathers.		
			Treat the family with dignity and respect without judgement.		
			Treat the father with dignity and respect and without judgement—remember different isn't wrong.		
	Asset-Based Attitudes	Father-Focused Asset-Based Attitudes	Communicate to and about the family in a positive way.		
			Communicate with a focus on the father about the family in a positive way.		
			Honor and respect the family's personal and cultural beliefs and values.		
			Honor and respect the father's personal and cultural beliefs and values.		
			Focus on individual and family strengths and values.		
			Focus on individual father and family strengths and values.		
			Acknowledge the family's ability to achieve desired outcomes.		
			Acknowledge the father's value in the ability to achieve desired outcomes.		
	Family Choice and Action	Father-Focused Choice and Action	Work in partnership with parents/family members to identify and address family-identified desires.		
			Work in partnership with fathers to identify and address family-identified desires.		
			Encourage and assist the family to make decisions about and evaluate the resources best suited for achieving the desired outcomes.		
			Encourage and assist the father to contribute in decisions and to evaluate the resources best suited for him to participate in achieving desired outcomes.		
Seek and promote ongoing parent/family input and active participation regarding desired outcomes.					
Seek and promote ongoing father input and active participation regarding desired outcomes.					
Encourage and assist the family to use existing strengths and assets as a way of achieving desired outcomes.					
Encourage and assist the father to use existing strengths and assets as a way of achieving desired outcomes.					
Provide family participatory opportunities to learn and develop new skills.					
Provide father participatory opportunities to learn and develop new skills.					

Family-Focused Practitioner Responsiveness	Father-Focused Practitioner Responsiveness	Assist the family to consider solutions for desired outcomes that include a broad range of family and community supports and resources.		
		Assist the father to consider solutions for desired outcomes that include a broad range of family and community supports and resources.		
		Support and respect family member's decisions.		
		Support and respect father's decision		
		Work with the family in a flexible and individualized manner.		
		Work with a father in a flexible and individualized manner.		
		Offer help that is responsive to and matches the family's interests and priorities.		
		Offer help that is responsive to and matches the father's interests and priorities.		
		Assist the family to take a positive, planful approach to achieving desired outcomes.		
		Assist the father to take a positive, planful approach to achieving desired outcomes.		

Note. Adapted with permission from Wilson, L. L., & Dunst, C. J. (2005). Checklist for assessing adherence to family-centered practices. *CASE Tools: Instruments and Procedures for Implementing Early Childhood and Family Support Practices*, 1(1), 1–6.

Appendix B
The Dakota Father Friendly Assessment
(White, Brotherson, Galovan, Holmes, & Kampmann, 2011)

SA = Strongly agree; A = Agree; N = Neither agree nor disagree; D = Disagree; SD = Strongly disagree

1. Our program's mission statement should include services to fathers/father figures SAANDSD
2. Fathers should be involved in the orientation and enrollment process SAANDSD
3. It is important that fathers attend school functions SAANDSD
4. It is important to have program activities for the whole family SAANDSD
5. Mothers are more committed to the care and well-being of their children than most fathers SAANDSD
6. Fathers bring unique strengths to parenting that meet a child's growth and development needs SAANDSD
7. Mothers put more thought into program projects and activities SAANDSD
8. I find it hard to let fathers be in charge after assigning them a task SAANDSD
9. Fathers not living in the home should also be sent announcements of program activities SAANDSD
10. My feelings about the value of fathering has been influenced by negative experiences with men SAANDSD
11. I encourage mothers to support fathers, even if involvement isn't desired (abuse cases omitted) SAANDSD
12. I actively recruit fathers for assistance with program services SAANDSD
13. I usually don't interact with fathers who come with mothers SAANDSD
14. I make an effort to have fathers sign family partnership agreements SAANDSD
15. I make an effort to have fathers take part in the IEP or IFSP process SAANDSD
16. I try to schedule home visits when both parents are available SAANDSD
17. The message I give to fathers in that their role is critical to their child's development SAANDSD
18. Partnership agreements reflect the father's interests & concerns as well as the mother's SAANDSD
19. During program projects, I tend to assist fathers more so they get things done the way I want them SAANDSD
20. I tend to judge how good a father is by his child's appearance SAANDSD
21. All Head Start staff at our center believe in the need for a positive attitude toward working with fathers SAANDSD
22. All Head Start staff at our center believe they should provide the same support for fathers as mothers SAANDSD
23. All staff at our center believe they should provide recognition for fathers' efforts and successes SAANDSD
24. All of our staff believe it is important to facilitate interaction with fathers SAANDSD
25. All of our staff believe fathers should participate in scheduled parent-teacher meetings SAANDSD
26. All of our staff believe input should be sought from fathers about what they want from Head Start SAANDSD
27. Our Head Start center provides regular training on father involvement (at least semiannually) SAANDSD
28. Our Head Start center provides staff with books and resources for and about fathers SAANDSD
29. All of our staff are knowledgeable about fathering behaviors and attitudes SAANDSD
30. Our staff actively recruit male staff members and facilitators for father's events/groups SAANDSD
31. Our staff actively recruit fathers for the parent advisory board, board of directors, etc. SAANDSD
32. Our center's approach to father involvement has tried to engage most fathers in program activities SAANDSD
33. All staff try to identify a primary father figure to encourage involvement in the child's life SAANDSD

Note. Adapted with permission from: White, J. M., Brotherson, S. E., Galovan, A. M., Holmes, E. K., & Kampmann, J. A. (2011). The Dakota father friendly assessment: Measuring father friendliness in head start and similar settings. *Fathering*, 9(1), 22–44