Building paternal competency in young fathers: a program development plan

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Building Paternal Competency in Young Fathers: A Program Development Plan

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Note: This document describes a Capstone Dissemination project reflecting an individually planned experience conducted under faculty and site mentorship. The goal of the Capstone experience is to provide the occupational therapy doctoral student with a unique experience whereby he/she can demonstrate leadership and autonomous decision-making in preparation for enhanced future practice as an occupational therapist. As such, the Capstone Dissemination is not formal research.
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Executive Summary

Research supported by the National Fatherhood Initiative shows that children who are currently raised in a single-parent household are twice as likely to suffer physical, emotional, or educational neglect as compared to children living with both parents (The Father Factor, n.d). According to the U.S. Census Bureau, 24 million children- one out of three- live in biological father-absent homes. When considering the high rate of unplanned pregnancies against this statistic- about half of all annual births in the United States- 437,000 were due to teen and young fathers under the age of 19 who were not prepared for the responsibility of fatherhood. Fortunately, the number of single fathers that are head of household has more than doubled in the last twenty years (Fathers & Sons, 2011). Statistics based on the adverse affects of grossly dominated unplanned pregnancy of the adolescent population combined with the identified risk factors of a father-absent home clearly dictates the growing need to support paternal-based programming for young fathers.

The goal of the Young Fathers Program at Greenleaf Family Center is to build both physical and personal parenting skills for new and parenting fathers. Program objectives will collectively accomplish this goal through identification of problem areas of current life roles; development of individual care plans, client involvement and participation in education, and increased levels of reported competence in areas of childcare abilities and life skills. Within the first year, approximately 32 fathers will participate in the program. Participants will work together with the occupational therapist to establish individual care plans for both childcare abilities and life skills in a school-based setting. Evaluations during entrance and exit services will be used to identify the overall effectiveness of the program. Outcomes will be evaluated based upon pre/post measures of two primary assessments and client feedback. Results will be used to modify future aspects of programming.
Building Paternal Competency in Young Fathers: A Program Development Plan

Program Goal

The goal of the Young Fathers Program of Greenleaf Family Center is to build both physical and personal parenting skills for new and expectant adolescent fathers.

Sponsoring Agency

The Young Fathers Program will take place at Greenleaf Family Center in Akron, Ohio. Greenleaf Family Center is a non-profit social service organization. The mission of the organization is to strengthen families in the community through counseling, education, and support. Greenleaf serves families who experience challenges of daily living and personal crisis that arise from a variety of problems, including personal adjustment, marital problems, teenage parenting, alcohol and drug addictions, financial instability, and school adjustment. The Young Fathers Program specifically utilizes their Teen Parenting Program, which provides services for pregnant and parenting teens ages 13-18 and their babies. This program has a rolling admission for all who qualify and often provide weekly support groups with dinner and transportation. In addition, personnel of the Teen Parenting Program visit local schools in order to provide counseling services and education as needed.

Organizational Structure

Current employees of Greenleaf Family Center function in unique roles in order to provide individual programming that works together to support the mission of the agency. Employees of the facility are responsible for providing a variety of care services and community resources to individuals within the community seeking help. Clear division of programming has been identified within the chart, with specific personnel responsible for each division.
Subprograms within each division have also been clearly delineated (see Appendix A for organizational chart).

An occupational therapist would be hired to organize and implement a paternal-directed education program for Greenleaf Family Center. The therapist would have the chance to work directly with the employees of the facility but also create a program that supports the overall mission. Occupational therapy provides a unique perspective to programming and has thus been inserted as an additional service to the agency. In addition to common childcare skills similar programs provide, such as feeding, diaper changing, etc., this program can provide both physical and psychosocial support to expectant or parenting fathers, as well as his partners.

Occupational therapists have the training and the skill to analyze psychosocial implications, environmental modifications, and intervention implementation for child rearing roles. Currently, stress caused by pregnancy in the male partner has been the common cause for domestic violence, lack of paternal-child bonding, relationship problems, maintaining a healthy lifestyle, and long-term implications for nonexistent father involvement in the child’s life. Thus, areas in which occupational therapy can teach unique skills for healthy parenting including techniques for bonding (i.e. feeding and bathing techniques), play skills, and caregiver interaction in hopes of building positive self-image and paternal-child bonding for program participants. Occupational therapists can also address the psychosocial component of male stress by incorporating time management skills, financial management, stress and emotional management, patience, and self-esteem techniques. Finally, providing recommendations within the home can also be an added value the occupational therapy perspective brings to programming.
Investigating the Need for the Program.

According to the U.S. Census Bureau, 24 million children - one out of three - live in biological father-absent homes. When considering the high rate of unplanned pregnancies against this statistic - about half of all annual births in the United States - 437,000 were due to teen and young fathers under the age of 19 who were not prepared for the responsibility of fatherhood. However, the number of single fathers that are the head of household has more than doubled in the last twenty years, in which 9,000 families alone in Summit Country meet this criterion (Fathers & Sons of Northeast Ohio, 2011). Although fatherhood responsibility appears to be on the rise, children who are currently raised in a single-parent household are twice as likely to suffer physical, emotional, or educational neglect as compared to children living with both parents (The Fatherhood Factor, n.d). Statistics clearly show the need to support a two-parent household that is comprised of both the mother and the father. However, current findings also reveal that fathers are becoming more active as the sole caregiver when single-parent homes are investigated. Thus, programming for responsible fatherhood needs to be addressed.

Three comprehensive forms of assessment were utilized in order to determine if programming for young fathers was appropriate for Summit Country. Through extensive literature review and conversations with April Brewer, Director of the Teen Parent Program of Greenleaf Family Center, three methods of assessment were agreed upon for finding the most accurate and abundant information necessary for programming. These methods included semi-structured interviews, surveys, and focus groups.

Semi-Structured Interviews

Due to the complexity of targeting fathers from the lack of identifiable features,
semi-structured interviews and observational conclusions from peer-facilitated, school-based meetings of mothers were first established. The use of semi-structured interviews had a series of objectives, including: 1) the mothers’ subjective view of the “ideal” role of the father in paternal-child care, 2) the mothers’ subjective view of the father’s most accurate and current role as a father in paternal-child care, and 3) validation of expectations and barriers that prevent her partner from attending or seeking child-care education. Over the course of three months, ten peer-facilitated groups with average attendance of 4-6 girls were used to gather information. Although responses varied between participants, distinct themes were identified. Many girls reported the inability of the father to bond with the child, let alone provide care-giving activities such as feeding or diaper changing. In this theme, the girls often reported the fathers to be “going through the motions” instead of really taking an active role of responsible fathering. For almost all girls still in contact with the father, they reported somewhat to full financial or material support. However, they often reported material support to be inappropriate for the child’s developmental age or lacking in frugality, where one mom reports her child’s father purchased a pair of shoes for $100.00 instead of spending the money on formula or diapers. A few of these moms reported feeling very confident in the father’s ability to take care of their child alone. However, a majority of mothers frequently expressed they felt the father did not feel comfortable taking care of their child alone. They additionally stated the father would refuse to attend a childcare class, mainly attributed to his ego as a man. In contrast, another group of mothers felt the father would attend a childcare class only if it consisted of fathers only. Although there were a variety of responses towards the competence and role of their child’s father, the mothers offered good insight as to the current trend of responsible fatherhood.
Responses from the mother can also be used in comparison to the father-based focus groups to gain better insight into the expectations of parenting roles for each gender.

In addition to teenage mothers, adolescent fathers were also individually interviewed. Although the findings amongst fathers during semi-structured interviews were similar to the overall findings of the fathers-only focus groups, common themes emerged. Within those themes, all fathers appeared to be interested in father-only programming and providing specific information on perceived needs. Fathers frequently began explaining areas of his life that were apparent barriers or issues as soon as he was given the opportunity by the researcher. Many fathers expressed his concern on effective communication abilities between his child’s mother and himself, including the fathers that were still involved the mother as well as the fathers that were not on speaking terms. Additional topic areas that were frequently discussed by the fathers included frustration due to lack of reliable transportation, time management between school, work, and family, and decreased exposure to paternal role models demonstrating healthy and responsible fatherhood.

Beyond the demographics of adolescent participation, school counselors, principals, experienced facilitators and program directors of father-based programming were interviewed. Common themes amongst these interviews consisted of the barriers associated with teen fathers and programming. Barriers that were identified by professionals were congruent with many of the areas identified by young fathers, including; poor attendance in both the school setting as well as community based programs, lack of reliable transportation, inadequate understanding of child development and expectations, lack of positive communication and relationship with the child’s mother, poor time management, and poor job skills or lack of employment. Unlike older fathers, custodial issues or child support cases are usually not an established need amongst
adolescent fathers, as both the mother and the father are trying to manage and fully comprehend his or her new life role.

**School-based Focus Groups**

Focus groups comprised of male adolescents were able to provide the most pertinent and useful information for father-based programming. Focus groups helped to establish the subjective report on current barriers and issues that are most closely related to the lives of the fathers and participation in their child’s life. Four formal focus groups were implemented with fathers that were currently expecting a child, new to child rearing, and/or currently parenting (see Appendix B for outline of semi-structured interview questions). Eight main categories were developed by the researcher, including 1) perceptions of the role of the father, 2) support networks, 3) relationship with your child’s mother, 4) relationship between your child’s mother and your child, 5) relationship between yourself and your child, 6) confidence in child care, 7) personal relationship and experience with your father, and 8) current barriers to responsible fatherhood. A majority of the fathers were very receptive and eager to participate and share within the groups. Overall, fathers appeared to be distinguished by two main roles: the father was actively seeking parenting strategies to become a more responsible father or the father was currently indecisive on his level of involvement in his child’s life. However, both groups had expressed the interest and positive experience they believed a fathers-only program would provide for each of their situations. In addition, all fathers were able to provide an accurate and appropriate definition of his perception of the role of the father, often referring to both financial and personal support as well as being a positive role model in his child’s life. One participant stated, “I like the idea of father’s only group because it just gives us a chance to talk about things we might have on our mind. Things we have questions about but don’t know who to turn to or
don’t want to ask our family about”. Another participant stated, “I feel like a group like this [father’s only] would be really beneficial to fathers, where we could feel comfortable asking questions that just have to do with us and for once not about the baby’s mom, because [name of participant] has a younger kid that could ask us with older kids what to do” (see Appendix C for findings from focus group of fathers only.

Survey of Young Fathers

Through the preliminary data gathered through interviews and focus group, a revised survey was developed for distribution to adolescent fathers (see Appendix D for a summary of findings from father only focus groups). A total of 140 surveys were distributed to four community-based settings and two counselors within Summit Country that offer services to teen fathers in both school and community based settings. The survey accomplished a series of objectives, including the identification of 1) the current relationship between the father and his child, 2) current relationship with the child’s mother, 3) the father’s level of confidence at various stages of child care, 4) reported interest in the program by the father, 5) various skills fathers would like more assistance with, and 6) potential barriers that would affect participation for programming. A total of 55 of the 140 surveys were returned, those of which 24 were applicable to participants interested in responsible fathering. Within the 24 surveys, participants over the age of 20 completed seven, leaving 17 surveys applicable to teen parenting between the ages of 17 and 20. Of the 17 young fathers, 67% were African American while the remaining participants were Caucasian. Ten of the participants reported having one child; only two participants had reported two children while the remaining five participants were currently expecting to be a father. Children ranged between the ages of just born to four years old. Nine
of the participants reported seeing his child weekly—varying from 2-3 times per week to everyday—while only one participant reported seeing his child on a monthly basis.

When looking at the participants experience and confidence as a father, almost all participants chose very confident to mostly confident in raising a child. Similarly, a majority of the fathers reported feeling comfortable taking care of his child alone. When asked about thirteen specific areas they might need assistance with, participants were particularly selective with each of his answers. Overall, the top three areas that were identified by the fathers as having the most interest were time management, stress and work management, and communication strategies with the child’s mother (see Appendix E for a full list of responses).

In terms of group programming, a majority of responders desired a school-based, father-only program that would meet once a week. Almost all participants reported being able to find transportation through use of his car, finding a ride, or using public transportation. Currently, fathers have been identified as having low participation rates when it comes to childcare education, classes, and curriculum. This lack of participation can be counterbalanced by providing the fathers with a physically and financially accessibly program that meets the reported need of the various roles responsible fatherhood demands.

**Review of Literature**

Although evidence-based research is still needed to help determine the specific requirements for paternal-based programming, current research has provided an abundance of information on the immediate effects of paternal involvement, subjective reports from fathers, barriers to involvement, relationship outcomes of paternal involvement, and physiological implications to paternal attachment. However, in order to understand why programming for young, adolescent fathers is important, the literature must first explain the importance of the role of the father.
Research shows that both the mother and father bond with the infant differently. However, both the mother and the father can biologically achieve the same level of attachment (Berg & Wayne-Edwards, 2001). Although both parents can achieve the same level of bonding, the way in which this is achieved is highly differentiated. In mothers, bonding time has been created through prenatal development, caregiving, rocking, and loving touch; where in fathers, bonding is mainly accomplished through rigorous play (Feldman, 2003; Hewlett, 1991).

Feldman additionally studied the co-regulation of arousal in infants that was produced by both parents. As expected, mothers provided a low to moderate state of arousal. For the infant, this type of interaction produces continuity in this state of arousal from time in utero to the time the child begins to talk. Fathers showed a distinct difference in the mode of arousal regulation, where infant-play was the predominant mode of interaction, which in turn significantly increased the infants’ state of arousal. This arousal regulation is directed toward building and organizing high emotional intensity within the child. Thus, both the mother and father are essential in facilitating the development of life-long arousal regulation for their child.

In addition, a study at Queens University in Ontario found that expectant fathers actually experience biological and hormonal changes that prepare them for parenting. This research suggests that testosterone in expectant fathers will drop by a third, while the hormones prolactin and cortisol (both connected with women during pregnancy) rise significantly in the three-week time period prior to birth. Similarly, research by Greenburg (1974) demonstrated that men often experience a rise in prolactin levels during times of cuddling a newborn or even when a crying doll is held.

Unfortunately, most dads never obtain the true bonding time needed with his child, and are often delayed in the time it takes to attach to his child compared to the mothers. However,
much of this can be attributed to factors that can often become a barrier in achieving paternal-infant attachment, such as return to work obligations (both financial and/or job-task related), lack of education or infant care training, stress, depression and anxiety, lack of peer support, and decreased involvement in prenatal care/bonding opportunities (e.g., Condon, Boyce, & Corkindale, 2004; Diemer, 1997; Draper, 2002; Fagerskiold, 2005; Premberg & Berg, 2008; Seward, Yeatts, & Amin, 2006). Condon et al. (2004) have also documented five gender-specific risk factors that directly target males. The identified risk factors include sparse support networks, responsibility for providing material support, financial and work stressors, lack of appropriate male, childhood role models, more idealized view of pregnancy and caregiving as compared to women, and finally men are more reluctant than women to seek help when needed. During the time after pregnancy, the male partner can begin to experience feelings of role confusion and stress as he attempts to spend time with both new infant and mother in addition to maintaining his role as breadwinner and protector (Premberg & Berg, 2008). This role confusion can often lead to increased stress in the father or lack of involvement and paternal bonding in the infant’s life. In addition, the current generation was brought up during a time when their fathers were not required or expected to participate equally in child-rearing activities, thus leaving fathers of today without a role model to refer to (Premberg & Berg, 2008). Men have also been known to have a more idealized view of pregnancy, childbirth, and parenting than what is actually experienced during the first few years after birth. This incongruence with what was expected and what was experienced can also cause high levels of stress among fathers and between partners. In addition, men are known to be more reluctant than women to seek help with emotional problems, increasing the risk for insufficient paternal-infant bonding. Research
has linked the above risk factors to the idealized role of the father in terms of the incongruent behavior that can be created that often disrupts or prevents responsible fatherhood.

In addition to socioeconomic risk factors, Hjelmstedt and Collins (2008) found psychological characteristics of the father that could potentially affect the paternal-infant bond. They found that fathers who were less anxious, more assertive and less irritable were more attached to their infants in comparison to fathers who were more anxious, less assertive and more irritable. Furthermore, symptoms of depression were found to negatively correlate with father-infant attachment. Taken together, these findings suggest that healthcare providers should be identifying fathers who are anxious, irritable, and show signs of depression. Receiving emotional support and training on how to be more assertive can improve their mental well being and possibly strengthen the early father-infant relationship.

Paternal depression and post-partum depression (PPD) could have one of the biggest effects on the paternal-infant bond. Edhborg et al. (2003) found that symptoms of paternal depression appear to be associated with less than optimal father-bonding abilities. Keeton, Perry-Jenkins, and Sayer (2008) found similar results related to control issues in new fathers. A higher sense of enduring control predicted lower levels of psychological distress for new parents, as well as decreased depression and anxiety. Codonetal. (2003) also suspect that men report less depressive symptoms than women, but may express their depression under the disguise of alcohol abuse, aggressive/violent outbursts, risk taking behavior, and overworking. In fact, McFarlane (1993) has found that a one in six pregnant women is abused during pregnancy. These findings hold implications for healthcare providers to implement interventions to include strategies for enhancing and maintaining a sense of personal control and addressing the symptoms of depression within the father.
A large area of research over paternal-infant bonding has also investigated the influence of stress and anxiety. Condon, et al. (2004) found the prenatal period to be the most stressful for men. In terms of symptom measures during this time, fathers reported drinking more alcohol, were more depressed, more irritable, and had a more negative affect overall. Fagen, Bernd, and Whiteman (2007) found a relationship between stress and parent involvement in adolescents. They found the following list to account for stressful situations for participants: parent health, sense of social isolation, depression, role restriction, spousal/partner difficulties, lack of competence, and problems associated with parent-child attachment. Fletcher et al. (2007) included reports from fathers stating they felt increased pressure as a father and a partner, living up to the new demands of the infant, achieving closeness with the infant, and being their families’ protector and provider. Yet, another potential source of stress for fathers is a lack of congruence between partners, both in the expectations of level of support and assistance during pregnancy (Diemer, 1997). Furthermore, the combination of multiple stressors has more adverse effects on the parent-child system. However, fathers who were more involved in the pregnancy reported significantly lower levels of parenting stress than fathers who were less involved in the pregnancy. Implications consistently lead to increased emotional and caregiving support in order to strengthen the early father-infant relationship (e.g., Diemer, 1997; Fletcher et al., 2007; Deave & Johnson, 2008). Stress theorists suggest that these factors can be counterbalanced by the inclusion of social support systems.

Thus, the amount of support new fathers are receiving is the next factor to analyze. A Swedish study looking at the role of a child health nurse in supporting early fatherhood found that the nurse almost always talked to the mom, leaving fathers to feel pushed aside (Fagerskiold, 2005). Fathers even reported they felt the health nurse visits were strictly in place for the mother
only. In a study by Draper (2002), fathers reported their desire to be involved with their partner’s pregnancy; however, they reported difficulty in engaging with its reality. In addition, men who were dealing with partners with postnatal depression (PND) reported improved psychosocial well-being through peer support (Davey, Dziurawiec, and O’Brian-Malone, 2006). Prior to participation in the men’s group, men experienced their partner’s PND as overwhelming, isolating, stigmatizing, and frustrating. After attending the men’s group, men reported lowered levels of depression and stress and higher levels of social support. The men also stated they “highly valued the opportunity to share experiences with peers, to hear strategies for engaging in their relationship, and to gain factual information” (Davey et al., 2006). For the fathers exposed to the child health nurse, those who reported talking to other male friends or coworkers about infant crying reported feeling little need to talk to the nurse (Fagerskiold, 2005). Additional qualitative data from fathers reported men having a hard time balancing time spent with their child in relation to working and time the infant spends with the mother. Time spent alone, then, was viewed as crucial for paternal-infant bonding (Premburg et al., 2008).

Such increased awareness from the above research should reinforce the importance of providing father-directed antenatal support (support provided post-birth) that meets the needs of responsible fatherhood (Draper, 2002). Few studies have looked at the results of antenatal classes on the father’s reported improvement or non-improvement in paternal-infant bonding after attending classes. A study by Diemer (1997) showed a significant increase in social support when fathers attended a father-focused discussion class in addition to traditional antenatal classes. Combined with the subjective reports of fathers, healthcare providers should be directing future education towards father-focused child-care groups in which the focus is
centered on caregiving skills, psychosocial well being, male-peer support, and transitional life skills such as time management and maintaining a healthy relationship.

In summary, expecting a first child is stressful where multiple stressors compound the adverse effects of stress. Stress, in turn, can result in a multitude of adverse behaviors from the father. When the above information is applied to at-risk scenarios, such as unplanned pregnancy within unmarried couples, adolescents, and/or low-income families, an even greater need is presented. Each of these situations will increase the amount of stress that has been previously shown to encompass typical family set-ups, which in turn can cause a variety of psychosocial issues, such as depression and anxiety- all significantly affecting decreased paternal-infant bonding. When examining the life roles of pregnant adolescent couples, all of the above risk factors apply: the majority of teenage pregnancy is unplanned, the couple is not married, and both the mother and father are within poverty level, often supported by parents who are also living at low-income levels. According to Hoffman and Maynard (2008), teen parents are more disadvantaged as compared to other teens both before and after becoming parents. The authors attribute this finding to adolescents being financially, emotionally, and physically unprepared for the responsibility of parenthood.

According to the U.S. Census Bureau, 24 million children- one out of three- live in biological father-absent homes. When considering the high rate of unplanned pregnancies against this statistic- about half of all annual births in the United States- 437,000 were due to teen and young fathers under the age of 19 who were not prepared for the responsibility of fatherhood. However, the number of single fathers that are head of household has more than doubled in the last twenty years, in which 9,000 families alone in Summit Country meet this criterion (Fathers & Sons of Northeast Ohio, 2011). Although fatherhood responsibility appears
to be on the rise, children who are currently raised in a single-parent household are twice as likely to suffer physical, emotional, or educational neglect as compared to children living with both parents (The Fatherhood Factor, n.d). Statistics based on the adverse affects of grossly dominated unplanned pregnancy of the adolescent population combined with the identified risk factors of a father-absent home clearly dictates the growing need to support paternal-based programming for young fathers.

**Occupation-Based Programming**

The Young Fathers Program will address this need by developing a holistic, occupation-based education program that has a focus on educating the father in a school-based setting. Programming that specifically targets expectant and parenting fathers could be the key to connecting the subjectively reported need and lack of participation for this population. Although similar programs in the area have been created, occupational therapy provides a unique perspective. In addition to common childcare skills that similar programs provide, such as parenting and feeding, this program can provide both physical and psychosocial support to fathers. Currently, stress caused by pregnancy in the male partner has been the common cause for domestic violence, lack of paternal/infant bonding, relationship problems, maintaining a healthy lifestyle, and long-term implications for nonexistent father involvement in the child’s life (e.g. Codon et al., 2004; Responsible Fatherhood Spotlight, 2008; The Father Factor, n.d). Occupational therapy, then, can teach universal skills for bonding techniques, such as feeding and bathing techniques, play skills, and caregiver interaction, such as infant massage. Occupational therapist can also address the psychosocial component of male stress by incorporating life skills in hopes of building positive self-image and father-child bonding for program participants. Life skill components include, but are not limited to time management,
financial management, stress/anger coping mechanisms, communication strategies, role responsibilities, job skills, and mind-body wellness. For example, a young father may be struggling to find time to complete schoolwork, complete a scheduled job shift, and come home to parent his toddler who is currently exploring his new individual personality. The occupational therapist can help apply what that father is learning in school, such as homework deadlines and good attendance policies, to time management techniques that also relate to parenting: as the father increases his time management abilities, he can then increase the success of his ability to parent his toddler by providing stability and structure that was developed with the occupational therapist, in the form of a daily routine specific to his situation. Although such tasks appear simple, figuring out how to break down the daily responsibilities young fathers’ experience can often be the biggest challenge. However, occupational therapists have the skills to grade each task so that the father experiences a successful result.

**Models of Practice**

To help guide the development of the program, Mosey’s Role Acquisition frame of reference (Mosey, 1986) and the Model of Human Occupational (Kielhofner, 2008) will be used. The theoretical base of the Role Acquisition frame of reference is primarily concerned with the learning of those social roles required of the individual in the expected environment. Mosey believed that the skills make possible the formation of roles while the roles enhance skills, creating a dynamic relationship. Role Acquisition frame of reference is appropriate for individuals who have not learned how to participate in required social roles or who wish to participate in these roles in a more effective manner. It is particularly applicable for individuals who are experiencing difficulty with role transitions. Thus, this frame of reference compliments the many challenges adolescent fathers experience.
The Model of Human Occupation (Kielhofner, 2008) will be used as a guide in developing client-centered goals and objectives as well as individualized plans of care for each of the participants. The Model of Human Occupation supports two standardized assessments for the Young Fathers Program, allowing the participant to identify areas of strength and weakness within his life roles to ultimately establish client-centered goals.

**Federal Initiatives and National Trends**

The implementation of the Young Fathers Program will address both state and national initiatives sponsored by President Barack Obama in the Department of Administration of Children and Families. Over the past year, President Barrack Obama has given a multitude of public service announcement to parents of America asking fathers to “take time to be a dad today” (Administration of Children and Families, n.d.). In addition, the Department of Administration of Children and Families has funded and provided a variety of grants to agencies that directly address this cause. Agencies like the National Responsible Fatherhood Clearinghouse (NRFC), established in 2008, support states and communities to promote and support Responsible Fatherhood and Healthy Marriage. NRFC’s purpose states:

“The NRFC collects and shares information that promotes and supports the Responsible Fatherhood field, and specifically supports ACF-funded Promoting Responsible Fatherhood grantees. The NRFC also serves as a central source for the public to learn more about the importance of Responsible Fatherhood and fatherhood issues. The NRFC promotes and supports Responsible Fatherhood in an effort to advance the fatherhood movement, and support fathers and families. The long-term goals of the NRFC are to have its efforts help support the emergence of more well-functioning, economically independent families and stronger communities in line with the long term-goals of
OFA—family self sufficiency and economic independence.” (Administration of Children and Families, n.d)

At the state level, the Ohio Commission of Fatherhood (OCF) was developed in 1999 and functions as one of the only states in the country with a statutorily mandated fatherhood commission. The OCF is a primary financial provider to many of the Ohio statewide fatherhood programs with clearly outlined goal and expectations of what programming for fathers should entail. The Young Fathers Program supports the initiative of President Obama, the National Responsible Fatherhood Clearinghouse, and the Ohio Commission of Fatherhood, which advocate on behalf of local communities to enhance and promote healthy and responsible fatherhood.

Objectives

Program Goal

The goal of the Young Fathers Program of Greenleaf Family Center is to build both physical and personal parenting skills for adolescent fathers through school-based programming.

Objectives

1. Participants will verbally identify five areas of childcare he would like to receive more education in by the end of the first home-based session.

2. After completion of the PCI (NCAST, 1994) and AAPI-2 (Bavolek, 1979), participants will identify one goal for each problem area identified and schedule a minimum of nine group education sessions by the end of the second home-based session.

3. By the end of the third session, participants will be able to appropriately demonstrate three techniques of childcare by completing all items in the skill-based checklist for all three areas.
4. Participants will actively engage with his child three separate sessions for a minimum of 10 minutes by the end of the last session.

5. By the conclusion of the program, 75% of participants will improve on both PCI Scales (NCAST, 1994).

6. By the conclusion of the program, 75% of participants will achieve all five of their personally identified goals as measured by the successful completion of the skill-based checklist.

7. By the conclusion of the eighth month, participants will have individually met four times with the occupational therapist to report on current progress of goals and verbalize questions or concerns.

8. By the conclusion of the program, 75% of participants will have successfully completed a minimum of nine group sessions in a nine-month time frame.

**Marketing and Recruitment for Participants**

**Marketing**

In order to market the Young Father Program, it is essential to consider a variety of stakeholders and the best marketing strategies for each. The target audience for this program is expectant or parenting adolescent fathers, especially those identified as high-risk parents. The target population, in conjunction with economic barriers, creates the largest challenge for developing and successfully marketing program materials.

The marketing techniques that will be used for this program include brochures, the Greenleaf Family Center website, school-based flyers and announcements, and word-of-mouth recommendations. Judy Joyce, Administrator of Greenleaf Family Center, will approve all marketing material. Brochures are a great use of marketing methods for the Young Fathers Program. Brochures will be able to serve a variety of functions in order to meet the marketing
needs of the targeted population. Brochures allow the reader to take the material home to read at his or her leisure or allow the individual to gain a quick overview of the program. Brochures are also cost-effective to produce, easy to distribute, and applicable to any setting. In addition to visual presentation and ease of reading, education on the content in the brochure will be an essential component to effective marketing. For this program, brochures will predominately be marketed through Greenleaf Family Center and Akron Public Schools, where facility personnel will be knowledgeable in referring all appropriate individuals to the correct material. In addition, facility personnel at Greenleaf Family Center completing school-based visits will also be essential in targeting and distributing brochures to appropriate individuals. Finally, local delivery units of Akron hospitals will be given brochures of the Young Fathers Program in hopes of targeting fathers who are seeking an active role in his child life. Brochures allow quick access to program material if information should be requested from an interested applicant. Thus, marketing for the Young Fathers Program will rely heavily on the effective use of brochures (see Appendix F for Young Fathers Program brochure).

Flyers will also be used with the intent to market to local community resources and directly to Akron Public School students. Flyers that visually match the interest of the intended population may be effective in gaining awareness of the available community resources. Flyers will be easy to post at local high schools, churches, and Akron businesses and facilities. Greenleaf Family Center’s website will also be utilized to market the Young Fathers Program. Web-based advertisement will be both cost-efficient and easy, but most importantly effective for marketing.

**Recruitment of Participants**

Potential participants of the Young Fathers Program are individuals aged 14-20 who are
expecting or parenting fathers. Participants must also demonstrate financial or socioeconomic need. To participate in this program the individual must meet standard inclusion criteria. The participant must agree to the two initial home visits. Additionally, the participant must identify five areas that can be categorized as problems or areas of uncertainty in child care abilities. The individual must also agree to choosing and attending a minimum of nine educational group sessions with help from the occupational therapist within a 9-month time frame.

The occupational therapist will be the main recruiter for the Young Fathers Program. The occupational therapist will set aside a certain amount of time per week to devote specifically towards recruitment efforts. The therapist will do so by implementing the initial marketing strategies within surrounding community organizations applicable to the targeted population, Akron Public Schools, and local hospitals. In addition, the therapist will be responsible for the creation and distribution of marketing materials and updating Greenleaf Family Center’s website. Finally, current facility personnel completing school-based visits will also be responsible for promoting and distributing material whenever applicable.

Current personnel have estimated paternal involvement to have reached approximately 10-15 individuals for the 2010-2011 year. Due to the previous number of identified paternal caregivers in addition to the expected increase after strategic marketing strategies, involvement for the 2011-2012 school year would reach a maximum of 44 participants. This program has been developed to pilot at two locations, totaling 144 hours of school-based group sessions. Four weeks prior to the start of the school year has been included to the time frame in order for the occupational therapist to prepare materials and schedules for the year.
The therapist would be utilizing a part-time position at 20 hours per week in which the therapist would be devoting time towards recruitment, home assessments, individualized care plans, group education sessions, participant evaluations, and program maintenance.

**Programming**

The Young Fathers Program is a unique program initiative focusing on the physical, emotional, and psychosocial components that emerge as a young father begins his journey into responsible fatherhood. The program aims to develop and nurture the physical and personal parenting skills for both expectant and parenting fathers. The Young Fathers Program will be led by the occupational therapist with guidance from the Role Acquisition Model of Practice (Mosey, 1986) and the Model of Human Occupation (Kielhofner, 2008). The Role Acquisition Model will serve as a guide in developing, implementing, and modifying all areas of the program. The model allows the client to take control over the direction of his learning while fostering the role of the educator to model optimal occupational performance (Mosey, 1986). The Model of Human Occupation (Kielhofner, 2008) will be used to guide and structure the assessments, goal setting, and evaluation process throughout the program.

Individuals who are interested in participating in the Young Fathers Program will be encouraged to contact Greenleaf Family Center or the occupational therapist directly. All inquiries will be forwarded to the occupational therapist to begin individual scheduling for each participant. The first two meetings will be arranged with the occupational therapist and will take place in the participant’s home. Exceptions will be made for those who can meet this criterion. An additional nine sessions will be required for attendance for each participant to successfully complete the program, however, attending all eighteen sessions will be encouraged. Throughout the nine-month program, participants will be required to meet individually with the occupational
therapist four times to ensure that individual client goals are being achieved. Finally, a follow-up session in the home will be required to evaluate the participants’ achievements as well as the success of the program.

During the first home-based session, the occupational therapist will administer the Model of Human Occupation Screening Tool (MHOST) (Parkinson, Forsyth, & Kielhofner, 2006) followed by the Occupational Self Assessment (OSA) (Baron, Kielhofner, Iyenger, Goldhammer, & Wolenski, 2006). The MHOST (Parkinson et al., 2006) will be utilized to address the father’s motivation for occupation, patterns of occupation, communication, process, motor skills, and the environment in relation to his occupational performance. The MHOST (Parkinson et al., 2006) allows the therapist to screen for key problem areas and document progress towards occupational intervention goals. The Occupational Self Assessment is a self-report, client-centered assessment that assists the father in planning and establishing priorities for change and identifying goals for occupational therapy. Together, the MHOST (Parkinson, et al., 2006) and OSA (Baron, et al, 2006) will help the father and therapist collaborate to identify key problems areas to address, followed by the development of goals to be achieved at the end of program participation. Finally, the therapist will complete a home evaluation in order to address environmental problems areas and recommendations the father could implement to aid in the attainment of previously documented goals.

The second visit to the home will consist of three video-recorded sessions using both the Parent-Child Interaction (PCI) of Teaching and Feeding Scales (NCAST, 1994) and the Adult Adolescent Parenting Inventory-2 (AAPI-2) (Bavolek, 1979). These assessments will help to provide the therapist and the participant with a better understanding of the father’s current strengths and weaknesses in both physical and psychosocial components of childcare.
Specifically, the PCI Scales (NCAST, 1994) assesses the quality and interaction levels of the father-child dyad by determining the father’s strengths and weaknesses in care-giving and teaching interactions. The teaching interaction for this session will be pre-established as one floor-time play session for every participant. The caregiving interaction, then, will be pre-established as one feeding session for every participant, as required by the assessment protocol. The PCI scale (NCAST, 1994) will then be followed by the administration of the AAPI-2 (Bavolek, 1979). This assessment is used to help identify negative or aggressive parenting and child rearing attitudes of young parent populations. As discussed earlier, current research suggests males to be more inclined to have aggressive and violent reactions in child-rearing occupations (Codon, Boyce, & Corkindale, 2003). Thus, it is critical for current programs specifically targeting young male fathers to assess the nature of his parenting style for the health and well being of the child. The AAPI-2 (Bavolek, 1979) inventory is able to provide the therapist and caregiver with a scale of risk for abusive and neglective parenting attitudes and practices. The results of these assessments can help expose areas of father-child interactions and communication to be addressed in further programming sessions. Additionally, the results will be used to build the caregiver’s awareness and skills to facilitate the development of the child.

Each session at the home is projected to last two hours, totaling 4 hours of 1:1 father-therapist assessments. By the end of the second home visit, the therapist and father should have established goals and scheduled a minimum of nine group education sessions he will be attending.

After the client has completed both home-based sessions with the occupational therapist, he will attend a minimum of nine school-based, group education sessions; however, attendance of all eighteen will be encouraged. Each educational session will follow the same structured
format including a welcoming and introduction time, education time, hands-on practicum, and closing and questions. Each session will end with lunch provided by the facility to promote active social engagement and peer support within participants. As discussed earlier, numerous studies have indicated the beneficial effects of positive peer support for expectant and parenting fathers. A large emphasis of group-based meetings will be placed on structured education but also embracing peer-facilitated conversations. Sessions will be separated by topic and include the following themes: handling, safety, and equipment use; bonding techniques; feeding and nutrition; play, engagement, and child development; difficult behavior strategies; peer support; job skills; time and money management; stress relief and overall wellness; and developing healthy communication (see Appendix G for the Young Fathers Program Timeline).

During each session, the father will be given a skill-based checklist to help guide his skill development in each of the specific areas. In addition, the father will be given a small material item that promotes the education of the day after attendance of every program. For example, a father may have indicated he feels inadequate or unsure about feeding his child due to a variety of reasons, including lack of knowledge of infant development, the baby’s constant crying and inability to soothe him/her, and his lack of support to confide in others. The father would then discuss each issue with the therapist and schedule nine sessions that fit his needs and interests. For this particular father, he would most likely chose the feeding, infant development, bonding, difficult behaviors, and peer support as a few of his pre-selected sessions in order to address his needs and meet his established goals (see Appendix H for an example of skill-based checklists).

Although a minimum of nine sessions is required for each participant, fathers are offered and encouraged to attend all eighteen sessions. Each session will last one hour and scheduled two times per month. At the completion of the semester or upon graduation, the therapist and
father will schedule a final evaluation session at the home. During this session, the AAPI-2 (Bavolek, 1979) and PCI Scales (NCAST, 1994) will be re-administered and video recorded to compare pre and post effects of the Young Fathers Program. In addition, the participant will also complete the Young Fathers Program evaluation form and assess his own goal achievement with the therapist. Upon completion of the following criteria, each participant will be discharged and receive a thank you gift consisting of items most frequently needed by infants or toddlers (i.e. diapers, formula, etc.). The projected time for the final visit with the occupational therapist is estimated at 2 hours per participant. Through completion of the Young Fathers Program, participants will be referred to case management and vocational counseling through Greenleaf Family Center, if appropriate, in hopes of promoting a well-rounded, responsible father.

Documentation will be kept at Greenleaf Family Center in a locked file cabinet that only the occupational therapist has access to. All documentation will be recorded onto hard copies, with the exception of the AAPI-2 (Bavolek, 1979), where data will be entered on the assessment’s website to score data (as recommended by the authors). Specifically, copies of AAPI-2 (Bavolek, 1979), PCI (NCAST, 1994), ASO (Baron et al, 2006), MHOST (Parkinson, et al., 2006), and client goals will be stored. This protocol will be most cost-efficient and convenient for the role of the therapist.

The role of the therapist will be that of guiding, encouraging, and educating all participants of the Young Fathers Program to ensure group members successfully achieve his expressed goals. In addition, it will be the responsibility of the therapist to make the participants feel comfortable and welcome when attending group sessions. In order to promote group cohesion, the therapist may also aid in interaction between group members throughout the course of the program by facilitating conversation, identifying common variables within participants,
and incorporating group work during hands-on sessions. Direct services that will be offered for this program include administration of assessments, home evaluation, interventions, and education. Indirect services that will be offered for program participants include referrals to community resources and vocational counseling if needed.

**Budgeting and Staffing**

The estimated cost of program expenses for the year has been outlined in the following budget. The Young Fathers Program will be developed and directed by an occupational therapist. The occupational therapist will have a part time position of 20 hours per week and will be hired within the first two weeks of grant approval. The salary for the occupational therapist position was based upon the current median salary for full-time occupational therapists working in the Akron area ($70,729) from www.salary.com. The salary was then determined by taking 50 percent of the median salary and applying the amount to a 40-week part-time position ($27,203). The occupational therapist must verify his or her degree, credentials, and registered to practice occupational therapy in Ohio (see Appendix I and J for a full job description and sample advertisement). The therapist will be expected to implement programming within two Akron Public Schools as well as in individual client homes. The therapist will be reimbursed for mileage expenditure through estimating traveling distances from maps.google.com (longest distance estimated at 7.1 miles). Mileage reimbursement has been detailed under miscellaneous expenses in the budget. The therapist will be expected to assemble and structure information and education for each of the sessions offered for the program, and must show qualifications for doing so. The therapist will also be expected to administer and score AAPI-2 (Bavolek, 1979), PCI Scales (NCAST, 1994), ASO (Baron et al, 2006), and MHOST (Parkinson et al., 2006).
Finally, the therapist should exhibit appropriate interpersonal skills for high-risk, adolescent fathers. The therapist must show enthusiasm for creating a positive change in this specific area.

**Projected Staff Costs**

<table>
<thead>
<tr>
<th>Employee Position</th>
<th>Hours Per Week</th>
<th>Salary</th>
<th>Benefits</th>
<th>Total Expenditure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occupational Therapist</td>
<td>20</td>
<td>27,203.40</td>
<td>6800.85</td>
<td>$34,004.25</td>
</tr>
</tbody>
</table>

**Total Projected Staff Costs $34,004.25**

*Salary estimated from www.salary.com

**Items for Therapeutic Purposes**

The following items are necessary to purchase for the Young Fathers Program in order to complete the assessments, group-based interventions, and evaluations.

<table>
<thead>
<tr>
<th>Item</th>
<th>Rationale</th>
<th>Quantity</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>MHOST (Parkinson, et al., 2006)</td>
<td>Necessary for therapist to screen for key problem areas and document progress towards occupational intervention goals</td>
<td>1 @ 38.50 + Shipping</td>
<td>$44.49</td>
</tr>
<tr>
<td>ASO (Baron et al, 2006)</td>
<td>Needed to assess and assists the father in planning and establishing priorities for change and identifying goals for occupational therapy</td>
<td>1 @ 38.50 + Shipping</td>
<td>$44.49</td>
</tr>
<tr>
<td>PCI Scales (NCAST, 1994)</td>
<td>Needed to provide therapist and participant with a better understanding of the his current strengths and weaknesses in care-giving and teaching interactions</td>
<td>1 @ 210.00 + Shipping</td>
<td>$215.99</td>
</tr>
<tr>
<td>AAPI-2 (Bavolek, 1979)</td>
<td>Necessary to accurately identify negative or aggressive parenting and child rearing attitudes of young parent populations</td>
<td>60 @ 2.50 + Shipping</td>
<td>$155.99</td>
</tr>
<tr>
<td>Fischer Price Stacker Blocks</td>
<td>Used as incentive gift</td>
<td>20 @ 8.96</td>
<td>$179.20</td>
</tr>
<tr>
<td>Evenflo Starter set (set of 5 bottles)</td>
<td>Used as incentive gift</td>
<td>7 @ 17.50</td>
<td>$122.50</td>
</tr>
<tr>
<td>Jungle Friends (set)</td>
<td></td>
<td>11 @ 9.00</td>
<td>$99.00</td>
</tr>
<tr>
<td>Item</td>
<td>Used as incentive gift</td>
<td>Quantity</td>
<td>Total Cost</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>----------------------------</td>
<td>-----------</td>
<td>------------</td>
</tr>
<tr>
<td>Johnson’s Baby lotion</td>
<td>Used as incentive gift</td>
<td>32 @ 3.29</td>
<td>$105.28</td>
</tr>
<tr>
<td>Walmart Gift Certificate</td>
<td>Used as incentive gift</td>
<td>32 @ 5.00</td>
<td>$160.00</td>
</tr>
<tr>
<td>Infant-Toddler Books</td>
<td>Used as incentive gift</td>
<td>44 @ 3.00</td>
<td>$132.00</td>
</tr>
<tr>
<td>Graduation Gift: Formula, Diapers, and diaper wipes</td>
<td>Used as incentive for program completion</td>
<td>32 @ 29.00</td>
<td>$928.00</td>
</tr>
<tr>
<td>Food Supplies</td>
<td>Necessary for program to provide lunch incentive at each group session</td>
<td>18 @ 50.00 per session</td>
<td>$900.00</td>
</tr>
<tr>
<td>Plates Great Value: Foam 8 7/8 Plates, 150 count</td>
<td>Necessary for participants to eat lunch provided by program</td>
<td>2 @ 8.99</td>
<td>$17.98</td>
</tr>
<tr>
<td>Silverware combination pack</td>
<td>Necessary for participants to eat lunch provided by program</td>
<td>2 @ 10.99</td>
<td>$21.98</td>
</tr>
<tr>
<td>Paper towels: Bounty 12 pack</td>
<td>Necessary for program maintenance and clean up purposes</td>
<td>1 @ 8.99</td>
<td>$8.99</td>
</tr>
<tr>
<td>DXG Camcorder</td>
<td>Needed to observe, assess, and analyze client performance and interaction skills for assessment and educational purposes</td>
<td>1 @ 157.68</td>
<td>$157.68</td>
</tr>
<tr>
<td>Tripod</td>
<td>Needed to stabilize camcorder and increase accuracy and viewing ability of material</td>
<td>1 @ 20.90</td>
<td>$20.90</td>
</tr>
</tbody>
</table>

**Total Cost of Therapeutic Items** $3314.47


**Office Items**

The following items are needed for the Young Fathers Program in order to complete necessary documentation, prepare program materials, and keep files secure and organized. It will also be used for marketing and recruiting young fathers into the program.

<table>
<thead>
<tr>
<th>Item</th>
<th>Rationale</th>
<th>Quantity</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multi-purpose Paper (500 count)</td>
<td>Necessary to copy and print assessment packets, group Session packets, and evaluation forms</td>
<td>10 @ 7.19</td>
<td>$71.90</td>
</tr>
</tbody>
</table>

Necessary to complete
<table>
<thead>
<tr>
<th>Item</th>
<th>Rationale</th>
<th>Quantity</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>BIC Ball Point Pens (12 count)</td>
<td>paperwork, assessments, and for participant completion of education material</td>
<td>3 @ 2.29</td>
<td>$6.87</td>
</tr>
<tr>
<td>Recycled Hanging file Folders (25 count)</td>
<td>Necessary for keeping participant information confidential and organized</td>
<td>2 @ 8.24</td>
<td>$16.48</td>
</tr>
<tr>
<td>Full-Strip Stapler Value Pack</td>
<td>This package includes a stapler, 5,000 staples, and staple remover which will be used for organizing and creating assessment and educational packets</td>
<td>1 @ 8.89</td>
<td>$8.89</td>
</tr>
<tr>
<td>Color Copies (including heavy-weighted, glossy paper)</td>
<td>Needed for marketing brochures to recruit new participants</td>
<td>500 @ 1.46/double-sided color copy</td>
<td>$730.00</td>
</tr>
<tr>
<td>Binders</td>
<td>Needed for participants to organize educational materials for future reference</td>
<td>32 @ 2.99</td>
<td>$95.68</td>
</tr>
</tbody>
</table>

**Total Cost of Office Items $929.82**

*Prices for office items were estimated from www.officemax.com and www.kinkos.com

**Miscellaneous Items**

<table>
<thead>
<tr>
<th>Item</th>
<th>Rationale</th>
<th>Quantity</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mileage Reimbursements</td>
<td>Necessary for therapist to complete home visits for intake, mid-evaluation, and discharge of each participant</td>
<td>3 visits for each of the 44 participants @ 14.2 miles/visit + 18 visits to school @ 14.2 miles/visit</td>
<td>$1060.00</td>
</tr>
</tbody>
</table>

**Total Projected Travel Expense $1,060.00**

*Distance estimated from maps.Google.com

**In-kind Support**

Greenleaf Family Center will provide the following items in-kind support for the Young Fathers Program: office space, access to copier and printers (including ink and cost to run equipment), phone line, and computer.
Indirect Costs

Indirect costs for this program will be refunded to Greenleaf Family Center and include access to a file cabinet, electricity, heat, and air conditioning amenities for the facility.

Total Program Costs

<table>
<thead>
<tr>
<th>Expense Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Projected Staff Costs</td>
<td>$34,004.25</td>
</tr>
<tr>
<td>Items for Therapeutic Purposes</td>
<td>$3314.47</td>
</tr>
<tr>
<td>Office Supplies</td>
<td>$929.82</td>
</tr>
<tr>
<td>Miscellaneous Items</td>
<td>$1,060.00</td>
</tr>
<tr>
<td>In-Kind Support</td>
<td>0</td>
</tr>
<tr>
<td><strong>Subtotal of Program Costs</strong></td>
<td><strong>$39,308.54</strong></td>
</tr>
<tr>
<td>Indirect Costs (25% of subtotal program costs)</td>
<td>$9827.14</td>
</tr>
<tr>
<td><strong>Total Program Costs</strong></td>
<td><strong>$49,135.68</strong></td>
</tr>
</tbody>
</table>

Funding

In order to implement the first year of programming, grant funding will be required to cover the estimated budget costs of $49,135.68. Three specific grants have been identified as possible sources of funding for the Young Fathers Program according to projected award amount, giving trends, and focus for giving. Each of the specified grant funding agencies has been approved as a source of initial funding for the Young Fathers Program (see Appendix K to view contact references for all funding sources).

The first funding source, *The Akron Community Foundation*, is a private foundation that provides grants to non-profit organizations that look to improve the quality of life for the residents of Summit County. Specifically for the area of health and human services, the foundation seeks potential grantees that work toward the common goal of promoting the health, wellness, education, and social service programs for Summit Country residents of all ages. Goals for the Young Fathers Program rely heavily on building both physical and personal parenting skills for expectant and parenting fathers in order to increase and promote positive
bonding. Due to the goals and objectives focused around the development of the Young Fathers Program, the vision and goals upon which the Akron Community Foundation was built would fully integrate into and support the proposed program.

The second funding source is a federal initiative entitled “The Foundation for Learning Grant,” and is funded through U.S. Department of Education. The grant seeks to fund programs that address services to promote children and families in emotional, behavioral, and social development. In addition, the grant is looking to fund proposals that provide individualized support for eligible children and their families, as well as access to resources in the community that address physical health, education, social services, domestic violence prevention, mental health well being, child welfare, and substance abuse prevention. Thus, the Young Fathers Program would help achieve the mission of the grant by providing parental support for high-risk young adult populations of expectant or parenting fathers. The Young Fathers Program would equip children and their families with the necessary resources to start a healthy and successful life by providing a holistic approach to building the skills necessary for responsible fatherhood. In addition to the foundational skills of parenting, such as adequate nutrition and appropriate expectations, the program also addresses the emotional and social aspects that undoubtedly surface with parenting in hopes of promoting a healthy and safe relationship with the mother-father-child triad. In addition, parenting stress often causes a series of negative behaviors including the use of alcohol or illegal substances, aggressive behaviors or domestic abuse, increase time spent at work and away from the family, and separation from the mother-father relationship, each of which decreases the father’s decision to stay in the child’s life. The Young Fathers Program provides peer and professional support for fathers and their families in order to promote physical and emotional well-being in hopes of counteracting negative risk factors.
Lastly, the program will be created for Greenleaf Family Center of Summit County, a non-profit community organization that will allow the provision of resources and services both to and within the community itself.

The third funding source is the Young Parent Demonstration Fund. The Employment and Training Administration (ETA), U.S. Department of Labor (USDOL, or the Department) has announced the availability of approximately $5.5 million authorized by the Consolidated Appropriations Act of 2010 to support applicants in providing intensive mentoring services to low-income young parents (both mothers and fathers, and expectant parents ages 16 to 24) participating in workforce development programs. Activities under this grant allows for demonstration and pilot projects for the purpose of developing and implementing techniques and approaches, and demonstrating the effectiveness of specialized methods, in addressing employment and training needs. Applicants must currently be operating a program for young parents that includes educational and occupational skills training, case management and supportive services that lead to family economic self-sufficiency. Funded projects will be encouraged to serve young parents in high-risk categories. The Young Fathers Program meets eligibility criteria as evidenced by the unique, underlying structure that guides the organization of the program. As a result of the innovative strategies utilized, including the unique use of occupational therapy with the dynamic relationship of social services for parenting, vocational, and emotional counseling, the Young Fathers Program would become a pilot project in Summit County incorporating educational and occupational skills training, case management and supportive services that lead to family economic self-sufficiency. Specifically, the Young Fathers Program will mentor young fathers into responsible fatherhood by providing fathers with model-behavior that promotes appropriate parenting, vocational independence, and healthy
relationships for long-term stability. This funding source is eligible for applicants proposing to enroll a minimum of 400 individuals. Although the Young Fathers program is currently developed for serving 44 young fathers for the 2011-2012 school year, the program can be easily modified to include outreach programs at additional Akron Public Schools with full-time staff as supported by the increased monies obtained through this grant.

Self-Sufficiency Plan

After one year of implementation, the Young Fathers Program will seek funding from other sources to continue the positive effects of programming. Sources of funding include traditional occupational therapy services for parent education to promote child safety and responsible fatherhood and would cover partial costs of the Young Fathers Program. In addition, fundraising events such as community galas and “A Night at the Races” will also contribute to program funding. Greenleaf Family Center currently funds all programming through United Way of Summit, Wayne, and Holmes counties, the Summit County Department of Job and Family Services, and the Rehabilitation Commission Services, all of which will be contacted to help continue the Young Fathers Program. Greenleaf Family Center has also been successful in funding programs through private and community donations, which will also be utilized to continue programming. As a last resort, clients could be charged a small fee to continue program participation. Finally, expenses that may remain after reimbursement, fundraising, and fees will be covered by the re-application of the previous grants as well as new applications for additional grants to fund partial elements of the program, if needed.

Program Evaluation

Evaluation of the Young Fathers Program will be an essential component in ensuring
both future and successful programming for expectant and parenting fathers. Results of the program’s effectiveness based upon program evaluations will be a fundamental resource in gaining future funding opportunities for the Young Fathers Program. Several methods of evaluation will be used to guarantee a thorough analysis of the Young Fathers Program (see Appendix L for a complete list of evaluation tools used for programming).

First, individual group sessions will be evaluated throughout the course of the program to determine successful attainment of individual goals. Ongoing feedback between the therapist and the father during individual meeting times will also be documented in order to assess whether individual needs are being met. Additionally, the therapist will meet with stakeholders of Greenleaf Family Center, including April Brewer and Judy Joyce, at the end of every semester to discuss current progress, achievements, and modifications of the Young Fathers Program.

Summative evaluations will be performed to analyze the effectiveness of programming. Summative evaluations will provide the therapist and relevant stakeholders with the strengths and weaknesses of the Young Fathers Program. Initial screening assessments of the PCI Scales (NCAST, 1994) will be used as a pre and post-assessment tool to evaluate individual client changes of child care in terms of both physical and psychosocial components as well as levels of interaction between the father-child dyad. The AAPI-II (Bavolek, 1979) will be utilized to evaluate the negative or aggressive parenting and child rearing attitudes of young father participants. The therapist will complete ongoing evaluation of program objectives. The objectives will be evaluated using the following methods:

1) Participants will verbally identify five areas of childcare he would like to receive more education in by the end of the first home-based session.
a) During the first home-based session, the occupational therapist will help guide the father in identifying areas of childcare he would like to be more competent in. Identified areas will be guided by the completion of the MHOST (Parkinson, et al., 2006) and the ASO assessments (Baron et al, 2006).

2) After completion of the PCI (NCAST, 1994) and AAPI-2 (Bavolek, 1979), participants will identify one goal for each problem area identified and schedule a minimum of nine group education sessions by the end of the second home-based session.

   a) During the first and second home-based visits, the occupational therapist will work with the father to help identify which of the eighteen sessions would be most helpful for the father in terms of achieving identified goals. Completion of the AAPI-2 (Bavolek, 1979), PCI Scales (NCAST, 1994), ASO (Baron et al, 2006), and MHOST (Parkinson, et al., 2006) assessments will also help guide the therapist and father in appropriate education sessions.

3) By the end of the third session, participants will be able to appropriately demonstrate three techniques of childcare by completing all items in the skill-based checklist for all three areas.

   a) At the end of each group session, participants will be given a skill-based checklist pertaining to skills taught during the day. Participants will be required to successfully complete each area of the checklist for three different areas of childcare.

4) Participants will actively engage with his child three separate sessions for a minimum of 10 minutes by the end of the last session.

   a) Participants will be encouraged to bring his child to selected educational sessions. Participants will also be evaluated during 1:1 sessions with the therapist. During
these times, the father must demonstrate appropriate engagement with his child according to the terms outlined in the PCI Scale assessments (NCAST, 1994). The father must show a minimum of ten minutes of engagement during the three sessions, and must be completed by the end of the fifth session.

5) By the conclusion of the program, 75% of participants will improve on both PCI Scales (NCAST, 1994).
   a) During the final home-based visit, the therapist will re-administer the PCI Scales (NCAST, 1994) to each father. Pre and post-test scores will be evaluated in order to determine success rates for program participants.

6) By the conclusion of the program, 75% of participants will achieve all five of their personally identified goals as measured by the successful completion of the skill-based checklist.
   a) During the final home-based visit, the therapist will evaluate the pre-identified goals of each father. Evaluation of goals will be determined by the successful demonstration and completion of the Skill-Based Checklists.

7) By the conclusion of the eighth month, participants will have individually met four times with the occupational therapist to report on current progress of goals and verbalize questions or concerns.
   a) The therapist and participant will work together in scheduling a total of four meetings during the nine-month time frame of group education sessions. During these sessions, the therapist will guide conversation with the father and help to evaluate progress in achievement of goals and objectives. The therapist will then document the progress and concerns of the father.
8) By the conclusion of the program, 75% of participants will have successfully completed a minimum of nine group sessions in a nine-month time frame.

   a) During the first and second home-based visits, the occupational therapist will work with the father to help identify which of the nine sessions would be most helpful for the father in terms of achieving identified goals. The therapist will remain in contact with the participant throughout the duration of the program as well as increase personal competence to further promote the father in continued participation of education sessions. At the end of the program, the therapist will have documented total participation of each father in order to objectively evaluate each participant’s progress.

**Timeline**

All major milestones and tasks of the first year of programming are outlined in Appendix G. The Young Fathers Program has been divided into two semesters. The first chart includes the initial start month of administrative and program development tasks while the remaining two semesters include program implementation, maintenance, and evaluation tasks.

**Letters of Support**

Several agencies and foundations will be contacted to request a letter of support for the Young Fathers Program. The primary letter of support will come from April Brewer, program director of the Teen Pregnancy Program at Greenleaf Family Center (see Appendix M to view letter of support). Mrs. Brewer is an essential component of the Young Fathers Program due to her experience and knowledge with the Program’s area of focus, as well as her current sponsorship of the program.

The second potential letter of support could be submitted from Karla Vertti, program manager of the Daddy Boot Camp organization. Ms. Vertti would be an important source of
support due to the success of the Daddy Boot Camp Program as well as the similar nature of content between the Daddy Boot Camp and Young Fathers Program. Although both programs are similar in nature, the Young Fathers Program would be more responsive to the needs of adolescent fathers in addition to being more accessible. The directors of programming for the National Responsible Fatherhood Clearinghouse and the Ohio Commissions of Fatherhood would be important federal foundations to contact due to the national political support of both initiatives by President Barrack Obama. Both of these foundations are essential advocates for furthering the national trend of responsible fatherhood and participation in the child’s life. The fifth important stakeholder to contact would be the American Academy of Pediatrics (AAP). The AAP could describe the need for increased early fatherhood involvement based upon medical recommendations and current research findings. In addition, the AAP could include the recommendation of occupational therapy services, which address this need.

Florence Clark, President of the American Occupational Therapy Association, could provide a sixth source of support. Dr. Clark could discuss the unique skills occupational therapy can utilize to satisfy the specific needs of adolescent fathers in high-risk situations. Both the National Center of Shaken Baby Syndrome and Prevent Child Abuse Ohio could provide support by speaking on the importance of early detection of violent behaviors or tendencies as well as programs that work to counteract such conduct. In addition, each agency would be able to provide statistics concerning the urgent need for programs, which address the issue. Finally, the local County Women, Infants, and Children Project could speak on behalf of the importance for healthy relationships with the mother and long-term replications for father involvement with his child (see Appendix N to view reference information for letters of support).
References


Responsible Fatherhood Spotlight. (2008). Couple relationship quality and father involvement. *National Responsible Fatherhood Clearinghouse*. Retrieved February 6, 2010 from http://basis.caliber.com/cwig/ws/library/docs/fatherhd/Blob/66165.pdf?w=NATIVE%28%27BAIC+ph+is+%27%27NRFC+Spotlights%27%27+AND+TI+ph+is+%27%27Coupl e+Relationship+Qualiy+and+Father+Involvement%27%27+AND+AUTHORS+ph+like+%27%27National+Responsible+Ftherhood+Clearinghouse%27%27%27%29&upp=0&rp p=10&order=native%28%27year%27%2FDescnd%27%29&r=1&m=1


Appendix A

Greenleaf Family Center Organizational Chart
Appendix B

Semi-Structured Focus Group Outline

Introduction
“My goal is to take what you are learning in school and apply it to your life roles in a functional way- a way that you can actually use what you are learning in school and apply it to your role as a father.”

“But before I can do that, I need to figure out a few things about you guys. I have been talking with the moms about what they expect from the fathers, but I really want to hear is what you guys have to say- what makes you frustrated, what problems do fathers face, what are your challenges. So today, I am here to hear what you have to say about being a father. The more information you can give me the better I can make a program that you might actually want to go to!”

Permission for Audio Recording
“Do you feel comfortable if I record what we say today? It’s just for me, so I can think back to our conversations so I don’t forget anything important. “

Semi-Structured Questions
1. What is your idea of the role of the father?
   o What does it mean to provide for your family or child?
   o Do you the different parenting styles
     ▪ If so, what would you say is your most dominant or frequent parenting style?
   o Do you feel you have good time management skills?
   o Do you feel you can multi-task effectively?
2. Reasons behind the pregnancy
   o Was it accidental?
   o Did you want a child?
   o Was it a matter of claiming or identifying your woman?
3. Reactions to emotions
   o Do you get angry fast or frequently?
     ▪ If you do, how do you deal with your anger?
     ▪ Do you bottle up your emotions and explode?
   o Do you feel you handle your emotions appropriately?
     ▪ If so, what is your typical response?
4. Support networks
   o Who would be the first person you would go to for advice about caring for your child?
   o Who would be the first person you would go to for advice about relationships?
   o Do any of your friends have children?
     ▪ If so, would you ever talk to them if you had a question?
   o Do you feel you would like group meeting where everyone else was a father?
     ▪ Would you feel open to ask questions or share?
Where do you get your information in regards to childcare?
  ▪ Do you feel this information is accurate?
  ▪ Do you feel this information is “good” information?

5. Relationship between your child’s mother and your child
  ▪ Do you feel she does a good job raising your child?
  ▪ Does it make you jealous?
  ▪ Do you think you should have equal responsibility for caring for your child?
  ▪ Do you feel it is her job to raise to the child?

6. Relationship with your child’s mother
  ▪ Is anyone still with his or her child’s mother?
    ▪ What makes you stay in the relationship?
  ▪ If not, what made you leave that situation?
    ▪ Do you still communicate with her?
    ▪ What barriers prevent you from keeping a good relationship with her

8. Personal competence in childcare
  ▪ Do you feel comfortable taking care of your child?
    ▪ Alone?
  ▪ Are you ever afraid you might do something wrong?
  ▪ If you do keep your child for extended periods, how do you spend that time?
    ▪ Does somebody else from your family/friend watch the child?
  ▪ Do you have a good idea of how your child develops month to month from the time they were an infant?
  ▪ What specific things would you like more information about in terms of childcare?

9. Personal relationship with father
  ▪ Do you still talk with your father?
  ▪ Do you have a good relationship?
  ▪ Does he parent physically? (i.e. he is aggressive, violent, hitting or verbally abusive)
  ▪ How does that influence you as a parent?
  ▪ Would you parent your child the same way you were raised?
    ▪ If yes, what things are you going to do the same?
    ▪ If no, what things are you going to do differently?

10. What was the hardest thing in the transformation as a father?
    • At what point did you feel you were a father, if at all?
Appendix C

Findings from Focus Group of Fathers Only

Perception of Role of the Father
- Not just buying things for my kid, but to be there when they are sick, or crying
- To just spend time with them and love them
- Being able to provide everything they need like food and diapers but also to hold them when they cry and bond.
- Teach them how to do things like read and throw a ball
- Not just setting values/morals, but living by example

Support Networks
- I ask my mom when I have questions
- I don’t really talk about being a dad with any of my friends. It’s just not something you talk about
- I don’t really have time to talk to people other than my family because I’m always working
- I feel like a group like this would be really beneficial to fathers where we could feel comfortable asking questions just have to do with us and for once not about the baby’s mom! Because [name of participant] has a younger kid that could ask us with older kids what to do.
- I like the idea of father’s only groups because it just gives us a chance to talk about things we might have on our mind; things we have questions about but don’t know who to turn to or don’t want to ask our family about
- I think my baby’s mom would be happy with me if I came to a parenting group for fathers.
- I feel comfortable going to my parents and my girlfriend’s parents for advice

Relationship with your child’s mother
- We still have a good relationship, trying to work on getting back together right now.
- We live together
- We live together, but aren’t necessarily together. We fight a lot but working on things.
- Sometimes it gets stressful because she thinks I’m doing something the wrong way, but it’s just that it’s not her way, it’s my way.
- Barriers that prevent us from being together are the fact that we are always fighting and don’t know how to talk to each other without getting upset all the time.
- If you were to ask me a year ago how we do together, I would say there would be no hope. We figured out how to communicate and now that we live together, things are more solid and better than ever. We figured out how to work out problems.

Confidence in Child Care Abilities
- I just feel like I have this instinct that I just know what to do. When my kid gets sick, my baby’s mom freaks out. I’m the one that has to tell her what to do and that he’s going to be okay.
- I don’t really feel that comfortable being alone with them
- I would like more information on how my kid develops and behavior kind of things. Like how to parent and stuff, x 2 participants
• Sometimes my mom will help me if I have to watch my kid by myself
• Extremely comfortable. I’m sure there are going to be a few things that pop up here and there once the baby comes, but I was the oldest of six siblings and have helped raise them with my parents. I’ve done everything from change diapers and feed babies, to play and help discipline.

**Relationship Between Your Child’s Mother and Your Child**
• I’m glad she takes good care of him
• I think she shouldn’t be working and going to school right now. That’s why I have to work two jobs
• I think she is going to be a good mom. I hope we can figure out a way for her to stay at home with the baby while I work. I really don’t want her working.

**Your Relationship with Your Child**
• Sometimes my baby’s mom gets mad at me because she thinks I don’t spend enough time with my kids, but it’s hard when I have to work so much and go to school
• I think we will have a good relationship when they get older. I’m good with everything right now except doing my daughter’s hair- it’s getting longer and I don’t know what to do with it! And picking out her outfits...
• It was hard for me to bond at first because I was never home when he/she was awake, but then when they interacted more it was easier.
• I think we have a good relationship. I know what they want for the most part and what they like to eat.

**Personal Relationship with Your Own Father**
• Started out bad, now it’s great
• Will parent based on the good and bad experiences. I will not drink alcohol excessively anymore now that I am responsible for raising a child and I will not raise my voice based on my experiences with my dad raising me.
• I have also learned what to do and what not to do in terms of communication with my girlfriend based on how my father treated my mother.

**Current Struggles**
• Paying for bills and finding time to spend with my pregnant girlfriend because I constantly have to either go to work or be at school. Then I’m always tired. Figuring out a way to spend time with the baby too is going to be what is hard for me.
• Figuring out time to spend with my kids, go to work, and go to school
• Communicating with my child’s mom. We just have different views on parenting

**Reactions to Emotions**
• I’m bipolar and have spent years figuring out how to control my emotions. I exercise to relieve stress and anger, play my music (I’m a musician). I also have an escape plan to where/how to leave a situation if things escalate too quickly.
Appendix D

Young Father Survey

Personal Information

Age: ____________ City you live in:_________________________________________________________

Who do you currently live with:________________________________________________________________

Ethnicity:

- African American
- Asian
- Caucasian
- Hispanic/Latino
- Native American
- Other:__________________________________________

Do you currently have a job?

a. Yes
b. No

If so, where do you work?_____________________________________________________________________

In Regards to your son or daughter

1. How many children do you have?__________ OR Place a check mark if baby’s mother is currently pregnant

2. Age(s) of child/children:______________________________________________________________

3. How often do you see your son/daughter: (Circle the BEST answer)

   a. A few hours a week
   b. A few hours a day
   c. 1 time a week
   d. 2-3 times a week
   e. 4-5 times a week
   f. 6-7 times a week
   g. A couple times a month
   h. A couple times a year
   i. Other:______________________________________________________________

4. Have you ever taken care of your son/daughter by yourself?

   a. Yes
   b. No

If yes, how often do you take care of your son/daughter by yourself:

   1) A few hours a week
   2) A few hours a day
   3) 1 time a week
   4) 2-3 times a week
   5) 4-5 times a week
   6) 6-7 times a week
7) A couple times a month
8) A couple times a year
9) Other: ____________________________________________________________

5. Do you feel comfortable taking care of him or her alone?
   a. Yes
   b. No

Contact with your Child’s Mother
1. How often do you speak to or see your child’s mother:
   a. Daily
   b. Weekly
   c. Monthly
   d. A few times a year
   e. We currently do not speak to each other
   
Circle the Best Answer: __________________________

Level of Confidence
1. Which best describes your level of confidence in your child care skills:
   a. I do not feel confident in my skills to raise a child.
   b. I feel somewhat confident in my skills to raise a child, but would like some education/support.
   c. I feel confident in my skills, unsure about only a few things.
   d. I feel very confident in my skills to raise a child.

2. Which best describes how your child’s mother views your child care skills:
   a. I do not know my child’s mother’s opinion of my child care skills.
   b. She does not feel confident in my skills to raise a child.
   c. She feels somewhat confident in my skills to raise a child, but would like me to attend education/support classes or groups.
   d. She feels confident in my skills, but would only question a few of my skills/choices.
   e. She currently feels very confident in my skills to raise a child.

Father Only Programs and Your Specific Interests
1. Would you be interested in attending FREE group classes of only fathers to discuss childcare skills?
   a. Yes
   b. No

2. Do you currently attend some kind of child care class?
   a. Yes
   b. No

3. Would you be interested in attending child care classes if it included: (circle all that apply)
   a. Fathers only
   b. Mother and Fathers

4. What things would make you want to come to a program for fathers?
   ____________________________________________________________
   ____________________________________________________________
Time and Location of Group Programs

1. Would you rather attend a program at school or at a community center?
   a. School
   b. Community Center

2. Would you be willing to come in earlier or stay later from school (about 30 minutes):
   a. Yes
   b. No

3. Would you rather attend a program during the day or the evening?
   a. Day
   b. Evening

4. How frequently would you like to meet if a program was easy for you to attend?
   a. Once a week
   b. Once every two weeks (2x/month)
   c. One time every month
   d. Every other month

5. Do you have access to transportation to attend a program?
   a. Yes
   b. No
   
   If yes, would you:
   1) Drive your own car
   2) Have someone give you a ride
   3) Take the bus

   **Circle all that apply:**

Would you attend a program for fathers if you received:

   a. A small toy for your child
   b. A free dinner or lunch
   c. Transportation to and from
   d. A pass during class time to attend a program
   e. A gift of several items at the completion of the program (such as diapers, formula, bottles, etc.)
   f. Other (please list):____________________________________________________________________________

Previous Experience:

1. Have you ever had previous experience in newborn care (age 0-3 months)?
   a. Yes
   b. No

   *IF YES, CIRCLE ALL AREAS YOU FEEL COMFORTABLE DOING:
   1) Newborn handling/holding
   2) Diaper changing
   3) Feeding/burping
   4) Dressing
   5) Bathing
   6) Using baby equipment (For example: car seat, crib, Boppy, highchair...)
   7) Playing

   Please write any comments here:__________________________________________________________
2. Have you ever had previous experience in infant care (age 3-12 months)?
   a. Yes
   b. No
   *IF YES, CIRCLE ALL AREAS YOU FEEL COMFORTABLE DOING:
      1) Infant handling/holding
      2) Diaper changing
      3) Feeding/burping
      4) Dressing
      5) Bathing
      6) Using baby equipment (For example: car seat, crib, Boppy, high chair, ...)
      7) Playing
   Please write any comments here:_____________________________________________________
____________________________________________________________________________________

3. Have you ever had previous experience in child care (age 12+ months)?
   a. Yes
   b. No
   *IF YES, CIRCLE ALL AREAS YOU FEEL COMFORTABLE DOING:
      1) Diaper changing
      2) Feeding
      3) Dressing
      4) Bathing
      5) Using equipment (For example: car seat, booster seat, play pen, ...)
      6) Playing
   Please write any comment here:____________________________________________________________________________________

4. In what areas do you feel you need more assistance:
   a. Communication with child’s mother
   b. Communication with girlfriend (if not your child’s mother)
   c. Role of the father
   d. Information on how your baby/child develops
   e. Behavioral/discipline strategies
   f. Parenting styles and strategies
   g. Job skills
   h. Time management (balancing work, school, and family life)
   i. Stress and work management
   j. Anger management
   k. Physical and mental health wellness
   l. Bonding with your child
   m. Child support and custody issues
   Please think about the role of the father. What does that mean to you?
____________________________________________________________________________________
Table 1.

Reported Needs of Fathers

<table>
<thead>
<tr>
<th>Projected Need</th>
<th>Total Responses (N)</th>
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<tbody>
<tr>
<td>Communication with child’s mother</td>
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<td>Communication with girlfriend (If not your child’s mother)</td>
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<td>Role of the father</td>
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<tr>
<td>Information on how your baby/child develops</td>
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<td>Behavioral/discipline strategies</td>
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<td>Job Skills</td>
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<td>Time management</td>
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<td>Stress and work management</td>
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<td>Anger management</td>
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<td>Bonding with your child</td>
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<td>Child support and custody issues</td>
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<td>Other</td>
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Appendix F

Marketing Brochure for the Young Fathers Program

Goals of the Young Fathers Program

- Build physical and personal parenting skills
- Develop father-child bonding
- Decrease levels of stress
- Increase positive coping strategies
- Increase time management
- Address healthy emotional strategies
- Develop healthy relationship strategies
- Increase levels of confidence in infant care
- Increase communication effectiveness

www.gatesfoundation.org
Benefits of the Young Fathers Program

- Free and easy to attend with school-based meetings
- Giveaways and lunch provided at every meeting
- Confidential training from healthcare professionals
- Individual & group meetings

The Just for Dads Program

The Just for Dads Program is a unique program initiative focusing on the physical, emotional, and social components that emerge as a father begins his journey into infant care. The program aims to develop and nurture the physical and personal parenting skills for both new and expectant fathers.

How does the program work?

Participants will work with a therapist with an asocial and emotional therapy problem area for each session. Fathers will also engage with an instantaneous mentor who will follow them educationally and in the school environment, chosen by the participant.

What kind of sessions can I attend?

- Time and Stress Management
- Bonding: Infant Massage and Bathing
- Parenting and Discipline Strategies
- Play, Engagement, and Infant Development
- Difficulty Behavior Strategies
- Peer Support
- Male stressors: Job, Time, Anger, and Money Management
- Developing a Healthy Relationship

Promoting Responsible Fatherhood

- Children who are currently raised in a single-parent household are twice as likely to suffer physical, emotional, or educational neglect as compared to children living with both parents
- According to the U.S. Census Bureau, 24 million children—one out of three—live in biological father-absent homes
- Research supports the conclusion that fathers who are not actively involved with their children increase the likelihood his child will experience:
  - Double the poverty level of himself
  - Child abuse
  - Medical complications such as asthma and emotional disorders
  - Drug and alcohol abuse
  - The effects ending high school education early
  - Teen pregnancy
  - Mental health complications

- Statistics from National Responsible Fatherhood Clearinghouse and The National Campaign to Prevent Teen and Unplanned Pregnancy
Appendix G
Timeline for the Young Fathers Program

*Initial Start Month and Program Development*

<table>
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<tr>
<th>Tasks</th>
<th>The Young Fathers Program Timeline: First Semester (18 weeks)</th>
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<tr>
<td></td>
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<tr>
<td>Hire OT</td>
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<td>Recruitment</td>
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<td>Program Development/Maintenance</td>
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*First Semester and Individual Client Sessions*

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<th>Tasks</th>
<th>The Young Fathers Program Timeline: First Semester (18 weeks)</th>
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<tr>
<td>Session 1: Handling, Safety, &amp; Equipment Use</td>
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<td>Session 2: Male Stressors and Emotional Management</td>
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<td>Session 3: Healthy Relationships</td>
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<tr>
<td>Session 4: Healthy Communication</td>
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<td>Session 5: Physical Development</td>
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<td>Session 6: Cognitive Development</td>
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<td>Session 7: Emotional Development</td>
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<td>Session 8: Social and Language Development</td>
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<td>Session 9: Parenting Styles and Strategies I</td>
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<td>1:1 Client Assessment</td>
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<td>1:1 Client Evaluation</td>
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### Timeline for the Young Fathers Program, Cont’d

**Second Semester and Individual Client Sessions**

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<td>23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40</td>
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<td>Session 10: Difficult Behavior Strategies</td>
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<td>Session 11: Bonding (Infant Massage and Bathing)</td>
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<td>Session 12: Time Management</td>
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<td>Session 13: Play, Engagement, and Learning</td>
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<td>Session 14: Nutrition for Infants, Toddlers, and Grown-ups</td>
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<tr>
<td>Session 15: Health Wellness for the Family</td>
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<td>Session 16: Job Skills and Vocational Preparation</td>
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<td>Session 17: Parenting Styles and Strategies II</td>
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<tr>
<td>Session 18: Role of the Father (Session Wrap-up)</td>
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<td>1:1 Client Assessments</td>
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<td>1:1 Client Evaluations</td>
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<td>Final Program Evaluation</td>
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Appendix H

Skill-Based Checklist: Infant Bottle Feeding Guide

Quick Guide:
1. ____ Clean supplies
2. ____ Follow specific formula instructions
3. ____ Prepare the formula
4. ____ Warm the formula
5. ____ Place baby in safe feeding position
6. ____ Check the flow of formula
7. ____ Give baby a “start feeding signal”
8. ____ Record how much formula your child consumed
9. ____ Burp baby after every couple ounces

Detailed Guide to Bottle Feeding:

1. **Make sure all bottles, nipples, and other utensils are clean.**
   - clean the utensils in your dishwasher or wash them in hot tap water with dishwashing detergent and then rinse them in hot tap water.
   - If you have well water or nonchlorinated water, either place the utensils in boiling water for five to 10 minutes
   - **Don’t forget to wash your hands with soap and hot water!**

2. **Read the directions.**
   - Be sure to follow the manufacturer's directions exactly for the formula type you choose.
   - Too much water and your baby won't get the calories and nutrients he or she needs; too little water could cause diarrhea or dehydration.

3. **Prepare the formula.**
   - Bring the water you plan to use in the formula to a boil for approximately one minute.
   - Next, add it to the formula powder
     ○ If you're preparing this in advance, be sure to store it in the refrigerator. If the formula is left out of the refrigerator for longer than one hour or if you don't use refrigerated formula within 24 hours, throw it out.

4. **Warm the refrigerated formula.**
   - Most infants prefer formula warm or room temperature. The easiest way to test the temperature is to shake a few drops on the inside of your wrist: To warm refrigerated formula:
     ○ Place the container in a pan of water on the stove at low heat and rotate it frequently.
     ○ Microwave ovens should not be used for heating bottles; this can overheat the milk in the center of the container. Even if the bottle feels comfortably warm to your touch, the superheated milk in the center can scald your baby's mouth.
5. Place your baby in a feeding position.
   - Cradle baby in a semi-upright position and support his or her head.
   - Don’t feed her lying down -- formula can flow into the middle ear, causing an infection.

6. Check flow of formula.
   - Check the flow of the formula by turning the bottle upside down.
   - Milk should spray a little and then start flowing steadily drop by drop
   - Your baby’s sucking and swallowing movements will also help you judge the flow

7. Give baby a “start feeding signal”.
   - Give baby a “start feeding signal” by stroking his or her cheek with the tip of the bottle.
   - His or her baby reflex instinct (also called rooting reflex) will make him or her turn in the direction of the bottle and start sucking.
   - Nipple of bottle should always be completely filled with formula to prevent your baby from swallowing air as he or she sucks.
     - Tilt the bottle so that the formula fills the neck of the bottle and covers the nipple.
     - Also recommended to use an angled bottle that helps keep the formula in the nipple at all times.

8. Take note of your baby’s intake.
   - Your newborn will probably take between two and four ounces per feeding during his first few weeks (during the first few days, he may take less than an ounce at feedings)
   - Baby will probably be hungry every two to four hours.
   - It’s best to feed your baby on demand. Don’t encourage your baby to finish the bottle if he’s not interested.
   - If your baby is still sucking enthusiastically when the bottle is empty, offer him more.
   - Record how much your baby has consumed: you will be asked by your doctor!

7. Burp your baby.
   - Babies get fussy and cranky when they swallow air during feedings.
   - To prevent a tummy full of air, burp your baby frequently -- after every two or three ounces of formula.
   - If your baby doesn't burp after a couple of minutes of trying, resume feeding.
   - Here are the three best positions:
     - Over the shoulder: Drape your baby over your shoulder and firmly pat or rub her back.
     - On the lap: Sit your baby upright, lean her weight forward against the heel of your hand, and firmly pat or rub her back.
     - Lying down: Place baby stomach-down on your lap and firmly rub or pat her back.
Skill-Based Checklist: Infant Bottle Feeding Guide
Formula Intake Chart

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Amount of Formula Intake</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
Skill-Based Checklist: Picky Eaters (Toddler Nutrition)

Quick Guide:
10. ___ Follow the food pyramid for each meal
11. ___ Establish a routine
12. ___ Be creative
13. ___ Offer toddler-friendly food
14. ___ Involve your child in all-food things
15. ___ One family meal a day
16. ___ Patience and tricks to try

Detailed Guide to Managing your Time:
1. **PYRAMID.** See hand out for information on specific food and size for each category
   - Toddlers from one to three years need between 1,000 and 1,300 calories a day
     - Grains: 3oz per day
     - Vegetables: 1 oz per day
     - Fruits: 1oz per day
     - Milk: 1 oz per day
     - Protein: 1 oz per day

2. **ROUTINE.** Set meal times and snack time routines and try to keep to this schedule. Do not allow your toddler to graze or drink filling fluids like milk or juice at least one hour before meal times.

3. **CREATIVITY.**

   Dip it. Young children think that immersing foods in a tasty dip is pure fun (and delightfully messy). Some possibilities to dip into:
   - cottage cheese or tofu dip
   - cream cheese
   - fruit juice-sweetened preserves
   - guacamole
   - peanut butter, thinly spread
   - pureed fruits or vegetables
   - yogurt, plain or sweetened with juice concentrate

   Spread it. Toddlers like spreading, or more accurately, smearing. Show them how to use a table knife to spread cheese, peanut butter, and fruit concentrate onto crackers, toast, or rice cakes.

   Top it. Toddlers are into toppings. Putting nutritious, familiar favorites on top of new and less-desirable foods is a way to broaden the finicky toddler's menu. Favorite toppings are yogurt, cream cheese, melted cheese, guacamole, tomato sauce, applesauce, and peanut butter.
Drink it. If your youngster would rather drink than eat, don't despair. Make a smoothie—
together. Milk and fruit—along with supplements such as juice, egg powder, wheat germ,
yogurt, honey, and peanut butter—can be the basis of very healthy meals.

Cut it up. How much a child will eat often depends on how you cut it. Cut sandwiches,
pancakes, waffles, and pizza into various shapes using cookie cutters.

Package it. Appearance is important. For something new and different, why not use your
child's own toy plates for dishing out a snack? Our kids enjoy the unexpected and fanciful
when it comes to serving dishes—anything from plastic measuring cups to ice-cream cones.
You can also try the scaled-down approach. Either serve pint-size portions or, when they're
available, buy munchkin-size foodstuffs, such as mini bagels, mini quiches, chicken
drummettes (the meat part of the wing), and tiny muffins.

4. TODDLER FOOD. Plan meals that have foods that you know you toddler will eat and one
new food. Place a small amount of the new food (1 tablespoon) on the plate along with the rest of
the meal. Introduce one new food at a time. Too many new foods introduced all at once can over
whelm your toddler and make him become more difficult to feed.
• Offer foods to your toddler that are age appropriate. For example, do not offer
artichokes or olives as a new food to a picky eater.
• Use familiar foods or variations of familiar foods like pasta or veggies with sauces or
cooked differently.
• Your toddler’s stomach is only as large as his fist. Serve portions that are appropriate to
your child’s age. What seems like picky or poor eating habits might be normal for your
toddler.

Offer a nibble tray. Toddlers like to graze their way through a variety of foods—offer toddlers
a nibble tray.
• Use an ice-cube tray, a muffin tin, or a compartmentalized dish, and put bite-size portions
of colorful and nutritious foods in each section. Call these finger foods playful names that
a two-year-old can appreciate.
• Place the food on an easy-to-reach table. As your toddler makes his rounds through the
house, he can stop, sit down, nibble a bit, and, when he's done, continue on his way.
These foods have a table-life of an hour or two.

5. INVOLVEMENT. Children are more likely to eat their own creations.
Let them cook. When appropriate, let your child help prepare the food.
• Give your assistant such jobs as tearing and washing lettuce, scrubbing potatoes, or
stirring batter.
• Put pancake batter in a squeeze bottle and let your child supervise as you squeeze the
batter onto the hot griddle in fun shapes, such as hearts, numbers, letters, or even spell
the child's name.
• Take your toddler with you to the grocery store. Have him help pick out his food.
Talk to him about the different kinds of foods and what you like about them.
• Allow them to participate in appropriate meal time preparations. Toddlers can help you pour his cereal and milk. He can help make a peanut butter and jelly sandwich. Let him wash fruits and veggies by standing on a chair at the sink.

6. FAMILY MEAL. Toddlers eat in three day cycles. This means he might eat one day like he’s starving eating anything you place in front of him. The next day might be a day of very little appetite and picky eating habits. Day three might be a day of one good meal and the rest of the day small bites. During days of good meal eating, try to have one family dinner that day. Use the following strategies:

   Use sit-still strategies. One reason why toddlers don't like to sit still at the family table is that their feet dangle. You naturally begin to squirm and want to get up and move around.
   • Try sitting on a stool while eating to support their small bodies.
   • Children are likely to sit and eat longer at a child-size table and chair where their feet touch the ground.
   • Minimize distractions at the table. If a sibling is running around nearby, or a cartoon beckons from across the room, your toddler may have trouble maintaining interest in the food being served. Try to make meals relaxed and quiet.
   • Use a timer that your toddler can both see and hear when time is up. Start with 5 minutes (that’s a lot for you toddler!) and progress your way up to longer times.

7. PATIENCE AND TRICKS.

   • Binging. Toddlers will binge on foods. For example, your toddler might decide that Mac and cheese is all he wants to eat all day for days at a time. This is a normal occurrence so don’t fret. Just offer him a choice and allow him to have his binge food. Don’t run out and buy all the Mac N’Cheese boxes you can find because he will change his mind and start on something else
   • Peer Pressure. Use peer pressure to get picky eaters to eat. Invite friends over or have siblings eat with the picky eater to encourage him to eat a variety of foods.
   • Rewards. Avoid using sweets as a reward for trying new foods or finishing a plate of food. This teaches your toddler that dessert is the best food because it is a reward or treat.
   • Do not draw attention to the new food on your toddler’s plate and do not respond to any negative responses about the food made by your toddler.
   • If your toddler does not eat what you have fixed him place the plate on the counter and put your toddler down. When he is indicating that he is hungry give him his plate back. Do not make other foods for him. This is teaching him that he does not have to eat what is placed before him because mommy will get him what he
The food Pyramid

GRAINS

Examples of Whole Grains:
• 100% whole-wheat bread, bagels, or English muffins
• oatmeal
• 100% whole wheat crackers
• shredded wheat cereal
• toasted oat cereal
• whole corn tortillas
• brown rice
• whole grain pasta
• whole wheat bulgur (cracked wheat)

In general, 1 slice of bread, 1 cup of ready-to-eat cereal, or ½ cup of cooked rice, cooked pasta, or cooked cereal can be considered as 1 ounce equivalent from the grains group.

The chart lists specific amounts that count as 1 ounce equivalent of grains towards your daily recommended intake. In some cases the number of ounce-equivalents for common portions are also shown.

<table>
<thead>
<tr>
<th></th>
<th>Amount that counts as 1 ounce equivalent of grains</th>
<th>Common portions and ounce equivalents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bagels</td>
<td>WG*: whole wheat RG*: plain, egg</td>
<td>1 “mini” bagel</td>
</tr>
<tr>
<td>Biscuits</td>
<td>(baking powder/ buttermilk—RG*)</td>
<td>1 small (2” diameter)</td>
</tr>
<tr>
<td>Breads</td>
<td>WG*: 100% Whole wheat RG*: white, wheat, French, sourdough</td>
<td>1 regular slice</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 small slice</td>
</tr>
<tr>
<td></td>
<td></td>
<td>French</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4 snack-size slices rye bread</td>
</tr>
<tr>
<td>Bulgar</td>
<td>cracked wheat (WG*)</td>
<td>½ cup cooked</td>
</tr>
<tr>
<td>Cornbread</td>
<td>(RG*)</td>
<td>1 small piece (2 ½” x 1 ¼” x 1 ¼”)</td>
</tr>
<tr>
<td>Crackers</td>
<td>WG*: 100% whole wheat, rye</td>
<td>5 whole wheat crackers</td>
</tr>
<tr>
<td></td>
<td>RG*: saltines, snack crackers</td>
<td>2 rye crispbreads</td>
</tr>
<tr>
<td></td>
<td></td>
<td>7 square or round crackers</td>
</tr>
<tr>
<td>English</td>
<td>WG*: whole wheat</td>
<td>½ muffin</td>
</tr>
<tr>
<td>muffins</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food</td>
<td>Fiber Type</td>
<td>Serving Size</td>
</tr>
<tr>
<td>---------------------------</td>
<td>------------</td>
<td>---------------------------------------------------</td>
</tr>
<tr>
<td>Muffins</td>
<td>whole wheat, bran, corn, plain</td>
<td>1 small (2 ½” diameter)</td>
</tr>
<tr>
<td>Oatmeal</td>
<td>(WG)</td>
<td>½ cup cooked 1 packet instant 1 ounce dry (regular or quick)</td>
</tr>
<tr>
<td>Pancakes</td>
<td>Whole wheat, buckwheat buttermilk, plain</td>
<td>1 pancake (4 ½” diameter) 2 small pancakes (3” diameter)</td>
</tr>
<tr>
<td>Popcorn</td>
<td>(WG*)</td>
<td>3 cups, popped</td>
</tr>
<tr>
<td>Ready-to-eat breakfast cereal</td>
<td>WG*: toasted oat, whole wheat flakes 1 cup flakes or rounds 1 ¼ cup puffed</td>
<td></td>
</tr>
<tr>
<td>Rice</td>
<td>brown, wild white, polished</td>
<td>½ cup cooked 1 ounce dry</td>
</tr>
<tr>
<td>Pasta--spaghetti, macaroni, noodles</td>
<td>whole wheat, enriched, durum</td>
<td>½ cup cooked 1 ounce dry</td>
</tr>
<tr>
<td>Tortillas</td>
<td>whole wheat, whole grain corn Flour, corn</td>
<td>1 small flour tortilla (6” diameter) 1 corn tortilla (6” diameter)</td>
</tr>
</tbody>
</table>

**VEGETABLES**
In general, 1 cup of raw or cooked vegetables or vegetable juice, or 2 cups of raw leafy greens can be considered as 1 cup from the vegetable group. The chart lists specific amounts that count as 1 cup of vegetables (in some cases, equivalents for ½ cup are also shown) towards your recommended intake:

<table>
<thead>
<tr>
<th>Amount that counts as 1 cup of vegetables</th>
<th>Amount that counts as ½ cup of vegetables</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dark-Green Vegetables</td>
<td></td>
</tr>
<tr>
<td>Broccoli</td>
<td>1 cup chopped or florets</td>
</tr>
<tr>
<td></td>
<td>3 spears 5” long raw or cooked</td>
</tr>
<tr>
<td></td>
<td>1 cup cooked</td>
</tr>
<tr>
<td>Greens (collards, mustard greens,</td>
<td>1 cup, cooked</td>
</tr>
<tr>
<td>turnip greens, kale)</td>
<td>2 cups raw is equivalent to 1</td>
</tr>
<tr>
<td></td>
<td>cup of vegetables</td>
</tr>
<tr>
<td>Spinach</td>
<td>2 cups raw is equivalent to 1</td>
</tr>
<tr>
<td></td>
<td>cup of vegetables</td>
</tr>
<tr>
<td></td>
<td>1 cup raw is equivalent to ½ cup of</td>
</tr>
<tr>
<td></td>
<td>vegetables</td>
</tr>
<tr>
<td></td>
<td>1 cup raw is equivalent to ½ cup of</td>
</tr>
<tr>
<td></td>
<td>vegetables</td>
</tr>
<tr>
<td>Raw leafy greens: Spinach, romaine,</td>
<td></td>
</tr>
<tr>
<td>watercress, dark green leafy lettuce,</td>
<td></td>
</tr>
<tr>
<td>endive, escarole</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2 cups raw is equivalent to 1</td>
</tr>
<tr>
<td></td>
<td>cup of vegetables</td>
</tr>
<tr>
<td></td>
<td>1 cup raw is equivalent to ½ cup of</td>
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<tr>
<td></td>
<td>vegetables</td>
</tr>
<tr>
<td>Orange Vegetables</td>
<td></td>
</tr>
<tr>
<td>Carrots</td>
<td>1 cup, strips, slices, or</td>
</tr>
<tr>
<td></td>
<td>chopped, raw or cooked</td>
</tr>
<tr>
<td></td>
<td>2 medium</td>
</tr>
<tr>
<td></td>
<td>1 cup baby carrots (about 12)</td>
</tr>
<tr>
<td>Pumpkin</td>
<td>1 cup mashed, cooked</td>
</tr>
<tr>
<td>Sweetpotato</td>
<td>1 large baked (2 ¼” or more diameter)</td>
</tr>
<tr>
<td></td>
<td>1 cup sliced or mashed, cooked</td>
</tr>
<tr>
<td>Winter squash (acorn, butternut,</td>
<td>1 cup cubed, cooked</td>
</tr>
<tr>
<td>hubbard)</td>
<td>½ acorn squash, baked = ¼ cup</td>
</tr>
<tr>
<td>Dry beans and peas</td>
<td>1 cup whole or mashed, cooked</td>
</tr>
<tr>
<td>Dry beans and peas (Such as black,</td>
<td></td>
</tr>
<tr>
<td>garbanzo, kidney, pinto, or soy beans,</td>
<td></td>
</tr>
<tr>
<td>or black eyed peas or split peas</td>
<td></td>
</tr>
<tr>
<td>Tofu</td>
<td>1 cup ½” cubes (about 8 ounces)</td>
</tr>
<tr>
<td></td>
<td>1 piece 2 ½ &quot; x 2 ¼ &quot; x 1&quot; (about 4</td>
</tr>
<tr>
<td></td>
<td>ounces)</td>
</tr>
<tr>
<td>Starchy Vegetables</td>
<td></td>
</tr>
<tr>
<td>Corn, yellow or white</td>
<td>1 cup</td>
</tr>
<tr>
<td></td>
<td>1 large ear (8” to 9” long)</td>
</tr>
<tr>
<td>Green peas</td>
<td>1 cup</td>
</tr>
<tr>
<td>White potatoes</td>
<td>1 cup diced, mashed</td>
</tr>
<tr>
<td></td>
<td>1 medium boiled or baked potato (2 ½”</td>
</tr>
<tr>
<td></td>
<td>to 3” diameter)</td>
</tr>
<tr>
<td></td>
<td>French fried: 20 medium to</td>
</tr>
<tr>
<td></td>
<td>long strips (2 ½” to 4” long)</td>
</tr>
<tr>
<td></td>
<td>*Contains discretionary</td>
</tr>
<tr>
<td></td>
<td><em>calories.</em></td>
</tr>
<tr>
<td>Other Vegetables</td>
<td></td>
</tr>
<tr>
<td>Bean sprouts</td>
<td>1 cup cooked</td>
</tr>
<tr>
<td>Cabbage, green</td>
<td>1 cup, chopped or shredded raw</td>
</tr>
</tbody>
</table>

*Contains discretionary calories.*
### Vegetables

<table>
<thead>
<tr>
<th>Vegetable</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cauliflower</td>
<td>1 cup pieces or florets raw or cooked</td>
</tr>
<tr>
<td>Celery</td>
<td>1 cup, diced or sliced, raw or cooked</td>
</tr>
<tr>
<td>Cucumbers</td>
<td>2 large stalks (11&quot; to 12&quot; long)</td>
</tr>
<tr>
<td>Green or wax beans</td>
<td>1 cup raw, sliced or chopped</td>
</tr>
<tr>
<td>Green or red peppers</td>
<td>1 large pepper (3&quot; diameter, 3-¾&quot; long)</td>
</tr>
<tr>
<td>Lettuce, iceberg or head</td>
<td>2 cups raw, shredded or chopped = equivalent to 1 cup of vegetables</td>
</tr>
<tr>
<td>Mushrooms</td>
<td>1 cup raw or cooked</td>
</tr>
<tr>
<td>Onions</td>
<td>1 cup chopped, raw or cooked</td>
</tr>
<tr>
<td>Tomatoes</td>
<td>1 large raw whole (3&quot;)</td>
</tr>
<tr>
<td>Tomato or mixed vegetable juice</td>
<td>1 cup cooked, sliced or diced</td>
</tr>
<tr>
<td>Summer squash or zucchini</td>
<td>1 medium canned</td>
</tr>
</tbody>
</table>

### FRUIT

Include fruits in meals and snacks every day. Fruits may be fresh, canned, frozen, or dried, and may be whole, cut-up, or pureed. Choose canned fruits packed in juice instead of syrup.
Fruit juice does not contain the fiber that is in whole and cut-up fruits. Serve your preschooler no more than ½ cup to 3/4 cup (4 to 6 ounces) of juice a day. Choose 100% fruit juice — check the label to be sure.

In general, 1 cup of fruit or 100% fruit juice, or ½ cup of dried fruit can be considered as 1 cup from the fruit group. The following specific amounts count as 1 cup of fruit (in some cases equivalents for ½ cup are also shown) towards your daily recommended intake:

<table>
<thead>
<tr>
<th>Fruit</th>
<th>Amount that counts as 1 cup of fruit</th>
<th>Amount that counts as ½ cup of fruit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apple</td>
<td>½ large (3.25&quot; diameter)</td>
<td>½ cup sliced or chopped, raw or cooked</td>
</tr>
<tr>
<td></td>
<td>1 small (2.5&quot; diameter)</td>
<td>1 snack container (4 oz.)</td>
</tr>
<tr>
<td>Applesauce</td>
<td>1 cup</td>
<td>1 medium wedge (1/8 of a med. melon)</td>
</tr>
<tr>
<td>Banana</td>
<td>1 cup sliced</td>
<td>1 small (less than 6” long)</td>
</tr>
<tr>
<td></td>
<td>1 large (8” to 9” long)</td>
<td>1 cup whole or cut-up</td>
</tr>
<tr>
<td>Cantaloupe</td>
<td>1 cup diced or melon balls</td>
<td>1 medium wedge (1/8 of a med. melon)</td>
</tr>
<tr>
<td>Grapes</td>
<td>1 cup whole or cut-up</td>
<td>16 seedless grapes</td>
</tr>
<tr>
<td>Grapefruit</td>
<td>1 medium (4” diameter)</td>
<td>½ medium (4” diameter)</td>
</tr>
<tr>
<td>Orange, mandarin</td>
<td>1 cup canned, drained</td>
<td>1 snack container (4 oz) drained = 3/8 cup</td>
</tr>
<tr>
<td>Peach</td>
<td>1 cup (2 ¼” diameter)</td>
<td>1 small (2” diameter)</td>
</tr>
<tr>
<td></td>
<td>1 cup sliced or diced, raw, cooked, or canned, drained</td>
<td>1 snack container (4 oz) drained = 3/8 cup</td>
</tr>
<tr>
<td></td>
<td>2 halves, canned</td>
<td></td>
</tr>
<tr>
<td>Pear</td>
<td>1 medium pear (2.5 per lb)</td>
<td>1 snack container (4 oz.) drained = 3/8 cup</td>
</tr>
<tr>
<td></td>
<td>1 cup sliced or diced, raw, cooked, or canned, drained</td>
<td></td>
</tr>
<tr>
<td>Pineapple</td>
<td>1 cup chunks, sliced or crushed, raw, cooked or canned, drained</td>
<td>1 snack container (4 oz) drained = 3/8 cup</td>
</tr>
<tr>
<td>Plum</td>
<td>1 cup sliced raw or cooked</td>
<td>1 large plum</td>
</tr>
<tr>
<td></td>
<td>3 medium or 2 large plums</td>
<td></td>
</tr>
<tr>
<td>Strawberries</td>
<td>About 8 large berries</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 cup whole, halved, or sliced, fresh or frozen</td>
<td>½ cup whole, halved, or sliced</td>
</tr>
<tr>
<td>Watermelon</td>
<td>1 small wedge (1” thick)</td>
<td>6 melon balls</td>
</tr>
<tr>
<td></td>
<td>1 cup diced or balls</td>
<td></td>
</tr>
<tr>
<td>Dried fruit (raisins, prunes, apricots, etc.)</td>
<td>½ cup dried fruit is equivalent to 1 cup fruit ½ cup raisins ½ cup prunes ½ cup dried apricots</td>
<td>¼ cup dried fruit is equivalent to ½ cup fruit 1 small box raisins (1.5 oz)</td>
</tr>
<tr>
<td>100% fruit juice (orange, apple, grape, grapefruit, etc.)</td>
<td>1 cup</td>
<td>½ cup</td>
</tr>
</tbody>
</table>

### PROTEIN

In general, 1 ounce of meat, poultry or fish, ¼ cup cooked dry beans, 1 egg, 1 tablespoon of peanut butter, or ½ ounce of nuts or seeds can be considered as 1 ounce equivalent from the protein foods group.

The chart lists specific amounts that count as 1 ounce equivalent in the protein foods group towards your daily recommended intake:
<table>
<thead>
<tr>
<th></th>
<th>Amount that counts as 1 ounce equivalent in the protein foods group</th>
<th>Common portions and ounce equivalents</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Meats</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 ounce cooked lean beef</td>
<td>1 small steak (eye of round, filet) = 3 ½ to 4 ounce equivalents</td>
</tr>
<tr>
<td></td>
<td>1 ounce cooked lean pork or ham</td>
<td>1 small lean hamburger = 2 to 3 ounce equivalents</td>
</tr>
<tr>
<td><strong>Poultry</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 ounce cooked chicken or turkey, without skin</td>
<td>1 small chicken breast half = 3 ounce equivalents</td>
</tr>
<tr>
<td></td>
<td>1 sandwich slice of turkey (4 ½ x 2 ½ x 1/8&quot;)</td>
<td>½ Cornish game hen = 4 ounce equivalents</td>
</tr>
<tr>
<td><strong>Fish</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 ounce cooked fish or shell fish</td>
<td>1 can of tuna, drained = 3 to 4 ounce equivalents</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 salmon steak = 4 to 6 ounce equivalents</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 small trout = 3 ounce equivalents</td>
</tr>
<tr>
<td><strong>Eggs</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 egg</td>
<td></td>
</tr>
<tr>
<td><strong>Nuts and seeds</strong></td>
<td>½ ounce of nuts (12 almonds, 24 pistachios, 7 walnut halves)</td>
<td>1 ounce of nuts or seeds = 2 oz eq</td>
</tr>
<tr>
<td></td>
<td>½ ounce of seeds (pumpkin, sunflower or squash seeds, hulled, roasted)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 Tablespoon of peanut butter or almond butter</td>
<td></td>
</tr>
<tr>
<td><strong>Dry beans and peas</strong></td>
<td>¼ cup of cooked dry beans (such as black, kidney, pinto, or white beans)</td>
<td>1 cup split pea soup = 2 oz eq</td>
</tr>
<tr>
<td></td>
<td>¼ cup of cooked dry peas (such as chickpeas, cowpeas, lentils, or split peas)</td>
<td>1 cup lentil soup = 2 oz eq</td>
</tr>
<tr>
<td></td>
<td>¼ cup of baked beans, refried beans</td>
<td>1 cup bean soup = 2 oz eq</td>
</tr>
<tr>
<td></td>
<td>¼ cup (about 2 ounces) of tofu</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 oz. tempeh, cooked</td>
<td></td>
</tr>
<tr>
<td></td>
<td>¼ cup roasted soybeans 1 falafel patty (2 ¼&quot;, 4 oz)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2 Tbsp. hummus</td>
<td></td>
</tr>
</tbody>
</table>

**DAIRY**

Now is the time to switch your preschooler from drinking whole to low-fat or fat-free milk. Kids that are two years and older can drink low-fat and fat-free milk. They provide the same amount of calcium and vitamin D as whole milk or 2% milk, but less saturated fat and calories. Foods high in saturated fat tend to raise blood cholesterol levels. Fat-free milk is also called *skim milk* and low-fat milk is also called *1% milk*.
In general, 1 cup of milk or yogurt, 1 ½ ounces of natural cheese, or 2 ounces of processed cheese can be considered as 1 cup from the dairy group.

The chart lists specific amounts that count as 1 cup in the milk group towards your daily recommended intake:

<table>
<thead>
<tr>
<th>Amount that counts as 1 cup in the dairy group</th>
<th>Common portions and cup equivalents</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Milk</strong>&lt;br&gt;[choose fat-free or low-fat milk most often]&lt;br&gt;1 cup&lt;br&gt;1 half-pint container&lt;br&gt;½ cup evaporated milk</td>
<td></td>
</tr>
<tr>
<td><strong>Yogurt</strong>&lt;br&gt;[choose fat-free or low-fat yogurt most often]&lt;br&gt;1 regular container (8 fluid ounces)&lt;br&gt;1 cup</td>
<td>1 small container (6 ounces) = ¾ cup&lt;br&gt;1 snack size container (4 ounces) = ½ cup</td>
</tr>
<tr>
<td><strong>Cheese</strong>&lt;br&gt;[choose low-fat cheeses most often]&lt;br&gt;1 ½ ounces hard cheese (cheddar, mozzarella, Swiss, parmesan)&lt;br&gt;1/3 cup shredded cheese&lt;br&gt;2 ounces processed cheese (American)&lt;br&gt;½ cup ricotta cheese&lt;br&gt;2 cups cottage cheese</td>
<td>1 slice of hard cheese is equivalent to ½ cup milk&lt;br&gt;1 slice of processed cheese is equivalent to 1/3 cup milk&lt;br&gt;½ cup cottage cheese is equivalent to ¼ cup milk</td>
</tr>
<tr>
<td><strong>Milk-based desserts</strong>&lt;br&gt;[choose fat-free or low-fat types most often]&lt;br&gt;1 cup pudding made with milk&lt;br&gt;1 cup frozen yogurt&lt;br&gt;1 ½ cups ice cream</td>
<td>1 scoop ice cream is equivalent to 1/3 cup milk</td>
</tr>
</tbody>
</table>
When our first few children were toddlers, we dreaded dinnertime. We would prepare all kinds of sensible meals composed of what we thought were healthy, appealing foods. Most of these offerings would end up splattering the high-chair tray and carpeting the floor. To make matters worse, we took our kids' rejection of our cuisine personally, sure that this was a sign of parental lapse on our part. What was wrong? Why were these kids such picky eaters?

Why toddlers are picky. Being a picky eater is part of what it means to be a toddler. We have since learned that there are developmental reasons why kids between one and three years of age peck and poke at their food. After a year of rapid growth (the average one-year-old has tripled her birth weight), toddlers gain weight more slowly. So, of course, they need less food. The fact that these little ones are always on the go also affects their eating patterns. They don't sit still for anything, even food. Snacking their way through the day is more compatible with these busy explorers' lifestyle than sitting down to a full-fledged feast.

Learning this helped us relax. We now realize that our job is simply to buy the right food, prepare it nutritiously (steamed rather than boiled, baked rather than fried), and serve it creatively. We leave the rest up to the kids. How much they eat, when they eat, and if they eat is mostly their responsibility; we've learned to take neither the credit nor the blame.

Toddlers like to binge on one food at a time. They may eat only fruits one day, and vegetables the next. Since erratic eating habits are as normal as toddler mood swings, expect your child to eat well one day and eat practically nothing the next. Toddlers from one to three years need between 1,000 and 1,300 calories a day, yet they may not eat this amount every day. Aim for a nutritionally-balanced week, not a balanced day.

A child's demeanor often parallels her eating patterns. Parents often notice that a toddler's behavior deteriorates toward the end of the morning or mid-afternoon. Notice the connection? Behavior is at its worst the longer they go without food. Grazing minimizes blood-sugar swings and lessens the resulting undesirable behavior.

Toddlers are beginning to develop a sense of self and independence. This can make them reluctant to try new things including foods. Picky eaters can be difficult but know that it is a normal part of toddler development and that there are easy tips that will get both of you through this challenging toddler time.

1. Force tasting should never be used with picky eaters to get them to try a new food. This will create a battle of wills and cause your toddler to become more resistant to try new foods.
2. Provide a variety of nutritious foods for your toddler to eat. Offer the food in a relaxed manner trying not to draw attention to the food.
3. Avoid using sweets as a reward for trying new foods or finishing a plate of food. This teaches your toddler that dessert is the best food because it is a reward or treat.
4. Plan meals that have foods that you know you toddler will eat and one new food. Place a small amount of the new food (1 tablespoon) on the plate along with the rest of the meal.
Introduce one new food at a time. Too many new foods introduced all at once can overwhelm your toddler and make him become more difficult to feed.

5. Do not draw attention to the new food on your toddler’s plate and do not respond to any negative responses about the food made by your toddler.

6. Resist insisting that your toddler clean his plate. This can set up the possibilities of childhood eating disorders or obesity.

7. Offer foods to your toddler that are age appropriate. For example, do not offer artichokes or olives as a new food to a picky eater.

8. Use familiar foods or variations of familiar foods like pasta or veggies with sauces or cooked differently.

9. Your toddler’s stomach is only as large as his fist. Serve portions that are appropriate to your child’s age. What seems like picky or poor eating habits might be normal for your toddler.

10. Each child is an individual so try not to compare one child's appetite to your toddler's.

11. Toddlers eat in three day cycles. This means he might eat one day like he’s starving eating anything you place in front of him. The next day might be a day of very little appetite and picky eating habits. Day three might be a day of one good meal and the rest of the day small bites.

12. Toddlers like adults and may have certain sensory responses to certain foods. Some toddlers will resist a food because of color, smell or textures. Know that this is normal and accept this as part of your toddler’s personality.

13. There are a number of ways to add nutritional value to favorite foods. Add fruit to cereal, yogurt or cottage cheese. Fruit smoothies are another great way to add nutrition. Add fruit, yogurt and milk in a blender and chill. This is a tasty way to sneak in nutrition for your picky eater.

14. Add vegetables to sauces like spaghetti or marinara. Cut them fine and don’t over load the main meal.

15. Dipping sauces like Bar-B-Que, Ranch Dressing, Sweet/Sour and Ketchup can change a picky eater's mind.

16. Minimize distractions at the table. If a sibling is running around nearby, or a cartoon beckons from across the room, your toddler may have trouble maintaining interest in the food being served. Try to make meals relaxed and quiet.

17. Do not play the short order cook for your toddler. If your toddler does not eat what you have fixed him place the plate on the counter and put your toddler down. When he is indicating that he is hungry give him his plate back. Do not make other foods for him. This is teaching him that he does not have to eat what is placed before him because mommy will get him what he wants.

18. Set good eating examples for your children by allowing them to see you eat nutritious foods and by keeping nutritious foods in the house. Try to avoid buying junk foods. When toddlers know that there are chips in the pantry he’s going to naturally want them. Try to mix your own trail mix for snack and travel times. Take nutritious cereal like wheat, corn or rice checks, yogurt raisins ,nuts, dried fruits and pretzels and mix in a big zip lock bag. This is usually well liked by toddlers, offers nutritious snacking and is easy for you.

19. Toddlers will binge on foods. For example, your toddler might decide that Mac and cheese is all he wants to eat all day for days at a time. This is a normal occurrence so don’t fret. Just offer him a choice and allow him to have his binge food. Don’t run out and buy all the Mac N’Cheese boxes you can find because he will change his mind and start on something else.
20. Use peer pressure to get picky eaters to eat. Invite friends over or have siblings eat with the 
picky eater to encourage him to eat a variety of foods.

21. Make foods fun. Use cookie cutters to cut breads or sandwiches. Dip veggies into different 
dips. Cut foods into shapes like wedges or circles.

22. Take your toddler with your to the grocery store. Have him help pick out his food. Talk to 
him about the different kinds of foods and what you like about them.

23. Allow them to participate in appropriate meal time preparations. Toddlers can help you pour 
his cereal and milk. He can help make a peanut butter and jelly sandwich. Let him wash 
fruits and veggies by standing on a chair at the sink.

24. If you are concerned about your toddler’s nutrition try keeping a food log of what your 
toddler eats over the course of a week. Most often parents find that their toddlers are eating a 
variety of foods just not each every day.

25. If you find that your toddler is not consuming an acceptable amount of food over a seven day 
period and you are concerned about his growth you should take the food log to your 
pediatrician and discuss your concerns.
Skill-Based Checklist: Time Management

Quick Guide:
1. ___ Set your goals
2. ___ Prioritize what needs to be done
3. ___ Plan and manage interruptions
4. ___ Identify reasons for procrastination
5. ___ Schedule your time

Detailed Guide to Managing your Time:

1. GOAL SETTING. To start managing time effectively, you need to set goals. When you know where you're going, you can then figure out what exactly needs to be done, in what order. Without proper goal setting, you'll fritter your time away on a confusion of conflicting priorities.

   People tend to neglect goal setting because it requires time and effort. What they fail to consider is that a little time and effort put in now saves an enormous amount of time, effort and frustration in the future

2. PRIORITIZE. Prioritizing what needs to be done is especially important. Without it, you may work very hard, but you won't be achieving the results you desire because what you are working on is not of strategic importance.

   Most people have a "to-do" list of some sort. The problem with many of these lists is they are just a collection of things that need to get done. There is no rhyme or reason to the list and, because of this, the work they do is just as unstructured. So how do you work on To Do List tasks – top down, bottom up, easiest to hardest?

   To work efficiently you need to work on the most important, highest value tasks. This way you won't get caught scrambling to get something critical done as the deadline approaches.

3. INTERRUPTIONS. Having a plan and knowing how to prioritize it is one thing. The next issue is knowing what to do to minimize the interruptions you face during your day. It is widely recognized that managers get very little uninterrupted time to work on their priority tasks. There are phone calls, information requests, questions from employees, and a whole host of events that crop up unexpectedly. Some do need to be dealt with immediately, but others need to be managed.

   However, some jobs need you to be available for people when they need help – interruption is a natural and necessary part of life. Here, do what you sensibly can to minimize it, but make sure you don't scare people away from interrupting you when they should.

4. PROCRASTINATION. "I'll get to it later" has led to the downfall of many a good employee. After too many "laters" the work piles up so high that any task seems insurmountable. Procrastination is as tempting as it is deadly. The best way to beat it is to recognize that you do indeed procrastinate. Then you need to figure out why. Perhaps you are afraid of failing? (And some people are actually afraid of success!)
Once you know why you procrastinate then you can plan to get out of the habit. Reward yourself for getting jobs done, and remind yourself regularly of the horrible consequences of not doing those boring tasks!

5. **SCHEDULING.** Much of time management comes down to effective scheduling of your time. When you know what your goals and priorities are, you then need to know how to go about creating a schedule that keeps you on track, and protects you from stress.

    This means understanding the factors that affect the time you have available for work. You not only have to schedule priority tasks, you have to leave room for interruptions, and contingency time for those unexpected events that otherwise wreak chaos with your schedule. By creating a robust schedule that reflects your priorities and well as supports your personal goals, you have a winning combination: One that will allow you to control your time and keep your life in balance.
Time Management Facilitator Guide

**Key Points**
Time management is an essential skill that helps you keep your work under control, at the same time that it helps you keep stress to a minimum.

We would all love to have an extra couple of hours in every day. Seeing as that is impossible, we need to work smarter on things that have the highest priority, and then creating a schedule that reflects our work and personal priorities.

With this in place, we can work in a focused and effective way, and really start achieving those goals, dreams and ambitions we care so much about.

**How to Prioritize: The Pickle Jar Theory**

**Make time for the things that matter**

The Pickle Jar Theory of time management is based on the idea that time, like a pickle jar, is limited. What you fill it with, however, is up to you. Imagine you have a big empty pickle jar. Fill it with golf balls. When you can squeeze no more in, it’s full, right? Not quite. The golf balls leave gaps. Drop in some marbles, give the jar a shake, and let the marbles drop into those gaps. Next, take some sand. Pour it into the even smaller spaces that are left, until the jar appears to be completely full. Finally, finish it off with water. Pour in water until the jar can take nothing else……then screw the lid on!

**The Pickle Jar Theory explained**
The pickle jar itself represents your time. Whether it’s an hour, a day or a lifetime, the idea is that time is finite.

The golf balls are the roles, goals and commitments that are important to you. Whether it’s people, projects or problems, these things matter most.

The marbles matter, too, but not as much. Still, they’re easy to pour into the jar. The marbles mean the things you want to do, but don’t have to.

The sand stands for all the small, time taking tasks that, again are easy to do. The time management matrix theory would class 'sandy tasks' as busy work that is irrelevant, unimportant or inappropriate.

The water is for whatever takes time, but doesn’t really add anything. Wasting time online, excessive water-cooler chats or anything else that you define as a poor use of your time.

Generally, the smaller and easier it is to pour in to the pickle jar, the less it matters. If the water, sand and marbles fill too much of the jar, there is less room for the golf balls. In other words, it's easy to fill time with the things that don't really matter.

What will you fill your jar with for the rest of today?

Skill-Based Checklist: Bonding Through Infant Massage

Quick Guide:
1. ___ Create a relaxing environment
2. ___ Ask for permission
3. ___ Start with legs and feet
4. ___ Move to tummy
5. ___ Arms and hands
6. ___ Face
7. ___ Back
8. ___ End with a hug and kiss

Detailed Guide to Managing your Time:

1. ENVIRONMENT. Speak in a soft, soothing voice and smile at him or her. This will be helpful in stimulating her senses and overall make her feel more comfortable.
   - Dim the lights and play soft, relaxing music or lullabies
   - Begin by making yourself relaxed. If you are tense or not in a calm emotion while massaging, your child will sense this and see the benefits that massage has to offer.
   - Keep your child warm and cover areas you will not be massaging. You can massage over clothing (without lotion), or by placing your hands directly on your baby's skin
   - Get into a comfortable position if you have the opportunity. However, you may have to be more flexible with your active toddler! Think about how you can change you environment to make massage a happy experience for both of you

When to Massage:
- Bedtime: Establish massage as part of the bedtime routine to help your child settle down
- Story-time: Allows you to spend some quality time with your child during an activity that he or she already likes to do. You might find making a story out of massage time will give you the most responsive child!
- Bathtime: Include massage as part of a bath, when your child will at last be sitting still and easy access to arms, legs, tummy, and back

2. PERMISSION. Always ask your child if he or she wants a massage, demonstrating your respect for your child's right to say "no" to touch. You can do this by, 1.) make eye contact, 2.) ask out loud, "Is it
okay if I give you a massage?” Don't take it personally if your child doesn't want to receive a massage. Respect their independence- his or her right to say no to unwanted touch and ability to make choices.

- **What if your toddler refuses a massage?** Respecting what he or she says sends very clear messages. Your child’s body is theirs, and they have a say over who touches it. This is a very important message to give any child. You are also respecting your child’s feelings and boundaries and teaching them to be independent at the same time!
- **What if your child asks for a massage?** If you can't do it at that exact moment, tell her when you will be able to. This shows you are sensitive to their struggle with independence and dependence and that it's okay for them to have needs.

3. **LEGGS & FEETS.** Starting with Legs and Feet
   - Stroke the leg from the hip go the foot by placing one hand on top of the leg and the other hand under the leg. Together, stroke down the child’s leg.
   - Wrap your hand around the child’s thigh, then slide your hand toward his or her ankle. Repeat with your other hand, one hand following the other in a smooth rhythm (Called Milking)
   - Rub the soles of the foot from heel to toes with your thumb, using a firm (but not too firm) pressure. Make sure to get each little toe individually
     - A great rhyme to use for this part is “this little piggy”
   - Wrap your hand around the child’s ankle, this time sliding your hand toward the hip. Repeat with your other hand, one hand following the other in a smooth rhythm
   - Repeat on the other leg. There is no set amount of stroke you have to do, however 3-5 is usually a good goal.

4. **TUMMY.** (Do not massage right after eating. Wait at least 30 minutes)
   - Making “I Love You’s”. Starting with your right hand- place your right thumb at your child’s left hip, and your index + middle finger on the right side of the chest. Move your fingers together (on a diagonal line) to form “I”. Next, make an “L” by using your index and middle fingers to sweep across the chest and straight down the right side of the body. Last, make the “U” by starting at the left hip, sweeping the fingers up to chest and down the right hip in an Up-side-down “U” pattern.
   - Next, make a smaller “U”. Start at the left hip, sweeping fingers just above the belly to the right hip.
   - Place both hands on top of your child’s shoulders. Using the full hand, apply soft, but firm pressure all the way down to hips

5. **ARMS & HANDS.** Same as legs and feet
   - Use “buckle my shoe” rhyme for the fingers
6. **FACE.**
   - Place index + middle finger (of both hands) in the middle of your child’s forehead. Make the shape of the heart around the outside of his or her face ending at the middle of the chin.
   - Place index + middle finger on the outside of the nose (under the eyes), and drag your fingers straight down to his or her jaw. A little pressure goes a long way!

7. **BACK.**
   - Place both hands on top of your child’s shoulders. Using the full hand, apply soft, but firm pressure all the way down to hips
   - Placing your hands horizontally on your child’s back in opposite directions, use full surface of hands as you move both back and forth in opposite directions. Start at shoulders moving down towards bottom, then back up to shoulders.
   - Putting slight pressure across the bottom of your child’s back with one hand, use the other hand to down your child’s back
   - Last, make the “U” by starting at the left hip, sweeping the fingers up to the shoulders and down the right hip in an Up-side-down “U” pattern.

8. **ENDING MASSAGE.**
   - End you massage on a positive note with a hug, kiss, and “I love you”
   - If your child does not appear to like the massage (crying, pushing you away) stop the massage and try again at another time.
Facilitator Use (or hand-out)

Infant and Toddler Massage

You can start massage anytime! It's an easy activity to do with your child to establish quality time!

Benefits:

- **Relaxation**: Can help your child settle down from a busy or stressful day

- **Build a stronger bond**: through physical contact and responding to how your child reacts to massage, you are making a strong bond that will last a lifetime with your child

- **Discipline**: Discipline means to teach. Through massage, you are teaching your child. You are helping your child understand boundaries (where you can touch, where he or she feels comfortable). You are also teaching your child how to communicate to you on either something they like or something they don’t like. This is a good time to teach them the correct way for telling you they don’t like something (either actions or words).

- **Trust**: Before EVERY session, you will ask your child for permission to massage him or her. You are starting a “responsive” parenting relationship with your child by listening to what he or she wants and likes, and RESPECTING his or her decision.

- **Health benefits**: massage has been shown to help relieve digestive issues (colic, constipation, gas, sour stomach), sinus infection and better blood flow (helps circulate the fluids in the body), better awareness of his or her body, and increased stimulation to the nervous and immune system.

Tips for Massaging Infants and Toddlers:

- Be flexible and patient. Massage whatever part of the body is in front of you even as your baby or child insists on rolling over, sitting up or standing.

- Understand that 5-15 minutes of daily massage is a long time for an active toddler or preschooler.

- Respect a child's independence if he or she does not want to be massaged.

- Understand that as children get older, they may be more sensitive about their bodies and not want to be touched.

- Always ask your child if he or she wants a massage, demonstrating your respect for your child's right to say "no" to touch.

When to Massage:
• Bedtime: Establish massage as part of the bedtime routine to help your child settle down
• Story-time: Allows you to spend some quality time with your child during an activity that he or she already likes to do. You might find making a story out of massage time will give you the most responsive child!
• Bathtime: Include massage as part of a bath, when your child will at last be sitting still and easy access to arms, legs, tummy, and back

**Before you begin massage:**

• Speak in a soft, soothing voice and smile at him or her. This will be helpful in stimulating her senses and overall make her feel more comfortable.
• Dim the lights and play soft, relaxing music or lullabies
• **Permission is important.** Always ask your child if they would like to receive a massage. You can do this by, 1.) make eye contact, 2.) ask out loud, "Is it okay if I give you a massage?" Don't take it personally if your child doesn't want to receive a massage. Respect their independence- his or her right to say no to unwanted touch and ability to make choices.
  o **What if your toddler refuses a massage?** Respecting what he or she says sends very clear messages. Your child’s body is theirs, and they have a say over who touches it. This is a very important message to give any child. You are also respecting your child’s feelings and boundaries and teaching them to be independent at the same time!
  o **What if your child asks for a massage?** If you can't do it at that exact moment, tell her when you will be able to. This shows you are sensitive to their struggle with independence and dependence and that it's okay for them to have needs.
• Keep your child warm and cover areas you will not be massaging. You can massage over clothing (without lotion), or by placing your hands directly on your baby's skin. If you want to massage directly on the skin, we recommend you use lotion. The warmth of the skin to skin contact can be very helpful for relaxation, stimulation and constipation.
  o Remember to warm up your hands!
• Get into a comfortable position if you have the opportunity. However, you may have to be more flexible with your active toddler! Think about how you can change you environment to make massage a happy experience for both of you
• Always attempt to do the same thing on both sides if you can!

**MASSAGE TIME!**
What to use: You can use regular baby lotion or natural oil (olive oil, canola oil). Remember for babies, they will most likely stick their hands, arms, and feet in their mouth!

**Starting with Legs and Feet**

- Stroke the leg from the hip go the foot by placing one hand on top of the leg and the other hand under the leg. Together, stroke down the child’s leg.
- Wrap your hand around the child’s thigh, then slide your hand toward his or her ankle. Repeat with your other hand, one hand following the other in a smooth rhythm (Called Milking)
- Rub the soles of the foot from heel to toes with your thumb, using a firm (but not too firm) pressure. Make sure to get each little toe individually
  - A great rhyme to use for this part is “this little piggy”
- Wrap your hand around the child’s ankle, this time sliding your hand toward the hip. Repeat with your other hand, one hand following the other in a smooth rhythm
- Repeat on the other leg. There is no set amount of stroke you have to do, however 3-5 is usually a good goal.

**Tummy** (Do not massage right after eating. Wait at least 30 minutes)

- Making “I Love You’s”. Starting with your right hand- place your right thumb at your child’s left hip, and your index + middle finger on the right side of the chest. Move your fingers together (on a diagonal line) to form “I”. Next, make an “L” by using your index and middle fingers to sweep across the chest and straight down the right side of the body. Last, make the “U” by starting at the left hip, sweeping the fingers up to chest and down the right hip in an Up-side-down “U” pattern.
- Next, make a smaller “U”. Start at the left hip, sweeping fingers just above the belly to the right hip.
- Place both hands on top of your child’s shoulders. Using the full hand, apply soft, but firm pressure all the way down to hips

**Arms**

- Same as legs and feet
- Use “buckle my shoe” rhyme for the fingers

**Face**

- Place index + middle finger (of both hands) in the middle of your child’s forehead. Make the shape of the heart around the outside of his or her face ending at the middle of the chin.
- Place index + middle finger on the outside of the nose (under the eyes), and drag your fingers straight down to his or her jaw. A little pressure goes a long way!

**Back**

- Place both hands on top of your child’s shoulders. Using the full hand, apply soft, but firm pressure all the way down to hips
- Placing your hands horizontally on your child’s back in opposite directions, use full surface of hands as you move both back and forth in opposite directions. Start at shoulders moving down towards bottom, then back up to shoulders.
- Putting slight pressure across the bottom of your child’s back with one hand, use the other hand to down your child’s back
- Last, starting at the left hip, sweep the fingers up to shoulders and down the right hip in an Up-side-down “U
Start with the leg: 1 leg at a time

1. Stroking the leg from hip to foot
   One hand on top of leg, one hand under leg

2. Milking: softly grabbing the leg with hand stroking down, hip to foot, with the other hand following

3. Foot massage: Start from middle of foot up to big toe, then middle toe, then pinky toe

4. Toe Massage: Massage each toe from the base to the tip of the toe

5. Milking: This time massage from foot up towards hip

6. Complete steps 1-5 on other leg

Tummy Massage:

1. “I”
   Start Position: Right thumb at hip, index and middle finger at chest.

2. “Love”
   Use index and middle finger

3. “You”
   Use all fingers except thumb
Pull together toward belly

2. Left to Right Sweeps: using all fingers except thumb

2-Hand Sweep from Shoulders to Hips: Use full hand to make contact on child

Arm Massage:

Start: One Arm at a Time
1. Both Arm Stroke: Stroke from shoulder to fingers, both arms at same time.

2. Stroking one arm: 1 hand on top of arm, other hand behind the arm.

3. Milking Stroke: from shoulders to fingers.

4. Finger Massage: massage each finger from palm of hand to finger tip.

5. Milking Stroke: from fingers to shoulder.

6. Complete steps 1-5 on other arm.

   1. Stroking from shoulder to hand
   2. Milking shoulder to hand
   3. Palm massage, wrist to finger
   4. Individual finger massage
   5. Milking hand to shoulder

Face Massage:
1. Full Face Heart: Start at middle of forehead, make a heart down to chin. Use both index and middle finger.

2. Nose to Jaw: Start at sides the nose, move straight down to jaw. Use both index and middle finger.
Skill-Based Checklist: Parenting Styles & Discipline Strategies

Quick Guide:
1. ___ Understanding the three parenting styles
2. ___ Understand the meaning of discipline
3. ___ Establishing a good relationship with positive communication
4. ___ Provide structure and routine
5. ___ Have realistic expectations for your child’s developmental level and age
6. ___ Be consistent
7. ___ Be firm, but fair; control your emotions

Detailed Guide to Parenting Styles and Discipline

1. PARENTING STYLES.

Authoritarian Parenting Styles:
- Authoritarian parents always try to be in control and exert their control on the children. These parents set strict rules to try to keep order, and they usually do this without much expression of warmth and affection. They attempt to set strict standards of conduct and are usually very critical of children for not meeting those standards. They tell children what to do, they try to make them obey and they usually do not provide children with choices or options.
- Authoritarian parents don't explain why they want their children to do things. If a child questions a rule or command, the parent might answer, "Because I said so." Parents tend to focus on bad behavior, rather than positive behavior, and children are scolded or punished, often harshly, for not following the rules.
- Children with authoritarian parents usually do not learn to think for themselves and understand why the parent is requiring certain behaviors.

Permissive Parenting Styles:
- Permissive parents give up most control to their children. Parents make few, if any, rules, and the rules that they make are usually not consistently enforced. They don't want to be tied down to routines. They want their children to feel free. They do not set clear boundaries or expectations for their children's behavior and tend to accept in a warm and loving way, however the child behaves.
- Permissive parents give children as many choices as possible, even when the child is not capable of making good choices. They tend to accept a child's behavior, good or bad, and make no comment about whether it is beneficial or not. They may feel unable to change misbehavior, or they choose not to get involved.

Responsive Parenting Styles:
- Responsive parents help children learn to be responsible for themselves and to think about the consequences of their behavior. Parents do this by providing clear, reasonable expectations for their children and explanations for why they expect their children to
behave in a particular manner. They monitor their children's behavior to make sure that they follow through on rules and expectations. They do this in a warm and loving manner. They often, "try to catch their children being good" and reinforcing the good behavior, rather than focusing on the bad.

- For example, a child who leaves her toys on a staircase may be told not to do this because, "Someone could trip on them and get hurt and the toy might be damaged." As children mature, parents involve children in making rules and doing chores: "Who will mop the kitchen floor, and who will carry out the trash?"
- Parents who have a responsive style give choices based on a child's ability. For a toddler, the choice may be "red shirt or striped shirt?" For an older child, the choice might be "apple, orange or banana?" Parents guide children's behavior by teaching, not punishing. "You threw your truck at Mindy. That hurt her. We're putting your truck away until you can play with it safely."

Examples:

- Annie, aged 4, has grabbed a ball from Luisa, another child.
  - Strict parent: You come back right this minute and give that ball back to Luisa immediately.
  - Moderate parent: The ball belongs to Luisa. I know you want to play with it, but why don't you talk it over with her and try and work out a system to take turns?
  - Permissive parent, believing that Annie should be allowed to express her impulses freely, doesn't suggest a solution and does not use the opportunity to help her solve a problem.

2. DISCIPLINE

Discipline means “to teach”. Discipline is the structure and system that parents can put in place to teach their child positive ways of behaving. Parents often see discipline the same as punishment, but effective discipline is very different. While punishment and consequences for breaking rules is sometimes necessary, it’s not the place where discipline should begin.

- Set limits and establish consequences for misbehavior
- Be reasonable with your limits. You should not expect your one or two year old child to stay seated while you eat your dinner.
- Focuses on what to do, instead of what not to do
- Focus on the behavior, not some aspect of the child
- Show the child how to solve a problem she is experiencing instead of removing it
- Be positive to promote a healthy self-esteem

3. GOOD RELATIONSHIP

Parents and children need to have a positive, loving relationship. Discipline begins with building that relationship through meeting the needs of your child.

- Adults can exert their bigger size and greater experience to force their child to obey, but that obedience will not create a child who is able to control her own behavior.
Follow the rules of a responsive parent

**Communication:**

- Children learn by Example- YOUR EXAMPLE! However, that’s not all. They also need to understand why. They need to know why parents approve of some kinds of behavior and not of others
  - Point out to your kids that some behaviors are appropriate in one situation and inappropriate in another. I know it may not always be easy, but make sure that you always make your child understand your point of view, otherwise you will leave your child confused.
- Good Communication promotes good behavior for the simple reason that the child who knows your expectations can live up to them out as well.
- Positive reinforcement:
  - Using positive reinforcement works far better than punishment. Rather than focusing only on those things that irritate us and becoming habitual scolders, "catch your kids doing something right and reward them."
    - Remember that toddlers tune out a lot so if you are always saying "No", "Don't touch this", "Don't go there", then all they hear is NO. You want to try and give them lots of positive feedback.
    - **Examples of positive feedback** are to let them know they did a 'nice job following directions' or 'good job playing', with lots of hugs and kisses. Try using other "No" words like stop. You don't need to yell but you do need to put firmness 'don't mess with me' tone in your voice.

4. **STRUCTURE AND ROUTINE**

Children need limits on what they can do so that they feel safe. Limits also teach children how to behave in different situations.

**Structure and Limits:**

- Set up conditions for toddler discipline that encourage desirable behavior to happen.
  - Structure protects and redirects.
  - Structure creates a positive environment for the child. By a bit of preplanning you remove most of the "no's" so that a generally "yes" environment prevails.
- Toddlers want someone to set limits. It makes them feel secure and loved, and helps them to understand boundaries. As a parent you have to ensure that the rules you set are simple, easy to understand, and consistent.
- The first rules you make, in the early years when a child is not mature enough to understand the potential consequences of his actions, should be designed to ensure his safety. Your child relies on you to set limits for him.
  - For example, your toddler doesn't want to hold your hand as you cross a street or parking lot together. You firmly set a limit: street or parking lot crossing is only done while holding hands. There is no option.
  - **EXAMPLE:** When your infant reaches the grabby stage, you are careful to set your coffee cup out of his reach. When your toddler discovers the toilet, you start keeping the lid latched or the bathroom door closed. The preschooler who fights...
going to sleep at night gets a relaxing bedtime routine. The nine-year-old struggling to keep up with her homework gets a quiet, enticing place to work in, as well as firm restrictions on school-night television. Structure sets the stage for desirable behaviors to override undesirable ones.

- Establish family rules that apply to all households, especially if your child is raised in two separate households.

**Routines:**

- Children are creatures of habit. With all the uncertainties and frustrations our child faces each day as his world grows ever bigger, he needs a routine that will give him order and security. By working out, reasonable schedule for meals, playtime, naps and other activities, you will not only promoting physical wellbeing, but providing him with the stability essential to good behavior. The child who has regular routine is less likely to be cranky – and thus will be a lot more cooperative than one whose days are disordered and unstructured

**5. REALISTIC EXPECTATIONS**

Your child’s age and stage of development affects how your child behaves.

- Understanding developmental stages helps a dad know what types of behavior to expect from his child and to adjust discipline and guidance to match the stage

**6. CONSISTENCY**

Make sure you are consistent in your toddler discipline.

- If you tell a child no and then eventually end up letting the child do what he wanted in the first place, you are setting yourself up for disaster.
  - Even if you have changed your mind and decided that what the child was doing wasn’t so bad after all, you need to stick to your decision and let the child know that you mean what you say.
  - If he gets his way after a minute or after an hour, he will know he’s got you pegged. And so, the key to toddler discipline is consistency!
- **Consistency with two parents:** Children are very practical- if they think they can behave one way with dad, but not have to follow the same rule with mom, they will behave to fit the situation.
  - Consistent parenting styles and structure will eliminate that “off the wall” behavior when your child returns home from a stay with the other parent.
7. BE FIRM BUT FAIR
When children see adults out of control they feel insecure and will learn to model this negative behavior for their own use in the future. (i.e hitting or throwing out of frustration)

- The long term goals of discipline is to help your child develop self-control and responsibility for his or her own behavior and NOT just the ability to respond to anger, punishment, or someone else’s emotion.
- Allow for choices. Permit your child some choice in activities. Choosing helps him hone his decision making skills and encourages independence as well as good behavior. When offering choices, however make sure you present real options, especially since these determine behavior.
  - “You can either play outside without throwing sand on others or you can come inside and play in your room alone” is the kind of clear statement that offers the child a chance to decide for herself what behavior to adopt.
Managing Difficult Behavior- Facilitator Use

**Tantrums**

Toddler temper tantrum is something very common. Between the ages of one and three, your previously gentle and loving toddler will have a change of personality. He will no longer be content to accept your rules for everything, but will want his own say in what he does and does not do. Quite frequently, this will result in toddler temper tantrum.

When a toddler starts having tantrums, the first thing the parents should do is decide what is important and what isn't important. If you want to have your own way in everything your toddler disagrees with, then you're likely to spend the majority of your time in a battle of wills. The best plan is to make as few rules as possible. Your child will be more likely to adhere to a lower number of rules and he will also know that those rules are important. Letting him get away with eating breakfast cereal with his fingers may be worth the mess if you know that he will definitely hold your hand to cross a road.

Once you do decide what is important, don't give in. Make sure your rules are constant. If you make a rule that no biscuits may be eaten an hour before tea-time, stick by that rule, even if your toddler's cries are loud enough to annoy the neighbours. Once you give in and hand him a biscuit, he will expect one every time he cries.

A toddler has a tantrum to try and get what they want. If this usually works, they will continue to have tantrums. If, on the other hand, a tantrum never produces the result they want, they will soon give it up as ineffective.

The following are a number of things you can do when your child is in the middle of a tantrum, without having to give in:

*Ignore him.*
Most tantrum-throwers are trying to attract attention. If you don't give him that attention, he will lose interest and stop the tantrum.

*Send him to bed or to his room.*
This gives both of you a cooling down period.

*Leave him.*
Obviously, don't take your eyes off the child if you do this in public.

*Distract him.*
Start to play with a new toy, get your child a drink, go outside for a walk. Do whatever it takes to get your toddler's mind off the problem.

Toddler temper tantrums are an inevitable part of a child's development. They can't be completely avoided. But with some back-up options, hopefully the amount of time your child spends in a tantrum will be reduced.
TIME-OUTS

Discipline is grounded on a healthy relationship between parent and child. To know how to discipline your child you must first know your child. Build and strengthen this connection between you and your child and this will lay the foundation for discipline. Once your child trusts you to meet her needs, she will trust you to set her limits.

The following lists out some ways for toddler discipline:

Time out is one of the most common toddler discipline method. **Keep the time brief around one minute per year of age.** Toddlers don't usually stay in the corner so it means stopping what you are doing and standing over them with your side or back to them so that they can't engage your facial/body language. Once time out is over, you can remind them what they did wrong in very simple language and then if they do it again (as most toddlers will immediately do upon being released from time out until they have the concept) they go back into the corner. Discipline must occur at the time of the action and not an hour or longer after. So even if you are out of your home, you must be prepared to discipline them. Be discreet, and remember always NOT to do it in front of others to avoid bringing down his self-esteem. Remind toddlers of the rules frequently when out on an outing or in the house if necessary.

**Please distribute pages 421, 422, 423, 433, & 435 for a take-home packet**
Skill-Based Checklist: Establishing Routines

Quick Guide:
17. ___ Understanding the importance of routines
18. ___ Routines appropriate to level of development
19. ___ Establish daily routines to engage in
20. ___ Pre-plan to meet and keep routines
21. ___ Establish transition strategies
22. ___ Use your resources to promote routines

Detailed Guide to Establishing Routines

1. ROUTINES. Young children thrive on routines. However, there are individual differences in how each child handles them. Benefits of routines are:
   - Establish healthy habits for eating and sleeping that support growth and development
   - Specifically, brain growth and optimal function are supported by routines
   - Routines make the world of your child more predictable and allow children to organize their thoughts and observations. Learning to anticipate and predict events are important skills in solving problems. Building routines into the day helps your child accomplish this area of development.
   - Routines help children learn and practice language
   - Routines help children control their behavior

2. ROUTINES & DEVELOPMENT. The younger your child is the more frequently their development changes. When toddlers or preschoolers change, it may be more noticeable or more challenging. It’s obvious that a parent shouldn’t expect a newborn to have the same routine as a toddler, or a toddler to have the same routine as a preschooler. However, it can sometimes be challenging to figure out those “in-between” ages.
   - For example: a 1-year old falls asleep easily with a favorite blanket, but as he nears age 2, he begins resisting going to bed. Parents need to be observant of this change, and allow the child more time to wind down and be ready to separate from them.
   - When you understand your child’s routines, you can be prepared to meet his needs. You have a good idea when he’s going to get hungry or sleeping and you can be ready.

3. ESTABLISHED ROUTINES. Before you can start routines, you need to decide which areas of the day YOUR CHILD needs a routine (not you!).
   - For example, maybe you have a difficult time with getting your child to go to bed. Establishing a “bed time routine” will ease this process. You can incorporate tools like
massage or a calm bath to the routine to help ease your child’s mood. The key is to consistently do every activity every time. You might have a routine as follows:

- Bath time
- Massage
- Brush teeth
- Put on pajamas
- Read a book
- Turn off the large light, turn on a night light

• Track your child’s daily behaviors and routines. For example what time did they eat breakfast, lunch, and dinner and how long did it take. What was his or her behavior like for each time?

• Typical areas routines are often used include:
  - Morning routine (especially if child goes to daycare or babysitter)
  - Nap time
  - Bedtime
  - Feeding times (breakfast, lunch, or dinner)
  - Not as frequent, but regular visits (park, doctor’s office, church, eating out)

4. **PLANNING.** A Routine is like a plan for an outing. You know where you and your child are going (for example, to take a bath) and you know the steps that are needed to help your child get there.

- Having a set of steps helps children know what’s coming next and know what to do
- Get the environment ready. For example, if you do not want your toddler playing with your razor or getting the bath towel wet, remove those items from the reach of your child.
- Confirm appointment times and transportation schedules. Give yourself enough time to pack toys or food that will allow for distractions and entertainment while going to a new place (like a doctor’s office).
  - For example, during doctor appointments, pack your child’s favorite book for every appointment so that he or she knows going to the doctor means 1:1 time with dad while he read my favorite book. Your child will know this routine and what to expect, thus, will have good behavior while waiting in a “boring” environment.

5. **TRANSITIONS.** Transition means change and change can frequently be difficult for a child. Young children, at times, need help ending one thing and beginning another. Below is a list of areas that often cause change:

  - Transition to new place
  - Transition to a new activity
  - Transition to new people
First and foremost, give advance notice of change or transitions. For example, say something like, “After we clean up the blocks we can go outside.”

- Keep routines consistent between settings, such as mom’s home and dad’s home
- Ease daily transitions with music. Make up songs about what the child is doing or where he is going. Play recorded music and have a special song that always means it’s time to make a change
- Talk about big changes, such as moving to a new home or bringing home another sibling, far in advance. If possible, visit the new place with the child. Let the child take some favorite belongings to help him feel safe and secure.

6. RESOURCES. Distribute pages 587, 593, 594, and 603 (if applicable- for infants) from Young Parent’s Curriculum for take-home packet.

- You can also try to use a sensory story. Sensory stories are like a home-made book that is a method to use to allow your child to cope with everyday experiences. They are in a format that allows children to use calming strategies from the routine use for specific daily activities like combing hair, going to the dentist and many common school or social activities. When read on a regular basis, Sensory Stories enable children to engage in life with behaviors.
Appendix I

Occupational Therapist Job Description

Qualifications: Applicant must have a minimum of a master’s degree in occupational therapy and currently registered and licensed to practice occupational therapy in the state of Ohio. The therapist must have at least two years experience with the pediatric population. Must possess strong organizational skills and have ability to travel between sights and provide services at multiple locations.

Description: The occupational therapist will provide services to new or expectant fathers in high-risk situations at Greenleaf Family Center in Akron, Ohio. Services will be provided within the participant’s home as well as at the facility. The position requires a 20-hour work week for the 40-week school year and guaranteed for the first year. Upon hire, the therapist will be responsible for gathering, organizing, and structuring a variety of educational sessions for the Young Fathers Program participants. The therapist must be willing to work flexible hours in order to accommodate assessment and evaluation of new participants. Mileage reimbursement will be available in addition to limited benefits.

Responsibilities: The therapist will be responsible for the development of educational resources and gathering necessary items for implementation. The therapist will be responsible for scheduling initial visits with fathers, administering assessments, and developing individualized care plans with each participant. Additionally, the therapist must provide group education sessions within the schools bi-monthly at two Akron Public School locations. Therapist must also keeps notes on visits and document progress on identified goals. The therapist will also be responsible for coordinating individual sessions with each client during group meetings as well as one final home visit for follow up evaluations.
Appendix J

Sample Advertisement for Therapist Position
Appendix K

Contact Reference for Funding Sources

The Akron Community Foundation
Closing Date for Applications: October 1 and December 30
345 West Cedar St.
Akron, OH 44307-2407
330-376-8522
Retrieved From:
https://www.akroncommunityfdn.org/cgi-bin/displayContent.pl?type=section&id=86

Foundations for Learning Grant
Multiple grant eligibility
US Department of Education

Young Parents Demonstration
Closing Date for Applications: May 29, 2011
The Employment and Training Administration (ETA)
U.S. Department of Labor
Latifa Jeter
Grant Officer
Phone: 202-693-3553
Email: jeter.latifa@dol.gov
Retrieved From:
http://www07.grants.gov/search/search.do;jsessionid=ztRTNvTbRK9d5D1lB5P7QCB7tW8dM7cTBh8hKPQGvJ4RhR0Zp2b2!-1156965661?oppId=83533&mode=VIEW
Appendix L

The Young Fathers Program Educator

1. Do you feel the educator was responsive to your needs?
   
   YES | NO

2. Was the educator knowledgeable and helpful to you or your needs?
   
   YES | NO

3. Do you feel the educator worked with you to meet your goals and objectives?
   
   YES | NO

4. Do you feel the educator had enough time to work with you, both individually and within group sessions?
   
   YES | NO

5. Was the educator organized, professional, and timely?
   
   YES | NO

School-Based Meetings

1. Did you like the first two visits of the Young Fathers Program in your home?
   
   YES | NO

2. Were meetings within the school easy to attend for programs?
   
   YES | NO

3. Did you feel the room utilized provided enough space and comfortable atmosphere?
   
   YES | NO

4. Did you feel the room utilized provided enough privacy?
   
   YES | NO
Formative Young Fathers Program Evaluation

1. What did you like most about this specific session?

2. What did you find the most helpful about this specific session?

3. What did you like least about this specific session?

4. What did you find the least helpful about this specific session?

5. Is there anything you would like included that was not provided?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Future Programming Efforts

1. What did you like most about the Young Fathers Program?

2. What did you find the most helpful about the Young Fathers Program?

3. What did you like least about the Young Fathers Program?

4. What did you find the least helpful about the Young Fathers Program?

5. Is there anything you would like included that was not provided or available?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
The Young Fathers Program Participant Evaluation and Feedback Form

The Young Fathers Program

1. Did the Young Fathers Program help you gain child caregiving skills that you felt were realistic for your role?
   YES
   NO

2. Do you feel the Young Fathers Program was sensitive to your specific needs?
   YES
   NO

3. Do you feel you have more confidence in interacting and caregiving for your child?
   YES
   NO

4. Did the Young Fathers Program meet your expectations as a community educational resource?
   YES
   NO

5. Did you feel you gained bonding experience with your child by participating in the Young Fathers Program?
   YES
   NO

6. Would you recommend the Young Fathers Program to other fathers?
   YES
   NO

Additional Comments:____________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
Appendix M

Letter of Support from April Brewer, LSW

Dear Jaclyn Guidetti,

The intent of this letter is to pledge my support for the Young Fathers Program sponsored by Greenleaf Family Center. This program will serve individuals and their families within the community of Akron Ohio who are identified as adolescent and young adult males (ages 13-24) by providing education and support services for infant care.

Paternal-child bonding and safe child rearing are important factors to consider for expectant or currently parenting fathers. Programming that is sensitive to the needs of these fathers and his child is essential. The Young Fathers Program will build both physical and personal parenting skills for the expectant and parenting fathers through a series of group education sessions and individualized plans of care within the school setting. As the social worker at Greenleaf Family Center and director of the Teenage Parent Program, I support the development of the Young Fathers Program.

Thank you for your time and consideration,

Sincerely,
Appendix N

Additional Sources for Letters of Support

American Academy of Pediatrics, President
Judith S. Palfrey, MD
141 Northwest Point Boulevard
Elk Grove Village, IL 60007
(847) 434-4000

American Occupational Therapy Association, President
Florence Clark
Department of Occupational Therapy
University of Alabama at Birmingham
SHPB 354
1530 3rd Avenue S
Birmingham, AL 35294
(205) 934-9229

Daddy Bootcamp, Executive Director
Karla Vertti, Program Manager
15375 Barranca Pkwy.
Suite H-104
Irvine, CA 92618
Phone: 949-754-9067 x113
Fax: 949-754-9087
Email: karla@bcnd.org

National Center on Shaken Baby Syndrome, Founder and Executive Director
Marilyn Barr
2955 Harrison Blvd #102
Ogden, UT 84403
(801) 627-3399

National Fatherhood Initiative, President
Roland Warren
20410 Observation Drive
Suite 107
Germantown, Maryland 20876
Phone: (301) 948-0599
Fax: (301) 948-4325
National Responsible Fatherhood Clearinghouse
20410 Observation Drive Suite 107
Germantown, MD 20876
Fax: (301) 948-4325
Email: Available on website directly

National Partnership for Community Leadership
Master Trainer
Robin Smith
Foxfire High school
Zanesville, Ohio
Email:

Prevent Child Abuse Ohio, Corporate Director
Barb Shaffer
PCA America National Office
Prevent Child Abuse America
228 South Wabash Avenue
10th Floor
Chicago, IL 60604
Phone: 312.663.3520
Fax: 312.939.8962
E-mail: bshaffer@preventchildabuse.org

Summit County Women, infants, and children (WIC) Project
Administrative Offices
Akron Health Department - Merriman Road
66 Merriman Road
Akron, Ohio 44303
Phone: (330) 375-2142
Fax: (330) 375-2178
Annotated Bibliography


Occupational self assessment. Retrieved from

http://www.moho.uic.edu/assess/osa.html

Abstract:

Reflecting the uniqueness of each client's values and needs, the OSA is a tool that facilitates client-centered therapy. The OSA self report and planning forms assist the client in establishing priorities for change and identifying goals for occupational therapy. The wide range of everyday activities, including handling responsibilities, managing finances, and relaxing, provides a client with the opportunity to identify and address their participation in important and meaningful occupations.

The OSA is designed to capture clients' perceptions of their own occupational competence on their occupational adaptation. Clients are provided with a list of everyday occupations, and assess their level of ability when participating in the occupation and their value for that occupation. The OSA Manual includes “OSA Myself” and “OSA My Environment” forms, “OSA Planning and Implementing Occupational Therapy Services” for myself and my environment, and “OSA Data Summary Sheets” for admission, progress, and discharge. All forms are reproducible.

Summary and Significance:

The Occupational Self Assessment is a self-report, client-centered assessment that could assist the father in planning and establishing priorities for change and identifying goals for occupational therapy. The OSA could help the father and therapist collaborate to identify key problems areas to address followed by the development of goals to be achieved at the end of program participation. Due to the thorough inclusion of life roles in this assessment, it would be a great tool to use to help identify very specific features of the young father’s life that many other assessments may have overlooked.

Abstract:

The AAPI-2 is an inventory designed to assess the parenting and child rearing attitudes of adolescents and adult parent and pre-parent populations. Based on the known parenting and child rearing behaviors of abusive parents, responses to the inventory provide an index of risk for practicing behaviors known to be attributable to child abuse and neglect. The AAPI-2 is the revised and re-normed version of the original AAPI first developed in 1979.

**Sub-Scales.** Responses to the AAPI-2 provide an index of risk in five specific parenting and child rearing behaviors:

- **Construct A** - Expectations of Children
- **Construct B** - Parental Empathy towards Children’s Needs
- **Construct C** - Use of Corporal Punishment
- **Construct D** - Parent-Child Family Roles
- **Construct E** - Children’s Power and Independence

**Validity and Reliability.** The AAPI-2, like its predecessor the AAPI is a validated and reliable inventory used to assess parenting attitudes. Over 30 years of research has gone into refining the AAPI. This research indicates the following:

- Abusive parents express significantly ($p<.001$) more abusive attitudes than non-abusive parents.
- Males and male adolescents, regardless of status (abusive or non-abusive) express significantly ($p<.001$) more abusive parenting attitudes than females.
- Adolescents with histories of being abused express significantly ($p<.001$) more abusive parenting attitudes than non-abused adolescents.
- Each of the five parenting constructs of the AAPI-2, forming the five sub-scales of the inventory, show significant diagnostic and discriminatory validity. That is, responses to the inventory discriminate between the parenting behaviors of known abusive parents and the behaviors of non-abusive parents. These findings hold true for abused adolescents and non-abused adolescents.

**Forms and Items.** There are two forms of the AAPI-2: Form A and Form B. Each form has 40 items presented on a five point Likert Scale of Strongly Agree, Agree, Disagree, Strongly Disagree and Uncertain. Traditionally Form A is offered as pretest and Form B as a posttest.

**Demographic Questions.** Participants complete information about themselves including age, race, gender, employment, education level, income, military experience and whether they felt they were abused or neglected in their childhood by someone inside or outside their family.

**Intended Populations.** The AAPI-2 is designed to assess the parenting attitudes of adult parent and pre-parent populations as well as adolescent parent and pre-parent populations. Adolescent’s ages 12 to 19 years old are appropriate to respond to the items on the AAPI-2.

**Administration.** Respondents take on an average 10 to 15 minutes to complete the inventory. The AAPI-2 has an assessed fifth grade reading level. Parents who are unable or have difficulty reading the items can have the items read to them.

**Parenting Profile.** Responses to the AAPI-2 are displayed on a profile displaying scores in each of the five AAPI-2 subscales. The data are plotted on the profile using sten scores as the unit of measurement. Sten scores are "standard ten scores" that are built for a normal distribution. Responses to the AAPI-2 for each of the subscales are categorized as Low Risk, Moderate Risk or High Risk for Child Maltreatment.
**Norm Tables.** Responses to the AAPI are compared to a set of established norms for adult parents and non-parents and adolescent parents and non-parents. Norms convert raw scores for easy comparison to abusive and non-abusive parenting attitudes

**Summary and Significance:**

The Adult Adolescent Parenting Inventory- II will help to provide the therapist and the participant with a better understanding of the father’s current strengths and weaknesses the psychosocial components of childcare. This assessment is specifically used to help identify negative or aggressive parenting and child rearing attitudes of young parent populations. Current research suggests males to be more inclined to have aggressive and violent reactions in child-rearing occupations. Thus, it is critical for current programs specifically targeting young male fathers to assess the nature of his parenting style for the health and well being of the child. The AAPI-2 inventory is able to provide the therapist and caregiver with a scale of risk for abusive and neglective parenting attitudes and practices. The results of these assessments can help expose areas of father-child interactions and communication to be addressed in further programming sessions. Additionally, the results could be used to build the caregiver’s awareness and skills to facilitate the development of the child.


**Abstract:**

In the spring of 1986, a project designed to increase the nurturing skills of teenage parents was undertaken. The purpose of the project was to develop and validate a home-based/group-based intervention designed to treat the abusive parenting practices of teen parents and to prevent the initial occurrence of abusive parenting practices in teen mothers identified as ‘high risk” for physical and emotional maltreatment or neglect. The overall goals of the intervention were to:

1. Increase the nurturing parenting skills of teenage parents.
2. Increase the nurturing parenting skills of maternal and paternal grandparents.
In developing the Nurturing Parenting Program for Teenage Parents and Their Families, the previous work and research completed by this author was used as the basis for program development. The four parenting constructs identified by Bavolek (1978) and proven successful as the basis in other interventions (Bavolek & Comstock, 1983; Bavolek and Bavolek, 1985) established the framework of the program.

- Construct A: Inappropriate Parental Expectations of Children
- Construct B: Lack of an Empathic Awareness of Children’s Needs
- Construct C: Strong Belief in the use of Corporal Punishment as a means of Disciplining Children
- Construct D: Reversing Parent-Child Family Roles

Summary and Significance:

This resource was not of use for the program development plan. Although the program appeared to have similar objectives to my program development plan, the literature did not include substantive detail over the aspects of the program. Furthermore, this specific PDP was developed over 20 years ago- a time when programs for adolescent fathers were up and coming. More recent literature over fatherhood programs has been published offering greater and more beneficial implications for future programming.


Abstract:

Objective: To quantify longitudinally steroid hormone (testosterone, cortisol, and estradiol) concentrations in men becoming fathers for the first time (“dads”).

Subjects and Methods: Volunteer study subjects were recruited from first-trimester prenatal classes in Kingston, Ontario, in February 1999. Twenty-three dads provided saliva samples from recruitment through 3 months after the birth of their children. Fourteen men who were not fathers were recruited from the general population to serve as age-matched controls for season and time of day. Estradiol, testosterone, and cortisol levels were quantified.

Results: After controlling for effects of time of day and season, dads had lower mean {SE testosterone (6.5 ± 0.7 vs 10.0) 0.9 ng/dL; \( P < 0.005 \)} and cortisol (morning values, 0.30 ± 0.05 vs 0.53 ± 0.05 μg/dL; \( P < 0.005 \)) concentrations, a higher proportion of samples with detectable estradiol concentrations (68% [308/454] vs 57% [87/154]; \( P = .01 \)), and higher estradiol concentrations in those detectable samples (3.81 ± 0.09 pg/mL [13 dads] vs 3.26 ± 0.11 pg/mL [9 controls]; \( P < .002 \)) than did control men. Within 10 individual dads with frequent samples before and after the birth, the percentage of samples with detectable estradiol was lower during the month before the birth than during the month after (51% vs 71%; \( P = .02 \)), and cortisol
Concentration was increased in the week before the birth (to a mean of 0.16 μg/dL). In each of 13 dads providing frequent samples, testosterone concentration and variance were low immediately after the birth (no change from previous levels in 5, decrease after prebirth increase in 3, and decrease relative to all other times in 5).

**Conclusions:** In this population of Canadian volunteers attending prenatal classes, expectant fathers had lower testosterone and cortisol levels and a higher proportion of samples with detectable estradiol concentrations than control subjects. Individual patterns of testosterone variance relative to the birth and estradiol and cortisol concentrations immediately before the birth may be worthy of further investigation. The physiologic importance of these hormonal changes, if any, is not known. However, they are hormones known to influence maternal behavior.

**Summary and Significance:**

This research explains that both the mother and father bond with the infant differently. However, both the mother and the father can biologically achieve the same level of attachment. This study was not of great use for the dissemination paper or program development plan, as researchers were only able to verify there is in fact a distinct difference between males and expectant fathers in terms of hormonal changes pre and post birth. This study confirms that expectant fathers approach birth with elevated prolactin concentrations, reliably detectable estradiol concentrations, reactive cortisol dynamics, and stable, low testosterone concentrations. Unfortunately, the physiologic relevance, if any, of these hormone changes is not known and suggested for future areas of research.


**Abstract:**

Chapter one highlights the different changes in the male’s partner as well as the development of the embryo in the first month. A majority of the chapter has been devoted to educating the father of proper nutrition for the pregnant partner and embryo in addition to safe exercises and fitness routines. The author teaches the father how to read nutritional labels, including what to specifically look for as well as what ingredients to stay away from. The chapter ends with a variety of fresh vegetable-based recipes to prepare for his partner during the first month.
Summary and Significance:

Chapter one is helpful in developing program materials for young expectant fathers. Utilizing the idea of providing education on how both the embryo and the mother is changing, in addition to what to expect, will help prepare the young father how to handle different situations. Unfortunately, the information in this book is based up on an “ideal” scenario and environment, so information would need to be modified and updated.


Abstract:

Chapter two highlights the different changes in the male’s partner as well as the development of the fetus in the second month. This chapter includes many ways the father can stay involved during the pregnancy with a majority of the focus on OBGYN appointments and the various forms of pre-natal testing. Lastly, the chapter touches on the experience of a miscarriage, including the both the physical and the emotional effects it can have on a couple.

Summary and Significance:

Chapter two is helpful in providing ideas for program materials for young fathers who are currently expecting. The chapter was also helpful in listing out the many test the father’s partner will be subjected to during the pregnancy so that the instructor may be more aware of the experiences in addition to what the results of each test might mean or bring to the couple. Finally, the inclusion of the different forms of illness that are common among pregnant woman are also important to keep in mind, as some young fathers may require additional information in this area.

Abstract:

Chapter three highlights the different changes in the male’s partner as well as the development of the fetus in the third month. In addition, this chapter focuses on the psychosocial changes in the male partners, including couvade, or sympathy symptoms, as well as feelings of jealousy or feelings of being left out. The remaining parts of the chapter focus on how to formally announce the pregnancy as well as ways to stay involved with family and friends.

Summary and Significance:

This chapter included an interesting researcher by the name of Anne Storey who conducted a variety of studies looking at the increased levels of prolactin and cortisol in fathers during the course of his partner’s pregnancy. These results help to explain the couvade symptoms in the male partner as well as different feelings and changes the male partner may be experiencing. This may be helpful to include in program material going over psychosocial changes in the male partner for expectant or current young fathers as it pertains to their current role. In addition, it would be interesting to see how this would affect a young male, whose body is already pre-destined to be going through its own changes, based upon normal human development.


Abstract:

Chapter four highlights the different changes in the male’s partner as well as the development of the fetus in the fourth month. Portions of this chapter explain how the male partner can show empathy, care, and concern in addition to touching base on normal fears. However, a majority of the chapter covers the different financial areas that may be utilized to help fund the birth of the child in addition to future planning.

Summary and Significance:

A majority of chapter four is irrelevant to the life of a teenage father, however, the idea behind each of the issues presented is important to consider when attempting to provide a holistic program. Some of the lists that were developed for the chapter, such as “ways to show her you
care” provide some great ideas that young fathers could do for their partner. Although the concept of financial planning is an important element to include, the information that was presented in this chapter would be impossible to apply to the lifestyle of at-risk, young fathers, and thus, will not be used.


Abstract:

Chapter five highlights the different changes in the male’s partner as well as the development of the fetus in the fifth month. This chapter highlights the importance of prenatal communication and ways in which the father carry out such activities. In addition, chapter five discusses the probable changes in sex drives and sexual activity for both the mother and the father. Finally, chapter five briefly talks about the conceptualization process of fatherhood that begins to emerge within the father.

Summary and Significance:

The prenatal bonding techniques have been deemed significantly important for this specific population. Establishing a bond before the baby is born significantly increases the chance the father will stay involved in the child’s life as well as decreases the risk of violent behavior, both towards the mother as well as the child. Providing concrete examples of how the young fathers can complete prenatal bonding and communication are critical for successful follow through of this concept. In addition, it is also important young fathers feel comfortable talking about the emotional changes of fatherhood- whether the young father begins to feel more of a reality towards his new role or whether the father needs more support and time to establish such feelings. The chapter also brings up the issue of prenatal, sexual activity. Regardless of the
current situation with the mother, relationship statuses frequently change within this population, thus, information should still be presented and available for young fathers.


**Abstract:**

Chapter six highlights the different changes in the male’s partner as well as the development of the fetus in the sixth month. Interestingly, the chapter includes to the male partner examining his own relationship with his father in regards to how the male views himself now as a parent.

**Summary and Significance:**

Specifically for this population, examining the relationship the young male has or had with his father is critical in helping them establish a good idea of what the role of the father is. The father may or may not have been involved in that young male’s life, which either would help support or hinder his current view of his new role. This chapter also briefly touches on the idea of a sense of mortality and how making good and bad decisions now impacts others than just one’s self. Again, this is an important concept to include for this population, as research shows the young fathers live a more high-risk lifestyle. Finally, the chapter thoroughly describes ways in which the father can complete work, husband, and new father responsibilities without sacrificing one area for another. Although time, work, and stress management are very important concepts to teach this population, the information presented in this book was irrelevant to the lifestyle of young fathers.


**Abstract:**
Chapter seven highlights the different changes in the male’s partner as well as the development of the fetus in the seventh month. This chapter briefly discusses the psychosocial components about the discovery of the gender as well as how the father can stay involved in the pregnancy, as a team, not a coach. A majority of the chapter begins to discuss the different forms of classes and prenatal education in addition to idea of delivery room decisions.

Summary and Significance:

The idea of addressing the young father and his partner as a “team” versus singling out the father as “coach” and the female as the “mother” is an important concept to address during programming for young fathers. Although the couple may not be together in a relationship, addressing the father and the mother as a team during childbirth reinforces the young father’s responsibility to his unborn child. Chapter seven also discusses and describes the different forms of prenatal education, such as classes and support. Having this information available in the geographic location of young father programming is also very important to include for young fathers, especially as most males feel his job is to help provide and support his partner.


Abstract:

Chapter eight highlights the different changes in the male’s partner as well as the development of the fetus in the eighth month. A majority of this chapter provides information on how to develop a birth plan, including different things to think about, possible scenarios, and ways to finalize plans. Additionally, the chapter briefly highlights other important decisions to think about, including breast feeding vs. bottle feeding and ways to handle preterm labor. Finally, a large portion of the chapter is devoted to detailed information and pricing on the many different forms of baby equipment needed once the baby is born.

Summary and Significance:

Chapter eight provides very concrete forms of resources that are important for young fathers to have access to. Although some areas need to be modified for this population, such as including
information on how to obtain items during financial instability, other areas are very important to include in programming for young fathers. The most significant area, the development of a birth plan, has been outlined in detail throughout this chapter. Lastly, many of the issue that arise after the birth of the baby, such as decisions on feeding, should be discussed with the father so that he may also be able to provide an educated opinion on the different situations.


Abstract:

Chapter nine highlights the different physical and emotional changes in the male’s partner as well as the development of the fetus in the ninth month. The chapter mainly focuses on the need to prepare an emergency kit or plan in case any unexpected situations arise before the partner can make it to the hospital. This chapter carefully details the progression and stages of labor- described as early labor, active labor, transition, pushing and birth, and after labor- in the emergency situation the father would need to deliver the baby. The remaining sections briefly describe other labor and delivery terms that may not have been mentioned or described during prenatal check-ups.

Summary and Significance:

Although the idea of an emergency plan is appropriate and necessary to establish, it is also important the father understands the different aspects of the birthing process so that he may be better prepared to make informed decision if needed.


Abstract:

This chapter highlights the emotional and physical changes in the male’s partner in addition to the physical and emotional needs of the baby. In terms of the male’s partner, issues that are covered include:

- Post partum depression
Physical recovery of labor
Hormonal changes

In terms of the new baby, issues and topics that are covered include:

- State changes
- Dressing baby
- Feeding baby
- Sleeping arrangements
- Handling techniques
- Childcare
- Baby in public

In terms of the father, issues and topics that are covered include:

- Bonding with baby
- Feelings of jealousy
- Feeling left out/pushed away
- Experiences and expectations

Summary and Significance:

Each of the above issues needs to be addressed in detail for young fathers, especially in regards to those fathers who may be taking care of the child on his own due current living or relationship arrangements. In addition, each of the above topics should be presented with future planning in mind, as many young fathers lack the ability to plan ahead or foresee problems in both the immediate and long-term future.

Abstract:

The Colorado Fatherhood Connection provides technical assistance and training to communities and organizations enabling them to develop or enhance comprehensive services for fathers.

Summary and Significance:

The Colorado Fatherhood Connection provides a multitude of areas that have been deemed important for fathers based on a thorough review of the literature. This resource guide aided in the development of topic areas for the needs assessments; both in the form of surveys and focus groups. Topics include, the role of the responsible father, awareness of your child, discipline, listening and communication, play, co-parenting for non-married couples, rights of the father, and ideas and resources for fatherhood programs.


Abstract:

OBJECTIVE: In comparison to its female counterpart, the transition of men to parenthood has been relatively neglected in previous research. The present paper argues that men may have gender-specific risk factors for perinatal psychological distress and may manifest distress in ways different from women. The prime objective of this research was to document changes in psychological, relationship and lifestyle parameters in a cohort of first time fathers from pregnancy to the end of the first postnatal year. The present paper reports on these changes.

METHOD: Three hundred and twelve men were assessed at 23 weeks of pregnancy and followed up at 3, 6 and 12 months postnatally, using a battery of self-report questionnaires covering psychological symptom levels, lifestyle variables and relationship/sexual functioning. Two hundred and four men completed all four assessments. RESULTS: The men exhibited highest symptom levels in pregnancy with general, through small, improvement at 3 months and little change thereafter. Lifestyle variables showed small changes over the first postnatal year. Sexual functioning appeared to deteriorate markedly from pre-pregnancy levels with only minimal recovery by the end of the first year. The results highlight that the majority of men anticipated return of sexual activity to pre-pregnancy levels; however, this failed to eventuate.

CONCLUSIONS: Pregnancy, rather than the postnatal period, would appear to be the most
stressful period for men undergoing the transition to parenthood. The results suggest that the most important changes occur relatively early in pregnancy. Thereafter, lack of change (rather than change) is the most noteworthy feature. These men appeared to be ill-prepared for the impact of parenthood on their lives, especially in terms of the sexual relationship. Further research to determine the timing and trigger of stress in pregnancy is recommended.

Summary and Significance:

This article is important in supporting the need for my program because it looks at the gender-specific risk factors for perinatal psychological distress and ways in which this stress manifests differently than in woman. This is an important contribution because the article provides a more physiological explanation that, combined with the additional articles reporting subjective statements by fathers, creates a more rounded and focused justification for the need of my program.


Abstract:

Focus: understanding the experiences and needs of men who become fathers at a young age and identifying the most effective ways to support them. Becoming a father as a teenager or very young adult has a huge impact on young men. This cluster's research agenda, shaped with the help of a focus group of young fathers, is examining the multiple dimensions of young fathers' needs and experiences:

- work, school, housing, and relationships as they affect fathering experience of young men aged 18 to 25
- addressing negative perceptions of young fathers as expressed through social services and the courts
- identification of programming needs for young fathers along with programs which currently exist.

The cluster's work has been undertaken through three key research activities:

- a literature review
- focus groups and interviews with young fathers, young mothers and service providers who work with young fathers
• creating and awareness tool kit which reflects the needs and aspirations of young fathers. This kid will include a bilingual DVD/film on the experiences of young fathers and a bilingual service manual for practitioners. Young fathers participated in the creation of this service manual. Under the guidance of Ottawa Public Health Unit staff they contacted and visited services in the Ottawa/Hull region to assist with the process of cataloguing and assessing exist services for young fathers.

Summary and Significance:

Findings of this research are similar to findings of the young fathers in Akron, Ohio. A majority of the barriers, such as lack of financial stability, support, and adequate role models all contribute to the difficulty of raising a child at a young age. Additionally, a majority of the fathers who have more than one child often have multiple mothers of his children. This article supports the questions outlined for semi-structured interviews, focus groups and young father surveys.


Abstract:

Postnatal depression (PND) is a serious and debilitating condition that is recognized as being disruptive to women’s lives at a time when they are already under stress adapting to the demands that a new baby creates. What has not always been fully acknowledged is that PND is linked with elevated levels of depression in male partners. In this article, the authors report on men’s experiences of PND and of participation in a 6-week group treatment program specifically designed for male partners. The men experienced their partners’ PND as overwhelming, isolating, stigmatizing, and frustrating. Coping with PND was assisted by participation in the men’s group. Men reported lowered levels of depression and stress, and higher levels of social support, as a result of their participation. The men valued highly the opportunity to share experiences with peers, to hear strategies for engaging in their relationship, and to gain factual information.

Summary and Significance:

This study was important to the dissemination project, as it implies the important of analyzing the amount of support fathers currently receive to help manage the effects of stress and
depression. This study specifically found that men who were dealing with partners with postnatal depression (PND) reported improved psychosocial well-being through peer support. Prior to participation in the men’s group, men experienced their partner’s PND as overwhelming, isolating, stigmatizing, and frustrating. After attending the men’s group, men reported lowered levels of depression and stress and higher levels of social support. The men also stated they “highly valued the opportunity to share experiences with peers, to hear strategies for engaging in their relationship, and to gain factual information.”

In terms of program planning, this article contributed to the multitude of research on the beneficial effects of peer support in both expectant and new fathers. It clearly provides insight to the importance of establishing peer support for those who are creating programming. Peer support, as defined in this article, may aid in decreasing the negative effects of displaced stress and anger on overwhelmed fathers.


Abstract:

Aim. This paper is a report of a study to explore the needs of first-time fathers in relation to the care, support and education provided by healthcare professionals during the antenatal period, particularly in relation to preparing them for the transition to fatherhood.

Background. Pregnancy and transition to parenthood are major developmental periods within families throughout the world. Previous research suggests that fathers in many different countries feel unprepared for parenthood.

Methods. Purposive sampling was used to recruit 20 partners of primiparous women from two healthcare provider organizations in South-West England between December 2005 and July 2006. Recruitment took place at about 28 weeks gestation. Semi-structured interviews were undertaken at home in the last trimester of pregnancy and 3–4 months postpartum. Content analysis of the interview data was undertaken.

Findings. Several common themes emerged from both the ante- and postnatal data, including lack of support mechanisms, involvement in antenatal provision and the need for more information given in the antenatal period on parenting, baby care and relationships.

Conclusions. Adequately preparing new fathers for parenthood in advance of the birth of their baby is important, and healthcare professionals can contribute to this by involving and
supporting new fathers. Further study is needed to explore the role of fathers in antenatal education and the types of interventions that are effective in improving their early experiences of parenthood. The study needs to be repeated with fathers from black and ethnic minority groups.

**Summary and Significance:**

This article contributed to the knowledge of conclusions and recommendations that analyses the reasoning behind decreased responsible fatherhood. According to this article, fathers lack competence in child care and paternal bonding due to lack of support mechanisms, lack of active education in caregiving- possibly caused by socioeconomic stereotypes and/or marketing of current prenatal and antenatal classes. This article supports the argument of the dissemination project by supporting the recommendation that health care professionals should be advocating on behalf of the fathers for greater involvement. Additionally, healthcare professionals should be creating programming with great access to new and parenting fathers in order to engage in the role of a more responsive father. Both of these areas were incorporated to the proposed program development plan by, 1) marketing the program as a fathers-only program, 2) scheduling sessions according the majority of needs of young fathers to promote accessibility, and 3) creating the infrastructure of programming around advocating the importance of the role of the father while also advocating for fathers within community programs.


**Abstract:**

The purpose of this quasi-experimental study was to compare the effects of father-focused discussion perinatal classes with traditional childbirth classes on expectant fathers' stress/psychological symptom status, coping strategies, social support, and spousal relations (both supportive behavior toward their partners and couple-conflict behavior). Relative to fathers in traditional childbirth classes, those in father-focused discussion classes significantly increased their use of reasoning during conflicts and their housework activity. Both groups of fathers reported a significant increase in social network support and an increase in baby/pregnancy-
related activity. Neither group substantially increased their overall coping responses, although men in the father-focused group significantly changed their coping efforts by seeking more social support, particularly getting information and emotional support from their partner's physician. Implications for perinatal education practice are discussed, and suggestions for future research are offered.

**Summary and Significance:**

This article is relevant to my program because it specifically examines the difference between father-focused discussion perinatal classes with traditional childbirth classes. It looks at the father’s stress/psychological symptoms including coping strategies, social support, and spousal relations. Results showed that those involved in father-focused discussion classes significantly increased their use of reasoning during conflicts and their housework activity while both groups reported a significant increase in social network support and baby/pregnancy-related activity. In addition, men reported greater effort in seeking peer support.


**Abstract:**

Background and aims. In contrast to women's experiences of motherhood, there has been comparatively little research investigating men's experience of the transition to fatherhood and how changing cultural perspectives contribute to the contemporary experience of fathering. This paper draws on the findings of a larger ethnographic study of men's transition to fatherhood in the United Kingdom (UK) and discusses men's experiences of pregnancy confirmation.

Methods. A longitudinal ethnographic approach was chosen to investigate men's ‘real life’ accounts of their transition to fatherhood. A mixture of ‘novice’ and experienced fathers (*n* = 18) were recruited from antenatal classes in the north of the UK during 1998. Semi-structured interviews were conducted on three occasions, twice during their partner's pregnancy and once afterwards.

Findings. Framed by the context of the contemporary construction of involved fatherhood, the men frequently spoke of their desire to be ‘involved’ with their partner's pregnancy and yet reported difficulty in engaging with its reality. They nevertheless participated in a range of activities – body-mediated-moments – which brought them closer to their partner's
pregnant body and therefore their unborn baby. These activities centered on pregnancy confirmation, announcement, foetal movements, the ultrasound scan, and culminated in their presence during labour and delivery. This paper discusses their involvement in the process of pregnancy confirmation.

Conclusion. The men’s experiences of early pregnancy were marked forcefully by their involvement in the confirmation process. This activity gave men entry into a physical dimension, helping them forge an involvement in the pregnancy and shape their early transition to fatherhood.

Implications for practice. The study has provided insight into expectant men's experiences of pregnancy and contributed to the understanding of the changing nature of contemporary fatherhood in the UK. Recognition of men's changing roles in pregnancy, and greater insight into their experiences should be of relevance to all those supporting the transition to parenthood, including midwives, obstetricians, ultrasonographers and childbirth educators. Such increased awareness should inform the antenatal support given to men and reinforce the importance of relevant antenatal preparation that effectively meets the needs of not only expectant women, but also expectant men.

Summary and Significance:

In this study, fathers reported their desire to be involved with their partner’s pregnancy; however, they reported difficulty in engaging with its reality. Such increased awareness from other research studying the effects of support in fathers should reinforce the importance of providing father-directed antenatal support (support provided post-birth) that meets the needs of responsible fatherhood. Additionally, this article offers strategies, or more specifically, “teachable moments” that can be used to the advantage of the father by offering greater support (i.e ultrasound and medical appointments, attending classes with his partner, etc). Thus, this article offers implications to increase the paternal-infant bond in order to counteract the factors
that often become a barrier in achieving this emotion, such as return to work obligations, lack of available paternal preparation classes, and decreased support.


**Abstract:**

The purpose of the book was to provide expectant fathers with advice on how to cope with the different stages of paternity. The book provides an A-to-Z guide on the ideas, issues, events, and emotions of pregnancy from a father’s point of view. The book covers a range of topics, including communicating with your partner, recognizing physical and emotional changes, and strategies for being a more responsible parent.

**Summary and Significance:**

This book is relevant for new fathers who are currently expecting a child, as it is geared towards the role of the father in providing for a child and his partner. However, the book provides material and information in a way that is unstructured and unorganized, creating difficulty for a young male reader to apply certain situation to his life. Although the book would be a relatively quick read for most readers, I do not feel it provides sufficient and necessary information that is needed and applicable to the population of young fathers. The advice is centered from an ideal scenario of a financially stable relationship of father and partner, which makes some of the advice void for at-risk adolescents. However, the book would be appropriate for a father needing additional guidance in the “role of the father”.

**Fagerskiold, A. (2005).** Support of fathers of infants by the child health nurse.


**Abstract:**

The child health nurse is considered to be able to support fathers in the transition to parenthood, through utilizing the fathers’ inherent resources for the best development of the child. The aim of present study was to identify what expectations fathers of infants have of the
child health care, including the nurse: whether they feel that they have received support in this role and how they think the nurse can support new fathers. A qualitative descriptive design was used with an inductive approach using grounded theory, which was suitable to obtain knowledge and understanding of how fathers perceived and interpreted their interaction with their child health nurse. Twenty fathers of infants gave their informed consent to participate. They were interviewed and data were systematically analyzed on three levels by constant comparative method. From the analysis, the core category trustful relationship was discovered, comprising the categories involvement, faith and support. Nurses ought to reflect on that a father of an infant may feel slighted at the child health clinic if, as traditionally, the nurse turns only to the mother. Many fathers of today want to share the infant care and they want more communication with the nurse. It is suggested that in the long run, support in early fatherhood may be of benefit for the child and for the family. If the father has a trustful relationship with the nurse, his involvement in child health care is presumed to increase, as is the possibility of having faith in the nurse, as well as receiving support in his role as father. The findings are discussed in relation to literature in the field.

**Summary and Significance:**

This study helps to support the multitude of research in the area of paternal support for new and expectant fathers. This study found that the child health nurse almost always talked to the mom, leaving fathers to feel pushed aside. Fathers even reported they felt the health nurse visits were strictly in place for the mother only. However, for the fathers exposed to the child health nurse, those who reported talking to other male friends or coworkers about infant crying reported feeling little need to talk to the nurse. It is clear to see that little support- even that offered from peers- can help the father cope with new and overwhelming stress.

In addition to support, the study additionally found evidence in the areas of a trustful relationship, involvement, and faith. The study found that a trustful relationship between the father and the nurse is considered to be a condition for support to be experienced. In this study, the father’s involvement was predicted by his own ability to speak up and ask questions to the child health nurse. According to participants, the child health nurse only addressed the mother
on visits and would address fathers’ needs only when asked by the paternal caregiver. Fathers felt that the nurse ought to involve them to a greater extent in things regarding the infant. In terms of program planning, this offers implications for facilitators in that professionals should be seeking out fathers and offering support versus expecting the father to seek support from the professional.

Finally, faith in the nurse was very significant for the fathers, whether or not they were involved in the CH care. According to the fathers, they wanted to rely on the nurse’s professional skill and knowledge, as well as demonstrate and show them calmness and security. Fathers expected competence and ability to support patients in terms of the nurse’s ability. This holds great implications for 1:1 and group facilitated contact with future participants in programming. This article offers recommendation for the facilitator’s skills, knowledge, and behaviors that should be expected while participating in the role of fathers-only programming.


**Abstract:**

The following resource is compilation of a multitude of sources featuring statistics that are the direct consequences of father absence. Sources are based on both private and government-based research.

**Summary and Significance:**

The statistics that have been highlighted in this article were a primary source for deepening the argument in the proposal for fatherhood programming. The article cited a variety of topic areas, including, father factor in poverty, in maternal and infant health, in incarceration, in crime, in teen pregnancy, in child abuse, in drug and alcohol abuse, and in education. In addition, this article clearly states the overwhelming need to promote fatherhood based on the
meta-analyses of evidence-based research, specifically emphasizing the need to intervene in the above areas.


**Abstract:**

To examine the coregulation of positive affect during mother–infant and father–infant interactions, 100 couples and their first-born child were videotaped in face-to-face interactions. Parents’ and infant’s affective states were coded in one-second frames, and synchrony was measured with timeseries analysis. The orientation, intensity, and temporal pattern of infant positive arousal were assessed. Synchrony between same-gender parent–infant dyads was more optimal in terms of stronger lagged associations between parent and infant affect, more frequent mutual synchrony, and shorter lags to responsiveness. Infants’ arousal during mother–infant interaction cycled between medium and low levels, and high positive affect appeared gradually and was embedded within a social episode. During father–child play, positive arousal was high, sudden, and organized in multiple peaks that appeared more frequently as play progressed. Mother–infant synchrony was linked to the partners’ social orientation and was inversely related to maternal depression and infant negative emotionality. Father–child synchrony was related to the intensity of positive arousal and to father attachment security. Results contribute to research on the regulation of positive emotions and describe the unique modes of affective sharing that infants co-construct with mother and father.

**Summary and Significance:**

This article offered interesting and useful information in regards to the importance of dual parent involvement from the mother and father in child development. It was interesting to read that, although both parents can achieve the same level of bonding, the way in which this is achieved is highly differentiated. In mothers, bonding time has been created through prenatal development, caregiving, rocking, and loving touch; where in fathers, bonding is mainly accomplished through rigorous play. The author additionally studied the co-regulation of arousal in infants that was produced by both parents. As expected, mothers provided a low to moderate state of arousal. For the infant, this type of interaction produces continuity in this state of arousal from time in utero to the time the child begins to talk. Fathers showed a distinct difference in the
mode of arousal regulation, where infant-play was the predominant mode of interaction, which in turn significantly increased the infants’ state of arousal. This arousal regulation is directed toward building and organizing high emotional intensity within the child. Thus, both the mother and father are essential in facilitating the development of life-long arousal regulation for their child. In terms of program planning, this information holds implications for not only how healthcare professional perceive the father-child interaction, but also the type of recommendations we give to fathers to follow through on bonding activities within the home.


Abstract:

BACKGROUND: Comprehensive antenatal psychosocial assessment of mothers prior to the birth is established in many regions. While the influence of fathers on infant and maternal well-being is also recognized as commencing before birth, the early identification of needs among expectant fathers has not been addressed. METHODS: The current study surveyed fathers attending antenatal classes in public and private hospitals (n=307) in New South Wales, Australia, using psychosocial questions derived from the questions commonly asked in assessments of mothers. RESULTS: The most frequent responses suggest that fathers, at the time of the birth, have needs in regard to their ability to cope with the stresses of new parenthood and the skills and knowledge to care for their new baby. LIMITATIONS: Conclusions from the study are limited in their application to the population of expectant fathers by the low response rate and the low numbers of low-income, ethnic-background, and indigenous fathers in the sample. CONCLUSION: Assessment of fathers by psychosocial questions similar to mothers is advised to detect fathers who may require assistance and parenting education for fathers in infant care.

Summary and Significance:

This study was important to include for support of my program because it specifically examines the psychosocial component of fathers during their partner’s pregnancy. The introduction of this article analyzes and summarizes the current findings for fathers’ psychosocial stressors when it comes to childbirth. Thus, the study aimed to identify and
provide a profile of the fathers who identify particular needs. The results of the study showed the most frequent responses of fathers, at the time of birth, were having needs in regard to their ability to cope with the stresses of new parenthood and the skills and knowledge to care for their new baby. Thus, this study directly supports my need for father-focused pregnancy groups to help prepare the father both physically and mentally.


**Abstract:**

Although teenage pregnancy is at the center of much current social concern and political debate, the focus tends to be on the young mothers and their children. The lives and parenting experiences of young fathers typically receive less attention from researchers, practitioners, and policymakers. This article presents findings from a qualitative research study of 25 low-income young fathers. Young men were asked questions about their own life experiences and social contexts, their connections with their children and female partners, and the implications these had for sense of self. They were interviewed again one year later. The majority of young fathers were found to be involved significantly in the lives of their children, despite their own struggles. This in turn helped them feel positive about their sense of self. Implications for social policy and programs are discussed.

**Summary and Significance:**

This study was specifically based upon the same demographic population targeted in the Just for Dads program. This study was also one of few that included results from a longitudinal perspective. Of particular relevance was the content of the qualitative interview completed with each participant, including the contexts of his life, the connections with his children and young mothers, and the implications these have for his sense of self. These interview questions followed the same structure of the needs assessment that was surveyed to young fathers of Summit County. Common findings among this study was also similar to the findings of the focus groups, including experiences with their own fathers being used as a benchmark for how
they played the role of the father with their own child, school taking on added importance after becoming a father, as well as the struggle to balance school, work, and a social life with the new responsibilities of fatherhood. Finally, a frequent barrier to father-only programming often becomes the stereotype of fathers being uninvolved, thus, causing decreased follow-through on programming needs on behalf of professionals. In contrast, this study demonstrated a large majority of participants to be very involved with his child/children, disproving this stereotype and increasing the need to develop programming for this specific population. In summary, many of the young fathers of this study described leading a life where meaningful connections had not always been easy to find. Consequently, the need for stronger social programs and policies to support these young men as they try to be good fathers to their children becomes quite clear through the findings of this study.


**Abstract:**

This study was undertaken to provide additional information on what are appropriate roles for agencies in relation to African American, unmarried adolescent fathers. The findings indicate that such appropriate roles for agencies would include the provision of psychosocial counseling, vocational guidance, and parenting education. It was concluded that agency personnel would have to reach out assertively to unmarried adolescent fathers in order to serve them more effectively.

**Summary and Significance:**

A large barrier to fatherhood programming often becomes the issue of initial targeting and marketing to the population. A finding from this literature, congruent with a majority of
other research, has concluded the importance of reaching out to the young fathers in need of services. In fact, the literature has found that adolescent fathers are not likely to choose a social service agency as a helping source for problems they may encounter. In addition, the research found most agencies serving family planning needs often de-value the role of the father or completely exclude paternal participation.

This article was specifically useful in providing key questions to include for a needs survey to low-income, adolescent fathers. The questions were based upon Table 2- A representative range of replies given by the subjects to the question of what types of services they would like to see offered by a teenage parenting agency from the article. Subject replies included:

- “I would want information that would help me become a better father.”
- “Sex education.”
- “I would like to know what happens during pregnancy.”
- “Information on how to obtain medical services.”
- “Counseling.”
- “Child Development.”
- “Job training…job placement.”
- “Learn waht life is about; learn about kids.”
- “There should be more things for fathers to do.”
- “Training courses on how to take care of a child.”
- “Help with problems of transportation.”
- “Tell us how to really…take care of this girl who get the baby.”
- “Have someone to explain fatherhood.”

Abstract:

In this study, the authors examined the relationship between sense of control and depressive and anxious symptoms for mothers and fathers during the 1st year of parenthood. Participants were 153 dual-earner, working-class couples who were recruited during the 3rd trimester of pregnancy at prenatal education courses. Data were collected 1 month antenatally and 1, 4, 6, and 12 months postnatally. Sense of control was decomposed into 2 distinct parts: an enduring component and a malleable component that changes with context. Consistent with a cognitive theory of emotional problems, results demonstrated that a sense of control served a protective function for mental health outcomes. A higher sense of enduring control predicted lower levels of psychological distress for new parents, and increases in control over time predicted decreases in depression and anxiety. Findings hold implications for interventions with expectant parents, such as expanding prenatal education courses to include strategies for enhancing and maintaining a sense of personal control.

Summary and Significance:

The authors of this study found results related to control issues in new fathers. A higher sense of enduring control predicted lower levels of psychological distress for new parents, as well as decreased depression and anxiety. In contrast, feelings of less control also predicted higher levels of psychological distress, anxiety, and depression. When combined with current research on the negative effects of paternal depression and anxiety, these findings offer clear insight to future programming in the area of psychosocial aspects of the fathers to be addressed.

In order to address high levels of control, the father needs to feel more prepared and confident in his own skills and his new role as father and provider. Offering classes for fathers addressing these specific needs can help accomplish this objective.


Abstract:
Summary Infant or baby massage has emerged in the recent decade as an activity promoted by health care professionals, popular with parents and the subject of a growing body of research evidence (Complement. Ther. Nurs. Midwifery 2 (1996) 151; 3 & 8 Tough Ther. 2000). This paper reports on the experience of establishing and facilitating baby massage training. There is a focus in the discussion on teaching fathers, as only one male parent attended the classes over a 6-month period. Recommendations are made in the conclusion, identifying possible ways of promoting fathers involvement in babies massage. The paper, with its images of a father engaged in baby massage, is intended to add to the current limited amount of literature available on this subject. Aims of baby massage teaching sessions were:

- To facilitate beneficial contact with baby and parent utilizing a well-structured, easily repeatable and adaptable massage treatment.
- To encourage and support a playful, explorative and sensitive working partnership between parent and baby.
- To provide essential information to guide the parent in planning and electing safely to give their baby a massage, such as potential benefits, indications and contraindications, preparations, infant cues and after care.

Summary and Significance:

Out of 14 participants that signed up for infant massage classes, only one participant was a father. Due to this lack of participation, the father involved agreed to be followed as a case study for a duration of the research trial. Overall, the father had positive conclusions to say about learning the technique of infant massage for his child. Specifically, he stated that carrying out the massage session was their quality time, doing something together, which was not centered on changing diapers or feeding. It was also a time to interact, notice developmental changes and play. Joining the baby massage classes also provided opportunities to meet other parents and see his baby start to play with others.

The authors also offered possible reasons for non-involvement infant massage application from fathers, including time constraints due to working, fatigue, caregiving for other (older) children of the household, and the partner’s perspective of the father being “too rough” or even allowing the father to participate in infant massage.
Finally, the authors suggest the male participant might have been more comfortable if he were taught from male facilitator or had other male peers participate in the class. Final conclusions and recommendations drawn from the authors for the benefit of future practitioners interested in this practice include the following:

- The need to actively encourage fathers to learn baby massage and cues, and share their experience with others.
- The need to run classes at weekends and evenings for working fathers and mothers.
- The need to increase the availability of informative literature (evidence based), and in particular images, that depict fathers massaging their babies.
- The importance of reflective practice and more specifically the need for support and supervision in raising the profile and practice of baby massage (by mothers and fathers) here in the UK.
- The further investigation, through research and audit, of the benefits for both fathers and mothers providing baby massage.
- The need to consider the potential benefits to human relationships and infant development of fathers contributing paternal care in the form of baby massage.


Abstract:

When it comes to the reproductive health behaviors of teens and young adults, far more public attention has focused on women than on men. That’s not surprising. After all, men don’t actually have the babies. Yet the importance of understanding men’s reproductive health behaviors should not be overlooked, given their potential implications for men themselves, as
well as for their sexual partners and for children. For example, risky sexual behaviors may lead
to an unintended pregnancy or to acquiring a sexually transmitted infection (STI). As it is, STI
rates are high in the United States, and teens and young adults (aged 15-24) account for one-half
of new STI diagnoses.13 Thus, it is particularly important to examine reproductive health
behaviors among men in this age group. It is important for other reasons as well. Men who father
children at a young age are less likely than are other fathers to marry the mother of their child,
and these young fathers have lower educational attainment and earnings than do older
fathers.9,10 Moreover, children of young parents or children who result from unwanted
pregnancies face economic disadvantage and have lower cognitive attainment and greater
behavioral problems than do other children.2,3,8,9 Recent data allow us to develop better
insights into men’s reproductive behaviors and motivations. This Research Brief draws on the
male data file from the 2002 National Survey of Family Growth to present a descriptive portrait
of reproductive health behavior among U.S. teen and young adult men. To develop this portrait,
we examined survey results on several dimensions of reproductive health by age and by
race/ethnicity. Specifically, we looked at nationally representative data for men between the ages
of 15 and 24 related to sexual experience and activity, access to reproductive health services,
condom use and motivation, and fertility. Results of our analyses show that levels of recent
sexual activity are fairly low, especially among teen men. However, we also found that receipt of
reproductive health services among men—even among those who are sexually experienced—is
also low, which is a cause for concern. Among other findings derived from our analyses was that
more men reported that they use condoms for pregnancy prevention than to ward against disease.

Summary and Significance:

Although this article found interesting trends among sexual activity in teen males, the
statistic and findings for this section were not of use for this program development plan.

However, additional sections covering births had many implications for young father
programming. Useful statistics include:

- Almost one in ten men aged 15-24 (9 percent) report that they have fathered at least one
  child.
  - Six percent had fathered one child and 3 percent had fathered two or more
    children.
- Two-thirds of fathers aged 15-24 were unmarried at the time of the birth of their most
  recent child.
o One-third of fathers reported that they were married at the birth of their most recent child (33 percent)

o 38 percent reported that they were cohabiting with their sexual partner, and the remaining 29 percent reported that were neither cohabiting nor married.

o Black fathers were less likely that white or Hispanic fathers to report they were cohabitating at the time of birth

o Children born outside of marriage were three times more likely in Black males than reported in White males.

- The majority of fathers aged 15-24 reported that the birth of their most recent child was unintended.

- Among all fathers (both married and unmarried), more than one-half of recent births (57 percent) were not intended—that is, the father reported that he did not want the pregnancy at that time or any time in the future (unwanted, 9 percent), or that he wanted the pregnancy at some time in the future but not yet (mistimed, 48 percent).

The findings of these study offer best implications for fatherhood programming when combined with fatherhood statistical outcomes of fatherless households in additional to outcomes of children who grow up without an active father figure. These implications will be beneficial to explaining the need of my program.


**Abstract:**

Sixty urban African-American adolescent first-time fathers were randomly assigned to two groups to study intervention strategies that would help them develop better and more
consistent relationships with their young children. The fathers were administered a pretest interview schedule to determine their present quality of life as well as their relationships with their children. In addition to biweekly parenting classes, each member of the experimental group was assigned a social worker with whom he met weekly to assist him with his life needs. The control group was offered weekly parenting classes that focused on learning how to meet the infants' needs. At the end of six months, both groups were interviewed again. Findings indicated that the experimental group made significant gains in employment, vocational planning, feeling positive about their current relationships with their children, using birth control, being able to plan for the future, and increasing the number of close friends.

**Summary and Significance:**

This study holds positive implications for successful participation of adolescent fathers in future fatherhood programs. The purpose of this study was to measure the impact of individualized social work intervention with African-American adolescent fathers. The study utilized the comparison of an experimental group that allowed for professional support and access to resources in contrast to a control group based on providing only parenting information. The significance lies in the ability to demonstrate that young African American men can be engaged in professional relationships, and make significant changes in their lives. In addition, the data was also able to show control group measures, or simply providing general parenting information, could not provide any changes to the lives of the males.

Common findings suggest the successfulness of the program was mainly attributed to close personal relationships established between the student and the professional in order to provide increased self-esteem, self-confidence, and functional tools that ultimately lead to successful roles as a father. These findings are important for an occupational therapist to utilize in development of a fatherhood program. For this specific study, the authors suggest it was not the specific expertise of the social worker that solely contributed to success, however more of the professional interaction and support on behalf of the student. With this in mind, the occupational therapist can provide additional resources to the student that allows them to learn functional
skills, in addition to a supportive relationship, that are important and meaningful to their everyday life and personal situations. A fatherhood program was able to provide the following changes:

- Ability of the fathers to develop long-range plans for 10 years
- Increased concern for family planning and use of contraceptives
- Increased support network
- Increased options for employment, subsequently, increasing participation in school


Abstract:

The PCI Scales are the most widely used scales for measuring parent-child interaction today. They are a reliable and valid means of observing and rating caregiver-child interaction for the purpose of assessing a dyad's strengths and areas needing improvement. The scales are widely used in both clinical practice and research with families and young children and are widely used as pre and post-test measures, contain a well-developed set of observable behaviors that describe the caregiver-child communication and interaction during either a feeding situation, birth to 12 months of life, or a teaching situation, birth to 36 months of age. Important reasons for using the PCI Scales include:

- Valid and reliable measure for assessing parent-child interaction
- Describes behavior brought to the interaction by caregiver/child and contingency of their responses to one another
- Assesses concerns early in the caregiver/child communication pattern
- Provides separate but parallel observations of the caregiver-child pairs
- Recognized by the legal system in dealing with child abuse, custody and neglect cases
- Easily identifies strengths as well as weaknesses
- Used as pre and post measures for clinical programs or research

The Feeding Scale is used with infants birth to 1 year of age. It contains a well-developed set of observable behaviors that describe parent-child communication and interaction during the Feeding process. The Feeding Scale is used as a guide for intervention in clinical practice and is widely used as pre and post-test measures in studies. Feeding scores from interactions with children at 12 months of age show a significant correlation with subsequent measures of children's cognitive abilities.
The Feeding Scale is organized into six subscales representing 76 items. Four subscales describe the parent's responsibility to the interaction: Sensitivity to Cues, Response to Distress, Social-Emotional Growth Fostering and Cognitive Growth Fostering. Two subscales describe the child's responsibilities: Clarity of Cues and Responsiveness to Caregiver. The Feeding Scale takes the same amount of time as a feeding to administer. It is also a reliable and valid means of observing and rating caregiver-child interaction during either a breast, bottle or table food feeding/eating episode.

The Teaching Scale is appropriate for children from birth to 36 months and can be used as early as one day of age. Teaching scores from interactions with children as young as 3 months of age show a significant correlation with subsequent measures of children's cognitive abilities. The scale is widely used in both clinical practice and research with families and young children.

The scale consists of 73 items organized into six subscales. Four subscales describe the parent's responsibility to the interaction: Sensitivity to Cues, Response to Distress, Social-Emotional Growth Fostering and Cognitive Growth Fostering, and two for the child: Clarity of Cues and Responsiveness to Caregiver. The Teaching Scale is scored following the observation of a session where the caregiver is asked to teach the child a defined age-appropriate activity.

Summary and Significance:

The PCI Scales will help to provide the therapist and the participant with a better understanding of the father's current strengths and weaknesses in both physical and psychosocial components of childcare. Specifically, the PCI Scales assesses the quality and interaction levels of the father-child dyad by determining the father’s strengths and weaknesses in care-giving and teaching interactions. In this manner, the therapist can help the father increase paternal-child attachment, as the PCI assessment is able to provide accurate information as to what areas of interaction need to be addressed.


Abstract:

The Ohio Practitioners Network for Fathers and Families (OPNFF) is committed to the well being, stability, and strengthening of all families in Ohio. As such, we recognize the crucial role
of fathers as integral parts of each family and as essential to the social and emotional development of their children.

For researchers, practitioners, and fathers themselves, the challenges facing low-income fathers are interrelated. If fathers are unemployed or underemployed, it is much harder to pay child support and maintain necessary health insurance for themselves and their families. Also, many low-income fathers are incarcerated, which makes it extremely difficult to provide financial support for their families. Upon reentry, their criminal records have a negative impact on their ability to find and hold jobs which, in turn, makes it more difficult to connect or reconnect with their children. These interrelated problems often result in fathers being estranged or isolated from their families. The result is devastating for fathers who lose the opportunity to play a positive role in their families and even more devastating for their children who miss out on all the nurturing, caring, teaching, and guidance that fathers have to offer.

OPNFF has reviewed various issues and policies relating to fathers and families in the state of Ohio. We have found that, in a number of areas, current public policies are not helping to alleviate the problems faced by men, particularly low-income individuals, who want to be responsible fathers. In some cases, the problem is a lack of funding. In other cases, the problem is that the basic design and approach of the public program is making the situation worse, not better. We have developed this public policy agenda for the purpose of informing public officials, human service professionals, and other interested individuals and groups, about the problems facing fathers and the public policies that are needed to address these problems.

Summary and Significance:

This article was used to gain a better understanding of financial contribution and available support for fatherhood programming at the state level. Additional use from this article was in the area of public policy and current stipulations or areas of growth that have been deemed necessary by the state of Ohio. The report offers current findings in the areas of child support, job training and employment, Welfare, fathers families and professional support, and incarceration and re-entry. Policy proposal for the 2007-2009 fiscal year follow (note; this is the most current updated public policy proposal from OPNFF). Policy proposals:

- The Ohio legislature should appropriate $20 million annually during fiscal years 2007-2009 to support local fatherhood programs.
- The legislature should appropriate $500,000 annually during fiscal years 2007-2009 for the Ohio Commission on Fatherhood.
Additional funding should be provided for fatherhood training so that young men will understand the need for accepting social and financial responsibility when they have children.

Mentoring programs should be established for boys who themselves are fatherless; these programs would help to lessen the likelihood that they will continue this pattern of the absent father.

Adequate funding should be provided for the training of qualified professional fatherhood trainers and service providers.

Parents as Teachers. (2007). Introduction. Young dads, young moms: A curriculum for peer facilitated group meetings (pp. 1-10). MO: Patents as Teachers National Center, Inc

Abstract: This resource does not have an abstract.

Summary:

It takes a special expertise to help young parents set goals and make decisions for their education, work and family life that increase their ability to successfully manage a family. The Parents as Teachers curriculum, Young Dads, Young Moms: A Curriculum for Peer Facilitated Group Meetings is designed exclusively for teen parents and the unique issues they face. This research-based curriculum blends many of the concepts from the original MELD experience with updated information and activities for engaging both young dads and young moms. It focuses on age-appropriate expectations of the child while recognizing the needs of parents and connecting them with community resources.

Participants will learn:

- A basic understanding of how to use the Parents as Teachers Young Dads/Young Moms curriculum.
- The intersection of the Young Dad/Young Moms curriculum and the Family Protective Factors
- Interactive techniques and creative ways to engage parents
- How to access the entire Curriculum through CTF’s Lending Library

Significance:
Overall, this resource presents as a well-rounded program curriculum. Each chapter is first separated by gender—mother or father—and then structured in the following format: general information about the section’s content, goals and purpose, discussion key points, and materials that correlate with content. Each section of materials is additionally structured so that content and key points flow in the direction of a structured group meeting. Often times, “key points” that are bulleted within each section, give the facilitator quick points to bring up or expand upon during group sessions, helping to guide the flow of the meeting. Main points that allow for physical and psychosocial development congruent with the proposed program are as follows:

**Parents as Teachers. (2007). Personal development: Becoming a parent. Young dads, young moms: A curriculum for peer facilitated group meetings (pp. 15-82). MO: Patents as Teachers National Center, Inc.**

**Summary:**

The section begins by explaining the meaning and roles of a parent. Following this discussion, the chapter focuses on stages in parent development, including stages during pregnancy, from birth to walking, and from one year to 5 years. Finally, parental tasks and roles are discussed in order to apply the specific information to each dad’s current situation.

In terms of father-based sections, the goals and purpose of this chapter are as follows: to identify the unique qualities and interests each dad brings to fatherhood. Discussion key points include, 1) what fathers bring to the job of the dad, 2) current strengths fathers have to be a father, and 3) explaining the different roles dads can play.

**Significance:**

According to the response of the needs assessment found in my program development plan, many fathers are often confused on how to be a father in addition to the responsibility of the role of the father. This section would be of use in collaboration with Program Session 18: Role of the Father. However, by applying these principles at the end of programming versus the beginning of programming as proposed in this curriculum, fathers may have a better grasp on his
specific role. Additionally, fathers may have more successful outcomes applying strategies after having a better understanding of the spectrum of fatherhood. Finally, fathers may also have an increased sense of self esteem, feeling more confident with his role as a father after continual contact with structured education sessions.


Summary:

The section begins by defining the different variables of a healthy relationship. With an emphasis on relationships during adolescence, the chapter also focuses on speaking of unhealthy relationships. Finally, information between unhealthy communication and violent communication is discussed. Following this discussion, the chapter focuses on successful co-parenting strategies, including the importance of consistency, how to make it work, various barriers, and a structured guide to solving problems with parents who disagree.

In terms of father-based sections, the goals and purpose of this chapter are as follows:

- Fathers will discuss the importance of sharing the joys and burdens of parenting with their child’s other parent
- Fathers who are parenting apart will recognize the importance of effective communication with their child’s mother and other caregivers
- Fathers who are parenting apart will learn parenting strategies that produce resilient children who are developing healthy ways.

Discussion key points include:

- Fatherhood is a full-time commitment
- Consistent parenting is important
- Developing consistent rules and routines

Significance:

According to the response of the needs assessment found in my program development plan, many fathers reported difficulty with positive communication with the child’s mother, family members, and often with the child. This section could be of use in collaboration with Program Session 3 and 4: Healthy Relationships and Communication. When comparing the strengths and
weaknesses of the skills possessed by an occupational therapist, teaching on the topic of communication is often an area most occupational therapists develop from experience or from continuing education classes. This section could specifically be of use to therapists who do not feel as comfortable with the dynamics of life situations of high-risk young fathers in helping to guide the conversation. Furthermore, the occupational therapist would be able to apply the content provided in this curriculum to the language and emotional development of his child or children in terms of positive and healthy parenting.


Summary:

The section begins by discussing the many factors that contribute to an overall healthy lifestyle. The chapter identifies areas that are not as commonly thought of, such as chemical dependence, well-parent check-ups, and sexual activity in addition to the more commonly referenced areas like nutrition and fitness. Finally, this section covers the topic of stress, including physical and emotional side effects that can manifest within the body in addition to transferring to family members, including his child. As this curriculum is specifically designed for adolescents, categories and examples are congruent with the findings I found within interviews and focus groups of the young parent population. Thus, this area is applicable for use in combination with Session 3 and 4 of my program development plan.

In terms of father-based sections, the goals and purpose of this chapter are as follows:

- to help young fathers understand the importance of healthy nutrition and fitness habits, both for themselves and their children.
- To help young fathers learn how to help themselves and their children form healthy eating habits.
- To help young dads understand the effects of stress and to manage it in healthy ways.

Discussion key points include:

- Looking good (feeling and looking better)
- Family matters- applying nutrition and fitness to the fathers own health and that of their children.
- Telling fad from fact on nutrition information
- Guidance from the pyramid
- Teaching your child to eat well
- Stress is a part of life- learn how to take action
- Chronic stress can be harmful
- Managing stress in healthy ways

**Significance:**

Although keeping fit and being physically healthy is an important aspect of maintaining an overall healthy lifestyle, this area is often of least concern for young fathers. More important are the areas of stress relief and coping mechanisms that can decrease negative effects that often transfer to his children and the relationship between the father and the child’s mother. According to the results of surveys and interviews, many fathers reported needing additional information or education in the area of positive stress relief techniques. This section could be of use in collaboration with Program Session 2: Male stressors and emotional management. Additionally, good nutrition is often an area that becomes a problem for young parents to maintain, mainly due to financial constraints. It is important to stress the importance of good nutrition for his child, thus, this area of the curriculum would be beneficial when applied to Session 14: Nutrition for infants, toddlers, and grown-ups.

**Parents as Teachers. (2007). Attachment. Young dads, young moms: A curriculum for peer facilitated group meetings (pp. 277-286). MO: Patents as Teachers National Center, Inc.**

**Summary:**

The section begins by discussing the many factors that affect parent-infant bonding, otherwise noted as attachment. General information pertaining to attachment has been focused on newborns and parental behavior during early infancy. Additionally, this section applies development of the child to ways in which parents can increase his or her attachment. Because issues of attachment and bonding have such a large role in the Young Fathers Program, this section will be of use in Session 11: Bonding.
In terms of father-based sections, the goals and purpose of this chapter are as follows:

- to gain an understanding of what attachment means
- to learn about his baby before the baby is born
- to understand the importance of forming a strong attachment with his unborn child
- to understand that a newborn’s main job is to learn how to live outside her mother’s womb
- To learn about a newborn’s reflexes and what the reflexes mean
- To learn a baby’s cues so the dad can meet her needs and they can grow close to one another
- To understand that crying is the main way babies and young children communicate their needs
- To learn why babies cry and ways to relieve their babies’ cries
- To teach the dads how to do infant massage with their babies so they can grow closer to them

Discussion key points include:

- What is attachment?
- Getting to know each other- prenatal father bonding
- Dads are number one!
- What now?
- What’s my baby doing?
- Dad and baby learn about each other
- Crying is a part of being a baby
- Understanding crying
- The importance of touch

Significance:

Attachment and bonding between the father-child dyad is heavily incorporated in the proposed program development plan. A majority of the current research states attachment is most commonly established during early infancy and childhood, however, can be achieved later on. This curriculum follows the research trend as the beginning of the chapter discusses the impact of fatherhood during infancy. It is not until the section devoted to father-based programming does the curriculum offer implications for fatherhood attachment with children older than infancy. Therefore, much of this curriculum will not apply to a majority of fathers
that will be served through the Young Fathers Program, as most are fathers surveyed had children over the age of one year. A beneficial aspect to these program materials is the examples of specific child behavior that can signal good attachment and bonding or those that signal more is needed.

Furthermore, the sections of this chapter that are devoted to father-based education coincide with the proposed program of Session 11: Bonding. Again, specific examples of what to do in given situations have been provided for use by the facilitator. These will be especially helpful for facilitators who are not as familiar with infant behavior.


Summary:

The section begins by discussing key points for helping young parents with discipline and guidance for active parenting. The chapter first defines discipline and related behavior that young parents may not first think of when “disciplining” his or her child. Additionally, this section covers the key concepts to successful parenting that are most often mistaken or overlooked by teen parents. Finally, this section covers the three areas of parenting styles with the pros and cons of each. The materials presented within this chapter are, again, congruent with the needs identified through observations, interviews, and focus groups of the young parent population. Thus, this area is applicable for use in combination with Session 9, 10, and 17: Parenting styles and Difficult behavior strategies.

In terms of father-based sections, the goals and purpose of this chapter are as follows:

- To help dads understand the importance of disciplining their children
- To teach dads the difference between discipline and punishment
- To recognize the different parenting styles and how each potentially affects a child
- To help dads make good decisions about discipline strategies based on the age and abilities of their children
- To give dads some positive discipline methods to try

Discussion key points include:

- What is good behavior
• Punishment versus discipline  
• Parenting styles  
• Three styles  
• Effects on children of different parenting styles  
• Setting realistic expectations  
• Positive discipline methods

Significance:

This section- parenting and discipline strategies- has been identified by both young fathers as well as professionals working with young fathers as the biggest barrier to responsible fatherhood. This section offers good strategies and examples to use by the facilitator to structure education and conversation with young fathers. Additionally, the curriculum developed for this section provides useful resources, including *Look what I can do milestones, Discipline methods to try, Name that Discipline, Words that build, and Dad’s view- child’s view*. Thus, this section will aid in the facilitation of Sessions 9, 10, and 17: Parenting styles and Difficult behavior strategies.


Summary:

The section begins by discussing key points of play and play development, as most parents are unaware of the benefits that are learned through this area. This section also covers the barriers that can be associated with positive play, including money, other relationships outside of the father-mother relationship, and parents who were recently released from incarceration.

In terms of father-based sections, the goals and purpose of this chapter are as follows:

- Fathers will understand what children learn and gain from play
- To help dads make their child’s playtimes more fun and less frustrating
- To help dads re-learn some games to play with their child
- Fathers will understand the role of play in their child’s development
• Fathers will know how to encourage and support their child’s play
• Fathers will gain ideas and strategies for positive parent-child interactions
• Fathers will understand the importance of play and how it helps children develop specific skills

Discussion key points include:
• Play is important to healthy child development
• Children can work through many emotions during play experiences
• Playfulness can make the father-child relationship stronger
• Play promotes development
• Dads can encourage play
• Toys and playthings
• Spending quality time with your child
• Connecting with your child
• Planning for fun and positive interactions
• Play activities can promote skills important in children’s development
• Learning takes place during everyday routines
• Play is children’s “work”

Significance:

Although this section provides useful resources and tips for structured group facilitation, occupational therapists are well prepared to define, explain, and apply the importance of play to child development and each unique situation of the adolescent father. However, specific tools that have been developed through this curriculum, such as Play promotes development, Choosing toys for your child, Places to go and things to do, and Just playing. Sections of this chapter may be useful for the facilitator to incorporate the development of play to the life and situations of a young father, specifically during Session 13: Play, engagement, and learning, of the Young Fathers Program.


Summary:
The section begins by discussing the overall benefits of establishing routines for both infants and older children. This section also covers the different phases of transitions, including those brought on by general development, transitions to new places, and transitions to new activity.

In terms of father-based sections, the goals and purpose of this chapter are as follows:

- To understand why routines are important for young children
- To understand that babies have regular times for at least some of their activities
- To recognize his own baby’s cycles for eating, sleeping, and playing and can use this information to comfort his child
- To understand why it is important to have the same routines in all places that a child stays
- To help dads create routines
- To understand some reasons why babies cry
- To discover what comforts their baby

Discussion key points include:

- Growing into regular patterns
- Using routines to care for your baby
- Your baby’s routine
- Different places; the same routines
- Routines provide a plan
- Types of routines
- Why babies cry
- Reading your baby’s cues

Significance:

A significant portion of my program development plan has been modeled around educating fathers on the importance of routine. In this way, fathers learn principles that not only help manage his personal time and priorities but also help in establishing routines for his children to further promote healthy development and appropriate parental expectations. Specifically, I like the emphasis that is placed on the life style of young parents, including how to keep a routine when the child is continually jumping from house to house, or when the parents themselves or lacking in stability with their own housing situations. This point was frequently mentioned in focus groups and interviews with young fathers and mothers. Furthermore, the
chapter discusses how to promote continuity when his child is exposed to a variety of people that constantly appears to be changing. Due to these factors, this portion of the curriculum will be used in combination with Session 4, 7 and 12: Healthy communication, Emotional development, and Time management.


**Summary:**

The section begins by breaking down the overall stages of development into three categories, including early stages, toddler years, and preschool years. This section also covers the different areas of development prenatal, language, cognitive, social, motor, and development through sleep.

In terms of father-based sections, the goals and purpose of this chapter are as follows:

- Fathers will gain basic information on how children grow and develop
- To help fathers understand the important role reading plays in their children’s language development and thus, later school success
- To help parents observe and nurture their child’s language development
- To help parents observe and nurture their child’s social-emotional development
- To help parents observe and nurture their child’s cognitive development
- To help parents observe and nurture their child’s motor development

**Discussion key points include:**

- Early childhood development
- Four areas of development
- Parents are important in children’s development
- Why read to young children
- Tips for reading aloud
- Choosing books
- How language develops
- Writing and language development
- How thinking skills develop
- Healthy brain development
- Early social-emotional development
- Toddler social-emotional development
- Gross motor development
• Fine motor development

Significance:

Although occupational therapists are clearly knowledgeable in the area of physical, social, emotional, and cognitive development, the curriculum presents a way of presenting the material in a way that is clear and understandable to the young parent population. Additionally, this sections provides a variety of resource tools, including:

- Look what I can do!
- Helping my baby’s motor development
- Tidbits on how my child develops
- How my child grows and develops
- Reading together
- Choosing good books
- Helping my baby learn to talk
- Exploring and experimenting
- Helping my baby develop socially and emotionally
- Growing strong
- Helping my baby’s motor development.

Thus, this section of the curriculum will be used in combination with Sessions 5, 6, 7, and 8: Physical development, Emotional development, Cognitive development, and Social and language development.

Summary:

The section begins by discussing the different aspects of quality child care. This section specifically focuses on the different qualities that are important to look for in both the care provider and the environment. This chapter also covers the care provider/parent relationship and the role and impact it has on the child. For this section, stages are broken up between trust, autonomy, guilt, networks, and self identity.

In terms of father-based sections, the goals and purpose of this chapter are as follows:

- Fathers will understand the importance of being thoughtful about who is taking care of their child
- Fathers will gain basic information on things to consider when choosing child care options for their children
- Fathers will see first hand what different care settings look like and will utilize the information they learned from previous meetings to be an educated consumer of child care
- Fathers will understand the importance of becoming an active voice and partner with their child’s care provider

Discussion key points include:

- Who is caring for your child
- Planning ahead is important
- There are many elements to consider when choosing a child care provider
- Communicating openly with a potential care provider is important when choosing a child care setting for your child
- Assessing a child care setting
- Leaving your baby in child care
- Establish a partnership with the care provider
- Let your voice be heard

Significance:

The content of this section may or may not be applicable for group education sessions, as many fathers have family members that often take care of his child. However, if the topic should arise, the content of this section provides insightful recommendations for dads to think about if he is considering the issue of child care. However, the section detailing the benefits of child care may be useful to incorporate so that fathers can relay this behavior or structure to his current family member or friend that is providing child care when needed. Additionally, I liked how the
curriculum incorporated the use of routines and schedules into necessary information to provide to the current child care provider.


Summary:

The MOHOST is an assessment that addresses the majority of MOHO concepts (volition, habituation, skills, and environment), allowing the therapist to gain an overview of the client's occupational functioning. Developed in Britain by practitioners, the MOHOST seeks to objectify the information a therapist gathers while screening for occupational therapy services. The MOHOST uses a variety of data collection methods and is flexible enough to be used in a variety of intervention settings. Finally, the MOHOST uses language that enables therapist to communicate findings clearly with clients, their families, and other professionals.

The MOHOST addresses client's motivation for occupation, pattern of occupation, communication, process, and motor skills, and environment. The MOHOST was designed to be used to document progress towards occupational therapy intervention goals as well as to screen for occupational therapy services. Extensive rating criteria for each item is provided in the manual. MOHOST Version 2.0 was newly revised based on recent researches and the rating scale criteria have been changed to letter rating scale labels (F= Facilitates occupational participation, A= Allows occupational participation, I= Inhibits occupational participation, R= Restricts occupational participation).

There are five forms provided in manual as follows:

1. MOHOST Form
2. Multiple MOHOST Form
3. MOHOST Data Sheet Single Observation Form
4. MOHOST Data Sheet Multiple Observation Form
5. MOHOST Rating Totals Form

Significance:

The MHOST will be utilized to address the father’s motivation for occupation, patterns of occupation, communication, process, motor skills, and the environment in relation to his occupational performance. The MHOST allows the therapist to screen for key problem areas,
develop appropriate goals that fit each father’s unique needs, and document progress towards occupational intervention goals while predominantly using a group format for advancement of role transitions. Although the MHOST is more time consuming to complete than other assessments, it provides a thorough investigation and identification of the father’s needs in which long-term programming will be based upon.


Abstract:

Supporting the fatherhood practitioner community’s work to encourage father involvement, fatherhood scholars in recent years have made important theoretical advances. In addition, researchers have used increasingly sophisticated designs to document the benefits of great father involvement for children, in particular showing that father involvement has effects independent of mother involvement. However, missing in both recent theoretical advances and empirical research is progress on the most under-theorized issue concerning father involvement today: exactly why father involvement does or should promote development. This paper critically analyzes four theoretical perspectives, used explicitly or implicitly in current work, about the processes of paternal influence: attachment theory, essential father theory, Bronfenbrenner ecological theory with its concept of proximal process and social capital theory. The promise that attachment theory holds for the conceptualization of paternal influence is limited to the rather small attachment research community. Essential father theory is widely accepted by the lay public and even among professionals, but empirical support for fathers making an essential and unique contribution to development is at present quite weak. Bronfenbrenner’s concept of proximal process and the social capital framework provide the best available foundation for theory about exactly how fathering promotes, or does not promote, development. The paper concludes by developing an integrated, ecological-parental capital, theory of paternal influences on development. In developing this integrated theory, the paper addresses how practitioners can best provide strong support for greater father involvement without making essentialist assumptions about fathers’ unique contributions.

Summary and Significance:
Presented as a PowerPoint lecture, this review began its implications for father involvement from a theory based model of practice, demonstrating the importance of basing practice on evidence-based literature. Thus the objective for this study was to find a working theory of father influence. Interestingly, the review presents the role and active presence of the father as a “risk/support” factor, versus one of “all-determinant” for outcome results in terms of child development. A majority of the researcher presented and outlined supports the statistics found within other scholarly journals, all coming to the general conclusion of the importance of father involvement for a well-rounded, positive child development free from infection of negative barriers. Additionally, the authors provide the unique perspective that, although fathers are pictured as providing an essential, unique contribution to childrearing in theory, when put directly into practice, this thinking can be harmful. Instead, the authors propose the alternative: fathers provide a vitally important contribution in a variety of forms. I think this prospective holds good implications for application to a father based program, as it can provide less pressure on the previously stressed father but also support and articulate his importance to his child. The Bronfenbrenner’s theory of fatherhood involvement provides a strong base for application of intervention to adolescent fathers, including:

- positive activity engagement
  - progressively more complex, reciprocal interaction
- warmth & responsiveness- caregiving interactions from father
  - responsive and is reciprocal
  - warmth: basis for control being effective
- monitoring & control
  - reciprocal interaction for fathering

Finally, the social capital theory offers implications for how fathers can provide financially and socially to the family dynamic. In this model, family social capital is defined as cognitive-social development, school readiness, and educational aspirations. Community social capital is defined
as advocacy and knowledge sharing between parents. Together, the social capital and Brenfenbrenner’s theory can provide a good structural base for paternal adolescent programming.


**Abstract:**

The importance of fathers' participation for development of the child and the well-being of the family is recognized from earlier research. In Sweden, legislation allows fathers to share the parental leave equally with the mother even so fathers only use a small of their paid leave. The aim of the study was to explore experiences of the first year as a father. *Method:* A phenomenological life world approach was used. Ethical approval was obtained. Ten men, recruited by a purposive sample, were interviewed 12–14 months after the delivery of their first child. The data collection was performed during June and August 2004 in the south-west area of Sweden. *Findings:* The essence of the experiences of the first year as father was to place the baby in the centre without giving up one's own person. The child provided warmth and happiness in the family and men experienced a deeper relationship to their partner. The contact between father and child was facilitated by engagement and time spent alone with the child. The major constituents identified from the findings were 'To be overwhelmed', 'To master the new situation' and 'To get a new completeness in life'. *Discussion and Conclusion:* To master fatherhood maintenance of integrity and possibility to develop an independent relationship with the child is important. Fathers are invited to participate in postnatal childbirth education but the activities address women's needs and it is doubtful if the fathers benefit from participation. Though fathers entered the delivery room some decades ago, as a support to the woman, health personnel of today must be aware of fathers' own needs and the impact gender aspects have on their professional support.

**Summary and Significance:**

This article reviewed the entire first year of the fathers’ participation for development of the child and well-being of the family. The study found that the contact between father and child was facilitated by engagement and time spent alone with the child. As reported from the fathers, the common themes identified were “being overwhelmed”, “to master the new situation” and “to get a new completeness in life”. These findings hold great implications for the development of
my program. This article helps to show the need for father-focused groups that target paternal-infant bonding to increase the participation of the father in child rearing.


**Abstract:**

Father-Inclusive Practice Principles are modeled on family-sensitive principles already in use within family and health services and on proposals for sustainability within the child care sector. The nine principles and their implications for service providers were developed through the Father Inclusive Practice Forum held in Newcastle in 2005.

Discussion with policy advisors, practitioners and researchers throughout the Forum process suggests that father inclusive practice which benefits fathers and their families is more likely if the following practice principles are present. These practice principles form a useful framework for developing father-inclusive practice and operate in addition to other principles of good practice. **Premise:** Fathers are important for the well-being of infants and children.

Father-inclusive practice contributing to an inclusive and just society will feature:

- Father awareness
- Respect for fathers
- Equity and access
- Father strengths
- Practitioners’ strengths
- Advocacy and empowerment
- Partnership with fathers
- Recruitment and training
- Research and evaluation

**Summary and Significance:**

This article offered appropriate and applicable suggestions for general tips in the nine areas for practitioners developing a fatherhood program. All tips that are listed below were taken into consideration when developing the proposed program development plan.

**Father awareness**
Staff are able to articulate why father inclusion is important
The needs of groups of fathers not accessing the service are identified to assist shaping the program’s approach to fathers
Staff are aware of different roles that fathers can play and the fluidity of roles over time among different men
Father focused promotional material, especially visual, is utilized
The term ‘father’ is included in service titles
It is acknowledged that fathers have been marginalised
Father-inclusive practice is inserted into service guidelines and protocols
Positive stories about men and fathering are circulated
Models or stories of fathers sharing parenting responsibility are promoted
Include participation/access by fathers in routine data collection and statistical reporting

Respect for fathers
• Value the relationships of fathers with their children and their partners
• Create a father-friendly environment
• Create a male presence
• Use positive images of fathers
• Address fathers by name
• Engage fathers in informal conversations focused on their children
• Provide a range of opportunities for fathers to give feedback
• Acknowledge the diversity of fathers in service training
• Acknowledge distinct and specific strengths of fathers
• Address assumptions about fathers in the internal and external community
• Inclusion of reference to fathers and families as a whole rather than only the mother-child dyad in organizational values and statements of organizational aims

Equity and access
• Address parents as ‘fathers and mothers’; replace ‘for mothers’ with ‘for parents’ or with ‘for mothers and fathers’
• Identify potential barriers to fathers’ participation
• Develop a specific service statement about the commitment to father friendly approaches and support of father-child relationships
• Recruit in the places where men are
• Incorporate initial identification of fathers into management approaches using team involvement
• Use men’s language and avoid professional jargon
• Advocate for more men in the service
• Seek contributions to policy from men and women who value father/child relationships
• Acknowledge that it is acceptable for fathers not to be involved
• Create a framework, establish benchmarks and set standards for father inclusion
• Explore the needs and preferences of fathers

Father strengths
• Identify and celebrate the strengths of fathers
• Understand that fathers are the experts on identifying their support needs
• Design programs that are active, fun and centered on father-child or father-infant interaction
• Use active listening and reflective listening
• Acknowledge the father’s presence and purpose
• Provide an environment that is visually inclusive and reflects cultural diversity and men’s interests
• Involve fathers in the design and delivery of the program
• Engage fathers with purposeful tasks
• Acknowledge the fathers strengths and resilience in the face of often complex competing demands

Practitioners’ strengths
• Use good interpersonal skills, maintaining confidentiality, being reliable and non-judgmental
• Develop special competencies for father engagement
  o rapport with men, ability to talk and listen to men, capacity to work with issues of conflict and power
• Form partnerships with other agencies to promote inclusion of fathers
• Network with and mentor other professionals
• Undertake professional learning (eg training days, seminars, conferences)
• Encourage co-facilitation by male and female staff
• Acknowledge that women can facilitate groups of men
• Promote fathers mentoring fathers
• Be aware of referral services suitable for fathers
• Keep up to date with research and current practices relating to fathers and share knowledge with other practitioners
• Use communication styles which are specific for males and females as well as developing a common language
• Develop engagement skills for fathers from culturally and linguistically diverse groups

Advocacy and empowerment
• Advocate for fathers with employers, women, community members and organizations
• Assist fathers to actively communicate their needs
• Include fathers in developing policies and services
• Promotional material includes father stories and father images
• Develop partnerships including government promoting open conversations around the benefits for fathers and families
• Make information available to fathers in the media and web, in services, and in educational institutions
• Raise debate on the implications of father-inclusion in professional and community forums
Partnership with fathers
- Inform mothers and other family members about the purpose of father inclusive initiatives
- Involve mothers and other family members in the recruitment of fathers for programs
- Invite mothers and other family members to be advocates for father inclusion
- Support fathers to network and connect with each other
- Advocate for fathers with employers for access to services and family friendly conditions
- Frame the partnership with fathers to reflect a two way process

Recruitment and training
- Support staff training in father inclusion
- Develop an accredited course for working with men
- Provide training for female staff in working with male staff
- Advocate in the industry sector for father-inclusive training

Research and evaluation
- Keep staff up to date with research on fathers and work with fathers
- Encourage referral agencies to collect data
- Include all stakeholders in research and evaluations throughout the complete process, eg children, other family members, service managers and other participants in the service
- Build research and evaluation into the service plan

Communicate the results of research and evaluation to stakeholders and the wider community


Abstract:
Our nation has turned its focus to personal responsibility and has subsequently formulated policies that have reformed welfare and strengthened child support enforcement. Teen fathers continue to present dilemmas for policy makers because of their status as minors, their lack of understanding of the policy implications for parenthood, their lack of skills, and their high unemployment status. African American teen fathers shoulder a larger burden in respect to the high unemployment rates and high drop out rates for African American males. Policies and programs must be developed that not only involve teen fathers with their children, but also provide them with the skills necessary to financially support themselves and their children.

Summary and Significance:
This article speaks in support of the father to be recognized and respected for both the psychological and emotional support they provide for their child and the stability of the
community, and not just for financial support. This author speaks on the grounds of a unique position having both a master in social work and a jurist doctorate in law. She explains the incongruent relationships and policies established through the court system that can often lead to anger and tensions between the parties and even the court authority. In addition, if the father is unable to meet the high demands of court orders, they often become incarcerated or denied visitation, which only leads to more resentment to the system and to the mother, and consequently, resulting in the lack of involvement in the child’s life. Thus, a program that explains policies and rights of the father in addition to supportive and culturally-sensitive services should all be provided to fathers who desire more involvement with their children. Finally, the author targets teen African American males as the population with the most immediate need for supportive programming.


Abstract:

The Teen Father Collaboration, a two-year national research and demonstration project launched in 1983, was designed to determine the most effective ways to assist teenage fathers in contributing to their children's social, emotional and financial well-being. Eight social service agencies from around the country provided nearly 400 young fathers and prospective fathers--most 17 or 18 years of age--with a variety of services, including counseling, educational assistance and job training. Many young fathers wanted to contribute financially to their children's upbringing but had only a limited ability to do so because they were unemployed or needed job training. By the end of the project, 56 previously unemployed participants had taken part-time jobs, and 92 participants had found full-time employment; nearly half of the non-graduates who were not enrolled in school when they entered the program had returned to school, had obtained their GEDs or had enrolled in GED classes by the time the Collaboration ended. An aggressive approach to recruitment and a good knowledge of the community were considered to have been crucial to the success of the programs: Staff members had to be able to go into the community and reach young men on a one-to-one basis. The experiences of the
agencies indicate that a man in his 20s or 30s from the same ethnic and cultural background as the teen-age clients usually succeeded best as a counselor. The study also shows that ambivalence on the part of a cooperating agency was probably the most important factor hindering the efforts of the Collaboration.

Summary and Significance:

Although this particular article is over 20 years old, the findings are still relevant and similar to the current literature findings on fatherhood programming, needs, and barriers. This article specifically mentions the struggles of recruiting and reaching young men. In order to successfully obtain over 400 participants, the authors relay their success was due to one-to-one contact between fathers from a slightly older man of the same background that in relatable to the young teens. These findings, still holding true today, offer good implications for hiring future candidate to fulfill the position of the proposed program.


Abstract:

Employment leave patterns, factors affecting these patterns, and the impact on involvement with children were assessed for fathers in thirty-eight couples. Parents completed self-administered questionnaires on work schedule changes after the arrival of a baby, reactions to these changes, child care activities, and attitudes. An average of the mother's and the father's assessments for the twenty-one items and index were used to measure fathers’ involvement. Almost half of the fathers took some leave, but few utilized parental leave benefits. White non-Hispanic fathers who shared equalitarian beliefs with mothers were the most likely to take leave. Fathers who took leave were more likely to share some child care tasks with mothers than were fathers who did not take leave, but no differences were found for time spent or taking responsibility for child care. Holding equalitarian beliefs, the amount and source of income, education, and hours worked were predictive of greater involvement.

Summary and Significance:

This article not only includes implications for long-term paternal involvement in childrearing but also includes an in-depth look at demographic and employment leave patterns to
address paternal involvement and paternal-infant bonding. The study distributed questionnaires to parents in which work schedule changes after the arrival of a baby, reactions to changes, child care activities, and attitudes were all examined. As expected, the study showed that fathers who took leave were more likely to share some child care tasks with mother than were fathers who did not take leave. This study holds great implications for the development of my program, as it shows the relationship between the amount of bonding time with the child and the positive long-term effects, not only for the child, but for the spousal relationship.


Abstract:

The U.S. Department of Health and Human Services (DHHS) contracted with The Lewin Group to develop a management information system to help eight DHHS-sponsored Responsible Fatherhood Projects with tracking and reporting on program participants. The system – referred to as the Responsible Fatherhood Management Information System (RFMIS) – was developed also to be more widely applicable to other responsible fatherhood (or parenting programs serving non-custodial parents) that have emerged in recent years across the nation.

This technical assistance project was originally designed to assist each Responsible Fatherhood Project site with the development of data forms and a working automated data system to track participant characteristics, services received, outcomes, and costs. The RFMIS, originally designed to operate using Microsoft Access 97, has been updated to operate using Microsoft Access 2000. A follow-up survey has also been added to the system, which enables users to collect follow-up data on participants at a future time (i.e., six months or a year after the individual enters the program) to facilitate analysis of project outcomes. The revised RFMIS is designed so that users can – if desired – use the programming capabilities within Access 2000 to tailor system components to local program operations and adapt the system over time to meet future program needs (i.e., it is possible for sites to add new fields, change form views, and create new report formats).

Summary and Significance:
This manual provided a structured format for a government-based fatherhood program. This program was particularly helpful from information provided in Section 3: Participant Data Forms. In this section, six basic forms were identified and explained, including intake, assessment, participant service needs, personal information, and case-closing interview forms. The first two forms were intended to capture background information about the responsible fatherhood project participant, including contact information, employment history, and potential barriers to employment and effective parenting, services each participant receives on a monthly basis, as well as data on each of the participant’s children. Additional forms are intended for use by the professional working with the young fathers, providing key elements to observe while interacting with participants. This section provided good insights for elements to include or observe while developing surveys and completing focus groups this program development plan.

**The following two chapters were utilized from occupational therapy core text books in order to better apply the Model of Human Occupation and Role Acquisition Frame of Reference**


Abstract: This resource does not have an abstract.

Summary and Significance

The model of human occupation was developed in the 1980’s and primarily concerned with the motivation for occupation, pattern for occupation, subjective dimension of performance, and influence of environment on occupation. In this model, humans are composed of three main elements: volition- or one’s personal thoughts and feelings on what they find important and meaningful, habituation- or the organization of one’s doing into the recurrent patterns that make
up much of daily routines, and performance capacity- or one’s physical and mental abilities in addition to the lived experience that shapes performance. This model has been intended for use with any person experiencing problems in occupational life and applicable across the life span. When comparing other models of practice for occupational therapy, they are mainly designed to be used with a population that is experiencing some type of dysfunction. Thus, MOHO is fitting for the adolescent young father population as this population is specifically experiencing problems in his occupational life. More specifically, young fathers have difficulty identifying what is now important and meaningful as their life role has recently changed. In addition, they have a difficult time with the concept of habituation now that his life has completed a 180 degree change. Finally, young fathers lack an adequate supply of performance capacity, as their new roles have yet to be fully conceptualized and experienced. This model of practice will thus allow the above areas of occupational life to be applied to the interaction of each father’s unique environment, including the impact each area will gain and/or lack.


Abstract: This resource does not have an abstract.

Summary and Significance:

The role acquisition frame of reference was first introduced by Ann Mosey, OTR, in 1986. The theoretical base of the Role Acquisition frame of reference is primarily concerned with the learning of those social roles required of the individual in the expected environment. Mosey believed that the skills make possible the formation of roles while the roles enhance skills, creating a dynamic relationship. This frame of reference was developed for use with individuals who have not learned how to participate in required social roles and those who are
having difficulty with role transition. The theoretical base of this frame of reference can be broken down into five main categories: the nature of the individual, what needs to be learned, how learning takes place, typical and atypical development, and appropriate tools. Additionally, this frame of reference states that adaptation occurs in seven main areas:

- perceptual/motor skill
- cognitive skill
- drive/object skill:
- Dyadic interaction skill:
- Group interaction skill
- Self-identity skill
- Sexual identity skill:

Mosey places a huge emphasis on task skills, interpersonal skills, social roles, and temporal adaptation in relation to the above factors.

Role Acquisition frame of reference is appropriate for individuals who have not learned how to participate in required social roles or who wish to participate in these roles in a more effective manner. It is particularly applicable for individuals who are experiencing difficulty with role transitions, such as becoming a father while still figuring out who you are as a person (adolescence). Additionally, this frame of reference allows the participant to identify skills and barriers within his self and within the environment that prevent adaption of his new roles. In this manner, adolescents who have reported a number of environmental barriers will be able to apply Mosey’s frame of reference for a more successful role transition. Thus, this frame of reference compliments the many challenges adolescent fathers experience.