

PIP: Parenting Implementation Project

Delivery Resource: Fathers

Assessment tool to review the emotional health of fathers in the post-natal period

Surrey Parenting Education and Support have developed a draft tool for evaluating and supporting the mental health of new fathers. The tool may be particularly useful where the fathers have partners who are experiencing post-natal depression (PND), at risk of PND or anxious. Similarly the tool may be useful where fathers themselves are experiencing anxiety or depression.

The tool was developed in conjunction with the Fatherhood Institute and accompanies this background paper.

The tool builds extensively on a framework of ante and post-natal interviews developed as part of the European Early Promotion Project Primary Health Care Worker Training Manual. (Davis, H et al 2000). This tool has been adapted to be inclusive to fathers and their partners.

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Assessment tool for supporting the mental health and wellbeing of fathers with infants between the ages of 0 and 24 months

Background

Surrey Parenting Education and Support have developed a tool for evaluating and supporting the mental health of new fathers. The tool may be particularly useful where the fathers have partners who are experiencing post-natal depression (PND), at risk of PND or anxious. Similarly the tool may be useful where fathers themselves are experiencing anxiety or depression. A draft tool was developed in conjunction with the Fatherhood Institute and accompanies this background paper. The tool builds extensively on a framework of ante and post-natal interviews developed as part of the *European Early Promotion Project Primary Health Care Worker Training Manual* (Davis, H et al 2000). This tool has been adapted to be inclusive to fathers and their partners.

The process

The project was undertaken as follows:

- Staff focus groups and individual phone interviews.
- Individual interviews with self selecting mothers and with fathers who have experienced existing interventions in the form of participation in a massage group or one to one infant massage training.
- Development of a rationale for engaging fathers using an evidence base built on research into three discrete areas.
- Examination of existing tools for measuring well-being and development of a new tool.

Summary of progress to date

Staff focus groups and individual interviews

The Fatherhood Institute ran a 90 minute session with representatives of Tier One and Two staff working across Surrey including health visitors, primary mental health workers etc who have been trained to deliver support to mothers and their partners who are suffering from PND or who are defined as vulnerable. The staff group were self-selecting. Individual interviews are currently being undertaken with staff who could not attend.

The intention of the focus group was as follows:

- To examine existing practice in engaging with ante and post-natal mothers and fathers in relation to their emotional well-being.
- To explore any systemic or cultural barriers to the engagement of fathers in the support of their partners/children and their own mental health in the first two years of life.
- To consider the practical constraints which staff face in developing engagement with fathers and explore possibilities for overcoming these.
- To assess the capacity of the staff team to use a new assessment tool and to examine their training/supervisory needs in relation to this.



Supported by

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Preliminary findings

The focus group of health professionals included health visitor's school nurses and teenage pregnancy practitioners; They presented as thoughtful and reflective and committed to best practice in all their engagement with mothers and with fathers in their existing work.

Practitioners gave anecdotal evidence of their engagement with individual fathers. For various reasons this tended to be incidental rather than systematic. It was dependant on individual staff members and their capacity to engage confidently due to the absence of an organisational expectation that engagement should happen systematically.

There was:

- Huge interest in the research evidence which the researcher presented and the potential benefits that fathers offer to mothers with PND and in relation to other infant health issues such as smoking and breastfeeding support.
- Desire for information to give to fathers.
- Awareness of the vulnerability of particular fathers during the post-natal period.
- Concerns about the capacity and expertise of staff to engage with fathers who seem uncomfortable during appointments and home visits.
- The staff expressed an interest in training in the assessment tool and the evidence which supports it so that there is an understanding of the rationale for engaging fathers and of techniques for engaging them.

Focus groups with mothers and fathers who have experienced existing interventions

The intention of the research was to conduct focus groups with fathers and with mothers. However our attempts to recruit individuals to participate were delayed due to the requirement to seek approval at the local Ethics Committee. The draft tool is being made available for others to test and pilot in their own areas, subject to their own local ethics arrangements. The tool will be taken forward in Surrey by the Parent/Infant Mental Health Steering Group.

Simple strategies for engaging with fathers

Work from the premise that fathers are involved in the lives of their children, even when they are not living with their children's mothers.

Expect fathers' engagement with the intervention and challenge fathers who do not engage.

Work with mothers respectfully on their fears and doubts about greater engagement with the fathers by the service.

Routinise the systems and processes health care teams use so that fathers are automatically included in all appointments/meetings etc.

Design meetings and appointments to reflect the work patterns of fathers and mothers. This will have implications for individual services and their working arrangements. Staff should of course observe good practice in terms of risk assessment and safety of themselves and of the families they work with.

Once fathers are engaged with, seek opportunities to gather full data on them, including another 'contact person' who is likely to know their whereabouts.

Take a strengths-based approach in any engagement with fathers, seeking first to identify what they believe to be their positive influence on their children and on the mothers.

Make specific information available to fathers about their role and the value of positive engagement with their children.

Explore staff attitudes to men and to fathers across your entire team – including gatekeepers such as reception staff.

Build in ongoing opportunities for critical self-reflection by managers and staff on engagement with fathers and attitudes towards this.

Summary

The research process included both a review of the literature and an examination of practice models for engagement of parents/fathers and staff focus groups.

The attached assessment tool has evolved from this process.

Recommendations

- It is clear from discussions with health professionals that they would benefit enormously from training in use of the assessment tool and the evidence which supports it so that there is an understanding of the rationale for engaging fathers and techniques for engaging them.
- Information for fathers: It is invaluable that practitioners who are engaging with fathers are aware of services and resources that they can signpost fathers and their partners to.
- Supervision of staff: Staff engaged in work with fathers in relation to their mental health and that of their partners should have adequate opportunities for supervision.

Annex A

Draft interview tool to assess the emotional wellbeing of mothers and fathers of infants from birth to two years

Fatherhood Institute commissioned by Surrey Parenting Education & Support

This tool is designed as an instrument to direct and facilitate the contacts of staff with mothers and fathers who are in the last trimester of pregnancy and with mothers and fathers of children aged six weeks to 24 months. It has been adapted from a pre and post-natal tool designed by the *European Early Promotion Project Primary Health Care Worker Training Manual* (Davis, H et al 2000). It is designed to be used by tier two staff who will have the knowledge, skills & qualities needed to ensure a supportive, sensitive and empathic session. The tool should be used alongside the accompanying briefing document.

The interviews should be used during appointments with mothers and fathers about twenty weeks before and between six weeks and six months after the birth but can be used up to 24 months after the birth.

These appointments need to be planned well in advance taking into account the working patterns of fathers and of mothers. Both parents should be formally invited (and expected) to attend, including non-resident parents. Where the father is non-resident and the mother is happy about him being there, then that should be straightforward, and the professional should seek to engage them both together. However, where that would not be appropriate, the mother might still be open to the professional engaging with the father separately. If she definitely does not want this, then the professional should return to it at another time, perhaps after the mother has been interviewed.

Preparation for the interview

Time frame and setting

The antenatal interview should take around one hour to complete. It should take place in a setting in which the family feel comfortable and at ease and where there will be no interruptions. If the interview is going to take place at home ensure that this is discussed and agreed before the interview takes place.

The post-natal interview will take longer (90 minutes) and could be divided into shorter segments as appropriate to take place over one or two appointments; allowing time to summarise the key elements of earlier interviews enabling mothers and fathers to feel that they are being listened and responded to.

Resources

Ensure that you are aware of local organisations which can provide information and support for fathers including Children's Centres; Health Visiting Team.

It is particularly important to have specific information and resources designed for fathers. www.dad.info and www.odadeo.com are useful websites for fathers and *A Dads Guide to Babycare* by Colin Cooper is a helpful publication for new fathers.

Record keeping

Because of the flexible structure of the interview process which is designed to create opportunities to respond to the issues and concerns of individual fathers and mothers we suggest you use a standard note-taking process using the key headings where appropriate to guide and create structure.

The ultimate goals of these interviews/contacts are to

Promote positive interaction and attachment between parents and their babies as a key element of healthy psychosocial development during infancy and childhood.

Facilitate the transition to parenthood of first time mothers and fathers and develop their capacity for mutual support, whether or not they are living together.

Identify and explore the needs of mothers and fathers who may be under a range of pressures or showing indications of anxiety or post-natal depression.

To achieve these aims the development of a relationship of mutual trust between each parent and key staff is paramount. Staff should explore both the mother's and the father's feelings, attitudes and expectations and listen to them thoughtfully and non-judgementally – particularly in relation to the father.

Staff should be aware of their non-verbal cues and interaction with both parents, offering eye contact to each individual and using inclusive language.

We would recommend that staff should be given gender-awareness training and training to enable them to manage the dynamics of engaging with a couple, given that many will be more used to one-on-one interactions.

The interview should also facilitate the development of solution focused and mutual support strategies by the parents around feeding, care and communication with babies as well as signposting them to other services when this is appropriate. Take into consideration the differing

needs and experiences of each family and each father and the social and cultural expectations that may define their understanding of their role.

Pre-natal interview

Where parents attend together, welcome each member of the couple by name, offer somewhere comfortable to sit and give eye contact.

Introduce yourself; explain your role and the purpose of the meeting. Thank them both for coming. Ask some general questions to both partners about how the pregnancy is progressing.

How did you each/both feel when you found out about the pregnancy?

When the feelings expressed are positive, acknowledge what is being said.

When some negative emotions are expressed – fear, concern, ambivalence, anxiety etc. – encourage each partner to open up a little more.

Say a bit more about that

The aim throughout the interview is to enable each partner to express any anxiety and/or negative feelings and to adopt a problem solving approach to dealing with them.

The interviewer should express an authentic interest in the couple's and in each individual's wellbeing by giving them the opportunity to talk.

To what extent have you been able to discuss your feelings together?

To what extent do you feel that you have been able to support one another emotionally, practically etc.?

The baby's father's feelings towards pregnancy should be explored and where necessary this could be carried out at a separate interview (if the couple are separated or if there has been domestic violence perpetrated by either partner and they have indicated they do not wish to be interviewed together).

How did you feel when you first learned about the pregnancy?

How are you feeling about the pregnancy now?

How involved have you been so far and what has your role been? (Scan etc)

How are you feeling about the birth? Do you feel prepared for the birth and have you agreed your role in the process? Tell me what you have planned?

Is there anyone else amongst your family/friends who may attend the birth?

(Sometimes fathers, particularly 'vulnerable' fathers may feel excluded from decisions about the birth from very early on because other female family members have expressed a wish to attend the delivery. Gently question both parents about this and help the couple to find a solution that works for them both).

Where have you found information about the birth . . . about preparing for motherhood/fatherhood . . . about handling your new baby? Have you any ideas about what you could do to feel more prepared?

What about breastfeeding? Do you know WHY breastfeeding is best for your baby? Do you think there may be difficulties? If so, what might these be? Can we offer you a further session to prepare you more?

Positive feelings – reinforce them by pointing out the advantages of breast-feeding.

Negative feelings – give the couple an opportunity to express their negative feelings or fears and be prepared to contain them without judgement.

What about practical information: money, sex, maternity/paternity leave, benefits etc.? Is there any other information you would like to ask me for at this point?

Tell them about services of information they can draw on e.g. Families Information Service, Children's Centre, Dad.info and Parentline Plus.

Are you each getting enough emotional support? Are there other people you feel you can talk to or ask questions of?

If the father's feelings are positive and he is being supportive to the mother and is feeling involved and supported – endorse him and remind him of how valuable his positive contribution is.

If the father's feelings are negative or he is anxious or under-confident listen carefully and respectfully, remind him of how important his role is and talk to him about what he can do to feel better prepared.

How do you expect the baby's arrival to affect each of you individually and your relationship? What do you think will be positive? What concerns does either of you have?

How do you expect other people to be affected (other children, grandparents etc)?

What support do you have – or will have after the birth – to help you negotiate changes in your relationship?

These open questions could bring a range of possibilities including, for example, changes in: daily schedule, physical/mental state or family relationships. If these are not elicited then explore further by 'prompting' on any of these or other 'missing' issues.

If positive changes are anticipated – reinforce them.

If negative changes are anticipated (conflicts on child rearing practice, jealousy of siblings, lack of support with baby's care, financial or housing problems etc) – ask:

How do you think you are going to deal with this/these issue/s?

If a positive solution is anticipated – reinforce it.

If no solution is foreseen – encourage the couple to solve the problem together by identifying the role each could play and how they could help each other.

Post-natal depression: (if this has not already emerged as an issue)

Sometimes some mothers and some fathers – or both – can get depressed after having a baby. Do you think this is likely to affect either of you?

The interviewer should help the couple to think about possible ways of obtaining adequate social or psychological support and be prepared to signpost or refer to colleagues in CAMHs etc. The interviewer should also express readiness to talk again about these and other issues at a later date, and offer ongoing support to the couple.

Do you have any further concerns or questions or is there anything else you would like to talk about?

It is important to end the interview in a constructive way which shows warmth and acknowledges any worries that have been identified as well as any solutions.

Briefly summarise what has been said

The interviewer should express her/his readiness to talk again on the subjects raised and the timing of the next visit should be planned taking into account the working patterns and availability of each and agreeing a suitable location for the meeting.

Post-natal Interview

As with the pre-natal interview, it is important to set this up so that both parents can attend. Inform them when setting up the meeting that it can be really good for their baby's development for both parents to tell their experiences to you.

Welcome the couple and their baby. Address both equally. Give eye contact. Explain the purpose of your visit; to find out how things have been since the birth of their baby and to discuss any concerns they have. This family could have been referred because of concerns about the mental health of the mother following the Edinburgh post-natal scoring etc or you may have worries about the wellbeing of the father).

Ask some general questions to make them feel comfortable and at ease.

So – how has it been, having a baby in the house?

How was the birth?

Encourage the mother to talk about the birth to say how she felt about it and what happened.

Invite the father to talk about the birth from his perspective.

Acknowledge what is being said and gently probe for a fuller account if necessary.

If either the mother or the father experienced any aspect of the birth as difficult, traumatic or disappointing acknowledge what has been said, offer re-assurance and remind them of other options for help and support such as referral for counselling/psychiatric support or more practical solutions which ease isolation.

Mental health

How do you each feel now that the baby is here?

Positive feelings – reinforce.

Negative reaction/changes – encourage the couple to discuss these difficulties and explore possible solutions such as sharing baby's care and night time feeds, household tasks, time together, asking other family members for specific support.

The couple's individual and shared perceptions of their baby

What is your baby like?

Positive perception: reinforce it.

Negative perception: try to identify the area of difficulties by asking:

Is there anything you are finding particularly tough?

In the first few months after birth period parents often feel the child is 'difficult' because of problems in establishing basic rhythms (feeding, sleeping, waking patterns). They may also be unaware of ways in which to communicate with their baby. These areas should be further explored according to the response to the question.

Special attention should be given to mothers or fathers who have a very negative perception of their baby. Concerns should be discussed with your supervisor/manager/team and if necessary a consultation with a specialist (e.g. psychiatrist) arranged.

Feeding

How is the feeding going, what method, how often, how is feeding shared between mother and father?

Encourage close contact between the mother and baby during breast-feeding (holding close eye-to-eye contact and noticing feed/pause patterns). Encourage the father to support this process, helping the baby to latch on to the breast. Keeping the mother comfortable and hydrated, winding and changing the baby between feeds. Using simple massage techniques to calm the baby and build attachment.

If the couple are sharing bottle-feeding encourage by giving close contact such as cuddling and including eye contact during feeding.

Ensure that both mother and father are fully aware of the benefits of breastfeeding, have direct help with any difficulties, understand how and when breast pumps can be used, and so on.

Sleeping

How is the baby sleeping? (e.g. how long, how often, when, what is the baby's sleep like?)

If the couple reports difficulties in their baby's sleeping, encourage them to discuss their expectations and possible solutions.

What do you think would help your baby sleep better?

Encourage the couple to find workable solutions. Signpost to universal services such as Health Visiting and Children's Centres.

Communication between the mother and father and the baby

Do you feel you understand your baby's needs? Can you tell from the way the baby cries whether it is hungry, wet, uncomfortable?

Encourage the couple to discuss this and any worries they have about communicating with their baby and understanding its needs.

Do you talk to, sing with, and play with your baby? How does she/he respond to this? Do you have different ways of communicating with your baby?

Endorse the positive things that are being said and encourage reflection on any difficulties with communication.

The couple's emotional capacity to cope with their baby's demands

Is it ever difficult to calm or comfort your baby or stop them from crying?

The interviewer should be encouraged to get a detailed description of what happens.

The aim of these questions is to establish whether the mother and the father feel able to contain the child's distress and to facilitate it, or whether either has difficulties in containment (e.g. reacts with confusion, panic or ignores the child).

How do you feel you support one another in dealing with these situations?

Discuss some activities that might have a soothing effect on the baby. (including infant massage).

Try not to make the mother or father feel that they are failing to comfort their crying babies. Sometimes babies can be difficult to reassure and comfort and cry a lot.

If the mother or father expresses feelings of indifference or hatred towards the child pay particular attention and consider arranging a further consultation with a specialist.

Conclusion of the interview

How have things been generally since we last spoke? Has anything major taken place since then?

End on a positive and warm note, summarising the discussion and affirming what has been said and signposting where necessary. Tell the family what will happen next e.g. when/if you will follow up with them; whether a referral to another source of support or information would be helpful.

It may be the case that if a family is identified to have additional needs, you will be required to follow agreed local procedures and referral processes. Ensure that you undertake such procedures including parental consent to promote partnership working with the family and to inform the family about any concerns you may have and the processes that may accompany this.

Annex B

Summary of research: building a rationale for engaging fathers

The evidence gathering process is focused on three discrete areas:

- Review of recent and historical research into the range of impacts that fathers engagement or the lack of it can have on the lives of children and of mothers and the role social systems may play in failing to engage fathers.
- Research into post-natal depression in fathers and in mothers.
- Research into parenting education programmes for fathers with a particular emphasis on those programmes which reflect elements of the existing infant massage model used in Surrey. This includes the development of attachment between fathers and their babies by teaching infant observation or the Brazelton method (this is infant communication originally designed for infants in special care baby units involving teaching parents to lock eyes with the infant in mutual gaze and read their emotional signals), using touch, teaching practical techniques and giving fathers specific information about their role etc.

Review of recent research

What does the research tell us about why we should work with fathers?

Participation by fathers in interventions leads to a wide range of positive outcomes for the child:

- Improved behaviour and parenting style.
- Increased knowledge and understanding of child development.
- Increased confidence in their parenting skills.
- More sensitive and positive parenting.
- Greater involvement in infant and child care.
- Greater interaction with children (O'Brien 2004).

It is highly likely that as fathers become more involved with their children, they become more sensitive to their needs as, through higher involvement, they come to know them better (e.g. Ninio & Rinott, 1988).

A secure attachment with the father is an important protective factor against disturbance in children whose mother suffers from a mental illness including post-natal depression (Hall 2004).

Child mother attachment is more secure when child-father attachment is secure. Positive father/mother relationships are linked with good childcare outcomes. (Freed et al 1993).

The lack of engagement of professionals begins early in fathers' experience

Bunting & McAuley (2004b) in a review of US and UK studies found young fathers reporting limited/no contact with midwives, health visitors and social workers.

This is despite the fact that 86 % of all fathers (and 96% of fathers in married or cohabiting couples) are present at the time of the birth and over 80% attend at least one scan. No other window of opportunity for father engagement achieves this level of father attendance.

Research with midwifery staff in West Virginia in the US also shows that midwives/health professionals can have a significant role to play in enabling ambivalent men to acknowledge their paternity.

The impact of fathers' depression on infants and children

A substantial, UK/US study (Ramchandani et al 2005) which controlled for mothers' depression, found high levels of emotional and behavioural

problems in children (particularly boys) aged 3.5 years associated with earlier depression in their fathers (Ramchandani et al, 2005). The mechanisms by which this occurs are not fully understood. Both direct and indirect effects are likely. For example:

- Fathers' depression puts at risk the quality of the relationship between the parents (Phares, 1997); and better couple relationship quality has been linked to lower infant fussiness scores (Dave et al, 2005).
- Fathers' depression (like mothers') limits their ability to parent effectively (Huang & Warner, 2005).
- A three-year study of first-time fathers in Australia found stress negatively affecting fathers' attachments to their infants (Buist et al, 2003).
- In the US, a study of Head Start families found that fathers with higher levels of depression had less involvement with their children (Roggman et al, 2002).
- When both parents are depressed and the depressed father spends medium/high amounts of time caring for his infant, his depression has been found to exacerbate the negative effects of mothers' depression (Mezulis et al, 2004).
- A pilot study to assess the relationship between paternal mood and infant temperament found higher paternal depression scores, more traditional attitudes towards fathering and increased recent life events related to higher infant fussiness scores (Dave et al, 2005).

However, McElwain & Volling (1999) found depressed fathers less intrusive than non-depressed fathers when observed playing with their 12-month-olds; and Field et al (1999) reported that depressed fathers did not interact with their infants more negatively than non-depressed fathers did.

Conversely, high psychological well being in fathers is positively associated with their sensitivity as parents (Broom, 1994).

Ameliorating the impact of mothers' depression on infants: 'father-as-buffer'

When and how may fathers' behaviour 'buffer' negative effects of mothers' depression?

- Fathers have unusually high amounts of interaction with insecure-avoidant infant girls (Fagot & Kavenagh, 1993).¹
- A small observational study with 25 families found that in most families where mothers suffered from persistent depressive mood, their infants had established joyful relationships with their fathers, and infant-father attachments were secure. (Edhborg et al, 2003). Similar findings are reported by Hossain et al (1994).
- Infants of chronically depressed mothers have been found to learn in response to *fathers'* (but not *mothers' or other women's*) infant-directed speech (Kaplan et al, 2004).
- Where mothers are depressed post-natally fathers' self-reported parenting styles interact with the amount of time they spend caring for their infants to moderate the longitudinal effects of the mothers' depression on children's internalising behaviours in childhood (Mezulis et al, 2004).
- Fathers' support can shield the infants of chronically depressed mothers from negative outcomes (Field, 1998), promoting greater maternal responsiveness to their infants (Jackson, 1999) and minimizing power-assertive maternal child-reading attitudes (Brunelli et al, 1995).²
- A study that followed a large group of U.S. children over 10 years, found that although mothers' depression was related to escalating child behavior problems, this was not the case among children who said their fathers were highly involved in their lives (Chang et al, 2007).

1. These researchers hypothesise that the elevated risk of behavior problems found in sons of postnatally depressed mothers may be linked to the fact that *both* parents tend to interact less with insecurely attached infant boys.

2. However, where family problems are extreme and maternal warmth and acceptance very low, a positive father-child relationship may not prove sufficient 'buffer' on its own (Jorm et al, 2003) particularly where children are very young (Mezulis et al, 2004).

- Women who, as children, experienced maternal rejection and/or had a mother who experienced depressive symptoms are at elevated risk of developing depression in the post-natal period. However, if their relationship with their father is remembered as positive and 'accepting': then they are much less likely to develop depressive symptoms post-natally (Crockenberg & Leerkes, 2003).

When mothers are especially vulnerable, it would seem wise for child and family professionals to pay particular attention to supporting positive and substantial father-child interaction. However, a proactive and tactful approach may be needed: where new mothers' feelings of autonomy are low (Grossman et al, 1988) or they are depressed or lack confidence as mothers (Lupton & Barclay, 1997) they tend actively to exclude fathers, and the fathers may hang back, fearing their interference could exacerbate the situation (Lupton & Barclay, 1997; Lewis, 1986).

The finding that even after a mother's recovery from post-natal depression, adverse patterns of interaction with her child can continue (Cox et al, 1987) indicates the importance of including fathers in the intervention in both the short and longer term.

Specific interventions with fathers

In a well designed randomised controlled trial, fathers who observed the Brazelton neonatal behavioral assessment scale performed on their 2- to 3-day-old infants showed significantly higher quality interactions with those infants four weeks later. (Beal, 1989).

A randomised controlled trial of a prenatal intervention with low-income fathers (two sessions of factual information, practical skills training and bonding exercises) found substantially greater information-retention and parental sensitivity one month postpartum among the intervention compared with the control group (Pfannenstiel & Honig, 1995).

Of particular importance for expectant and new fathers is the opportunity to reflect on their own experiences of being parented, and on their own needs and feelings. Such opportunities can be provided in antenatal education, or in private conversation. Encouraging couples to have these conversations may be very beneficial. Expectant fathers who have a good understanding of their own needs and feelings have been shown to form especially close attachments with their infants.

Fathers who observed themselves interacting (on video) with their 5 and 6 month old infants and discussed this with a nurse, who also provided them with a handout, had increased scores on the Nursing Child Assessment Teaching Scale (NCATS) two months later, compared with a control group of fathers who showed a decrease in NCATS scores over the same period (Magill-Evans, 2007). There was no significant difference between intervention and control groups in fathers' reports of self-efficacy & satisfaction.

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