

Engaging Young Minority Fathers in Research: Basic Needs, Psychological Needs, Culture, and Therapeutic Alliance

Here we share valuable lessons learned from providing a parenting intervention, employment support, an internship, case management, and behavioral health services to young fathers in a community-based program, FatherWorks (an adaptation of Supporting Father Involvement¹), designed to reduce unintended pregnancies. These lessons were identified through monthly team meetings over the course of a six-year grant from the Personal Responsibility Education Innovative Strategies Program of the Family and Youth Services Bureau.

LESSON 1: IMPORTANCE OF BASIC NEEDS

The most fundamental issue in our randomized controlled trial implementation for at-risk youths in an urban environment was recruiting, retaining, and maintaining contact with young fathers throughout the 15-week intervention and the one-year postintervention follow-up. The trial findings supported Maslow's hierarchy of needs²: many of these fathers had multiple basic needs that were barriers to their becoming involved in such an intervention; specifically, many

were high school dropouts, used illegal substances, and had been involved with the criminal justice system. In addition, a number of these young fathers were housing insecure and had intermittent or no employment, leading to food and financial insecurity.

Safety was a major issue as the community agency where the intervention took place was located in a heavily stratified multiple-gang territory. Some of the young fathers did not want to cross into other gang territories to attend treatment. Our solution to this safety issue was to provide transportation by caseworkers to and from treatment.

We had to meet these fundamental physiological and safety needs both prior to engaging the young fathers and during the intervention itself. We found that the most effective intervention involved the use of social workers who connected the fathers with services, provided case management, and helped alleviate barriers to service delivery (e.g., transportation). Future fatherhood interventions aiming to recruit and retain young at-risk fathers should include services that seek to meet the basic needs of fathers prior to implementation of a behavioral health curriculum.

LESSON 2: FOCUS ON PSYCHOLOGICAL NEEDS

In conducting our research on sexual risk behaviors among young fathers, we quickly learned that belonging, love, intimate relationships, and peer support were very important and foundational to behavioral change.³ Young fathers, even those with a tough exterior presence, still have the basic need to belong. We found that healthy self-esteem supported fathers' ability to think about protection in sexual risk situations. Their self-esteem and sense of belonging often had to be enhanced so that they could have a sense of accomplishment in completing or attending the intervention. Many of these fathers, even if they were past their teen years, often behaved in a manner very similar to that of adolescents, for example being hyper-focused on peer belonging.

An example of the importance the fathers placed on peer

group norms was their interest in using the types of condoms their friends used. The young fathers initially did not want to use condoms that were free and available at the community-based agency. They instead had preferences for another particular type of condom and called the free condoms "getting pregnant" condoms because they were "cheap" and "thin." Thus, an important focus of the intervention was on the fathers' own psychological needs. Hearing the voices of these fathers and integrating them into treatment was an important part of program development.

LESSON 3: CULTURE MATTERS

Throughout our work (which involved predominantly African American and Hispanic fathers), three cultural groups emerged: African Americans (n = 122), Puerto Rican Hispanics (n = 118), and non-Puerto Rican Hispanics (n = 72). African American fathers were more likely to have completed high school and to report the use of corporal punishment than the other two groups, and Puerto Rican fathers were more likely than non-Puerto Rican Hispanic

ABOUT THE AUTHORS

Cristina Mogro-Wilson is with the School of Social Work, University of Connecticut, Hartford. Judith Fifield is with the Health Disparities Institute, University of Connecticut School of Medicine, Farmington.

Correspondence should be sent to Cristina Mogro-Wilson, PhD, MSW, University of Connecticut, School of Social Work, 38 Prospect St, Office 320, Hartford, CT 06103 (e-mail: cristina.wilson@uconn.edu). Reprints can be ordered at <http://www.ajph.org> by clicking the "Reprints" link.

*This editorial was accepted September 2, 2017.
doi: 10.2105/AJPH.2017.304130*

fathers to speak Spanish only in their household (C. Mogro-Wilson, A. Melville, E. Coman, and J. Fifield, unpublished data, 2017). Such group differences will affect the way we continue to conduct sexual risk and parenting research with young minority fathers. Having primary care providers (social workers, case managers, or therapists) who were culturally similar to the participants was important, helping the young fathers develop a relationship with someone they viewed as having similar cultural values.

Paying closer attention to cultural differences would have helped with our implementation of a fatherhood approach. Differences related to religion, how participants viewed and treated women, and relationship status emerged between the two Hispanic groups later in the study. These constructs were found to have different effects on sexual risk-taking behaviors. For example, it has been established in the literature that Hispanic women defer to their partners with respect to condom usage.⁴ However, the reasons why this is the case have not been fully researched.

In our study, we often heard from non-Puerto Rican Hispanic fathers that if their partner asked to use a condom, they concluded that the partner was “stepping out” of the relationship and cheating. By contrast, many of the Puerto Rican Hispanic men were more religious and less acculturated, and viewed their female partners as virginal or “pure,” leading to less perceived risk and less condom usage. Understanding cultural responses to sexual risk is important and may vary in different Hispanic subgroups.

LESSON 4: ENGAGEMENT IS KEY

Engagement⁵ is often operationalized according to the attendance of participants. However, the therapeutic alliance,⁶ engagement with therapists, and expressed interest in case managers and peer group members are often overlooked. The young fathers in our intervention were particularly engaged or interested in treatment when another young father who had previously received treatment was used in recruitment efforts. Therefore, the inclusion of a peer mentor would have been useful in terms of engagement. We suggest using peer-to-peer models for successful intervention engagement and retention. Personal connections and street credibility are difficult to gain without a peer being involved in the process.

Clinical staff highlighted engagement and the therapeutic alliance as the most significant contributors to successful completion of the intervention and changes in sexual risk behaviors. Future work in prevention of sexual risk behaviors needs to go beyond treatment attendance and implement different strategies (e.g., peers, therapeutic alliance) to enhance engagement and measure its contribution to outcomes.

CONCLUSIONS

Prevention and intervention models targeting adolescent pregnancy prevention are increasing, and services for high-risk youths are often provided at community agencies. Young minority fathers not engaged in mandated or school-based services are often marginalized and are in need of services accessible

in their communities. However, these fathers are often difficult to engage and retain in treatment.

We learned several important lessons through the course of our study that can inform this process. First, the importance of certain basic fundamental needs as barriers to participation cannot be overlooked, and case management by social workers can address these needs. Second, psychological needs, including peer norms and acceptance, are of heightened importance for young fathers, and thus understanding group norms is essential in providing treatments that best fit clients.

Third, paying attention to the multiple cultures served by community agencies will help in developing culturally attuned interventions. Finally, engagement and the therapeutic alliance are essential to retention and can be improved through the implementation of peer-to-peer models. Fatherhood is a window of opportunity to create changes in sexual risk behaviors that can affect the young father as well as the child and the mother. Future research should consider some of our lessons learned to better reach this important high-risk group. **AJPH**

Cristina Mogro-Wilson, PhD, MSW
Judith Fifield, PhD

CONTRIBUTORS

C. Mogro-Wilson conceptualized and wrote the editorial. J. Fifield contributed to revising the editorial and reviewed the final version.

ACKNOWLEDGMENTS

This project was funded through grant 90AP2669 from the Family and Youth Services Bureau of the US Department of Health and Human Services.

We thank the participants for their involvement in this research.

HUMAN PARTICIPANT PROTECTION

This study was approved by the institutional review board of the University of Connecticut Health Center.

REFERENCES

1. Cowan PA, Cowan CP, Pruett MK, Pruett KD, Wong J. Promoting fathers' engagement with children: preventative interventions for low-income families. *J Marriage Fam.* 2009;71(3):663–679.
2. Maslow AH. A theory of human motivation. *Psychol Rev.* 1943;50(4):370–396.
3. Elkington KS, Bauermeister JA, Zimmerman M. Psychological distress, substance use, and HIV or STI risk behaviors among youth. *J Youth Adolesc.* 2010;39(5):514–527.
4. Brady SS, Tschann JM, Ellen JM, et al. Infidelity, trust, and condom use among Latino youth in dating relationships. *Sex Transm Dis.* 2009;36(4):227–231.
5. Macgowan MJ. The group engagement measure: a review of its conceptual and empirical properties. *J Groups Addict Recovery.* 2006;1(2):33–52.
6. McLeod BD. Relation of the alliance with outcomes in youth psychotherapy: a meta-analysis. *Clin Psychol Rev.* 2011; 31(4):603–616.