Male Involvement: Visions for Success

While national magazine covers and feature articles bemoan the absence of men in the lives of our clients and their children, men throughout the country are meeting in "circles of fatherhood" to explore what it means to be a father and a man. It may seem ironic, after years of struggling to design women-focused services, to concern ourselves with the needs of men as we develop programs for pregnant and parenting women. The women served by AlA programs, however, are coping with recovery and parenting in a context in which men often play a significant role.

Role of Male Partner

Research indicates that drug dependent women tend to be socially isolated and more likely than men to have partners who also are chemically dependent (Wolper & Scheiner, 1981). The use of alcohol or other drugs plays a major role in their relationships, and enmeshment, codependency, compulsive sexuality, and histories of violence, make these relationships the number one relapse trigger for many women (Ewing, 1993). "To expect these women to make changes that contradict the lifestyle of the man with whom they live is unrealistic and may guarantee failure." (Wolper & Scheiner, 1981). Men as partners can either sabotage or support recovery; they can be a co-parent and positive male influence in the lives of their children or be absentee fathers. Our role can and should be to hold up a picture of the more positive path. Professional workers must, therefore, view fathers as an integral part of a family system and explore the positive, as well as the negative, effects they have on their families (McAdoo, 1993).

Challenges of Engaging Men

The benefits of serving women in a way that incorporates the men in their lives seem evident. Clearly, however, engaging men in family support programs like the AlA projects is a significant challenge. Although experts increasingly recognize the need for this, the relevant literature remains scarce and conflicting, and few models exist in practice. Research and practice indicate that, for a variety of reasons, fathers and male partners typically are difficult to engage in therapeutic programs. Some difficulties encountered in practice include: (1) the partner’s resistance due to fear of exposing his own inadequacies as father or partner; (2) his fear of revealing his own addiction; (3) his fear of change in the relationship with his partner; and/or (4) gatekeeping by the mother (Wolper & Scheiner, 1981; Levine, 1993). Other contributing factors may include a narrow definition of family, and/or the counselor’s fear of the male partner. The counselor’s role and values, as well as the structure of the program, may assist or impede efforts to engage male partners and fathers. Emerging theories address the most effective way to overcome the barriers and meet the central challenge of engaging men in treatment programs; however, there appear to be more questions than answers.

Overcoming the Barriers

Some believe the best way to engage men is to appeal to them as fathers, focusing on the child and emphasizing their importance in their children’s lives (Minnesota Fathering Alliance, 1992). Others argue that fathers, particularly young men, must be appealed to foremost as individuals, addressing their own rites of passage, sexual behavior, peer pressure and gender.

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roles. Studies support this view, asserting that unless activities are of interest to the men, they will lose interest in the program (Levine, 1993). Also, in some cases, the mother’s current partner, while critical to her recovery, may not be the father of her child, or interested in assuming the parent role. It frequently is necessary to go through the mother to identify the child’s father and/or her partner. Often, as gatekeeper, the woman actively or passively denies the worker access to the adult male. Experts emphasize the importance of acknowledging the woman’s role as gatekeeper and obtaining her permission before contacting her partner or child’s father (Chalmers, 1992; Stanton & Todd, 1981). However, in some cases, particularly when the woman is ambivalent about her partner’s involvement, it may be necessary to contact him directly. This suggests the need for counselors to explore mothers’ attitudes about fathers’ involvement (Levine, 1993). Regardless of the approach, it is critical to invite the male partner to participate early in the process.

Experts also diverge on the most effective structure for working with both mother and father/partner. Advocates of the family system and ecological models maintain that mother and father/partner should be treated as one unit, seen by a single counselor (Wolper & Scheiner, 1981; McAdoo, 1993; Stanton & Todd, 1981). Alternatively, many emerging programs, such as the ones described below, are using separate, predominately male, counselors to work with the adult men in the women’s and children’s lives. Supporters of this approach recognize that men often feel threatened by and/or uncomfortable with their partner’s therapist; they believe programs designed specifically for men are most effective in helping men become comfortable with themselves as individuals, as well as partners, and/or fathers.

**Three Innovative Programs**

**Turning Point Inc.** is unique among men’s programs in that it works in very close conjunction with a women’s drug treatment program (DEMAND) and specifically targets male partners of women in recovery. This Afro-Centric program begins with a strong philosophical belief that children develop best when they have both a female and male person in their lives in the parenting role. In addition, Turning Point understands that a woman’s recovery is in jeopardy if the significant man in her life is threatened by the changes she is making. They also appreciate women’s basic needs and recognize that parenting women in recovery need the support of the men who father their children. So strong is their commitment to these principles that every woman in DEMAND is required to have a man from her family system participate in the parenting component. This man may be her child’s father and her romantic partner, but that is not the requirement. He must, however, be committed to working with her as a co-parent figure in the child’s life. In the rare cases where absolutely no one is available to her, the program will provide a male volunteer.

The program specifically helps African-American men examine their role as fathers, providers, and responsible mates. Men meet together in a group once a week with peers, peer mentors, and a facilitator with a masters degree in counseling. Discussion topics may range from job searches, to how to negotiate household tasks with a mate, to how to handle the emotional roller coaster of a partner’s early recovery. If necessary, referrals are made to one-on-one psychotherapy and treatment for issues that need more intensive attention such as violence and abuse. Each week, father-child activities provide opportunities to have fun. Trips to the art museum, concerts, and pancake breakfasts are positive incentives to participate and demonstrate ways to be with children in a positive, nurturing way. Men are reinforced for their fathering role, and their importance in the lives of their children is emphasized.

Peter Hayden, president of Turning Point, says that the secret of their success with men is the use of peer mentors and keeping the focus on the child. (A Turning Point client, Charles Williams, is featured in this issue of The Source.)

**MELD for Young Dads** targets men, 15-25 years of age, who have children, infant to three years old. The program reaches out to custodial and non-custodial fathers to help them achieve an emotional bond...
and a nurturing involvement in the life of their young child. MELD believes that a strong relationship between father and child, will provide both positive developmental outcomes for the child and provide the foundation for sustained financial support from fathers for their children. The model is one of peer self-help.

MELD recruits men who are fathers and who were themselves fathers at a young age, and trains them as facilitators for parenting groups. Groups begin with men and their children sharing a meal. This is not only an incentive to come in, but also an opportunity to model how to handle mealtime with an infant or toddler, typically a stressful time for a parent and something fathers may not easily handle alone. Transportation or a stipend to cover the costs of transportation is provided, as is quality childcare during the time that the men meet without children. Men’s active learning styles are taken into account, which means learning exercises play a prominent role. The curriculum used in groups has been designed by MELD for use with fathers, and it includes topic areas focusing on health, child development, child guidance, career development, communication and use of community resources.

A unique element of MELD is their replication program. Any agency wishing to replicate the MELD for Young Dad’s model can be certified as a Program Partner by receiving training, consultation, and materials to guide program management. Program Partners currently include sites in Wisconsin, Utah, Minnesota, Iowa and Illinois. More information about becoming a MELD replication site is available at the number listed below.

Michael Cross, the man behind Detroit Urban League’s Male Responsibility Program (of which Save a Father—Save a Family (SAF-SAF) is a part), reminds us that for more than a century the African-American family was illegal in America. He sees himself as part of a movement to go beyond the public images based in deficit models, and re-establish standards for what it means to be an African-American family and an African-American father. In doing so, his agency has provided services to 50,000 youth and 15,000 adults. SAF-SAF provides “brothers” whose mission, very simply, is to assist other men in any way they can.

The target population is adolescent and young fathers, although adult fathers are served also. They are referred through a diversion program for domestic violence offenders, probation, social services, word of mouth, and the agency’s MALE call-in line. While most of the men served are African-American, some European-American and Middle-Eastern men have also participated.

Men participate in a “Circle of Fatherhood. Circle of Brotherhood” twice a week. These meetings, which are facilitated by Cross and his colleague, are both fathering classes and social development groups. The group explores cultural heritage with regard to fatherhood and family, and works to reinforce a father’s capacity to be a resource and a leader in his family. In addition, elders, or fathers who teach, meet with men in small groups of two or three. These elders provide an informal helping relationship. In a field where engagement is a notorious problem, no man has dropped out of this program. Cross cites respect for the men as the secret to his success, and counsels AIA programs to use our women clients as natural allies in engaging men.

— Malia Ramler
Amy Price

REFERENCES


What's Up! My name is Charles and I have 17 months of sobriety. I believed I was ready when I entered Turning Point to stay sober and address my issue of being an African-American male. These things were recognized by the staff at Turning Point when I was recruited into the African-American Parenting Program while I was in primary treatment. When I first got into the African-American Parenting Program, the things that I heard had a lot to do with my personal views and the way I saw myself. I felt stuck and I did not know how I was going to go about getting my life in order—the things that I heard are the things that I needed in my life! The things that I needed were skills such as parenting, time management, employment development and how to deal with my significant other in times of conflict. Some things that I learned gave me increased self-esteem, discipline and methods of self-control—for I was a violent person. Because I am an African-American male there were things and information I needed and this program provided me with those things that African-American people needed to stay sober.

The African-American Parenting Program helped me with ways on how to deal with my two sons who are a strong part of my recovery. I now have time to talk, teach, guide, have fun with them, and be sensitive to their needs in what I put them through. We, my sons and I, are now talking about my issues with understanding. They love to watch me paint clothes. My baby daughter was born while I was in treatment.

While involved in the African-American Program I was taught cultural background and behavior—something I desperately wanted to work on to change my life. My significant other, also a recovering addict, would push me to go to school, to my job, and back to the halfway house on time. She kept me very responsible—she constantly reminds me of my commitments. When I had made some changes, she was willing to accept the changes I made since she had been used to being with a lunatic, a gang banger, and a junkie.

The program gave me knowledge of who I am and my responsibilities as a man and this helped me to share with her some of what I have learned. So the things I learned we shared which also gave her knowledge of her changes and transformations. The African-American Parenting Program also helped motivate me to read books by different scholars. These books taught me how to live the life of a righteous man and that I must arise to the best of my ability to assist in rearing my three children and taking an active part in my community. The program taught and gave me information on housekeeping and baby-sitting stuff which is handy when the significant other needs a break (or time to ones' self). Now she inspires me to hang with winners—POSITIVE ROLE MODELS. We are learning together the kinds of fun we like to do.

We have our ups and downs but we are patient with one another; we work our problems out in the appropriate ways such as talking things over and admitting when we are wrong so our daughter can see positive problem solving. I believe we have developed a real love system, so that by the love we show each other, the children will not be fooled by that of' saying if you love me you'll do this kind of thing.

Now as for my spirituality. As I look at myself, I came out of a youth organization or nation, I learned that my laws are righteous and how I had been doing wrong with righteous laws. I had no discipline. I had to learn that discipline was not a punishment and that I was spiritually starved. I had to learn new balance in my mental, physical, and spiritual self. All of these needed to be fed to keep a person in contact with a higher power and to balance their lives.

I remained involved because this group of men and women helped me make it and they are my positive role models and very good friends. They have helped in giving me my life and my family back and a true sense of love for myself and others. After 17 months of contact I am still going to the groups and I encourage other clients to listen, learn and they too will feel like me.

—Charles Williams
Using the "Madrina" Family Support Model to Involve Dads

Bienvenidos Children's Center Inc., a private nonprofit Los Angeles area family/child welfare agency was awarded AIA funding in FY 92/93. The year-old Madrina In-Home Support: Preventing Abandoned Babies in High Risk Hispanic Families project builds on many years of experience in developing a community-based family support model for reducing risk to children and strengthening families.

The Families

The project targets vulnerable families living in East Los Angeles, an unincorporated urban neighborhood which is home to the largest Latino neighborhood in the state. While many residents have lived in the area for several generations, an estimated 60% of the residents are first generation or recent immigrants.

The project served approximately 50 families during its first year. A typical family has three or four children. About one in four project families are immigrants from Central or South America. Three in four project families experience isolation, compounded by the crowded substandard housing arrangements that include shelters and transitional housing.

Families are referred by protective services; medical, child welfare, or substance abuse treatment providers or are self-referred. Criteria for inclusion in the program entail such problems as perinatal substance abuse, teen parenthood, family violence, and parental physical and mental challenges. Many clients are also affected by poverty, unemployment, and crime.

The Family Support Model

In-home Services

Early identification and immediate family-driven support are fundamental elements of the project's Family Support model. The core of this model is to use the "Madrina" Family Support Worker (FSW), a culturally familiar role often likened to a "family friend" or "aunt", to provide families with a variety of in-home assistance. Intervention for families ranges from short-term crisis intervention and referrals to 24 weeks of home-based services. Some "extended need" families require more than 24 weeks of assistance.

Typically, a FSW, carrying an average case load of five families, is assigned to the family immediately. After rigorous assessment, a case plan is developed for the family. Averaging 15 hours weekly for 4 or more months, the FSWs help the parents recognize risks of child endangerment, the developmental needs of their children, and how to access support services. The goal of this intervention is to bolster the mother's knowledge and self-esteem and, in turn, support the family, keep it intact, and minimize the need for child protective services. The FSWs also accompany parents to social services, assist with Medicaid applications, locate permanent housing and reinforce their participation in counseling.

A Case Manager oversees a team of three FSWs and provides case planning, feedback and consultation regarding family need and participation. A licensed clinical social worker assists staff in facilitating parent and family counseling, provides individual counseling to clients, consults with Case Managers and FSWs, and conducts in-service training. This team approach, providing families access to a minimum of three helping professionals with a wide range of expertise, life experience and resources, seems to be most effective with the families.

The Family Support model has evolved from solely home-based services, to services which, depending on family need and circumstances, can be home-based, Center-based, community-based or a combination.

Center-based Services

Once accepted for project assistance, and prior to an extensive assessment, families are involved in Center activities.

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as their interests and needs indicate. The Center, open to families during normal office hours, evenings and weekends, offers an on-site Family Center Case Manager; a Mothers' Club; respite care; crisis intervention; resource and referral; a haven for family violence victims; emergency supplies and services; peer and family counseling; supervised child visitation; showers; clean clothing; self-help groups; court advocacy; family mealtime; safe play for kids and dads; adult education in English and Spanish; and health education and immunizations.

The Center has become particularly valuable to families with "extended need," who tend to respond with more enthusiasm and optimism to their case plans when their needs are addressed in the supportive setting of the project offices. These families found that the Center, sometimes dubbed an "oasis", is conducive to reducing stress, building relationships in the family, and nurturing their children. It may be the only safe place for families to have quiet time, showers, laundry, and family meals.

Understanding Fathers

The Family Support model provides an opportunity for fathers to influence family well being. Project fathers range in age from 16-65 with an average age of 24. Within the project, 33% of fathers live with families, 29% of fathers do not live with families, and 38% are incarcerated or otherwise institutionalized. Virtually every father has some English language ability, whereas less than half of the mothers are bi-lingual.

Although sometimes "invisible" during the assessment and planning phase, fathers can play a critical role in the outcome of each family. Many Latino fathers in high need/low resource circumstances experience compounding pressures. The conflict between culturally dictated expectations and the reality of the socio-economic circumstances is essential to consider in case planning. Fathers’ frequent feelings of humiliation, anger, and inadequacy often result in family abandonment, violence and self-destruction. For some project fathers this means spouse abuse, and alcohol and drug abuse. However,
they place a high value on their families and voice frequent concern for their children. Self-respect and, in turn, respect for authority are very important to these men.

There are currently two fathers in the program who have sole custody of their children. The program has had to address issues specific to these men including a significant need for respite care and education on how to communicate about a child’s well-being with pediatricians and other professionals.

Fathers’ Response to the Model

The majority of the fathers who live with their families accompany their wives or children to the Center. Interestingly, a majority of fathers not living with their families also come to the Center for family-related events.

While project fathers seem to feel comfortable with the program, many initially come to the Center with uncertainty, suspicion, and fear. Within minutes of being greeted by name and seeing the relaxed way their children take to play opportunities, fathers begin to “warm” to the Center. The “home-like” environment helps put fathers at ease so they return to the Center with a strong sense of purpose and appreciation for being valued and included. The program sees more father involvement since the Center has opened than when they were providing only home-based services.

Fathers seem to respond positively to the Center’s neutral, non-judgmental programming. They easily “let themselves go” in play with the children and during family mealtime. Once they become accustomed to the Center and the routines, they readily participate in family counseling, Baby and Me classes, and the in-home activities.

Another factor that may make Center programming especially attractive to the fathers is the communal character of the Center experience. Family activities in proximity to other families is appealing. For example, the Center’s family dinners and recreation are not unlike the experience families have in public parks.

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