The Decision Tree

Child Outccome Seeds for Success

Why Culture Matters: Fatherhood around the World

Introducing July 2016 American Academy of Pediatrics Recommendations for Promoting Father Involvement

"Intervention programs with parents of developmentally delayed children have far better child outcomes when fathers participate in the parent training along with mothers." AAP July 2016

Having just celebrated Father's Day, we are reminded of the important role fathers play in their child's life through their positive involvement and the unique ways they contribute to their families and children. While we know cultural influences and expectations often dictate what the role of a father might look like, circumstances often lead to less than traditional roles. Excitingly, research on fatherhood around the world is changing. In the past, researchers have focused on two distinct trends—father-absence versus father-involvement and father-provider versus father-nurturer. And while these trends are still evident in modern fatherhood in many different countries throughout the world, including the United States, research seems to be shifting to ways fatherhood can be supported in its many forms. There is recognition that a father's participation leads to positive child outcomes. Below are three great resources that examine current research for fathers around the world.

July 2016 American Academy of Pediatrics Clinical Report reviews current research on father involvement and focuses on how pediatricians can support the role of fathers. Concerns driving the recommendations in the report **Fathers' Roles in the Care and Development of Their Children: The Role of Pediatricians PEDIATRICS Volume 1 38, number 1, July 2016: e2 0161128** are described as *"the field of pediatrics remains slow to incorporate these findings into practice and into the conceptualization of family-centered care. Although mothers continue to provide the majority of care for the well and sick child, fathers are more involved than ever before. Yet, cultural and structural biases still play a role; pediatricians still see a majority of mothers at clinical encounters and therefore may not have changed their practices to be family-friendly in terms of available hours, comfort in interacting with men, and addressing fathers' unique concerns regarding their children."* Recent studies have specifically explored the role of divorced fathers, stepfathers, adoptive fathers, teen fathers, low income fathers, gay fathers, incarcerated fathers, disabled fathers, fathers of children with special needs, immigrant fathers, etc. Based on the extensive review of current research, there are 14 recommendations provided for pediatricians to encourage father involvement in the ongoing care of their child.

Fathers in Cultural Context edited *by David W. Shwalb, Barbara J. Shwalb, and Michael E. Lamb,* **(available for purchase online)** *provides a compilation of the latest research on fathering across various cultural and situational contexts. The book's contributors provide an in-depth look at the diverse influences on fathering (cultural and historical,* policy*, economic, and social) from 14 nations around the globe.* The cultures were selected based on availability of substantial research on fathering; representation of worldwide geography; a balance between large, middle, and small populations; and significance for a global understanding of fathering. Each chapter features personal case stories, photos, and maps to help readers create an engaging picture for each culture.

Fatherhood in Brazil, Bangladesh, Russia, Japan, and Australia by *David W. Shwalb, Barbara J. Shwalb* illustrates that the roles of fathers are highly variable and context-dependent. Research data from five diverse societies (Brazil, Bangladesh, Russia, Japan, and Australia) show that fathers, fathering, and fatherhood differ within societies according to eight types of contextual influence. Examples are provided of each contextual factor: (1) geographical location (e.g., dispersion of fathers across huge land masses in Russia and Australia; impact of dense populations in Japan and Bangladesh); (2) long-term historical legacies (centuries of patriarchy in Brazil) and short-term historical events (fall of communism in Russia); (3) family characteristics (joint, extended families of Bangladesh; small Japanese families); (4) economic factors (high standards of living in Australia and Japan); (5) work-related conditions (long work hours in Australia; level of encouragement for paternal work leave); (6) societal norms and values (social expectations for Russian fathers to be disengaged and uninvolved); (7) ethnic groupings (homogeneity of Japanese; impact of Islam on Bengali fathers); and (8) patterns of immigration and emigration (emigration from Bangladesh; immigration to Brazil).

Test Your Inter-rater Reliability

Our state's focus on child indicator ratings has led many to wonder "Are we all rating children similarly?"

As part of our efforts to improve results for children, we are focusing each month on increasing our statewide inter-rater reliability. We are using examples of narratives from around the state that ideally will include observations of functional behaviors, parent/caregiver input, results from assessment tools and informed clinical opinion. Below is an example of a narrative from a recent Assessment for Service Planning. Using the limited information provided in the narrative and the process outlined in the child Indicator Booklet talk thru the scenario with your colleagues to determine a rating. The ratings given by the assessment team can be found at the end.

Disclaimer: This activity is for learning purposes only and is not intended to be an endorsement of any particular narrative. It is intended to help you reflect on the questions that follow.

Questions to Consider:

1. Was there enough information provided to determine a rating? What additional information did you need?
2. Was there input into the narrative from all members of the assessment team including the family? Was the family's cultural differences considered?
3. Was the child's functioning across settings in each indicator clear?
4. Were functional skills listed under the correct indicator?
5. How close were your ratings compared to the ratings given by the assessment team? One or two off, in the same color family or way off? Did you agree with the ratings given by the team? Why or Why not?

Jeremiah's Age: 11 months Adjusted Age: NA

Referral Information, Medical History, and Health Status: Jeremiah was referred by his mother due to her shared concern with the pediatrician that Jeremiah was not crawling by the age of 11 months. Jeremiah was born at 37 weeks gestational age weighing 6 pounds, 11 ounces. Jeremiah's prenatal history was significant for gestational hypertension, preeclampsia and gestational diabetes. Jeremiah was born in the posterior position following 37 hours of labor and presented with jaundice. After day one he was admitted to the NICU for "dusky episodes" and was put on oxygen. He was also diagnosed with significant reflux. He was diagnosed Failure to Thrive until he was 4 months old. He continues to have reflux as well as eczema. In addition, Jeremiah's pediatrician noted upper trunk and neck weakness at 4 months and recommended more tummy time in spite of his reflux. Jeremiah is up to date on his immunizations. Jeremiah received a musculoskeletal exam to check for Hip Dysplasia at his 9 month exam but nothing was found warranting further testing. Jeremiah also has had his tongue clipped. Mother reports that at his last check-up, Jeremiah was in the 15th percentile for weight and 61rst for height.

Daily Activities and Routines: Jeremiah's parents are currently separated. Jeremiah lives at home with his mother and aunt 4 days per week and stays with his father and paternal grandparents 3 days per week (Friday evening thru Sunday afternoon). Mother was born in Russia and moved here with her parents when she was 15 years old. Her primary language is Russian but she is also fluent in English. Father grew up in the heartland of Virginia. Both of Jeremiah's parents were present during the assessment although mother answered most questions. Mother is home with Jeremiah most days and he also accompanies her twice a week when she babysits. He spends one a day during the week with his maternal grandparents. Mother reports that Jeremiah used to be a good sleeper, sleeping 10-12 hours a night from 7 or 8pm to 7 or 8am. Now he wakes repeatedly in the night crying. Mother attributes this to having to spend two nights per week at his father's house. When he wakes in the morning at mother's home he plays in his crib quietly for a while and then alerts her he's woken up with happy squeals and talking. He'll then have his bottle and his draper changed (in either order) and has breakfast an hour later, usually yogurt. He then plays throughout the day with his activity cube (especially with the beads on a wire), bottles, balls, and various light-up toys. He's transitioning from two naps a day to one so on the days when he only takes his first nap (between 11 and 12:30) he will usually become a little cranky during the time he sometimes takes his second nap (between 3:30 and 4). He also will only nap well in his own crib, which is

difficult on the days he joins his mother babysitting or visits his father. Jeremiah's parents use the Gentle Parent Attachment approach, although mother feels Jeremiah's father does not follow through on his days. Typically, Jeremiah is able to self soothe and put himself to sleep at both naps and at bedtime. Father does not feel sleeping is a challenge when Jeremiah is at his house. For lunch he eats a homemade chunky puree, usually a fruit and a grain. He has been refusing some bottles recently. Then he plays until dinner time if he doesn't stop for his second nap.

Because Jeremiah has eczema he only takes a bath once or twice a week but he loves baths and sleeps really well after. Mother reports her bedtime routine is to read a book and have a bottle and then lay Jeremiah down to watch his mobile until he falls asleep. She feels father has a different ritual which is why he doesn't always sleep well after coming home from his visits. Jeremiah loves going outside, swinging, and playing with his cat Felix. He likes puffs and dried apples but doesn't like "slimy foods" and will gag if given rice. Recently he's started resisting diaper changes by trying to get away. Jeremiah's parents have trouble taking him places. He spits up a lot in the car. Mother is not sure if it is due to the buckle of his car seat putting pressure on his stomach or because he is afraid of going to father's home. Both parents' agree if he were able to move more independently, they would like to take him to playgrounds and the Children's Museum, but right now he has to be carried the whole time. Jeremiah would also be able to do more outside than sit on a blanket and mother would have an easier time babysitting without having to carry Jeremiah from room to room with her throughout the day.

Family Concerns: Jeremiah's parents are concerned their current situation may be impacting his development including his difficulty sleeping and walking.

Family Priorities: Jeremiah's parents want him to reach his milestones and to be able to get around the house more on his own, being more self-sufficient. They would both like to be involved in sessions so there is consistent carryover throughout the week. Jeremiah's father also participates in all doctor's appointments stating his supervisors are very flexible and understanding to Jeremiah's needs.

Family Resources: Jeremiah's parents are both committed to doing what's best for his development. They recognize consistency is needed. Both maternal and paternal grandparents are involved in his care. Mother's sister is also considered a primary care provider during the days Jeremiah is with mother. Both parents have transportation and private insurance.

Developmental Levels: Cognitive- 12 months Gross Motor- 7 months Fine Motor- 5 months
Receptive Language- 12-14 months Expressive Language- 11 months Social/Emotional- 12 months
Adaptive/Self Help: 11 months

Social/Emotional Skills including Positive Social Relationships: Jeremiah's mother describes him as a happy and friendly little boy who rarely fusses without a clear cause. Father agreed. Jeremiah's parents use an approach called Gentle Attachment Parenting that Jeremiah has responded well to. He is very playful and was observed initiating a game called "scrunch face" with parents to make them laugh. He is very attached to his mother and usually becomes fretful when she leaves the room for a few minutes, even if other people are in the room with him. He also has a hard time saying goodbye to his mom and dad when they have to leave him. He fusses when his father picks him up and he has to leave mother but also cries when father drops him off for the week. He is aware of the difference between familiar and unfamiliar adults but is not anxious about strangers so long as a parent is present. Upon meeting the examiner he looked to his mother first and then looked questioningly at the examiner, warming up immediately as the examiner approached. He did not hesitate to interact with a new person but initially looked back at his mother when he was asked questions or offered toys. Throughout the assessment he was smiling, laughing, and open to following the examiner's lead in changing activities. Mother reports he enjoys playing with the other children she babysits but he will defend a toy he is playing with if it's being taken away from him. This would be one of the few occasions that he gets angry and cries. He also becomes frustrated when he can't reach something he wants but usually settles quickly. He was observed to bounce while making a repetitive whining sound as he became inpatient, wanting a puff to be offered faster, but he quieted quickly once the puffs were offered and smiled as he ate one.

Child's Development in Relation to Other Children the Same Age:

Acquiring and Using Knowledge and Skills, including early language/communication: Jeremiah was observed to enjoy playing with a variety of toys, especially those with parts he can open, close, and move. He has an activity cube with five sides of activities including beads on a wire that he particularly enjoys. He was also observed showing great interest in the novel toys brought by the examiner, though he wanted to explore them without taking direction, such as to put the pieces in the form board. When asked to pull the string on his own toy he refused and Mother reported he's never shown any interest in that string at all. He easily uncovered a hidden toy, laughing as though enjoying the new version of "peek-a-boo". Mother reports that one of his favorite things to play with is a bottle that he's seen his parents drink out of, like a soda bottle. He also enjoys balls of any size and moving the levers and switches on toys that light up and play music. Mother reported that Jeremiah will clap and give kisses when requested and this was easily observed. Jeremiah gave his mother a kiss in response to a verbal request without accompanying gesture, and then clapped in imitation. Jeremiah also calls for his parents saying "mama" and "dada", spontaneously says "baba", "bubble", and "haha" with meaning and imitates other sounds in response to his parents.

Child's Development in Relation to Other Children the Same Age:

Use of Appropriate Behaviors to Meet Needs: Jeremiah has just begun crawling on his hands and knees a few feet to get to desired toys, as well as to get to his parents if he wants to be held. He's also just learned in the last week to get himself from his hands and knees into a sitting position so that he can play with the toy he was seeking. Jeremiah was observed to sit with more weight on his right side with his left knee hyper extended. When he becomes tired he will roll onto his back to play with the toy and is now learning to get back to sitting from this position after a rest. When Jeremiah was pulled up to sitting from his back (supine), he assisted with accessory facial muscles and did not lead with his head, working to keep his head In line with his body. When supported at his axillae vertically, there was a bilateral "slip through". .Jeremiah was observed to show some preference for reaching for toys with his right hand rather than his left, even when toys were offered on his left side, but he will use both hands together to manipulate toys in front of him and to bring them to his mouth. Jeremiah is able to finger feed himself a variety of foods using multiple fingers but hasn't mastered the pincer grasp yet. He was observed to feed himself several small puffs and Mother reports he can also drink from a straw well. Jeremiah mostly eats homemade organic purees and fork mashed foods, showing better success with the mashed foods than smooth purees. Mother reports that he does occasionally gag and vomit and he has a history of severe reflux, though it's resolved some since starting solids. Jeremiah helps his mother with dressing by presenting his feet and helping put his arms through sleeves. He is not yet undressing himself except removing small articles like his socks. Mother reports that he sleeps well and will play by himself in his crib, usually watching his mobile, until he falls asleep on his own.

Child's Development in Relation to Other Children the Same Age:

Assessment Team Ratings:
Social/Emotional Skills including Positive Social Relationships: Rating 6: Jeremiah has all of the skills we would expect in this area. There are concerns related to separation from parents due to their separation.
Acquiring and Using Knowledge and Skills, including early language/communication: Rating 7: Jeremiah has all of the skills we would expect in this area.
Use of Appropriate Behaviors to Meet Needs: Rating 5: Jeremiah shows many age expected skills. He also continues to show some skills that might describe a younger child in this area.

Team discussions should not only reflect careful and sensitive considerations about the child's developmental abilities but also consider the cultural expectations of both parents when it comes to parenting and father involvement.

Clearly Jeremiah's father wants to be involved in his care. There are several cultural considerations a team must consider when planning and providing services for Jeremiah and his family.

- ✓ Jeremiah's mother grew up in Russia. Her expectations for father involvement may be influenced by the cultural expectations she experienced as a child. In the article **Fatherhood in Brazil, Bangladesh, Russia, Japan, and Australia**, we learn according to Utrata et al. (2013, p. 298) fathers in Russia "*are often seen as less than secondary parents and even perceived by many as "infantile, weak, irresponsible, and even somewhat superfluous" (p. 289). Second, traditions of father absence and psychological detachment (Utrata, 2008) are now exacerbated because many men find it difficult to find or maintain employment, and because public policies do not encourage men to be caregivers or providers."* In addition, Russia has the second highest divorce rate in the world. How does the team use this information to promote involvement of both parents in Jeremiah's care?
- ✓ After review of the **American Academy of Pediatrics Recommendations for Promoting Father Involvement** are there strategies you and your team could implement to promote Father's involvement?