Mapping the Adoption, Application, and Adherence to Family Support Principles

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Abstract

A model for mapping the adoption, application (use), and adherence to family support principles is described. The model provides one way of developing family support principles as a program philosophy, using the principles as benchmarks and standards for program development, and program participant feedback as a measure of ascertaining program quality. Examples of several initiatives using family support principles as the foundations for program building and evaluation are described.

Introduction

Family support principles are statements of beliefs and values about how supports and resources ought to be made available to parents and other family members who are involved in parenting support and family resource programs and how staff should interact with and treat families (Dunst, 1995). The adoption of family support principles as guiding beliefs is what distinguishes family support programs from other, more traditional, types of human services programs (Dunst, Trivette, & Thompson, 1990; Weissbourd, 1990). However, adoption of (as well as use of and adherence to) family support principles means a lot more than simply "hanging" a list of belief statements on the wall of a family resource center or "publishing" the principles in a program brochure.

Several years ago I introduced a set of principles (Best Practices Project, 1996) to a group of program staff members who had formed a consortium of family support programs. I explained the historical evolution of the principles (I have been "at this" for a long time!), the reasons why principles are so important, and how guiding beliefs can be used as standards against which program practices and practitioner behavior can be judged. After finishing my "presentation," the meeting facilitator asked the group if the consortium members wanted to say whether their programs "followed" the principles. One participant objected to the word "equality" in one of the principles (she said "everyone knows families are not equals with professionals"!), the word was removed by group consensus, the members "voted" to adopt the principles, and the meeting moved on to the next agenda item.

Comments made by those present at the meeting and heard elsewhere, along with observations of many of the consortium members and their program staff before, during, and after that meeting, make clear that they then had, and still have, no clue whatsoever about the foundations, meaning, intent, and value of family support principles. This is the case because literally no time or effort was put into understanding the meaning of the principles, nor were there

any substantive conversations about how the principles could be used to inform practice. More than 25 years of work developing and evaluating parenting and family support programs "tells us" that a lot more needs to be done if principles are to be used as belief statements for guiding the development and implementation of program practices (e.g., Dunst, 1995, 1997, 2000b). Lessons learned from these efforts led me to develop a three-level process for facilitating the *adoption* of, *application* of, and *adherence* to family support principles (Dunst, 2002b, 2003, 2004). The AAA model provides a simple but comprehensive way of planning for and implementing an approach to family support program practices that is guided by the meaning and intent of family support principles (Best Practices Project, 2001).

Planning and Taking the Trip

Road Trip Planner

The Chinese proverb "a journey of a thousand miles begins with a single step" perhaps best captures the pathway to becoming a family support program. That first step has to do with adopting guiding beliefs. Adoption refers to the actions taken to select family support principles, understand their meaning, and to decide how they will be used to guide program practices and define expected staff behavior.

The process of adopting principles as guiding beliefs and program standards is akin to planning a trip. The process "maps out" where you will be going and the roads you will take to get there. The first step is to decide which principles will be used by your program as belief and value statements. There are many different lists of principles that can be reviewed to identify those most aligned with a family-centered philosophy and approach to working with families (see e.g.,

Dunst, 1990; Dunst, Trivette, Starnes, Hamby, & Gordon, 1993; Dunst et al., 1990).

The pathways taken by Family Support America and the Family, Infant and Preschool Program (FIPP) as part of their respective efforts to adopt family support principles as value statements are briefly described here to illustrate different ways of arriving at similar destinations. Family Support America's (Best Practices Project, 2001) principles are a fifth-generation compilation of belief statements that have evolved over the course of some 20 years. The first set of principles was adopted by the Board of Directors of the Family Resource Coalition at about the time the organization was founded (Family Resource Coalition, 1981). These principles were the focus of many discussions and conversations among board members as well as others that shaped and influenced the restatement of the principles a few years later (Family Resource Coalition, n.d.), in the late 1980s (Family Resource Coalition, 1987), the early 1990s (Weissbourd, 1990), and in the mid 1990s (Best Practices Project, 1996). The current version of the principles (Table 1) was the culmination of the collective input of the Best Practices Project Steering Committee. The Committee's work began in 1992 and was completed with the publication of *Guidelines for Family Support Practice* (Best Practices Project, 2001).

At about the time that the Family Resource Coalition was founded, the staff of the Family, Infant and Preschool Program, located in Morganton, North Carolina, began a process of transforming their program from a deficit-based program that focused only on children to a strengths-based, family-centered program (Dunst, 1985). One factor that contributed to this transformation was the adoption of a set of principles emphasizing strengths-based, empowerment, and partnership practices. In the mid 1980s, principles proposed by others

Table 1
Family Support America's Principles of Family Support Practice

1. Staff and families ***work together*** in relationships based on ***equality*** and ***respect***.

2. The staff ***enhances*** families' ***capacity to support*** the growth and development of all family members—adults, youth, and children.

3. Families are ***resources*** to their own members, to other families, to programs, and to communities.

4. Programs ***affirm*** and ***strengthen*** families' cultural, racial, and linguistic ***identities*** and ***enhance*** their ability to function in a multicultural society.

5. Programs are ***embedded*** in their communities and contribute to the ***community-building*** process.

6. Programs advocate wth families for services and systems that are ***fair, responsive,*** and ***accountable*** to the families served.

7. Practitioners work with families to ***mobilize*** formal and informal resources to support family development.

8. Programs are ***flexible*** and continually ***responsive*** to emerging family and community issues.

9. Principles of family support are ***modeled*** in all program activities, including planning, governance, and administration.

Best Practices Project. (2001). *Guidelines for family support practice*. (2nd ed.). Chicago: Family Support America.

(see Dunst et al., 1990) were reviewed and examined by the program staff and parents over a three-month period, which resulted in an expanded list of guiding beliefs. These principles were updated in the early 1990s by the FIPP staff and program participants and were subsequently revised again based on both available research (Dunst, 1997, 2000b; Dunst & Trivette, 1996) and the results of a delphi study of parents participating in FIPP. The fourth-generation principles currently being used by the FIPP staff are shown in Table 2.

Selecting principles is a good start, but you have to go at least one step further. In this second step, you must come to a common understanding of the meaning and intent of the principles. This can be accomplished by engaging program participants and staff members in dialogue and discussions about the meaning and intent of the "values" embedded in each principle. It means taking the key terms of each principle and coming to an agreement about their meaning. For example, in Principle #1 what does "respect" mean? What does it "look like" in practice? What behaviors would staff members and families need to display to "demonstrate" (mutual) respect? I have highlighted the terms in Family Support America's (Table 1) and FIPP's (Table 2) lists of principles that would need to be defined to promote common understanding.

A third step can make your principles even more understandable and useful. The process of taking concepts like respect and equality and coming to a common understanding is called operationalization (Babbie, 1995). One of the best

ways of doing this is to develop *practice indicators* for each principle that become the behavioral standards against which actual practices are judged. You do this by coming up with examples of practices that are logically derived from each of the principles. This process results in a program-specific list of family support practices that mirror the intent of each principle adopted by a program. This list will typically include two or more indicators for each principle that clarify what that principle means for your program as part of day-to-day practice. Table 3 shows two of FIPP's principles and three indicators for each that make the intent of the principles more concrete.

Motoring Along

Application means the use of the principles and practice indicators as benchmarks and standards against which day-to-day practices and decisions are judged. Principles and practice indicators are useful only to the extent that they are "modeled in all program activities" (Family Support America's Principle #9, see Table 1) and are used as a guide to ensure you are traveling along the right road.

Day-to-day use of principles and practice indicators "shows up" in different ways. For example, you may be thinking about implementing a new parent education program. How do you decide if it is the best choice for your program? You can use your principles and practice indicators to assess the fit between the implicit or explicit assumptions of the parenting program and the belief statements adopted by your

Table 2
Family, Infant and Preschool Program's Guiding Principles

Staff interactions with families are guided by the belief that:

1. Families and family members are treated with *dignity* and *respect* at all times.

2. The staff is *sensitive*, *knowledgeable*, and *responsive* to family, cultural, ethnic, and socio-economic diversity.

3. Family *choice* and *decision-making* occurs at all levels of participation in the program.

4. Information necessary for families to make informed choices is shared in a *sensitive*, *complete*, and *unbiased* manner.

5. Practices are based on family-identified *desires*, *priorities*, and *preferences*.

6. The staff provides supports, resources, and services to families in a *flexible*, *responsive*, and *individualized* manner.

7. A broad range of informal, community, and formal *supports* and *resources* are used for achieving family-identified outcomes.

8. The staff builds on child, parent and family *strengths*, *assets*, and *interests* as the primary way of strengthening family functioning.

9. Staff-family relationships are characterized by *partnerships* and *collaboration* based on *mutual trust*, *respect*, and problem solving.e staff uses *helpgiving styles* that *support* and *strengthen* family functioning.

10. The staff uses *helpgiving styles* that *support* and *strengthen* family functioning.

Family, Infant and Preschool Program. (2001). *Guiding principles*. Morganton, NC: Author. Retrieved August 27, 2002 from http://www.fipp.org/foundation.html.

Table 3
Examples of Possible Indicators for Two Family Support Principles

<table>
<tr><td>Principle:</td><td colspan="2">Family Choice and decision making occurs at all levels of program participation.</td></tr>
<tr><td></td><td>Indicator:</td><td>Staff members engage parents in conversations about options and the consequences of different choices.</td></tr>
<tr><td></td><td>Indicator:</td><td>Staff members provide parents with information necessary for them to make informed choices.</td></tr>
<tr><td></td><td>Indicator:</td><td>Staff members and parents work together to develop a course of action to achieve a desired goal or obtain a desired resource.</td></tr>
<tr><td>Principle:</td><td colspan="2">Staff members provide supports, resources, and services to families in a flexible, responsive, and individualized manner.</td></tr>
<tr><td></td><td>Indicator:</td><td>Staff members rearrange their meeting times with parents in response to parents' changing work schedules.</td></tr>
<tr><td></td><td>Indicator:</td><td>Staff members provide advice and assistance in response to parents' requests and desires.</td></tr>
<tr><td></td><td>Indicator:</td><td>Staff members tailor the ways in which they work with parents to fit each family's specific situations and circumstances.</td></tr>
</table>

program. If the parent education program fares poorly when checked against your indicators, you will probably want to think twice about taking a road that will likely get your program off course. If the program passes your road test, move ahead.

Principles and practice indicators are also useful when deciding how to implement program activities. Your program probably offers some type of parenting advice in response to requests for information from program participants. How do you ensure that the ways in which advice is given strengthen rather than weaken parenting competence and confidence? Some of the ways this can be accomplished are by affirming what parents already know and do effectively (Family Support America's Principle #4, see Table 1) and by having parents use their parenting assets as a context for embedding requested information (FIPP's Principle #8, see Table 2).

Principles and practice indicators can also be used to develop a deeper understanding of the ways in which program or staff practices have desired or undesired effects. For example, you have just observed two staff members working with different parents. You notice that one interaction went well and the other seemed strained. How do you isolate the factors associated with these two different outcomes? List your principles down the left side of a piece of paper and mark off two columns, one for each staff/parent interactive episode. Take one principle at a time and, for each episode, comment on the manner in which the interactions were characterized by features consistent or inconsistent with the principles. You will be surprised at how illuminating your "case study" analysis is with respect to the factors associated with desired and non-desired outcomes (see especially Dunst et al., 1993).

Experience tells us that better family support programs are those that use their family support principles and indicators as "sounding boards" for as many conversations as possible involving program decisions and the assessment of staff practices. Experience also tells us that if programs don't use

their principles and practice indicators as standards day-in and day-out, slippage will occur, and old practices will slowly seep back into your program without your even realizing it.

Reaching Your Destination

Adherence to adopted beliefs and practices refers to the extent to which program participants judge their experiences as being consistent with family support principles. There is no other way to determine if you have reached this desired outcome than to obtain participant feedback and judgments about program practices (e.g., Wilson & Dunst, 2004).

I know someone is saying, "But you can't trust parents' beliefs, they're too subjective or biased." Let me illustrate why this assertion is unfounded. Imagine you're buying a car, and the car dealer promised you that it would "deliver" on any number of things you were expecting from it. Now imagine that you have been driving the car for six months. Are you going to go back to the car dealer and ask him or her to judge whether the car met your expectations (standards)? Of course not! You, the consumer, are the only person who can make that judgment. Family appraisals of and judgments about family support programs are no different, just somewhat more complicated. If your program has adopted and uses family support principles as "performance standards" and "behavioral promises," you would expect parents to report that staff members treat them and their families in ways consistent with your principles.

How do you determine if adherence has been achieved? We have measured adherence in three ways. (There are others that you may already be using or could think of using.) First, we have conducted individual interviews with program participants to obtain descriptions of their experiences, which in turn were used as "sources of evidence" to independently rate the degree of program and staff adherence to principles (e.g., Dunst et al., 1993). Second, we have conducted focus groups with program participants and have used rating scales

that were made up of practice indicators to assess the degree of adherence to principles based on parents' descriptions of their experiences with a program and its staff (e.g., Trivette & Dunst, 1995). Third, we have used surveys including family support practice items and have asked parents to rate the extent to which each statement is true on scales varying from *never* to *always* or *not at all true* to *always true* in terms of how they have been treated by program staff (e.g., Dunst & Trivette, 2001; Dunst & Trivette, 2005).

What level of adherence is needed to make the claim that a program operates (delivers) in ways that it purports (promises) to operate? Consumer loyalty research tells us that the majority of indicators must receive the highest rating if consumers are to judge the product or service to be of sufficient quality for them to become "repeat customers." If a program claims to be a family support program and has adopted family support principles as guiding beliefs, then it seems to me that at least 90% to 95% of all family support principle indicators should receive the highest rating on a scale used to measure adherence. Furthermore, one would expect that at different mile markers along the trip you would find parents' judgments rated similarly high, indicating that your vehicle is still well tuned.

New Roads Ahead

Three initiatives currently underway hold promise for providing further guidance about the approach to mapping the adoption, application, and adherence to the family support principles described in this article. One is Family Support America's (2002) *FamilyWise: Evidence Along the Way* initiative. The second is the development of the *Parenting and Family Support Program Practices Scales* (Dunst, 2002c), which I am currently field-testing. The third is a particular way of measuring adherence described in *Adherence to Family Support Principles: How Are We Doing?* (Dunst & Trivette, 2005).

Evidence Along the Way

A major goal of the *Evidence Along the Way* initiative is to promote and enhance the ability of family support programs to strengthen their practices by building their capacity to conduct evaluations and use evaluation data to influence the ways programs operate. This initiative involves (among other things) the development of an evaluation approach and set of procedures to measure adoption and adherence to family support principles, as well as the ways principles can be used to influence both "program offerings" and how supports and resources are made available to families. A participatory theory of change (Connell & Kubisch, 1998; Weiss, 1995) approach is being used to embed family support principles into the evaluation process in ways that bring clarity to how program offerings that are provided in a family-centered manner promote and enhance positive child, parent, and family functioning. The *Evidence Along the Way* initiative holds great promise for improving the way in which family support evaluations are planned and implemented.

Parenting and Family Support Program Practice Scales

The *Parenting and Family Support Program Practice Scales* include items that measure different dimensions and features of parenting education and family resource program practices. The scales include indicators that measure program foundations (mission and principles), program paradigms and premises, parent education practices, parenting support practices, family and community resource practices, and community engagement practices. The program foundations scales include (among other things) measures of adoption, visibility, use, and adherence to family support principles. There will be two versions of the scales: (1) a self-assessment tool for program staff to use to determine how well they are doing and to identify areas for program improvement and (2) a research and evaluation tool for measuring the fidelity of program implementation and for relating variations in program practices to variations in outcomes. The self-assessment version of the scale holds promise for promoting engagement in the kinds of activities described throughout this paper for strengthening the adoption, application, and adherence to family support principles.

How Are We Doing?

Adherence to Family Support Principles: How Are We Doing? reports on one program's experiences adopting family support principles as a program philosophy and using adherence to the principles as a measure of program quality (www.fipp.org). In this monograph, we argue that a program that adopts principles as guiding beliefs in all respects makes a behavioral promise or program guarantee that participants will be treated in ways consistent with the intent of the principles. Adherence to family support principles was assessed using a consumer loyalty framework for using family support indicators to measure whether practitioner behavior was consistent with the intent of the principles. Data from 18 studies including more than 1000 program participants were analyzed in terms of the percentage of indicators rated a five on a 5-point scale in a manner analogous to that done in customer satisfaction and consumer loyalty studies. This way of ascertaining adherence provided an objective way of ascertaining the match between professed and demonstrated behavior. The method holds promise as a simple but powerful way of measuring adherence.

A Critical Juncture

We are at an interesting crossroads and critical juncture in the journey called the family support movement. The call for better measures of program practices and outcomes in family support programs has been voiced for more than 15 years (e.g., Dunst, 1991, 2000a, 2002a; Powell, 1987, 1994), but the call has been largely ignored. Can we afford to continue on the same road we have been on for some time and assume that what we say we do is what we actually do (without any evidence to support such claims)? Or should we take a different road and do a better job of documenting that what

we say we do is what we actually do; and evaluate whether the outcomes associated with practices that are aligned with family support principles are better than those that are not? If you answered *yes* to the second question, AAA is one way to forge a new path for mapping your future.

References[1]

Babbie, E. (1995). *The practice of social research*. (7th ed.). Belmont, CA: Wadsworth.

Best Practices Project. (1996). *Guidelines for family support practice*. Chicago: Family Resource Coalition.

Best Practices Project. (2001). *Guidelines for family support practice*. (2nd ed.). Chicago: Family Support America.

Connell, J. P., & Kubisch, A. C. (1998). Theories of change: A powerful approach to evaluating family support programs. *Family Resource Coalition of America Report, 16*(4), 13-14.

Dunst, C. J. (1985). Rethinking early intervention. *Analysis and Intervention in Developmental Disabilities, 5*, 165-201.

Dunst, C. J. (1990). Family support principles: Checklists for program builders and practitioners. *Family Systems Intervention Monograph Series, 2*, Number 5. Morganton, NC: Family, Infant and Preschool Program, Western Carolina Center.

Dunst, C. J. (1991). Evaluating family resource programs. *Family Resource Coalition Report, 10*(1), 15-16.

Dunst, C. J. (1995). *Key characteristics and features of community-based family support programs*. Chicago: Family Resource Coalition.

Dunst, C. J. (1997). Conceptual and empirical foundations of family-centered practice. In R. Illback, C. Cobb, & H. Joseph, Jr. (Eds.), *Integrated services for children and families: Opportunities for psychological practice* (pp. 75-91). Washington, DC: American Psychological Association.

Dunst, C. J. (2000a). Measuring results: How do we know when we have gotten there? *America's Family Support Magazine, 19*(2), 47.

Dunst, C. J. (2000b). Revisiting "Rethinking early intervention". *Topics in Early Childhood Special Education, 20*, 95-104.

Dunst, C. J. (2002a, Spring). How can we strengthen family support research and evaluation? *Evaluation Exchange, 8*(1), 5.

Dunst, C. J. (2002b, Fall). Mapping the adoption, application, and adherence to family support principles. *Working Strategies, 6*(3), 1-2, 8.

Dunst, C. J. (2002c). *Parenting and family support program practices scales: Research edition*. Manuscript in preparation.

Dunst, C. J. (2003, Spring/Summer). Adopt, apply, adhere: Stay true to family support. *America's Family Support Magazine, 22*, 16-20.

Dunst, C. J. (2004). TrAAAveling the TransCanada Highway: Mapping the adoption, application and adherence to family support principles. *Perspectives: In family support, 1*(1), 41-48.

Dunst, C. J., & Trivette, C. M. (1996). Empowerment, effective helpgiving practices and family-centered care. *Pediatric Nursing, 22*, 334-337, 343.

Dunst, C. J., & Trivette, C. M. (2001). *Benefits associated with family resource center practices*. Asheville, NC: Winterberry Press.

Dunst, C. J., & Trivette, C. M. (2005). *Adherence to family support principles: How are we doing?* Asheville, NC: Winterberry Press.

Dunst, C. J., Trivette, C. M., Starnes, A. L., Hamby, D. W., & Gordon, N. J. (1993). *Building and evaluating family support initiatives*. Baltimore: Brookes.

Dunst, C. J., Trivette, C. M., & Thompson, R. B. (1990). Supporting and strengthening family functioning: Toward a congruence between principles and practice. *Prevention in Human Services, 9*(1), 19-43.

Family Resource Coalition. (1981, Fall). *Statement of philosophy, goals, and structure*. Chicago: Author.

Family Resource Coalition. (1987). *What are the assumptions of the Family Resource Movement?* Chicago: Author.

Family Resource Coalition. (n.d.). *Principles of family support*. Chicago: Author.

Family Support America. (2002). *FamilyWise: Evidence along the way*. Chicago: Author.

Powell, D. R. (1987). Methodological and conceptual issues in research. In S. L. Kagan, D. R. Powell, B. Weissbourd, & E. F. Zigler (Eds.), *America's family support programs: Perspectives and prospects* (pp. 311-328). New Haven, CT: Yale University Press.

Powell, D. R. (1994). Evaluating family support programs: Are we making progress? In S. L. Kagan & B. Weissbourd (Eds.), *Putting families first: America's family support movement and the challenge of change* (pp. 441-470). San Francisco: Jossey-Bass.

Trivette, C. M., & Dunst, C. J. (1995). *North Carolina family resource centers evaluation. First year of implementation: What have we learned?* Asheville, NC: Orelena Hawks Puckett Institute.

Weiss, C. H. (1995). Nothing as practical as good theory: Exploring theory-based evaluation for comprehensive community initiatives for children and families. In J. P. Connell, A. C. Kubisch, L. B. Schorr, & C. H. Weiss (Eds.), *New approaches to evaluating community initiatives: Concepts, methods, and contexts* (pp. 65-92). Washington, DC: Aspen Institute.

Weissbourd, B. (1990). Family resource and support programs: Changes and challenges in human services. *Prevention in Human Services, 9*(1), 69-85.

Wilson, L. L., & Dunst, C. J. (2004). Checking out family-centered helpgiving practices. In E. Horn, M. M.

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[1]The reader is referred to www.wbpress.com for a complete list of references on family support programs, family-centered practices, and related research and practice materials written by our Institute staff.

Ostrosky, & H. Jones (Eds.), *Family-Based Practices (Young Exceptional Children Monograph Series No. 5)*. Longmont, CO: Sopris West.

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