

# Promoting Practitioner Understanding and Use of Capacity-Building Family-Centred Practices

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# Purpose

- Describe the foundations of capacity-building family-centred practices for supporting and strengthening parent and family competence and confidence
- Describe and illustrate the key characteristics of capacity-building family-centred practices
- Describe a method for promoting adoption and use of capacity-building family-centred practices
- Briefly describe the influences of capacity-building family-centred practices on parent, child, and family functioning

# Organizations Promoting the Use of Family-Centred Practices

- Canadian Association of Family Resource Programs ([www.frp.ca](http://www.frp.ca))
- Can Child McMaster University (<http://canchild.ca/>)
- Institute for Patient and Family-Centred Care ([www.ipfcc.org](http://www.ipfcc.org))
- National Centre for Family-Professional Partnerships ([www.fv-ncfpp.org](http://www.fv-ncfpp.org))
- Success By 6 Early Years Evaluation British Columbia ([www.succesby6bc.ca](http://www.succesby6bc.ca))

# **Foundations of Family-Centred Practices**

# Value Statements for Working with Families and Their Children

Values are belief statements regarding how persons involved in education, human services, and other kinds of intervention programs **ought** to be treated by help giving professionals.

- Paul Dokecki (1983) was one of the first professionals to propose a value framework for developing policies and practices for strengthening families.
- Advocates at the Center on Human Policy (1986) at Syracuse University (USA) first articulated “A Statement in Support of Families and Their Children” that included family-strengthening practices.

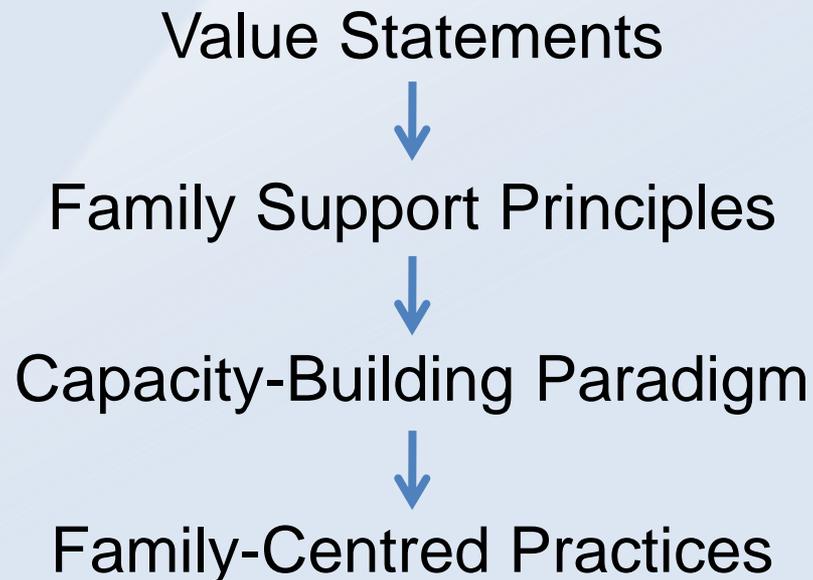
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Dokecki, P.R. (1983). The place of values in the world of psychology and public policy. *Peabody Journal of Education*, 60(3), 108-125.

Center on Human Policy. (1986). *A statement in support of families and their children*. Syracuse, NY: Division of Special Education and Rehabilitation, School of Education, Syracuse University.

# Translating Values into Family-Centred Practices

The process of translating value statements into family-centred practices is facilitated by “working through” the beliefs, assumptions, attitudes, and personal frames-of-mind of practitioners using benchmarks and standards for assessing the match between beliefs and practices.



# TrAAAAveling the TransCanada Highway

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

by Carl J. Dunst

### ▼ Abstract

It is often said that Family Resource Programs are unique, not only because of the services they provide, but also because of the principles that guide them. In this article, Carl Dunst tries to identify the hallmarks of an organization that has moved beyond paying lip service to its chosen principles. Dunst offers a number of good strategies for working with your staff and volunteers to develop a shared understanding of the values and ideas that make up your principles. He also emphasizes the importance of talking concretely about the way your principles "look" in practice, and suggests ways you can use your principles consciously in day-to-day activities like program planning and supervision of staff. Ultimately, a truly principle-driven organization must be willing to let its efforts be judged by the families it serves. Dunst underscores the importance of seeking out honest and credible feedback, and having the humility to listen to it when it comes.

### ▼ Résumé

On dit souvent que les programmes de ressources pour la famille sont uniques, non seulement par les services qu'ils offrent, mais aussi par les principes qui les guident. Dans cet article, Carl Dunst s'attache à cerner les empreintes d'une organisation qui est allée au-delà de l'éloge stérile des principes qu'elle a choisis. L'auteur propose des stratégies qui aideront à développer, auprès de votre personnel et vos bénévoles, une vision commune des valeurs et des idées qui composent vos principes. Il insiste sur l'importance de parler concrètement de ce que « donnent » ces principes en pratique et suggère des moyens de les utiliser consciemment dans des activités courantes comme la planification de programme et la supervision de personnel. Un organisme véritablement guidé par ses principes doit être prêt à ce que ses efforts soient jugés par les familles qu'il dessert. L'auteur souligne la nécessité de rechercher des commentaires honnêtes et crédibles et d'avoir l'humilité de les écouter le moment venu.

This paper was prepared for the FRP Canada National Biennial Conference "Emerging Trends in Family Support: From Policy to Practice," Mississauga, Ontario, October 2002. The paper is an extended version of a newsletter article appearing in *Working Strategies* published by the California Statewide Strategies Program, Department of Social Services, Office of Child Abuse Prevention.

VOLUME 1, NO. 1 SPRING PRINTEMPS 2004 **41**

Available from FRP Canada, Resources, *Perspectives in Family Support*, 2004, Vol. 1, 41-48.

## Family Support Principles

Family support principles are belief statements about how interventions are conducted and how supports and resources ought to be made available to parents and other family members involved in early childhood intervention, parenting support, and family resource programs. Family support principles specify how staff should interact with and treat families.

# Family, Infant and Preschool Program Guiding Principles

- Families and family members are treated with dignity and respect at all times.
- Staff are sensitive, knowledgeable, and responsive to family, cultural, ethnic, and socio-economic diversity.
- Family choice and decision-making occur at all levels of participation in the program.
- Information necessary for families to make informed choices is shared in a sensitive, complete, and unbiased manner.
- Practices are based on family-identified desires, priorities, and preferences.
- Staff provide supports, resources, and services to families in a flexible, responsive, and individualized manner.
- A broad range of informal, community, and formal supports and resources are used for achieving family-identified outcomes.
- Staff build on child, parent and family strengths, assets, and interests as the primary way of strengthening family functioning.
- Staff-family relationships are characterized by partnerships and collaboration based on mutual trust, respect, and problem solving.
- Staff use help giving practices that support and strengthen family functioning.

# BC Centre for Ability

## Our Mission

To provide community based services that enhance the quality of life of children, youth and adults with disabilities and their families in ways that facilitate and build competencies, and foster inclusion in all aspects of life

## We Believe

- The right of all persons to pursue their dreams and reach their full potential
- The unique and diverse strengths of individuals and families
- The importance of respect and dignity for all persons
- Equality of access to services
- Partnerships between families, professionals and consumers
- Support for children, youth, and adults in their home and community
- Excellence in service provision

# Intervention Paradigms

Paradigms are worldviews or models for describing the key features and elements of how one thinks about, organizes, and uses the different features and elements of a model for conceptualizing and implementing intervention practices.

- The traditional paradigm in education, human services, health care, and other types of programs has been based on a deficit approach to intervention.
- An alternative paradigm more aligned with strengths-based values is a capacity-building approach for conceptualizing and implementing intervention practices.

# Contrasting Approaches to Early Childhood Intervention<sup>a</sup>

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Capacity-Building Models		Traditional Models
Promotion	vs.	Treatment
Empowerment	vs.	Expertise
Strengths-Based	vs.	Deficit-Based
Resource-Based	vs.	Service-Based
Family-Centred	vs.	Professional-Centred

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<sup>a</sup> Dunst, C.J., & Trivette, C.M. (2009). Capacity-building family systems intervention practices. *Journal of Family Social Work*, 12(2), 119-143.

# Capacity-Building Paradigm Model and Practices

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Models	Main Focus
Promotion	Enhance and promote competence and positive functioning
Empowerment	Create opportunities that support and strengthen a sense of confidence and competence
Strengths-Based	Build on existing capabilities as the foundation for promoting acquisition of new skills
Resource-Based	Use a range of formal and informal resources and supports for enhancing capabilities
Family-Centred	Engage individuals in participatory experiences and opportunities to strengthen and promote new knowledge, skills, and self-efficacy beliefs

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# Parenting Capacity-Building Paradigm

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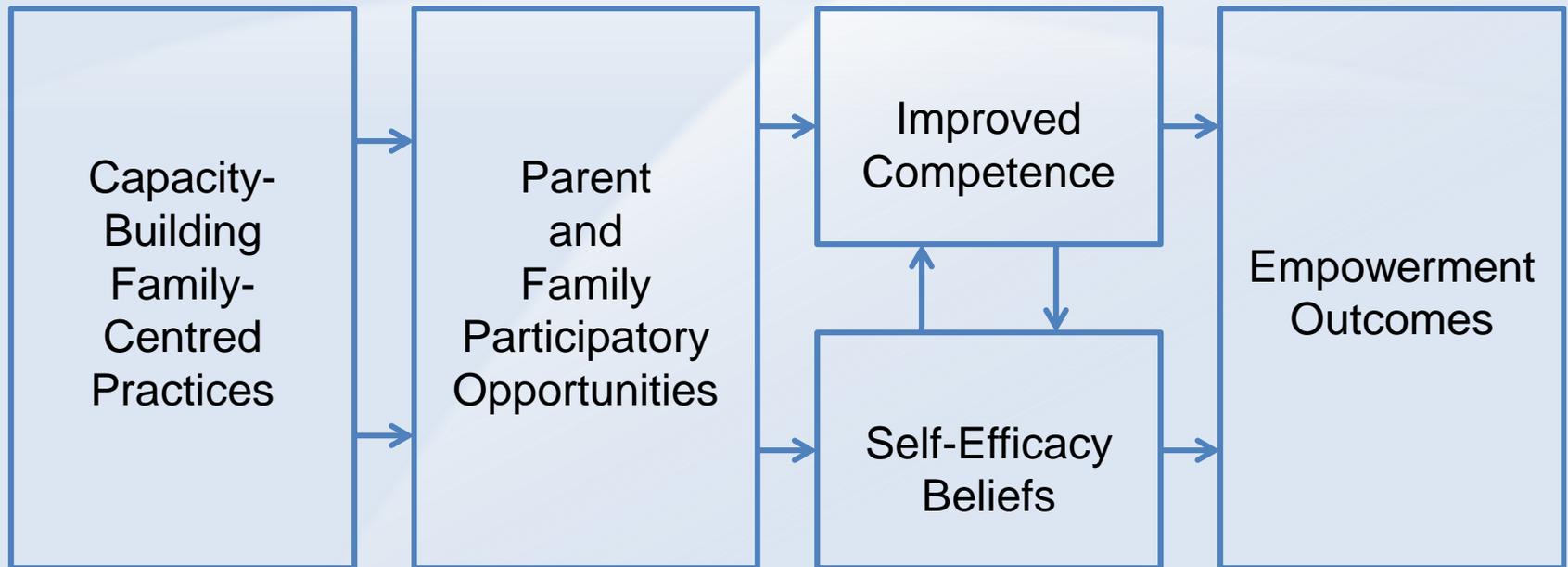
Models	Main Focus
Promotion	Enhance and promote parenting knowledge and skills
Empowerment	Create opportunities that support and strengthen a sense of parenting confidence and competence
Strengths-Based	Build on existing parenting capabilities as the foundation for promoting new parenting skills
Resource-Based	Use a range of resources and supports for enhancing parenting capabilities
Family-Centred	Engage parents in participatory experiences and opportunities to strengthen and promote parenting knowledge, skills, and self-efficacy beliefs

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## **Definition of Capacity-Building Family-Centred Practices**

Capacity-building family-centred practices include methods and procedures used by practitioners to create participatory opportunities and experiences to strengthen existing and promote the development of new parenting and family abilities in a manner that enhances and strengthens individual and collective competence and self-efficacy beliefs.

# Capacity-Building Family-Centred Practices and Empowerment



# Empowerment Models

“Empowerment implies that many competencies are already present or at least possible....Empowerment implies that what you see as poor functioning is a result of social structure and lack of resources which make it impossible for existing competencies to operate. It implies that in those cases where new competencies need to be learned, they are best learned in a context of living life rather than in artificial programs where everyone, including the person learning, knows that it is really the expert who is in charge.”

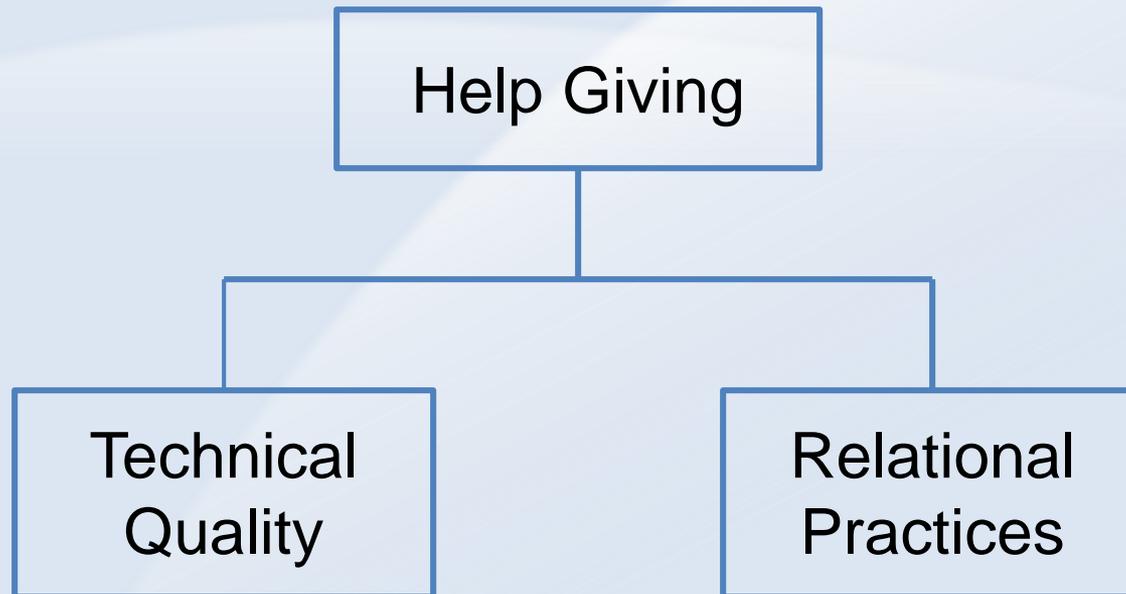
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Rappaport, J. (1981). In praise of paradox: A social policy of empowerment over prevention. *American Journal of Community Psychology*, 9, 1-25.

# Description of Family-Centred Practices

- Family-centred practices are a particular type of help giving style which builds cooperative relationships between parents, other family members, and practitioners that explicitly focuses on family capacity-building as the way in which supports and resources are provided or procured.
- Any type of intervention practice (early intervention, education, therapy, medicine, etc.) can be delivered in a family-centred manner.
- Family-centered practices are not a substitute for other types of interventions, but rather are how other types of interventions are delivered or used with families.

# A Typical Model of Help Giving Practices



# Family-Centred Practices

Research consistently has found that there are two clearly discernible subsets of family-centered practices that “fall into” distinct categories:

- **Relational Practices**
- **Participatory Practices**

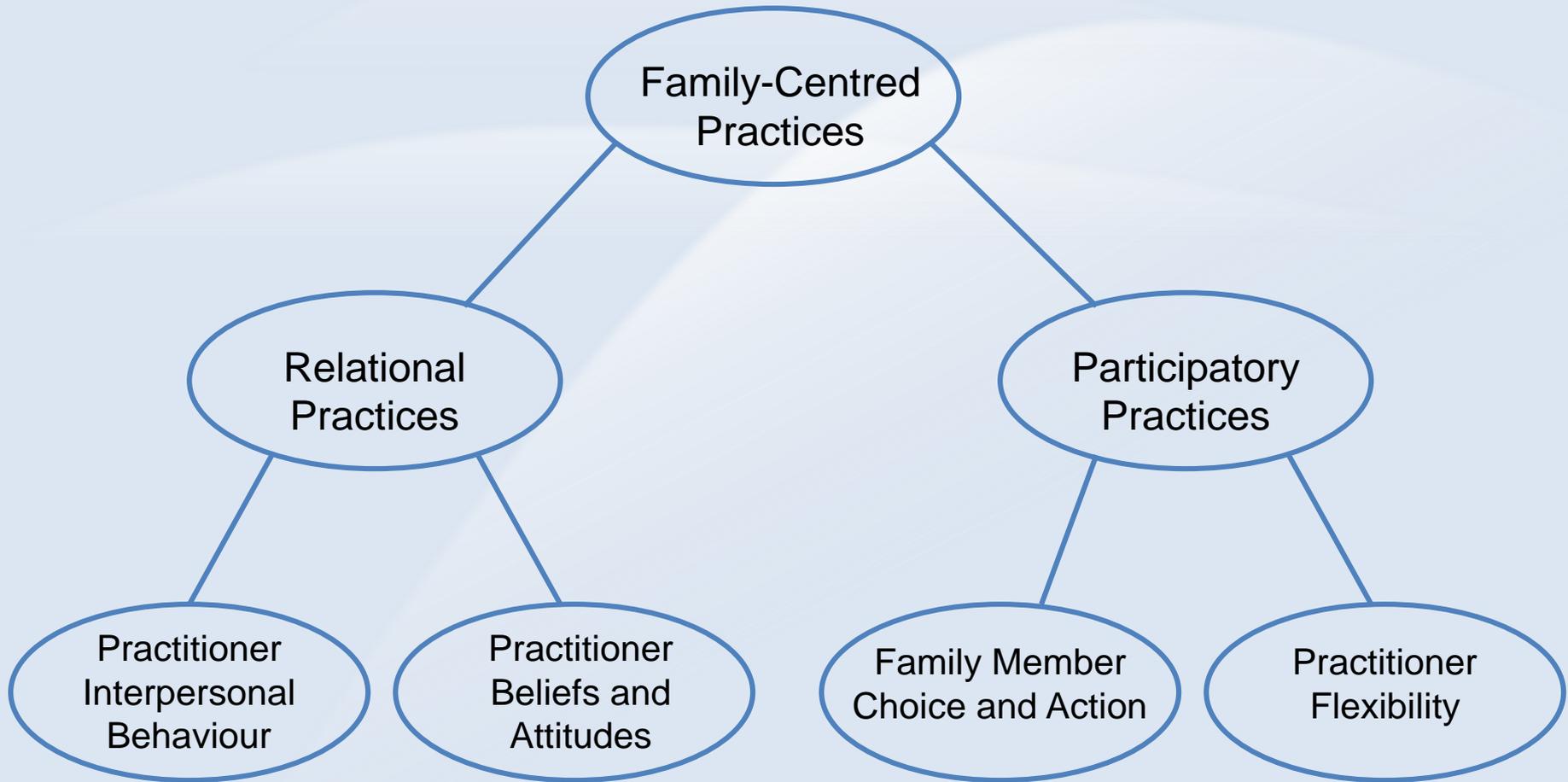
# Relational Family-Centred Practices

- Relational practices include behaviour typically associated with effective help giving practices, including, but not limited to, compassion, active and reflective listening, empathy, and effective communication.
- Relational practices also include practitioner beliefs and attitudes about family and cultural strengths, values, and attitudes, and practitioner sensitivity to these beliefs and values as part of intervention practices.

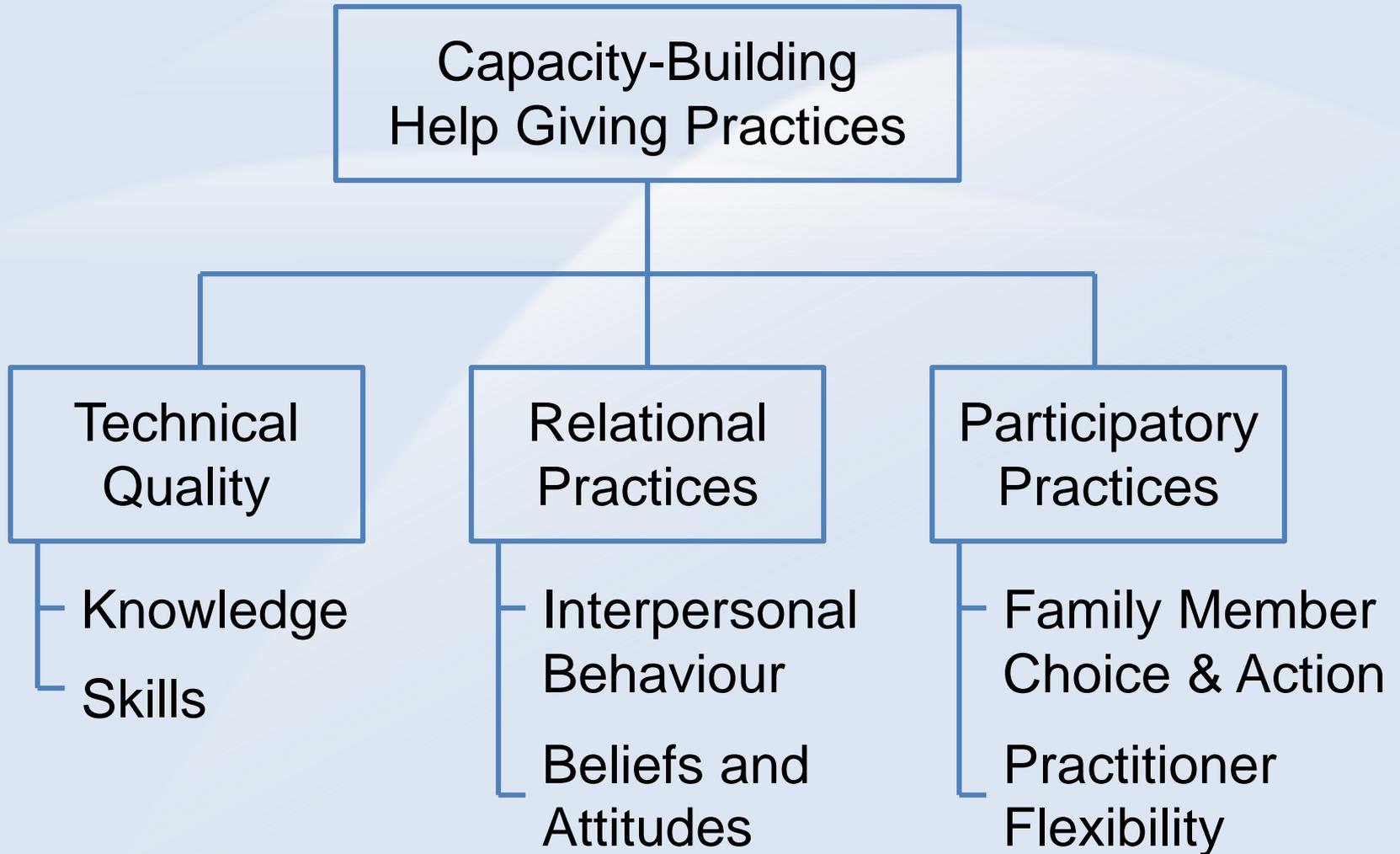
# Participatory Family-Centred Practices

- Participatory practices include behaviour that actively involves family members in (a) informed choice and decision making, and (b) using existing strengths and abilities as well as developing new capabilities needed to obtain family-identified resources, supports, and services.
- Participatory practices also include practitioner responsiveness to and flexibility in how help is provided to children and their families.

# Capacity-Building Family-Centred Practices



# Expanded Model of Help Giving Practices



# Promoting Practitioner Adoption and Use of Family-Centred Practices

Family-centred checklists can be used as standards against which program or practitioner behaviour can be assessed as consistent with program-guiding beliefs and principles and with the intent of family-centred practices.

# Examples of Relational Practices Indicators

		In what way was each practice used?	Rating	Example/Comment/Reflection
<b>Relational Practices</b>	<b>Interpersonal Skills</b>	Communicate clear and complete information in a manner that matched the family's style and level of understanding.		
		Interact with the family in a warm, caring, and empathetic manner.		
		Treat the family with dignity and respect and without judgement.		
	<b>Practitioner Attitudes</b>	Communicate to and about the family in a positive way.		
		Honor and respect the family's personal and cultural beliefs and values.		
		Focus on individual and family strengths and values.		
		Acknowledge the family's ability to achieve desired outcomes.		

# Examples of Participatory Practices Indicators

	In what way was each practice used?	Rating	Example/Comment/Reflection
<b>Participatory Practices</b>	<b>Family Choice and Action</b>	Work in partnership with parents/family members to identify and address family-identified desires.	
		Encourage and assist the family to make decisions about and evaluate the resources best suited for achieving desired outcomes.	
		Seek and promote ongoing parent/family input and active participation regarding desired outcomes.	
		Encourage and assist the family to use existing strengths and assets as a way of achieving desired outcomes.	
		Provide family participatory opportunities to learn and develop new skills.	
<b>Practitioner Responsiveness</b>		Assist the family to consider solutions for desired outcomes that include a broad range of family and community supports and resources.	
		Support and respect family members' decisions.	
		Work with the family in a flexible and individualized manner.	
		Offer help that is responsive to and matches the family's interests and priorities.	
		Assist the family to take a positive, planful approach to achieving desired outcomes.	

# Promoting Understanding of the Key Characteristics of Family-Centred Practices

- Identify program-specific practices that are consistent with the intent of family-centred relational indicators
- Identify program-specific practices that are consistent with the intent of family-centred participatory indicators

# Translating Relational Practice Indicators into Concrete Actions

- Treat a family with *dignity and respect* at all times
- *Honour and respect* a family's personal and cultural beliefs and values
- Provide a family information in a *complete and unbiased* manner
- *Recognize and honour* individual family member strengths

# Translating Participatory Practice Indicators into Concrete Actions

- Work in *partnership* with a family to identify family needs and to collaborate in obtaining needed resources
- Engage a family in making *informed decisions* about which resources and supports are best suited for meeting family-identified needs
- Provide family members *participatory opportunities* to obtain needed resources and supports
- *Support and respect* a family's decisions even when they differ from a practitioner's

# Developing Program-Specific Capacity-Building Family-Centred Practices

- Review examples of family-centred principles and family-centred practice indicators to identify program-specific, relevant practices
- Develop new practice indicators that “make sense” for a program’s mission and goals
- Obtain parent feedback and input on the practice indicators (*Would you want to be treated in this way?*)
- Obtain staff agreement about the importance of the practices

# FRP Canada Guiding Principles of Family Support

1. Family support programs are open to all families, recognizing that all families deserve support.
2. Family support programs complement existing services, build networks and linkages, and advocate for policies, services and systems that support families' abilities to raise healthy children.
3. Family support programs work in partnership with families and communities to meet expressed needs.
4. Family support programs focus on the promotion of wellness and use of a prevention approach to their work.
5. Family support programs work to increase opportunities and to strengthen individuals, families, and communities.
6. Family support programs operate from an ecological perspective that recognizes the interdependent nature of families' lives.
7. Family support programs value and encourage mutual assistance and peer support.
8. Family support programs affirm parenting to be a life-long learning process.
9. Family support programs value the voluntary nature of participation in their services.
10. Family support programs promote relationships based on equality and respect for diversity.
11. Family support programs advocate nonviolence to ensure safety and security for all family members.
12. Family support programs continually seek to improve their practice by reflecting on what they do and how they do it.

# Examples of Family-Centred Practice Indicators

Staff really listen to my concerns or requests

Staff see my child and family in a positive, healthy way

Staff provide me information I need to make good choices

Staff are responsive to my requests for advice or assistance

Staff try hard to understand my child and family's situation

Staff recognize my child and family's strengths

Staff help me be an active part of getting desired resources

Staff are flexible when my family's situation changes

Staff encourage me to get what I want for myself

Staff are sensitive to my personal beliefs

Staff support me when I make a decision

Staff recognize the good things I do as a parent

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- ***Equality of access*** to services
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- Support for children, youth, and adults in their ***home and community***
- ***Excellence*** in service provision

# BC Centre for Ability

Getting from values and beliefs to practices?

What do we mean by:

- Facilitate and build competencies?
- Foster inclusion?
- Pursuing one's dreams?
- Unique and diverse strengths?
- Respect and dignity?
- Equality of access?
- Support ... in the home and community?
- Excellence in how we provide services?

What other family-centred practices are implied in our values and beliefs?

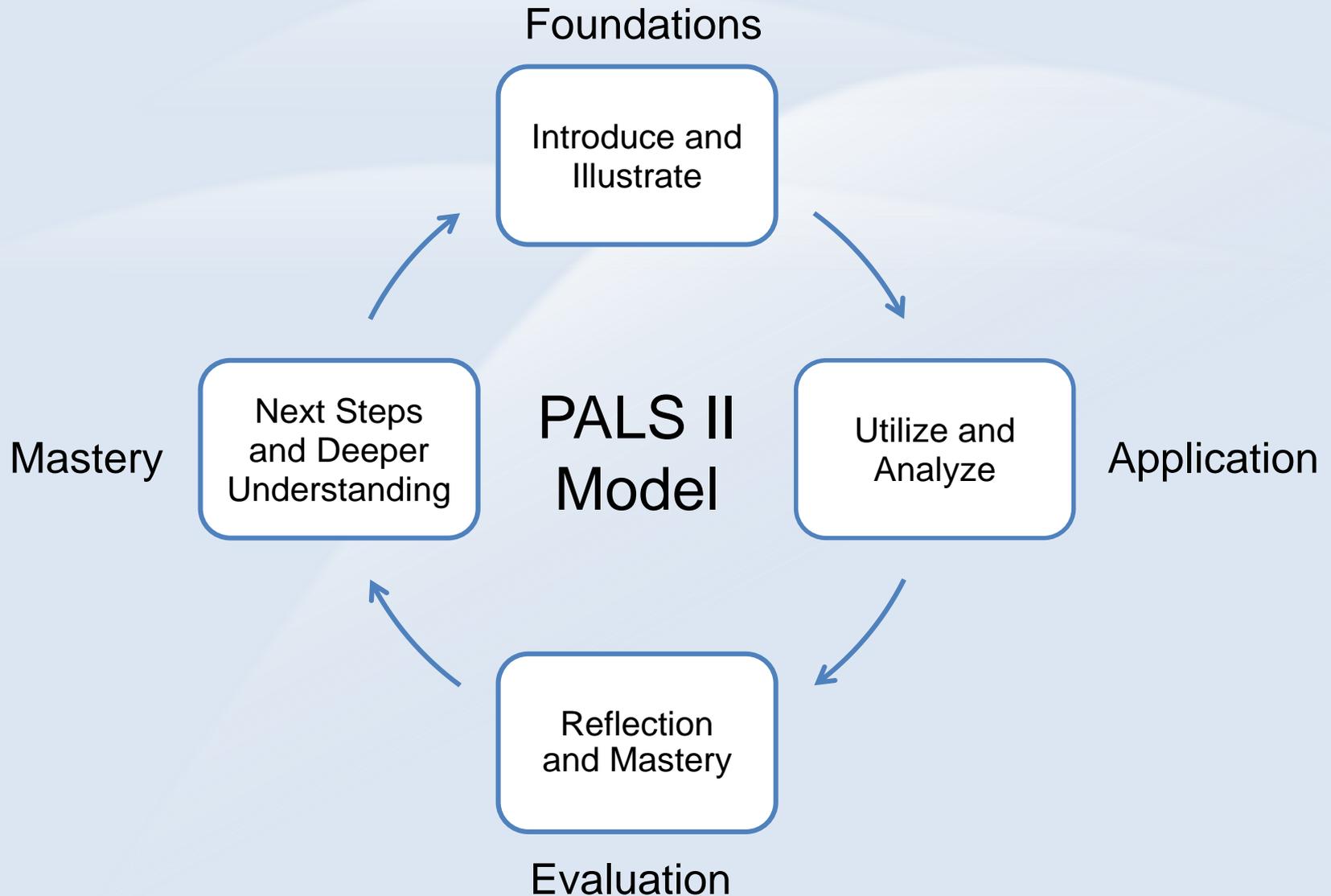
# Promoting Practitioner Understanding and Use of Family-Centred Practices

- Capacity-building training methods and evidence-based coaching practices are used to support and strengthen practitioner use of family-centred practices
- This can be accomplished using an evidence-based approach to adult learning called PALS
- Capacity-building training or coaching can be used by supervisors, technical assistance providers, coaches, or peers to support practitioners' use of family-centred practices

# Participatory Adult Learning Strategy (PALS)

- PALS is an evidence-based adult learning practice that includes six key characteristics and associated practices
- PALS has been used to promote practitioners' use of many different kinds of intervention practices including family-centred practices
- PALS can be used to develop coaching and other supportive experiences to promote practitioners' use of capacity-building family-centred practices

# PALS Process



# Using PALS to Promote Adoption and Use of Capacity-Building Family-Centred Practices

## *What I Do (Coach)*

- Describe the key characteristics of a particular family-centred practice or set of related practices
- Illustrate or demonstrate the use of the practice or set of practices

## *What You Do (Practitioner)*

- Use the practice or set of practices as part of working with a family
- Assess and analyze what worked and why and what did not work and why

## *What We Both Do (Coach and Practitioner)*

- Reflect on your understanding of the key characteristics of the practice or set of practices
- Self-assess your overall mastery of the practice or practices (e.g., using a performance checklist)
- Identify new participatory practices to promote deeper understanding of family-centred practices

# Framework for Developing a Training Plan

Family-Centred Practice: \_\_\_\_\_

PALS Characteristics	Participatory Experiences
Describe the Practice	
Illustrate the Practice	
Use the Practice	
Analyze Use of the Practice	
Reflect on the Practice	
Mastery of the Practice	
Next Steps	

# What Can Be Learned from Monitoring Staff Use of Capacity-Building Family-Centred Practices?

- Identify how well staff are using family-centred practices
- Identify where coaching or supports are needed to strengthen staff use of family-centred practices
- Identify factors that are interfering with the use of family-centred practices
- Make changes to improve the use of family-centred practices

## Measuring Adherence to Family-Centred Practices

- Adherence to family-centred practices is measured in terms of program participant judgments of the extent to which program staff interact with and treat participants and their families in ways consistent with the intent of family-centred practices.
- Assessing adherence is based on the assumption that only program participants are in a position to determine how they are treated.

## Measuring Adherence to Family-Centred Practices

- In an adherence study or survey, program participants are asked to indicate on a 5-point scale ranging from *never* to *all-the-time* the extent to which staff treat or interact with the respondent and his or her family in the ways indicated.
- A typical survey includes 5 or 6 relational indicators and 5 or 6 participatory indicators.

# Family-Centred Practices Indicator Scale

## ***TELL US ABOUT YOUR EXPERIENCES WITH PROGRAM STAFF***

Staff sometimes differ in how they interact with and treat children and their families. Please indicate how our program staff interacts with and treats you.	Never	Very Little	Some of the Time	Most of the Time	All the Time
Really listen to my concerns or requests	1	2	3	4	5
See my child and family in a positive, healthy way	1	2	3	4	5
Provide me information I need to make good choices	1	2	3	4	5
Are responsive to my requests for advice or assistance	1	2	3	4	5
Try hard to understand my child and family's situation	1	2	3	4	5
Recognize my child and family's strengths	1	2	3	4	5
Help me be an active part of getting desired resources	1	2	3	4	5
Are flexible when my family's situation changes	1	2	3	4	5
Encourage me to get what I want for myself	1	2	3	4	5
Are sensitive to my personal beliefs	1	2	3	4	5
Support me when I make a decision	1	2	3	4	5
Recognize the good things I do as a parent	1	2	3	4	5

## Criterion for Measuring Adherence to Family-Centred Practices

Percentage of indicators receiving the highest rating on a five-point scale indicating that a respondent and his or her family are *always* treated in a way consistent with the family-centred scale indicators

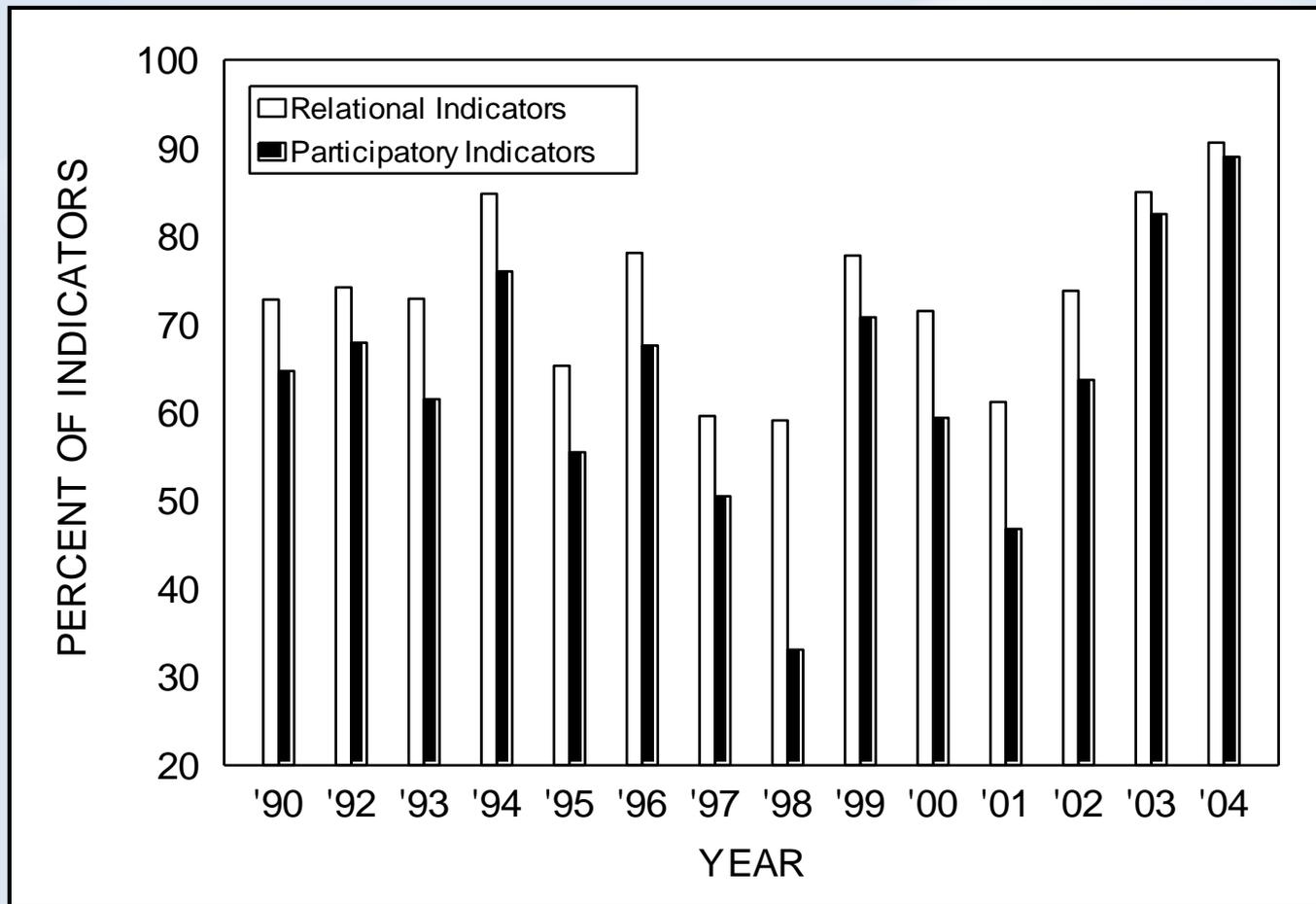
# Sources of Information for Measuring Adherence to Family-Centred Practices

- Eighteen (18) studies conducted between 1990 and 2004 at the Family, Infant and Preschool Program (Morganton, NC, USA)
- One thousand ninety-six (1,096) program participants
- Thirteen thousand five hundred eleven (13,511) indicators

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Dunst, C.J., & Trivette, C.M. (2005). *Measuring and evaluating family support program quality*. Winterberry Press Monograph Series. Asheville, NC: Winterberry Press.

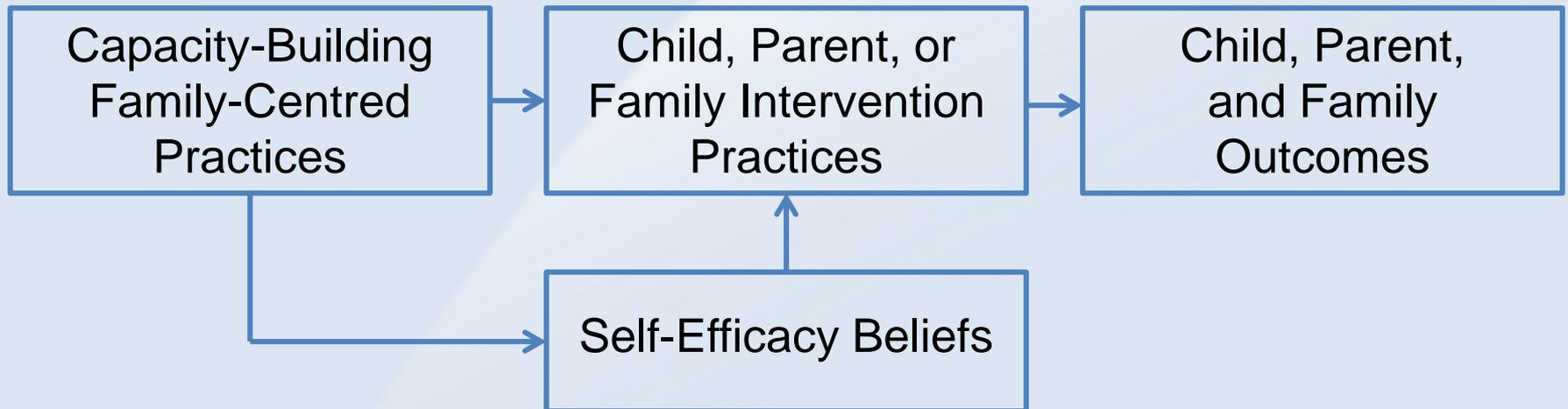
# Degree of Adherence to Relational and Participatory Family-Centred Practices



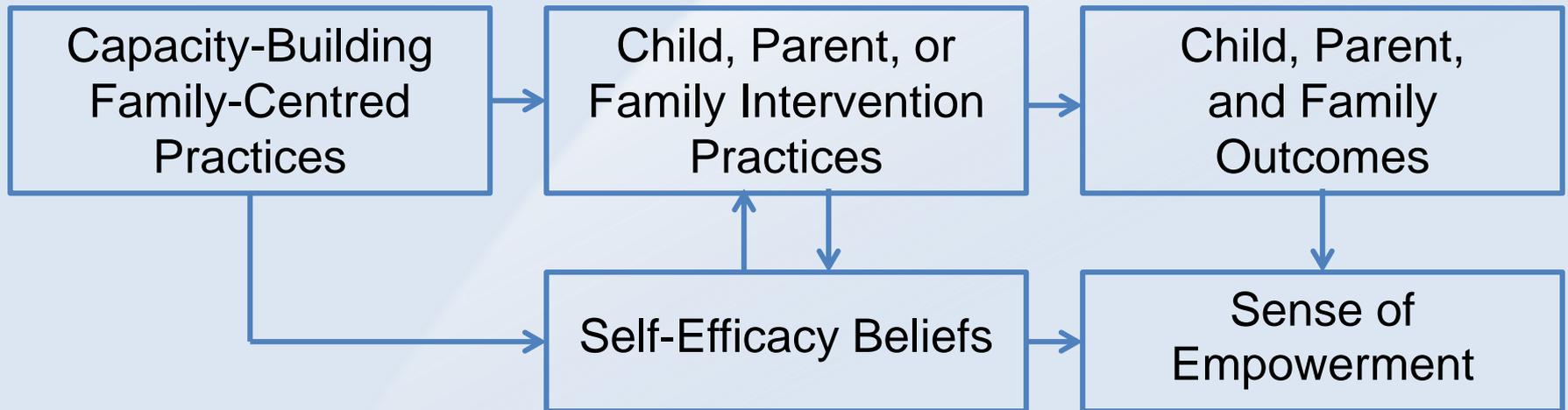
# Research Foundations of Family-Centred Practices

- There are now more than 100 studies that have investigated the relationships between family-centred practices and child, parent, and family outcomes.
- Research that my colleagues and I have conducted has found that the relationships between family-centred practices and different outcomes are mediated by self-efficacy beliefs, including a sense of confidence and competence.

# Influences of Family-Centred Practices on Child, Parent, and Family Outcomes

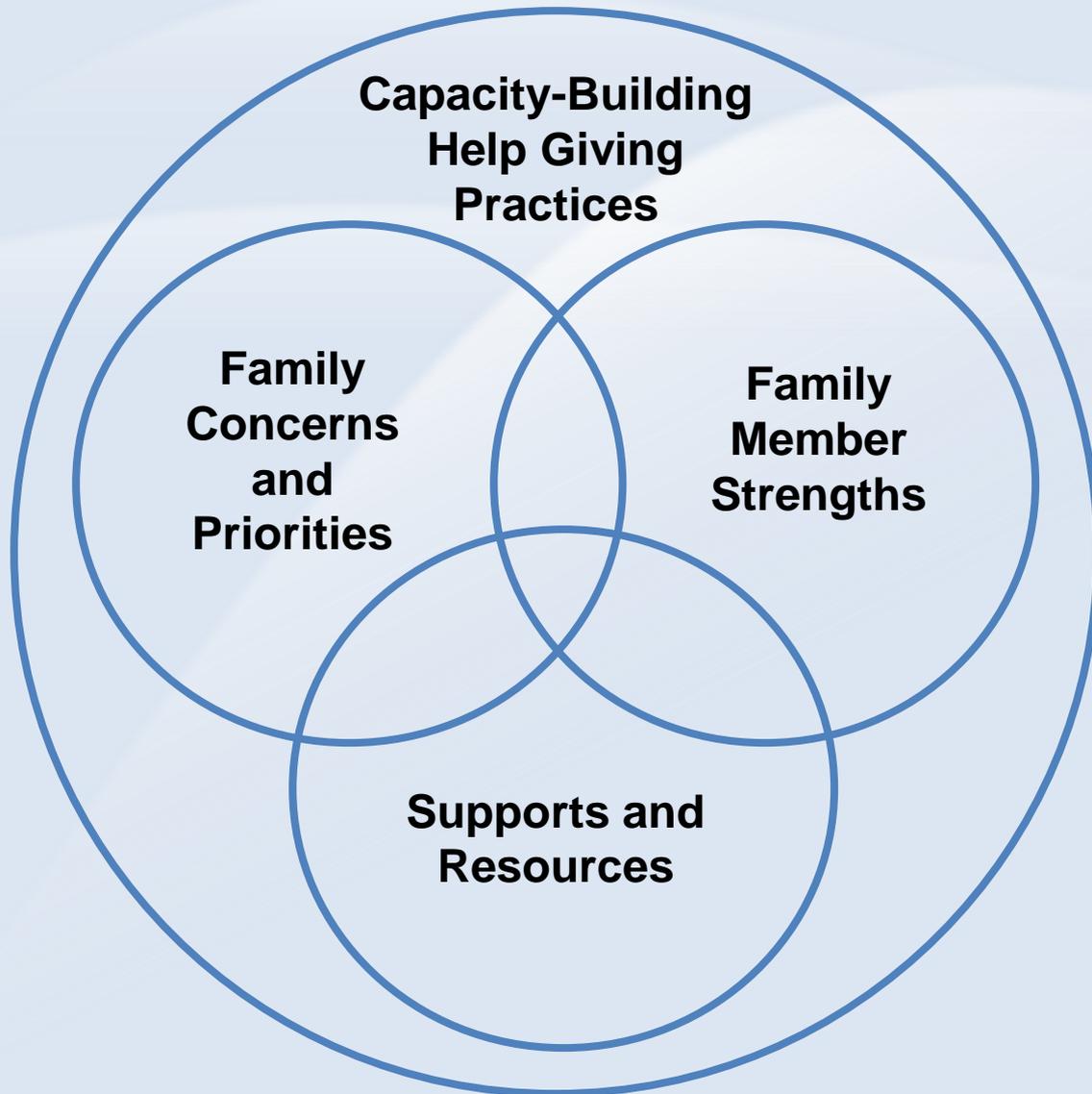


# Influences of Family-Centred Practices on Child, Parent, and Family Outcomes



**Example of  
Capacity-Building Family-Centred Practices:  
Family Systems Intervention Model**

# Family Systems Intervention Model



# Operational Elements of the Family Systems Intervention Model

- Family Concerns and Priorities
- Supports and Resources
- Family Member Strengths
- Capacity-Building Help Giving Practices

## Concerns and Priorities

- Concerns include the perception or indication of a discrepancy or difference between “what is” and “what is desired”
- Priorities include the conditions or life situations that are considered highly important and worthy of attention
- Concerns and priorities are highly individualized and vary considerably family to family

## Supports and Resources

- Supports and resources include the information, instrumental assistance, advice, guidance, financial resources, emotional support, and so forth, provided or procured to address family concerns and priorities
- Supports and resources also include the experiences, opportunities, and other activities that are sources of supportive exchanges and competency-enhancing learning opportunities

# Family Member Strengths

- Strengths include the knowledge, skills, interests, abilities, preferences, etc. of individual family members and the family as a whole that are used to obtain supports and resources or engage in desired activity
- Strengths are incorporated into interventions as a way of strengthening existing capabilities and for promoting the development of new competencies

## Questions, Comments, and Next Steps

- What comments or thoughts do you have about using family-centred practices?
- What questions do you have to clarify anything that I have described today?
- What feedback (positive or negative) do you have about a capacity-building approach to working with families or individual family members?
- What information or material would you find helpful to pursue a family-centred approach in your own work?