

Capacity-Building Family-Centered Practices: Characteristics and Consequences

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Purposes of the Presentation

- Define family-centered practices and describe two complementary aspects of capacity-building family-centered help giving
- Illustrate the use of family-centered practices scales for assessing program staff adherence to family-centered principles
- Summarize findings from research syntheses of family-centered help-giving studies

Capacity-Building Family-Centered Practices

Capacity-building family-centered practices are **how** professionals interact with and treat families, and **how** they support existing family member capabilities and promote the development of new family member competencies.

Definition of Family-Centered Help Giving

Family-centered help-giving practices treat families with dignity and respect; provide family members with information needed to make informed decisions and choices; active family involvement in obtaining resources and supports; and practitioner responsiveness and flexibility to family requests and desires.

Relationship Between Family-Centered Practices and Capacity-Building Help-Giving Practices

Family-centered practices are a special case of capacity-building help-giving practices where the emphasis is on both empowering family members and strengthening and promoting family member confidence and competence.

Two Types of Help-Giving Practices

Our research has consistently found that there are two clearly discernible kinds of practices that “fall into” distinct subcategories of help-giving practices:

- Relational help-giving practices
- Participatory help-giving practices

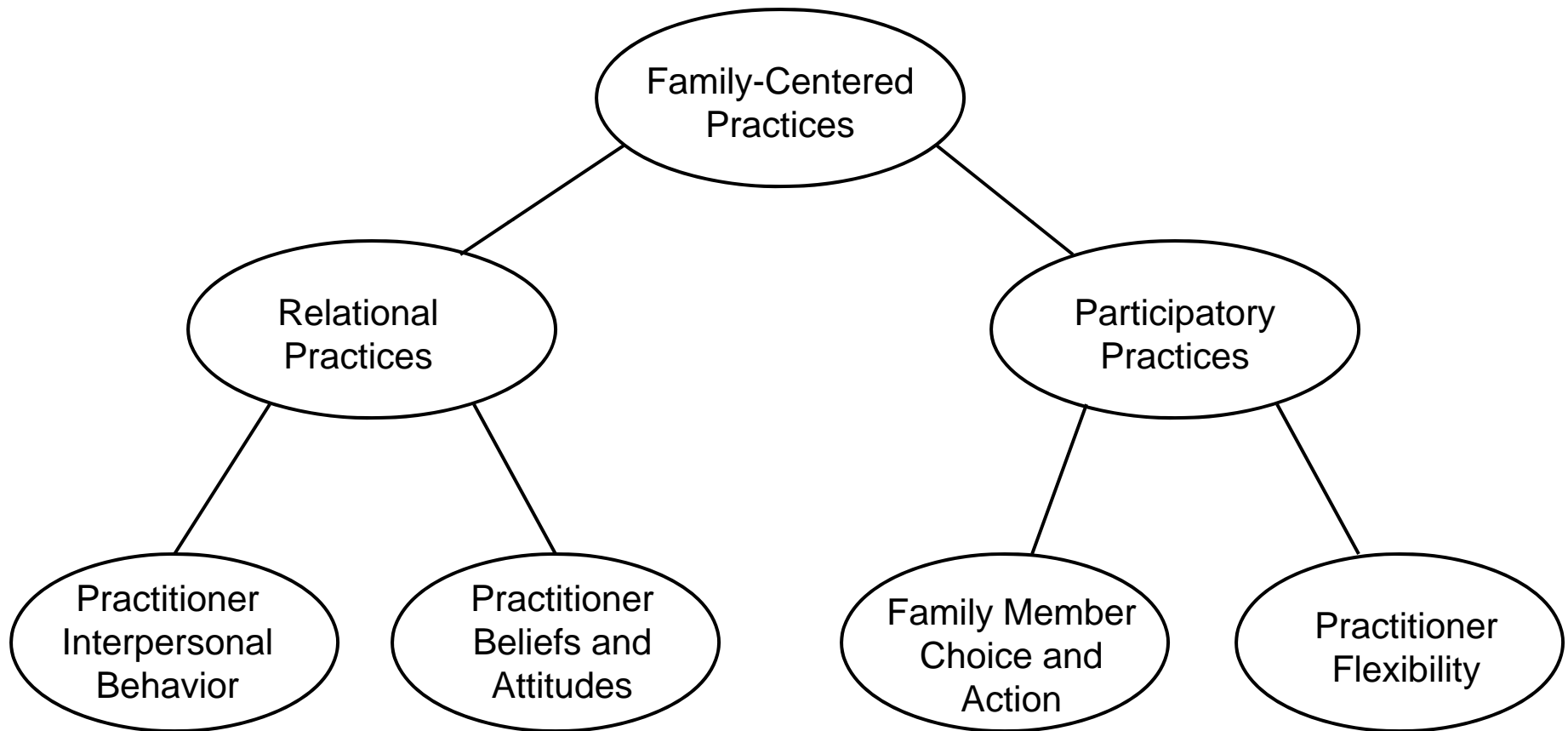
Relational Help-Giving Practices

Relational practices include behaviors typically associated with effective help giving (active listening, compassion, empathy, etc.) and positive practitioner attributions about help-receiver capabilities. These kinds of practices are often described in terms of behavior that strengthen program participant and practitioner interpersonal relationships (mutual trust, collaboration, etc.). Relational practices also include help-giver beliefs about existing family member strengths and their capacity to become more competent.

Participatory Help-Giving Practices

Participatory practices include behaviors that involve help-receiver choice and decision making, and which meaningfully involve participants in actively procuring or obtaining desired resources or supports or achieving desired life goals. These kinds of practices strengthen existing competencies, build capacity, and provide opportunities for learning new capabilities. Participatory practices also include help-giver responsiveness to a family's situation and changing life circumstances, and help-giver flexibility to these situations and circumstances.

Capacity-Building Family-Centered Practices



Assessing Practitioner Adherence to Family-Centered Practices

Adherence to family-centered 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-centered practices.

Measuring Adherence to Family-Centered Practices

- In an adherence study or survey, program participants are asked to indicate on a 5-point scale ranging from ***never*** to ***always*** 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.

Example of a Family-Centered Practices Scale

EXPERIENCES WITH FAMILY RESOURCE CENTER STAFF					
Staff sometimes differ in how they interact with and treat children and their families. Please indicate how the Family Resource Centre 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-Centered Practices

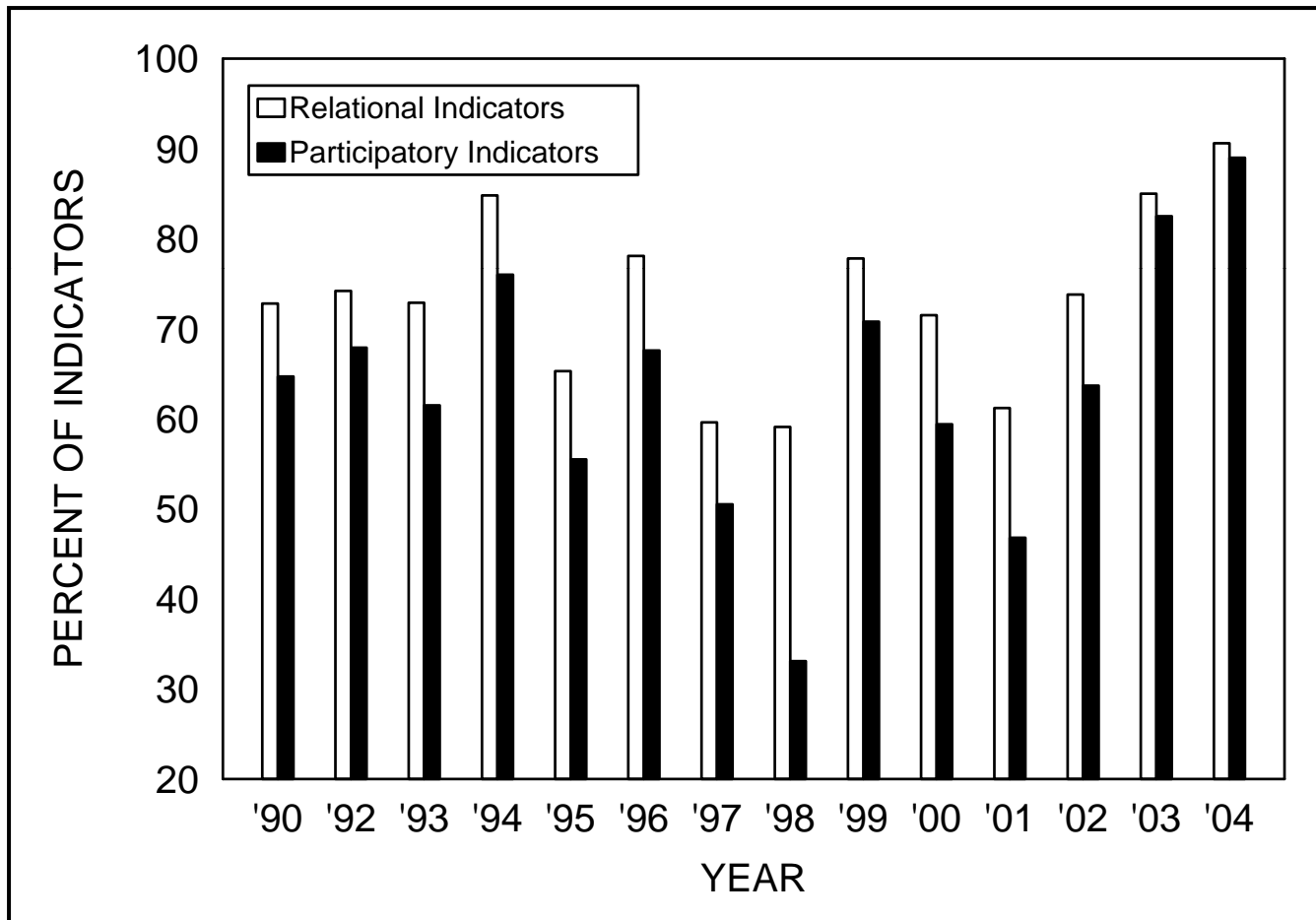
Percentage of indicators receiving the highest rating on a 5-point scale indicating that a respondent and his or her family are ***always*** treated in the way consistent with the scale indicators.

Sources of Information for Measuring Adherence to Family-Centered 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

^a 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-Centered Practices



Research Syntheses of Family-Centered Help Giving Practices

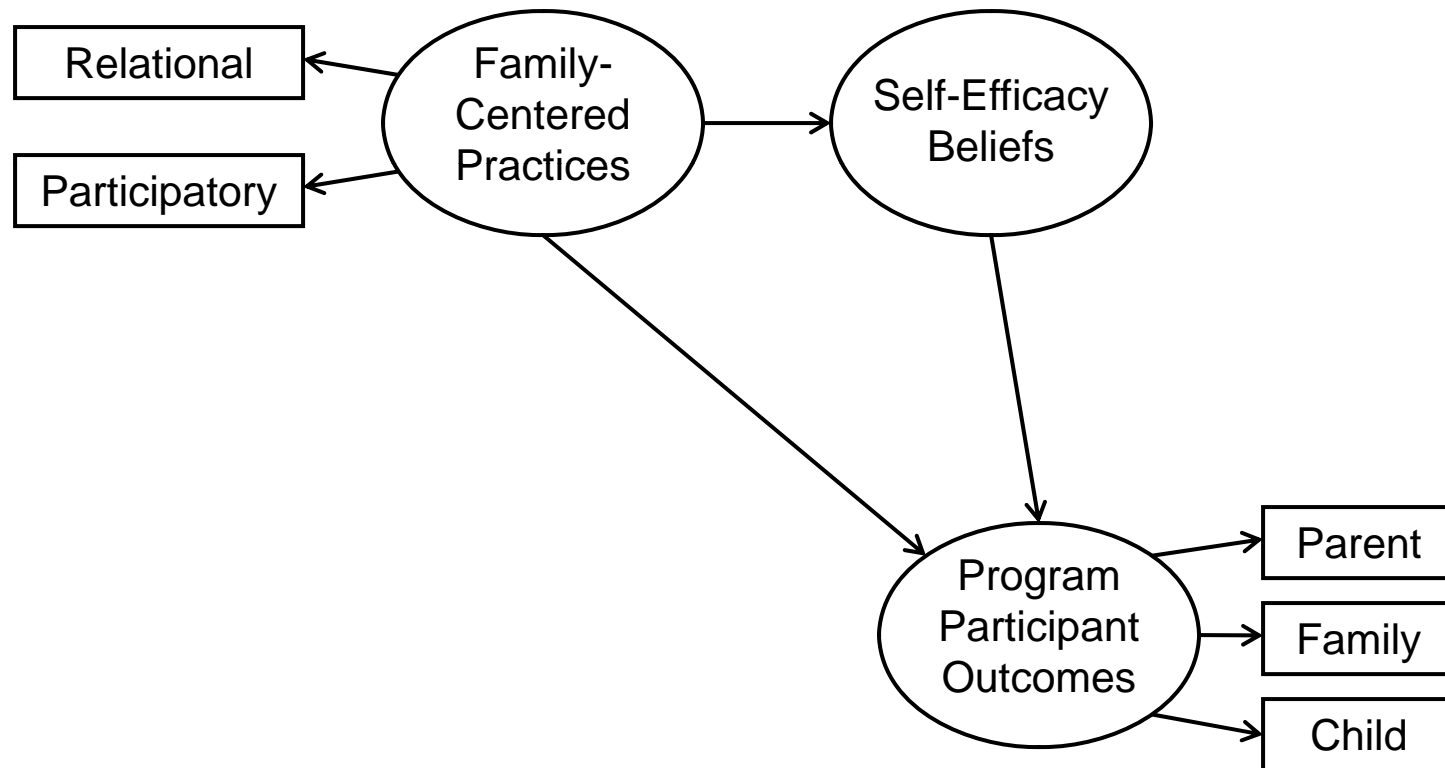
- Meta-analysis of 52 studies conducted by more than 20 researchers and research teams in seven countries^{a,b}
- Meta-analysis of 18 studies conducted by Dunst, Trivette, and colleagues in one early childhood intervention and family support program^c

^a Dunst et al. (2007). Meta-analysis of family-centered help-giving practices research. *Mental Retardation and Developmental Disabilities Research Reviews*, 13, 370-378.

^b Dunst et al. (2008). *Research synthesis and meta-analysis of studies of family-centered practices*. Winterberry Press Monograph Series. Asheville, NC: Winterberry Press.

^c Dunst et al. (2006). *Family support program quality and parent, family and child benefits*. Winterberry Press Monograph Series. Asheville, NC: Winterberry Press.

Framework for Investigating the Influences of Family-Centered Practices on Parent, Family, and Child Outcomes



Study Measures and Constructs

Study Measures	Instruments/Constructs
Family-Centered Help Giving	Family-Centered Behavior Scale, Family/Professional Collaboration Scale, Enabling Practices Scale, Help-Giving Practices Scale, Family-Centered Practices Scale, Brass Tacks, FOCAS, Measure of Process of Care, Family/Provider Relationship Instrument, Family Focused Intervention Scale
Outcome Measures	Program participant satisfaction, self-efficacy beliefs, parent empowerment, parenting capabilities, personal well-being, family functioning, social support, child functioning, child health

Methodology

Meta-analyses of the relationships between relational and participatory family-centered help-giving practices and parent, family, and child behavior and functioning using weighted correlation coefficients as the **sizes of effect** of the relationships among variables. The 95% confidence intervals for the average effect sizes were used to ascertain the range of “real” effects.

Effect Sizes for the Relationship Between Relational and Participatory Family-Centered Help-Giving Practices and the Outcome Measures

Outcome Measures	Relational Help Giving Practices		Participatory Help Giving Practices	
	Effect Size ^a		Effect Size ^a	
	Mean	95% CI	Mean	95% CI
Participant Satisfaction				
All Measures Combined	0.64****	0.62-0.65	0.59****	0.56-0.61
Satisfaction with Staff	0.67****	0.63-0.72	0.38****	0.34-0.42
Satisfaction with Program	0.63****	0.62-0.65	0.67****	0.65-0.70
Self- Efficacy Beliefs				
All Measures Combined	0.61****	0.59-0.63	0.59****	0.57-0.61
Practitioner Control	0.62****	0.59-0.65	0.62****	0.59-0.66
Program Control	0.70****	0.66-0.73	0.67****	0.64-0.70
Life Events Control	0.32****	0.26-0.38	0.39****	0.35-0.43
Program Resources				
All Measures Combined	0.36****	0.30-0.43	0.44****	0.38-0.51
Parent/Child Supports	0.26****	0.17-0.36	0.37****	0.28-0.46
Program Helpfulness	0.47****	0.37-0.56	0.52****	0.43-0.61
Child Behavior				
All Measures Combined	0.24****	0.20-0.29	0.27****	0.22-0.32
Positive Child Behavior	0.25****	0.19-0.31	0.34****	0.27-0.41
Negative Child Behavior	0.25****	0.18-0.31	0.20****	0.11-0.30
Behavioral Competence	0.24****	0.14-0.34	0.18***	0.08-0.28
Well-Being				
All Measures Combined	0.26****	0.24-0.29	0.27****	0.23-0.30
Personal Well-Being	0.27****	0.25-0.30	0.26****	0.22-0.30
Family Well-Being	0.18****	0.11-0.27	0.29****	0.23-0.37
Parenting Behavior				
All Measures Combined	0.13****	0.07-0.19	0.21****	0.16-0.27
Confidence	0.16**	0.06-0.27	0.26****	0.18-0.35
Competence	0.05	-0.07-0.18	0.11*	0.01-0.21
Enjoyment	0.15**	0.05-0.26	0.24****	0.16-0.32

*p < .05. **p < .01. ***p < .001. ****p < .0001.

^aSignificance Z test for covariation between help giving practices and the outcome measures.

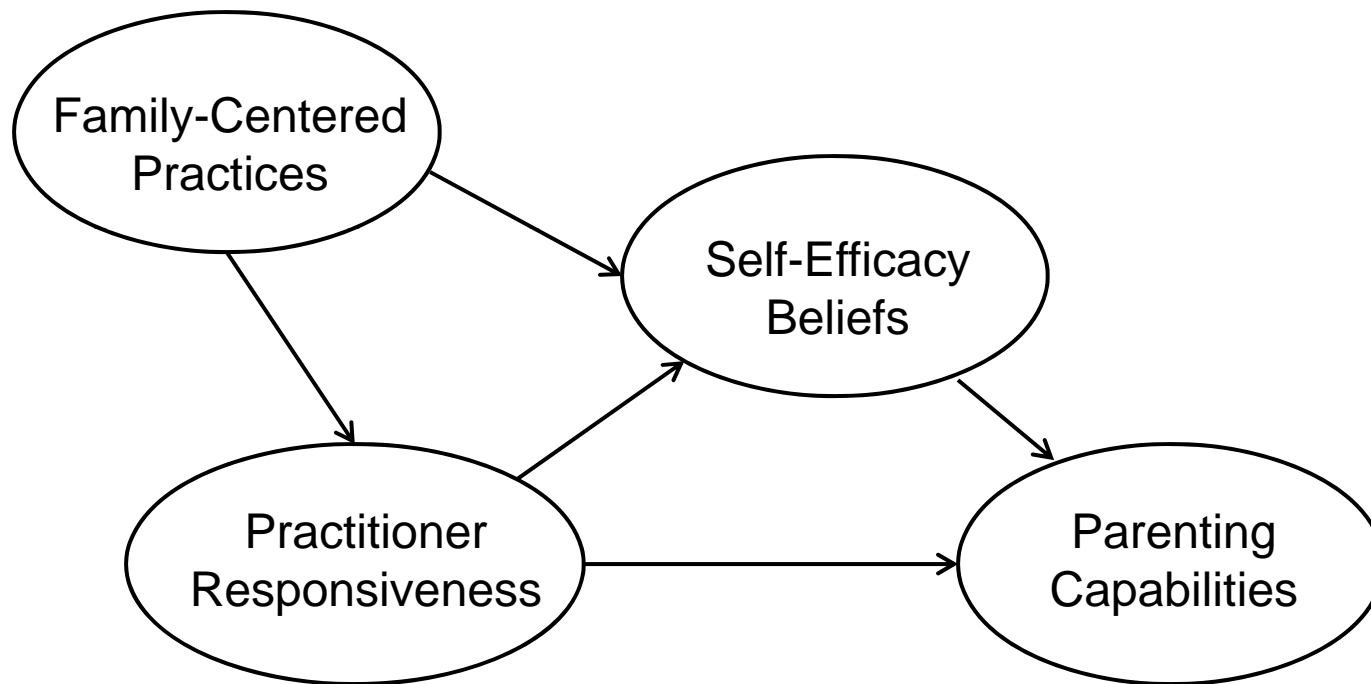
Evaluating the Indirect Effects of Family-Centered Practices on Parenting Behavior

Participants 100 parents of young children with and without disabilities participating in community-based family resource programs

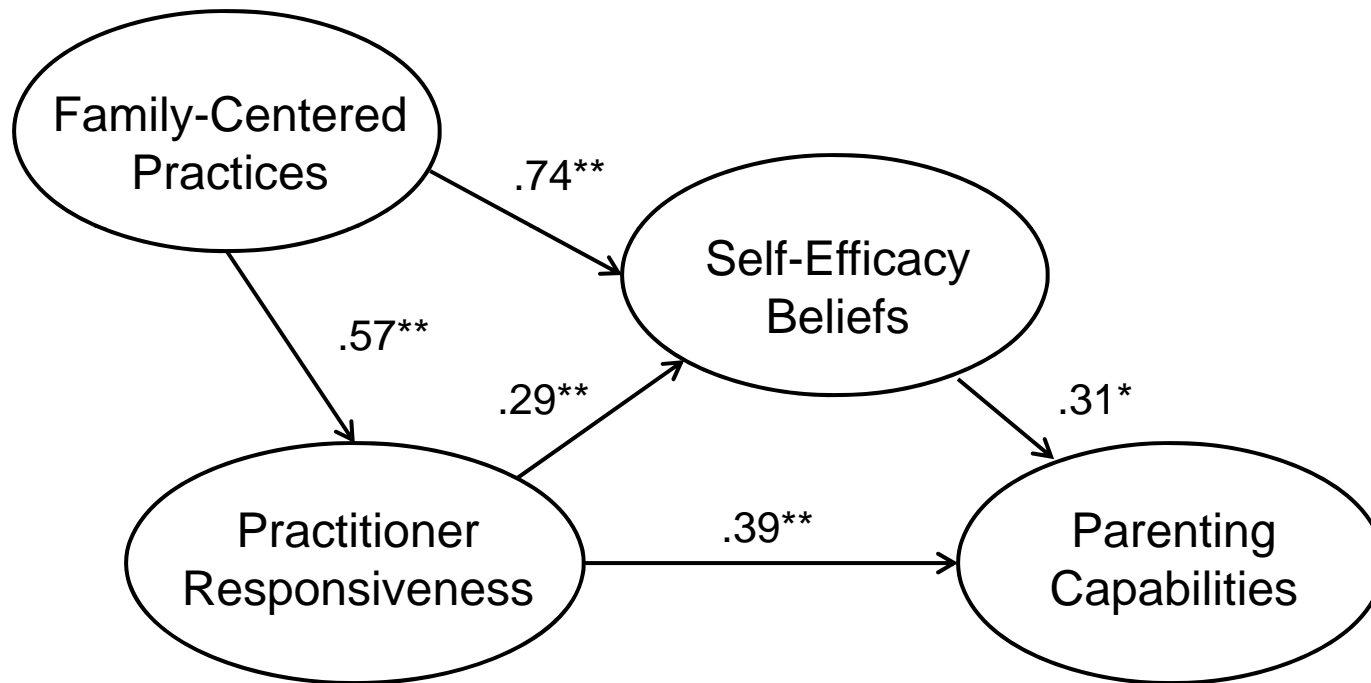
Measures Relational and participatory family-centered practices, practitioner responsiveness to family concerns, parents' judgments of the helpfulness of practitioner advice and guidance, parent self-efficacy beliefs, and parenting competence and confidence

Method of Analysis Structural equation modeling for testing the hypothesized relationships among the variables in the model

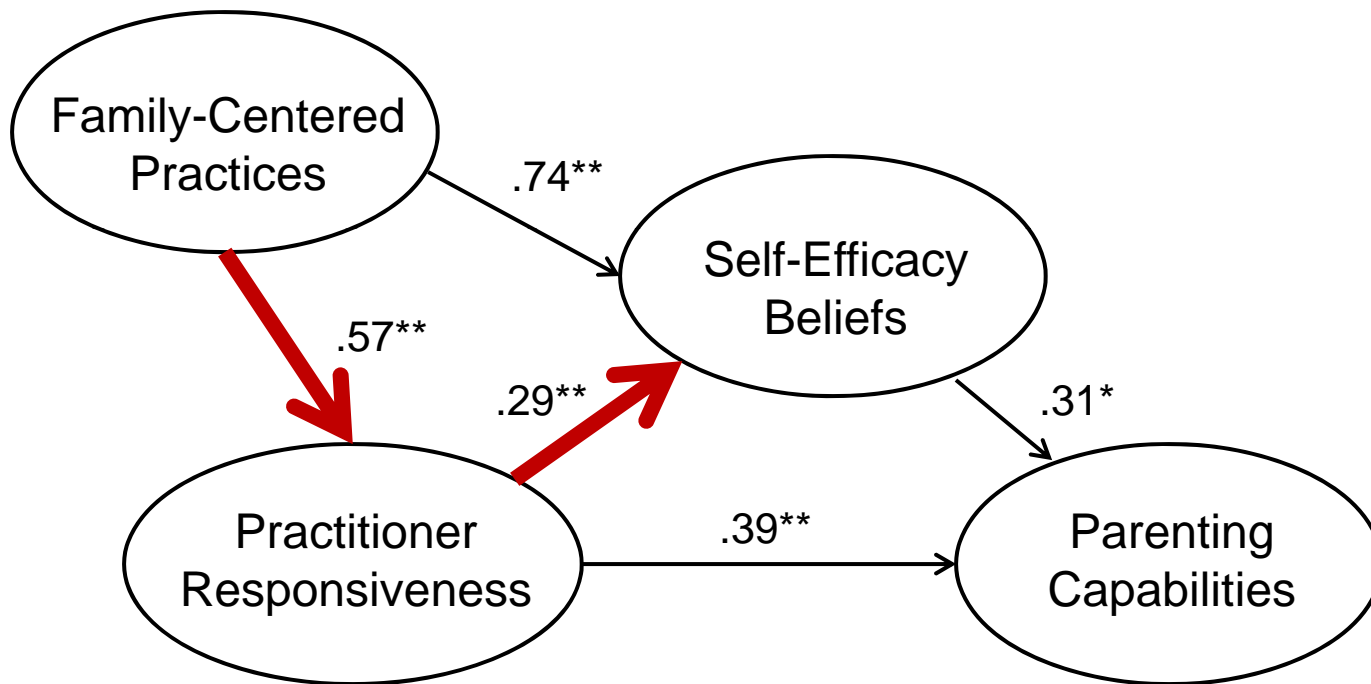
Model for Evaluating the Indirect Effects of Family-Centered Practices on Parenting Competence and Confidence



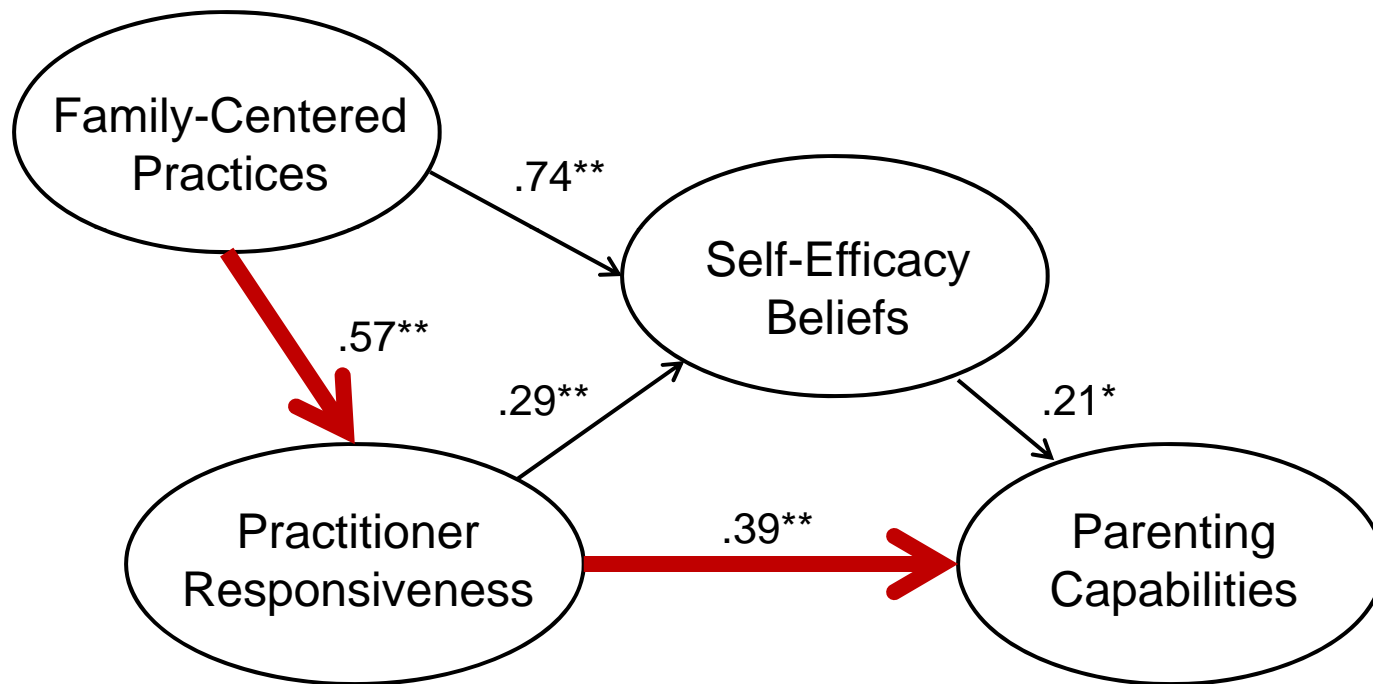
Standardized Parameter Estimates for the Relationships Among Measures in the Model



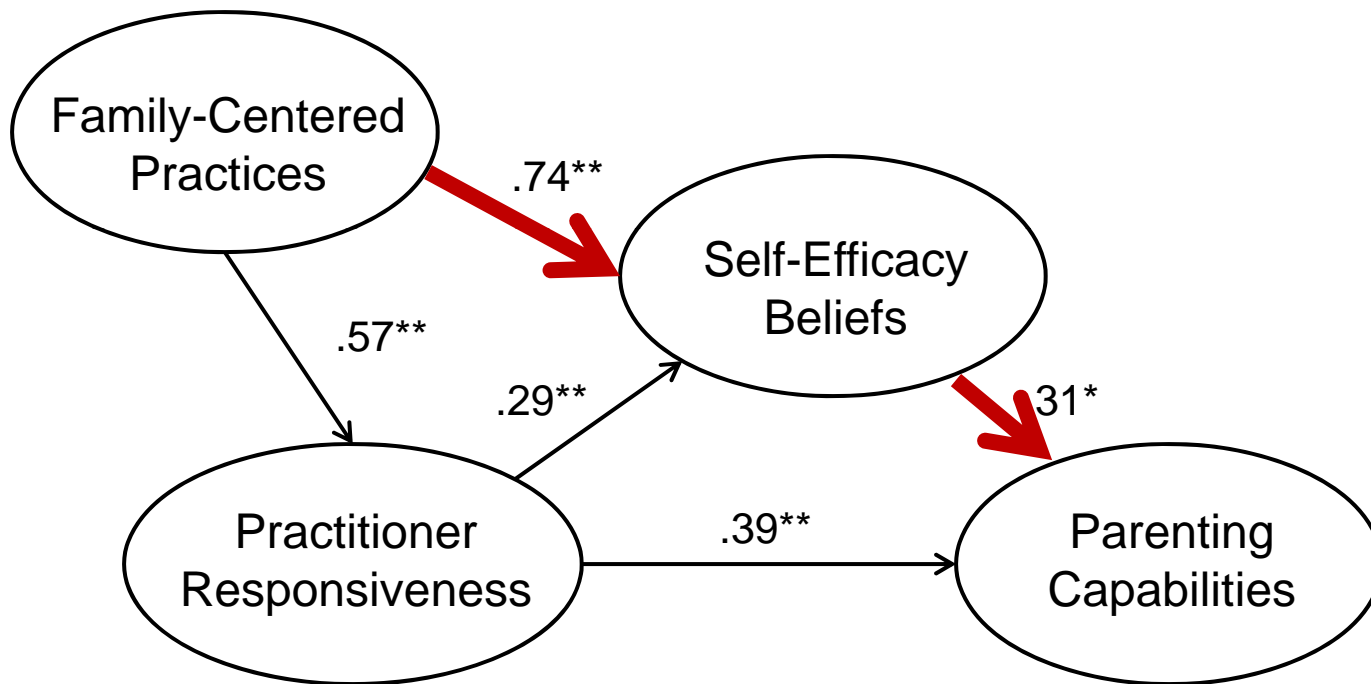
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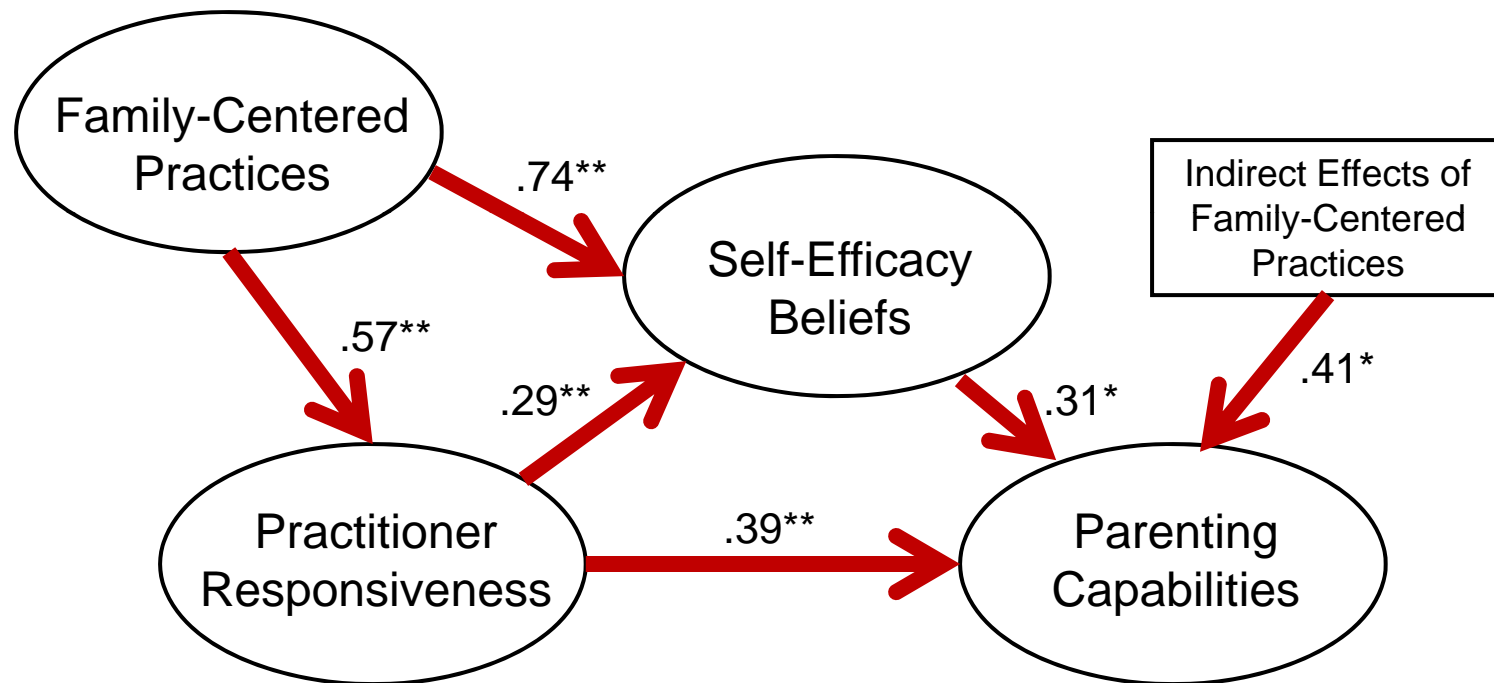


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Standardized Parameter Estimates for the Relationships Among Measures in the Model



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Conclusions

- Family-centered help-giving practices have both direct and indirect effects on a number of measures of parent, family, and child behavior and functioning
- Self-efficacy beliefs play an important mediation role in terms of the relationship between family-centered help-giving practices and various study outcomes
- A considerable body of evidence now exists about the benefits of family-centered help giving and especially capacity-building participatory help-giving practices