

Family-Centered Practices in Early Childhood Intervention: Values, Paradigms, Principles and Practices

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Purpose of the Presentation

- Describe the role of values in early childhood intervention and how family-centered beliefs can be used as the foundation for parent, family, and child capacity-building intervention practices
- Describe the process one early childhood intervention program used to translate value statements into day-to-day practices for intervening with the parents of young children with disabilities and developmental delays

Place of Values in Programs Serving Young Children with Disabilities and Their Families

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

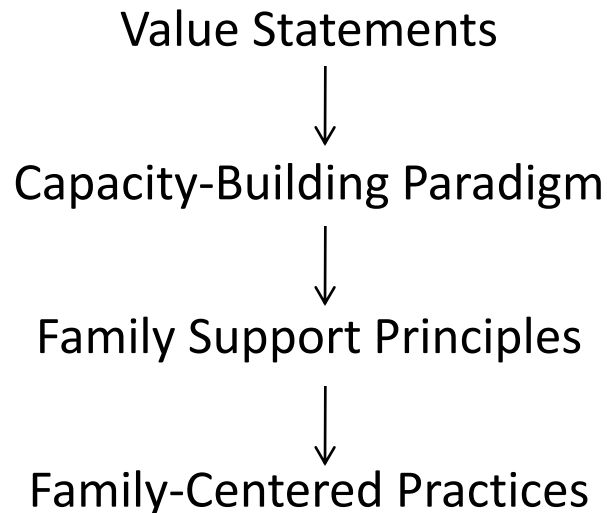
- Paul Dokecki (1983) was one of the first professionals to propose a value framework for developing policies and practices for strengthening families
- Advocates at the Center on Human Policy (1986) at Syracuse University (USA) first articulated “A Statement in Support of Families and Their Children”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

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.

The Process of Translating Values in to Practices

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



Family, Infant, and Preschool Program Morganton, North Carolina, USA

An early childhood intervention and family support program serving young children with and without disabilities and delays that adopted, applied, revised, and evaluated the use of family-centered principles and practices for implementing or providing different kinds of child, parent, parent-child, and family-level interventions, supports, and resources.

Value Statements

FIPP used value statements articulated by both the Center on Human Policy (Syracuse, NY) and the Family Resource Coalition (Chicago, IL) as well as the value statements described in *Strengthening Families* (Nicolas Hobbs et al.) and *In Praise of Paradox* (Julian Rappaport) to formulate a set of value statements that emphasized a strengths-based approach to intervention. Some examples of these value statements are:

- Every family member has existing strengths and the capacity to become more competent and there are no exceptions
- Every family deserves to be treated with dignity and respect at all times
- Families have the rightful role to decide what is in the best interest of their members

Hobbs, N., Dokecki, P.R., Hoover-Dempsey, K.V., Moroney, R.M., Shayne, M.W., & Weeks, K.H. (1984). *Strengthening families*. San Francisco: Jossey-Bass.

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

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, and health care has been a deficit-based approach to intervention
- An alternative paradigm more aligned with strengths-based values is a capacity-building approach for conceptualizing and implementing intervention practices

Family Support Principles

Family support principles are belief statements about 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 which specify how staff should interact with and treat families

Family, Infant and Preschool Program Principles and Guiding Beliefs

1984	Promotional Empowerment Through Partnerships
1986	Family Support Principles (Based primarily on <i>A Statement in Support of Families and Their Children</i>)
1994	Family Support Principles (Revision of the 1986 principles)
1999	Family, Infant and Preschool Program Guiding Principles (Evidence-based principles)

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 helpgiving practices that support and strengthen family functioning.

Family-Centered Practices

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

- Relational Practices
- Participatory Practices

Relational Practices

Relational practices include behaviors typically associated with effective helpgiving (active listening, compassion, empathy, etc.) and positive staff attributions about program participant capabilities. These kinds of practices are typically described in terms of behaviors that strengthen program participant/staff interpersonal relationships (mutual trust, collaboration, etc.).

Participatory Practices

Participatory practices include behaviors that involve program participant 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 and provide opportunities for learning new capabilities.

Examples of Family-Centered Practice Indicators

Relational Indicators

- Staff really listen to my concerns and requests
- Staff see me and my family in a positive, healthy way
- Staff are sensitive to my family's beliefs and customs
- Staff recognize the good things I do as a parent

Participatory Indicators

- Staff provide me information I need to make good choices
- Staff support me when I make a decision
- Staff help me be an active part of getting desired resources and supports
- Staff are flexible when my family's situation changes

Measuring Adherence to Family Support Principles and Practices

- Adherence to family-centered principles and practices is measured in terms of program participant judgments of the extent to which program staff interact with and treat participants and their family members in ways consistent with the intent of family support principles
- We considered the Family, Infant and Preschool Program guiding principles a **behavioral promise** and **program guarantee** that staff would treat families in ways consistent with the intent of the principles
- A consumer sciences perspective was used to assess staff adherence to family support principles and practices where consumers (parents) were considered the primary source of evidence that program staff interacted and treated families in ways consistent with the program principles

Measuring Adherence to Family Support Principles

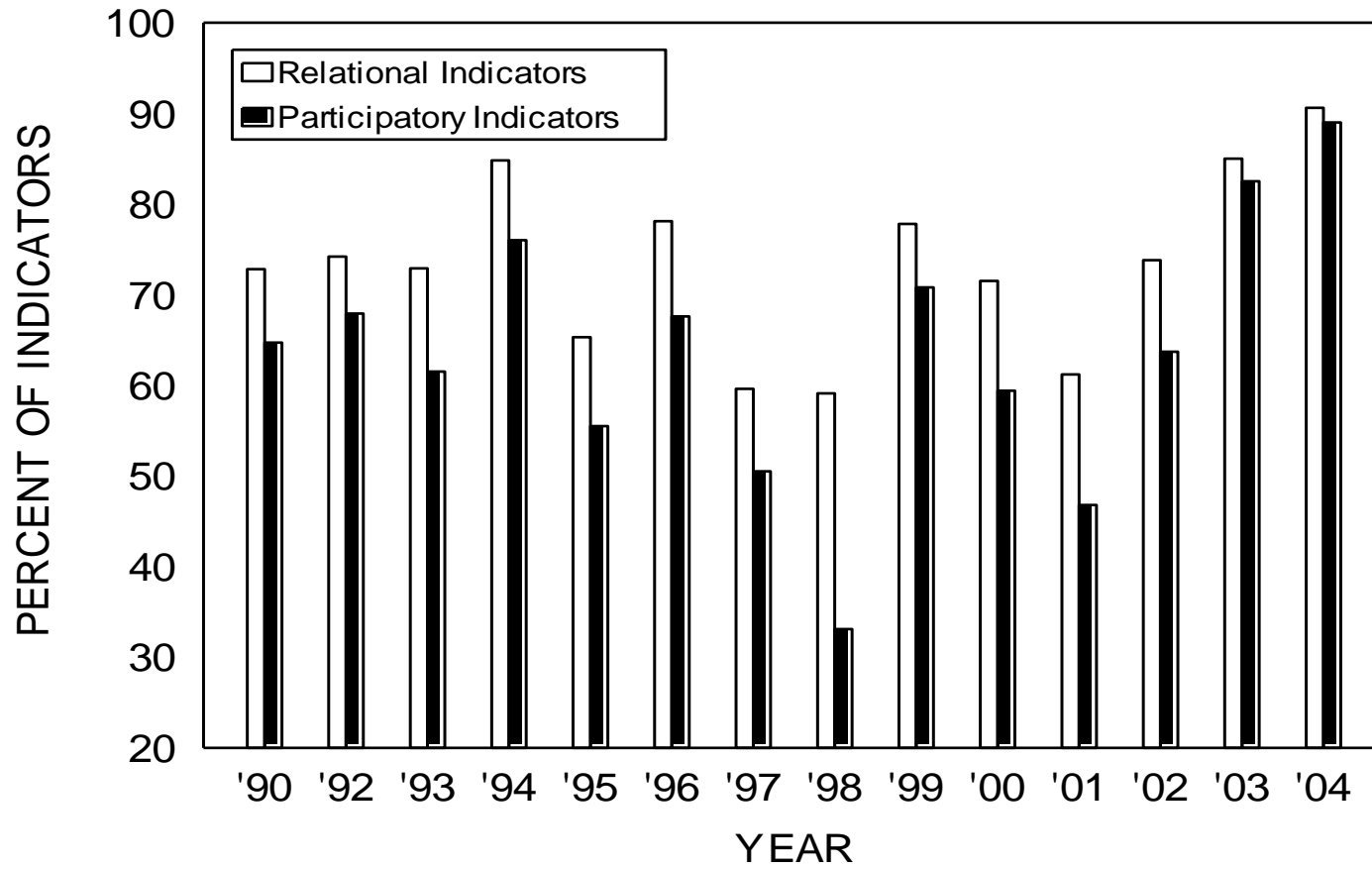
- In a typical adherence study or survey, program participants were asked to indicate on a 5-point scale ranging from ***never*** to ***always*** the extent to which staff treat or interact with the respondent and his or her family in the ways indicated
- A typical survey includes 5 or 6 relational indicators and 5 or 6 participatory indicators
- 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 Assessing 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 (1096) program participants
- Thirteen thousand five hundred and 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 Family-Centred Practices



Promoting Practitioner Adoption and Use of Family-Centered Practices

Family-centred checklists can be used as standards against which program or practitioner practices can be assessed as consistent with the intent of family-centred practices

Family-Centered Practices Checklist

Staff Member _____ Context _____

Observer/Coach _____ Date(s) _____

Rating Scale				
		1 = Yes, practice was used. 2 = Practice was partially, sometimes done.	3 = Practice not used, opportunity missed. 4 = NA, no opportunity to observe the practice.	
		In what way was each practice used?	Rating	Example/Comment/Reflection
PRACTICES	Interpersonal Skills	Communicate clear and complete information in a manner that matches 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.		
	Asset-Based Attitudes	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.		
	Family Choice and Action	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.		
	Practitioner Responsiveness	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.				

Relational Practices Indicators

		In what way was each practice used?	Rating	Example/Comment/Reflection
Interpersonal Skills		Communicate clear and complete information in a manner that matches 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.		
Asset-Based Attitudes		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.		

Participating Practices Indicators

PRACTICES	Family Choice and Action	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.		
	Practitioner Responsiveness	Assist the family to consider solutions for desired outcomes that include a broad range of family and community supports and resources.		
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		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.		

Conclusions and Implications for Practice

- Translating values into day-to-day practices that are used with children and their families takes time and thoughtful activity.
- Becoming a family-centered program is a lot easier than remaining a family-centered program. Many different things can and will get in the way.
- Constant vigilance to how staff interact and treat families is necessary to stay-on-top-of-things. Seek parent input and feedback on a regular basis.
- Always remain aware of and focused on the fact that family-centered practices are how other kinds of interventions are implemented.