

# Advances in the Understanding of the Characteristics and Consequences of Family-Centered Practices

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Presentation made at the Victorian Chapter of the Early Childhood Intervention Australia Association  
Seminar on Family-Centered Practices, Melbourne, Australia, August 2010.

## Purposes of the Presentation

- Define family-centred practices and describe two complementary aspects of family-centred help-giving
- Illustrate the use of family-centred practices scales for assessing program staff adherence to family-centred principles
- Describe the key features of a practice-based theory of family-centred help-giving guiding the conduct of a number of meta-analyses of family-centred research studies
- Summarize findings from four practice-based research syntheses of family-centred help-giving studies

## Family-Centred Practices

Capacity-building family-centred 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-Centred Help-giving

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

# Relationship Between Family-Centred Practices and Capacity-Building Help-giving Practices

Family-centred 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

# Capacity-Building Family-Centred Help-giving Practices<sup>a</sup>

C.M. Trivette and C.J. Dunst

Capacity-building family-centred practices differ from other approaches by focusing on active family member participation in making informed choices and acting on those choices with help-giver encouragement and support, and practitioner flexibility and responsiveness to changing family concerns and circumstances. This emphasis is based on research findings highlighting the importance of active family member involvement in making informed choices and acting on those choices.

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<sup>a</sup>*Winterberry Research Reports*, 2009, 1(1). Asheville, NC: Winterberry Press.



## Two Types of Help-giving Practices

Our research has consistently found that there are two clearly discernable 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 behaviours 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 behaviour that strengthen programme 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.

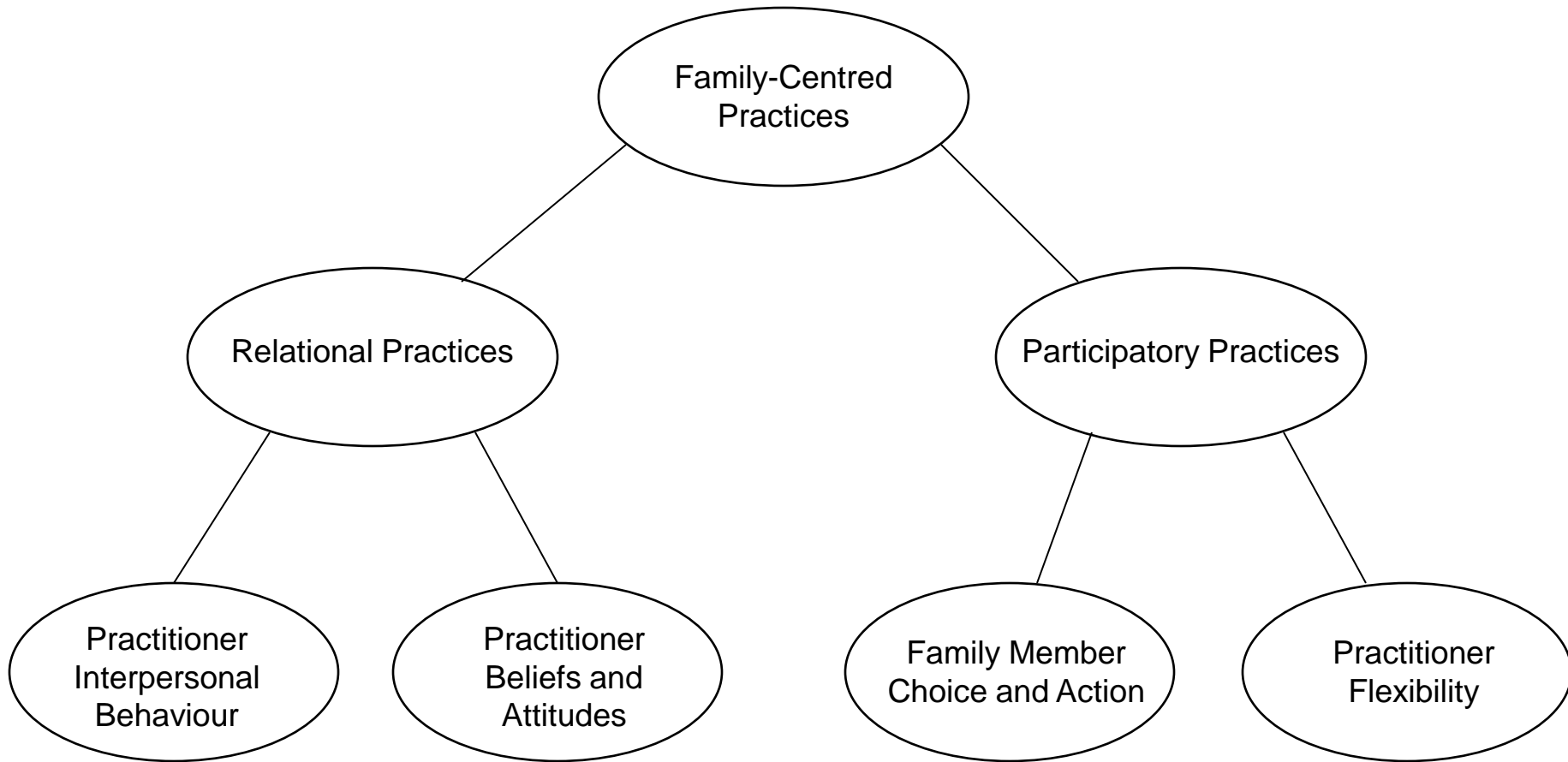


# Participatory Help-giving Practices

Participatory practices include behaviours 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-Centred Practices



## Different Terminology for Describing Relational and Participatory Help-Giving Practices

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Family-Centred Scales

Relational Practices

Participatory Practices

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*Family/Professional  
Collaboration Scale*

Supportive Understanding

Accessing Services

*Enabling Practices Scale*

Comfort

Autonomy

*Measure of Process of Care*

Respectful/Supportive Care

Enabling and Partnership

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## Assessing Practitioner 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.



## 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 **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-Centred Practices Indicator Scale

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

- Eighteen (18) studies conducted between 1990 and 2004 at the Family, Infant and Preschool Programme (Morganton, NC, USA)
- One thousand ninety six (1096) programme participants
- Thirteen thousand five hundred and eleven (13,511) indicators

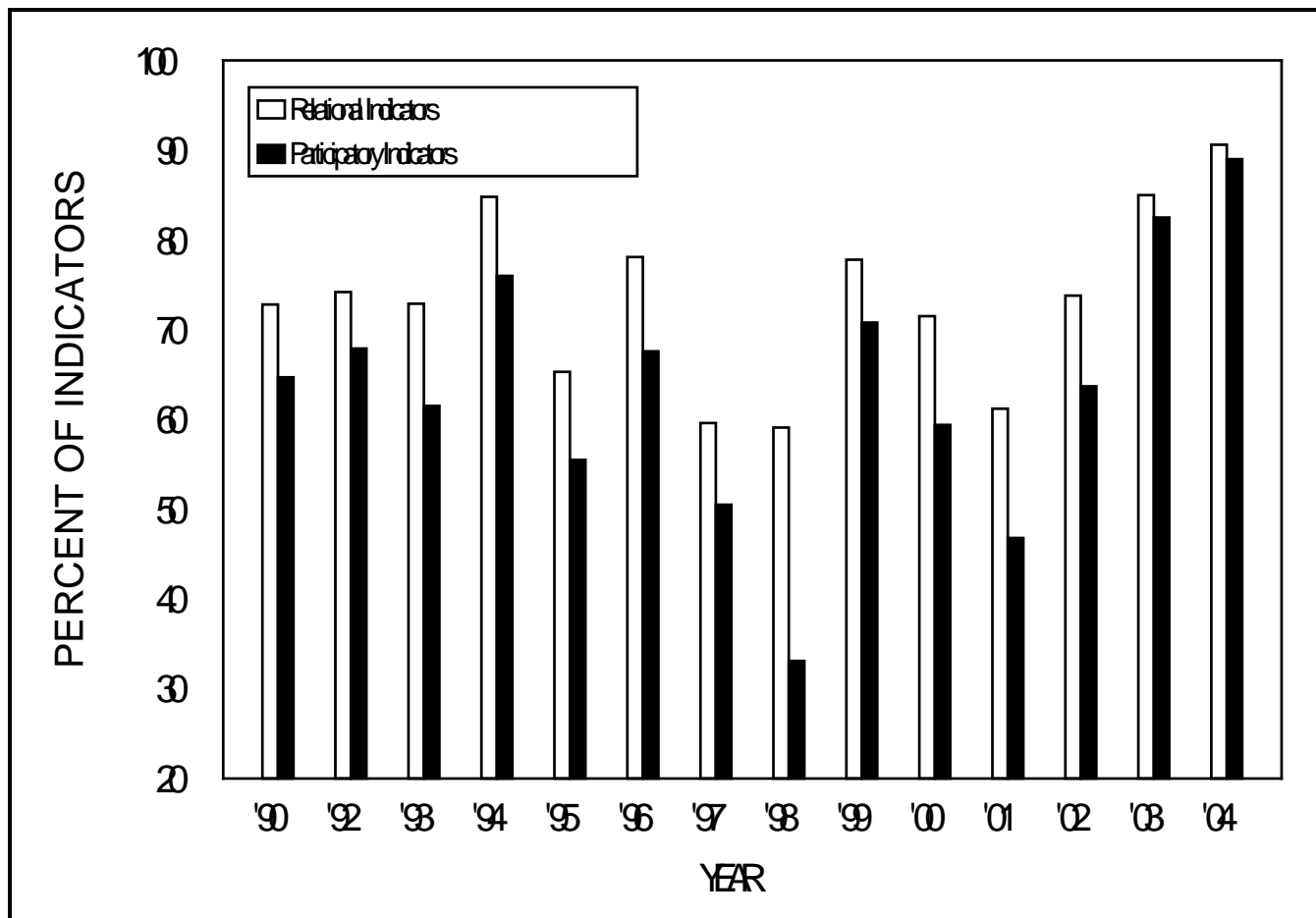
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<sup>a</sup> Dunst, C.J., & Trivette, C.M. (2005). *Measuring and evaluating family support program quality*. Winterberry Press Monograph Series. Asheville, NC: Winterberry Press.

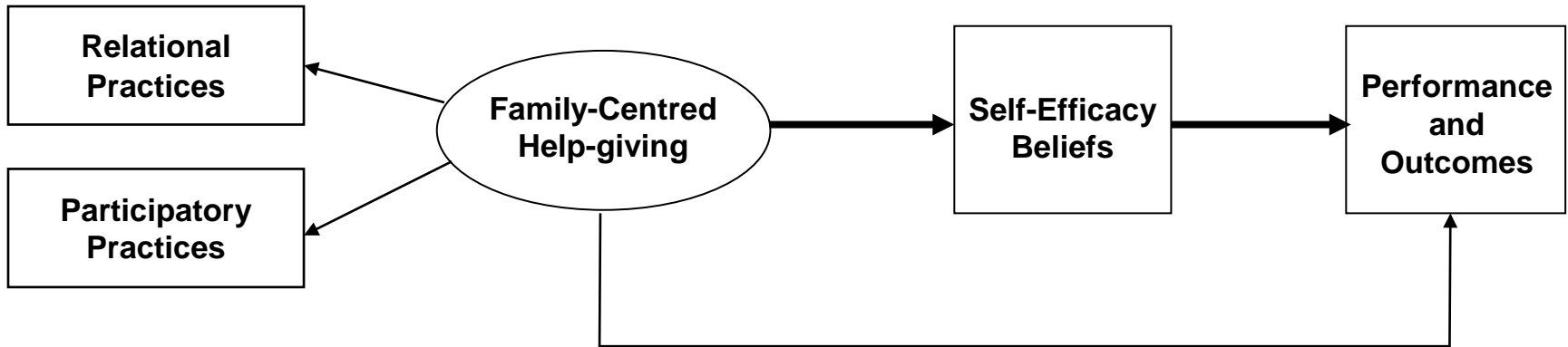




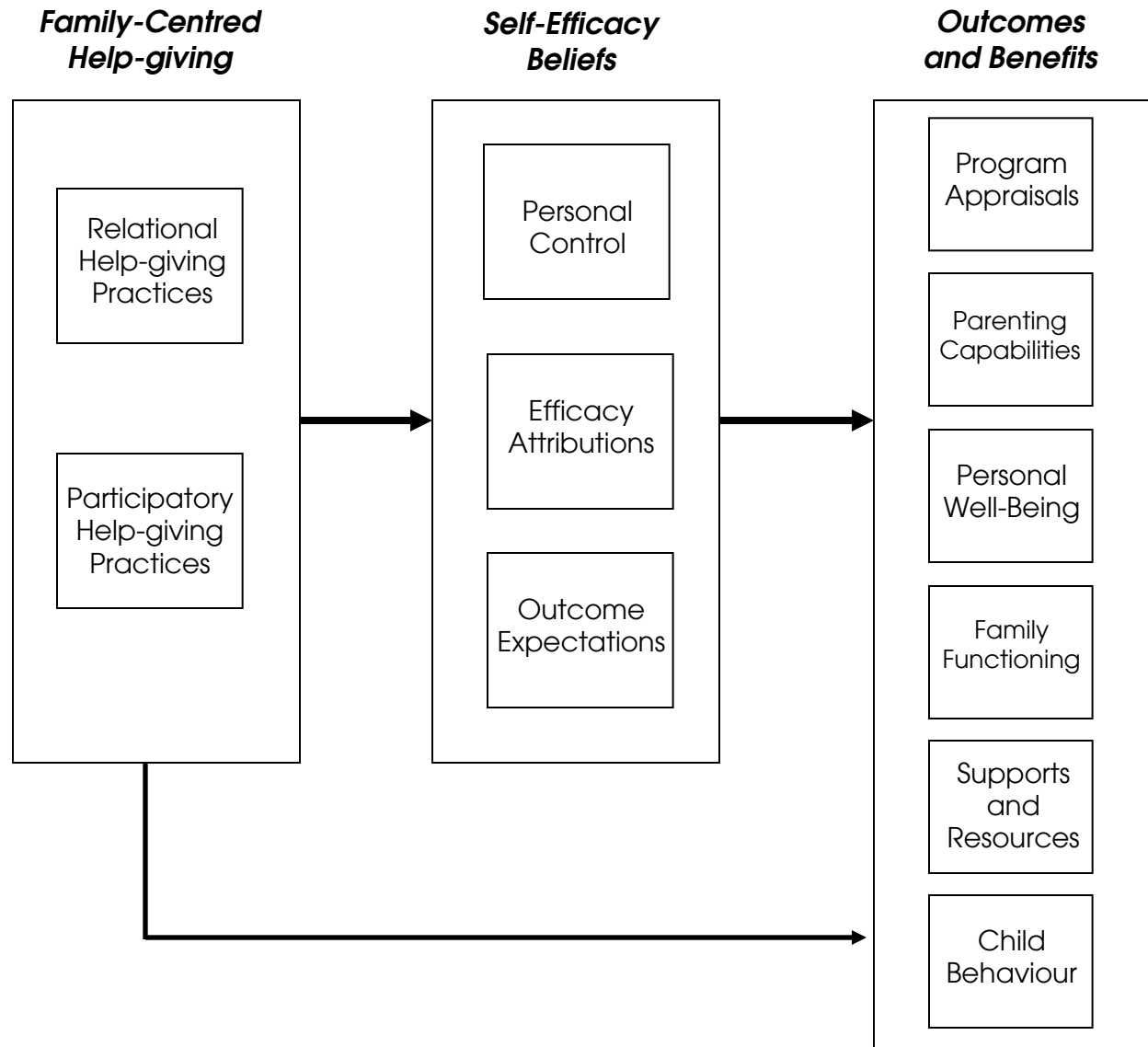
## Degree of Adherence to Relational and Participatory Family-Centred Practices



# Practice-Based Theory of Family-Centred Help-giving



Relationships Among Family-Centred Help-giving Practices, Self-Efficacy Beliefs and Program Participant Outcomes



Major Categories of Measures for Assessing the Direct and Indirect Influences of Family-Centred Practices on Program Participant Benefits and Outcomes

# Practice-Based Research Syntheses of Family-Centred Help-giving Practices

- Meta-analysis of 52 studies conducted by more than 20 researchers and research teams in seven countries<sup>a,b</sup>
- Meta-analysis of 18 studies conducted by Dunst, Trivette, and colleagues in one early childhood intervention and family support programme<sup>c</sup>

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

<sup>b</sup> Dunst et al. (2008). *Research synthesis and meta-analysis of studies of family centred practices*. Winterberry Press Monograph Series. Asheville, NC: Winterberry Press.

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

## Selected Characteristics of the Study Participants

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	Number of Participants	Percent Mothers	Age Range (Years)	Formal Education (Years)
Synthesis 1	11,500+	63-100	15-60+	3-20+
Synthesis 2	1,100	95	16-50+	5-20+

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# Study Measures and Constructs

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## Study Measures

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Family-Centred Help-giving

## Instruments/Constructs

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Family-Centred Behaviour Scale, Family/Professional Collaboration Scale, Enabling Practices Scale, Help-giving Practices Scale, Family-Centred 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

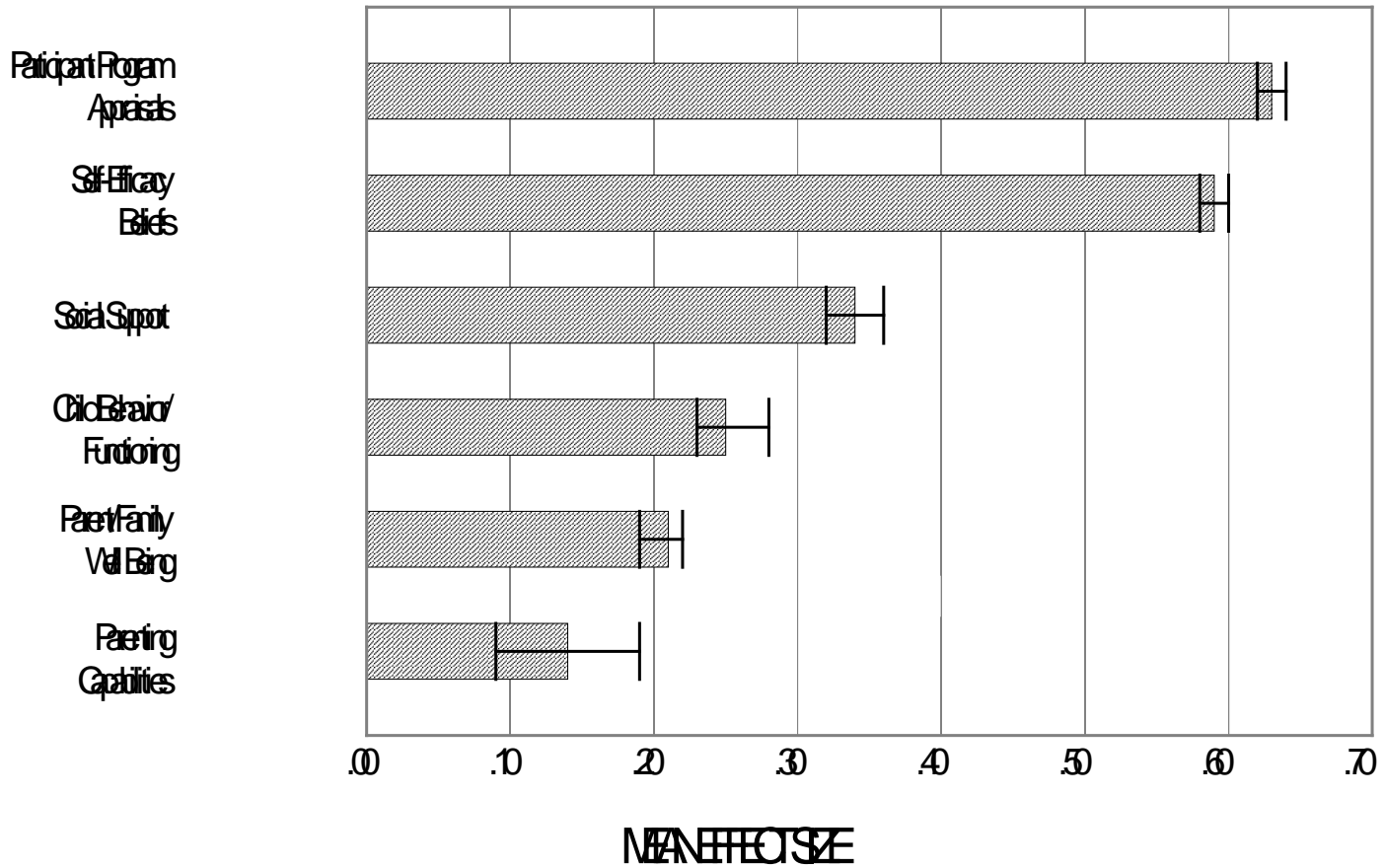
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## Methodology

Meta-analyses of the relationships between relational and participatory family-centred help-giving practices and parent, family, and child behaviour 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.

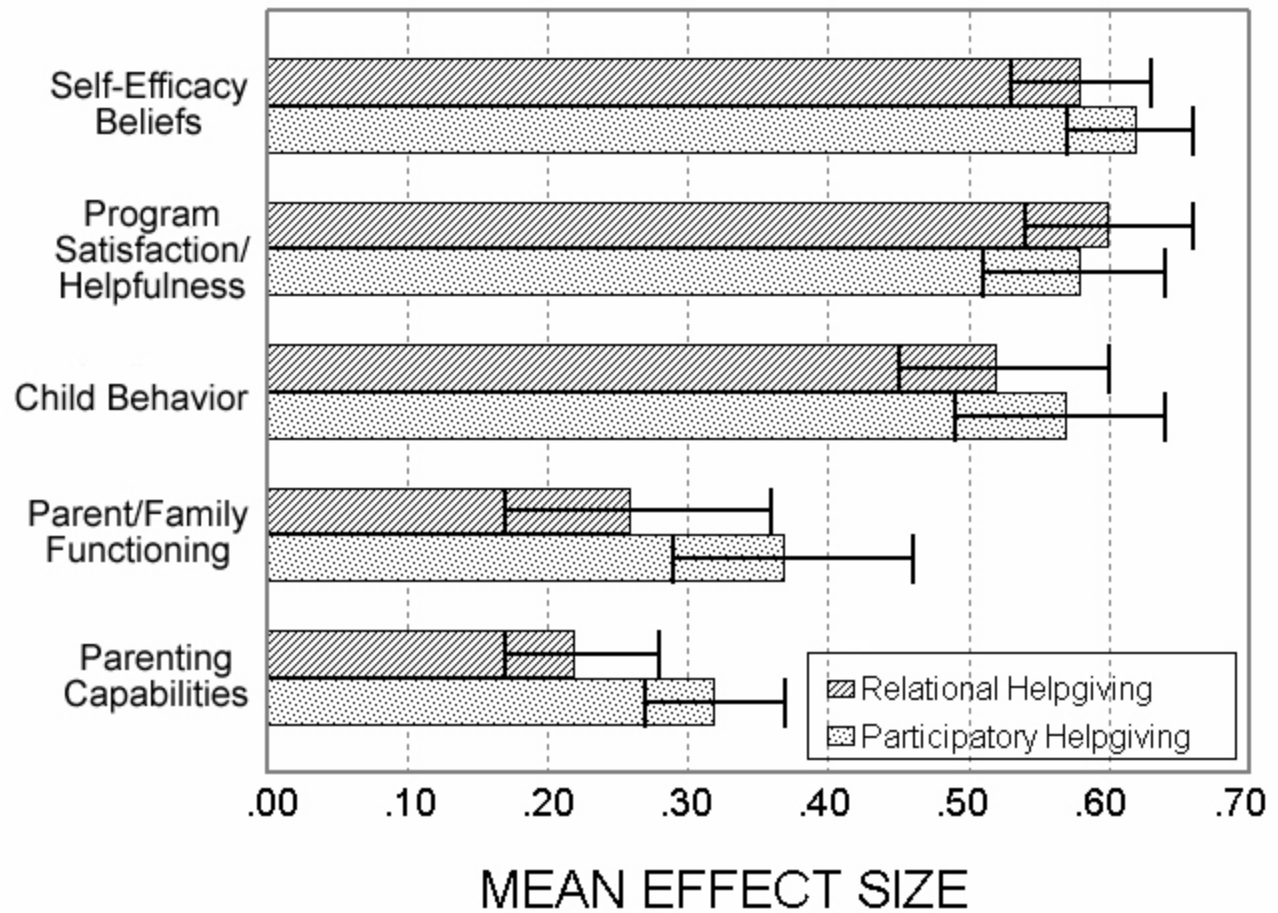


OUTCOME MEASURES



Direct Effects of Family-Centred Help-giving Practices on Parent, Family, and Child Behaviour and Functioning

OUTCOME MEASURES



Direct Effects of Relational and Participatory Help-giving on Parent and Child Behaviour and Functioning

OUTCOME MEASURES

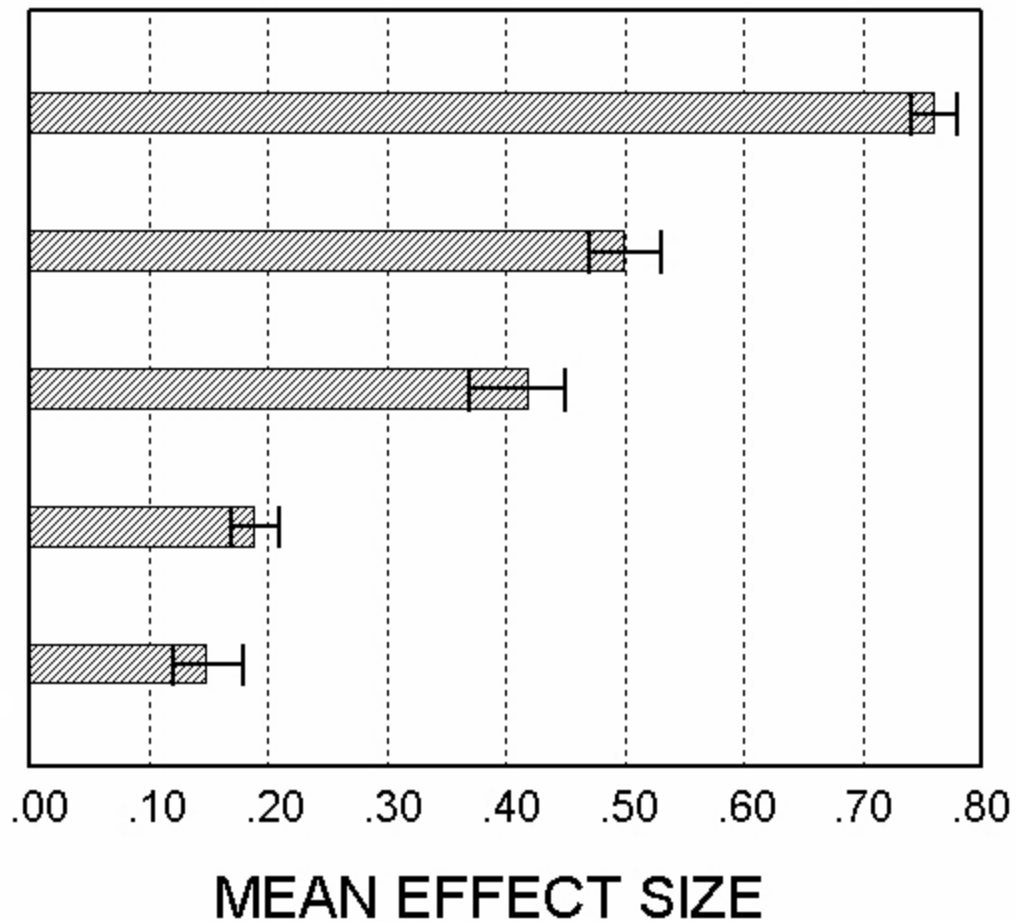
Participant  
Program Appraisals

Parenting  
Capabilities

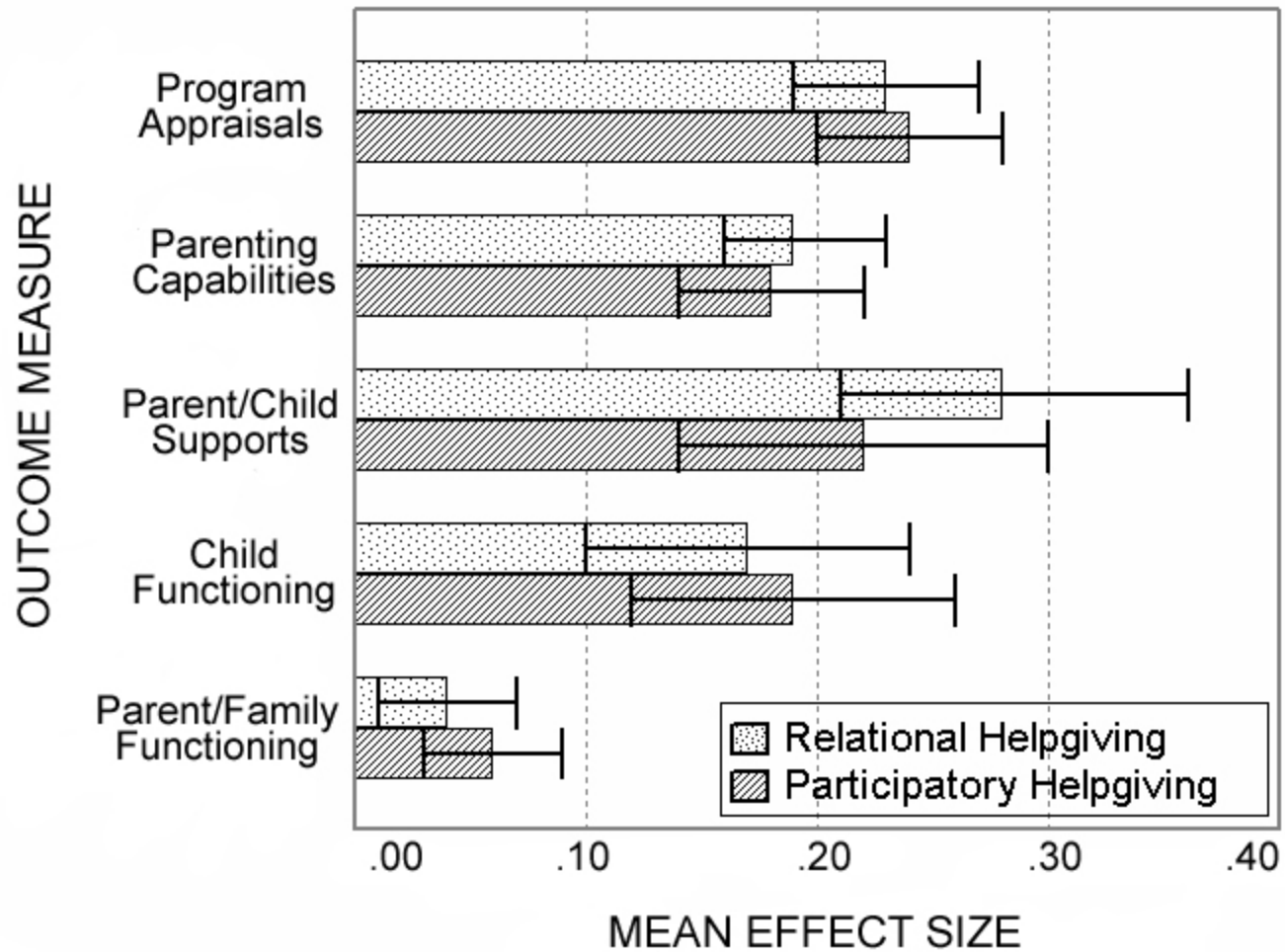
Child Behavior

Social  
Supports

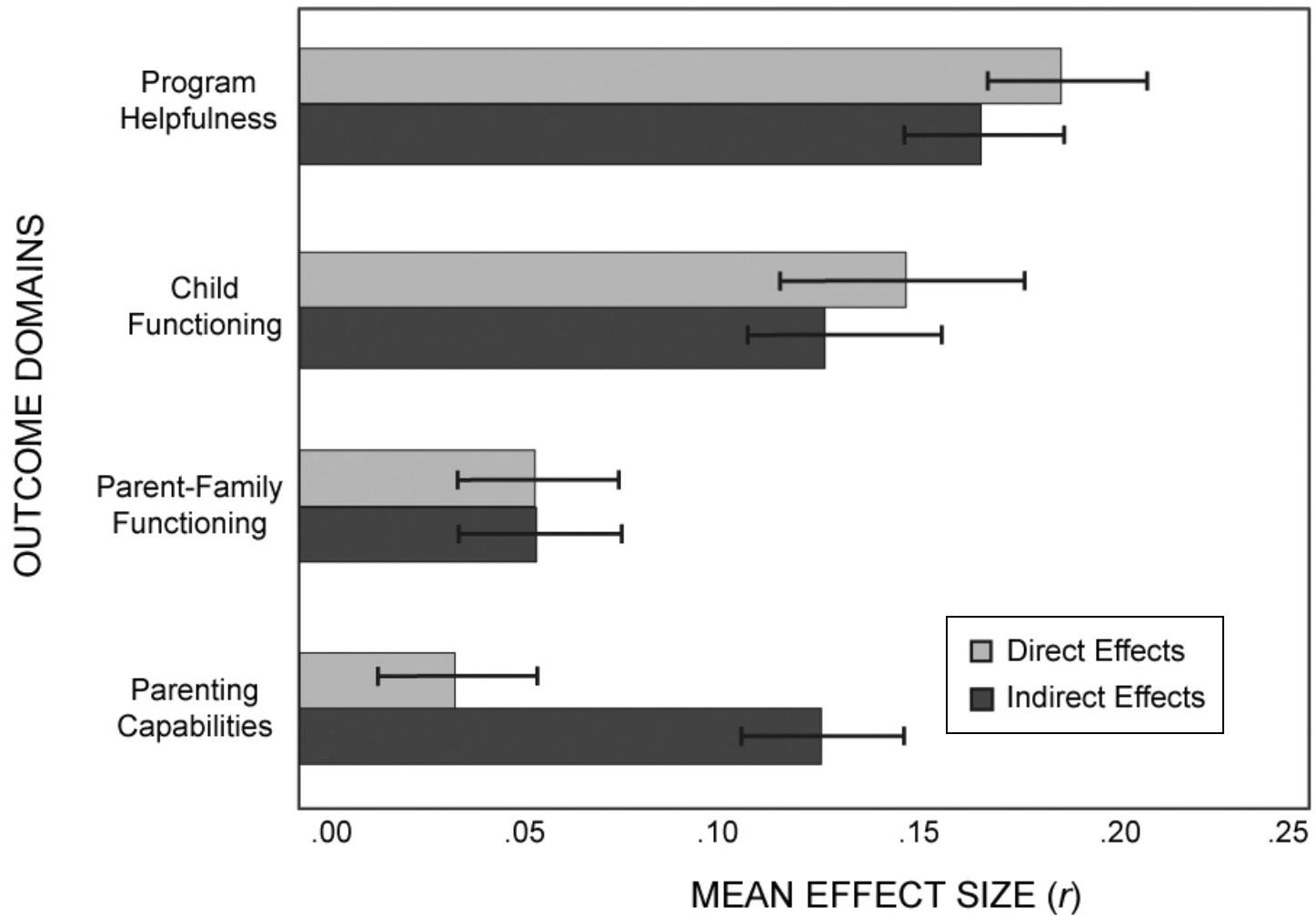
Parent/Family  
Functioning



Direct Effects of Self-Efficacy Beliefs on  
Parent, Family, and Child Behaviour and Functioning



Indirect Effects of Family-Centred Help-giving Practices on the Study Outcomes Mediated by Self-Efficacy Beliefs



Direct and Indirect Effects of Family-Centred Help-giving Practices on the Study Outcomes

# Meta-Analytic Structural Equation Modelling of Family-Centred Help-giving Practices

- Meta-analysis of the direct and indirect effects of family-centred care on parent and child psychological health
- Meta-analysis of the direct and indirect effects of family-centred practices on parent-child interaction and child development

# Meta-Analytic Structural Equation Modelling

Meta-analytic structural equation modelling is a procedure for integrating data (e.g., correlations) from multiple studies (meta-analysis) and using a pooled weighted correlation matrix of the combined data set to evaluate the fit of a model to the patterns of relationships among the variables in the model (structural equation modelling). Recent advances in data analysis procedures make meta-analytic structural equation modelling useful for evaluating the direct and indirect effects of different kinds of intervention practices on outcomes of interest.

# Meta-Analytic Structural Equation Modelling of the Influences of Family-Centred Care on Parent and Child Psychological Health<sup>a</sup>

Carl J. Dunst

Carol M. Trivette

*Studies:* 15 investigations of family-centred care that included measures of family-centred practices, two types of self-efficacy beliefs, parent psychological health, and child psychological health

*Sample:* N= 2948 parents and other primary caregivers

*Family-Centred Care Measures:* Help-giving Practices Scale, Family-Centred Practices Scale, and Enabling Practices Scale

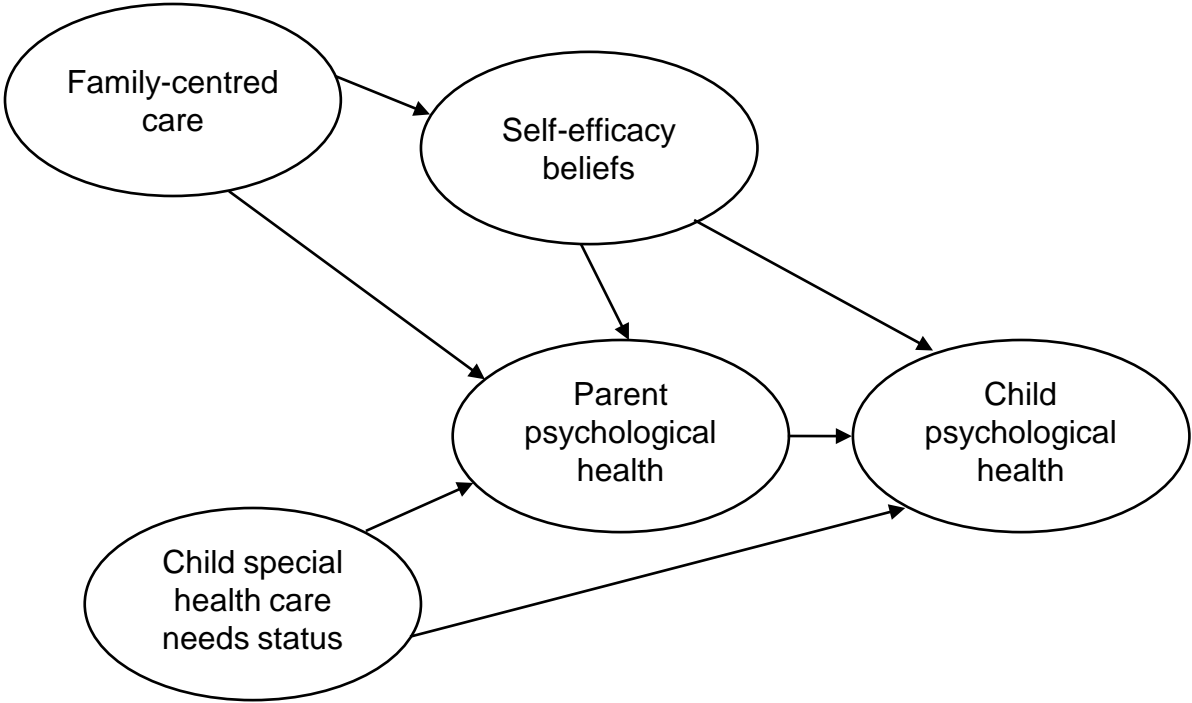
*Hypothesis:* Based on contentions in the family-centred care literature, family-centred practices were expected to directly affect parent psychological health and parent health in turn affect child psychological health. Based on our own research, the relationships between family-centred care and parent and child health were expected to be indirect mediated by self-efficacy beliefs.

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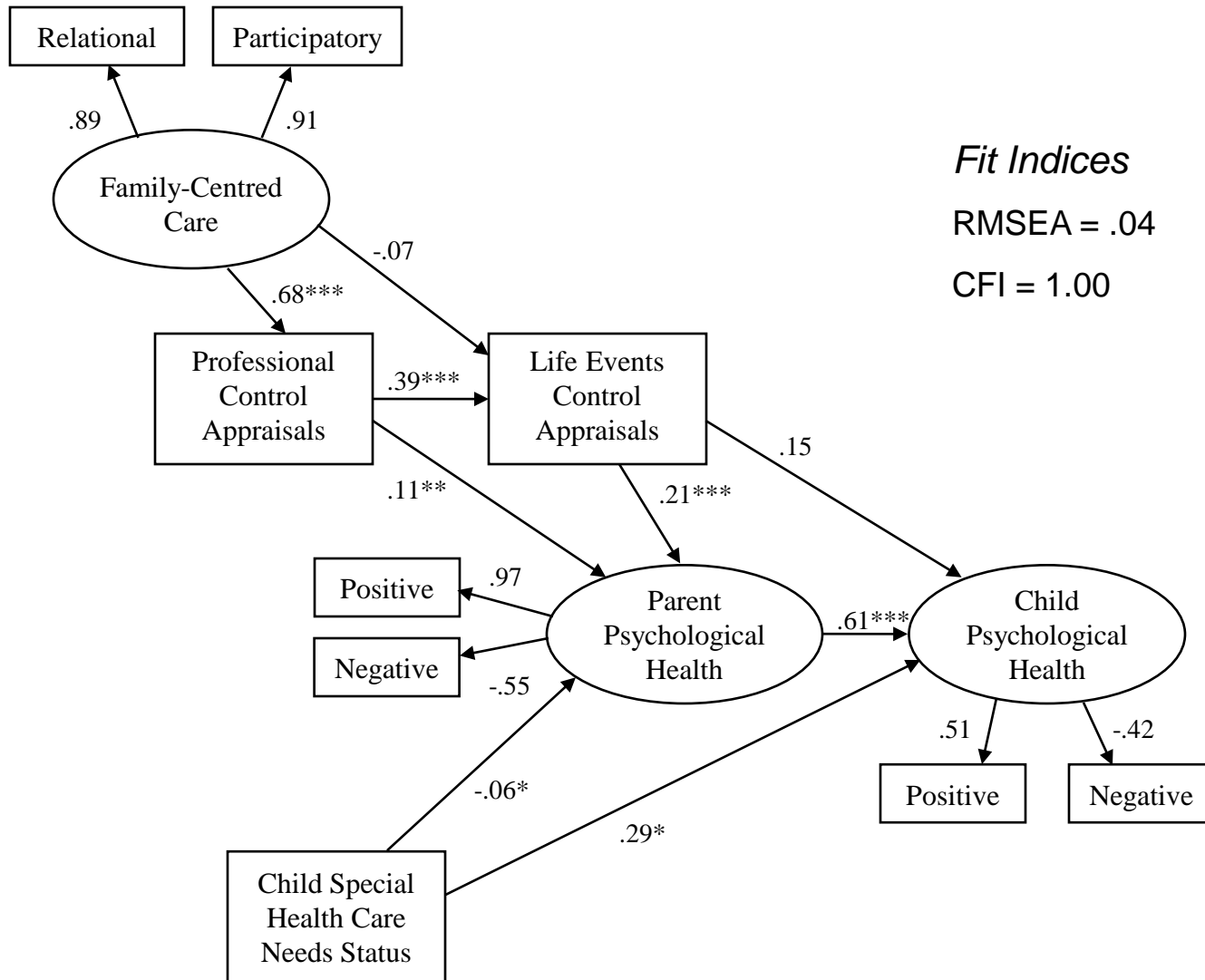
<sup>a</sup> *International Journal of Pediatrics*, 2009, Article ID 576840



Structural Equation Model for Evaluating the Effects of Family-Centred Care, Self-Efficacy Beliefs, and Child Special Health Care Needs on Parent and Child Psychological Health



# Meta-Analytic Structural Equation Modelling Results



. \* $p < .01$ , \*\* $p < .001$ , \*\*\* $p < .0001$ .

# Influences of Family-Systems Intervention Practices on Parent-Child Interactions and Child Development<sup>a</sup>

Carol M. Trivette   Carl J. Dunst   Deborah W. Hamby

*Studies:* Eight studies that included measures allowing us to trace the effects of family-centred help-giving practices and family-systems intervention practices on parent-child interactions and child development

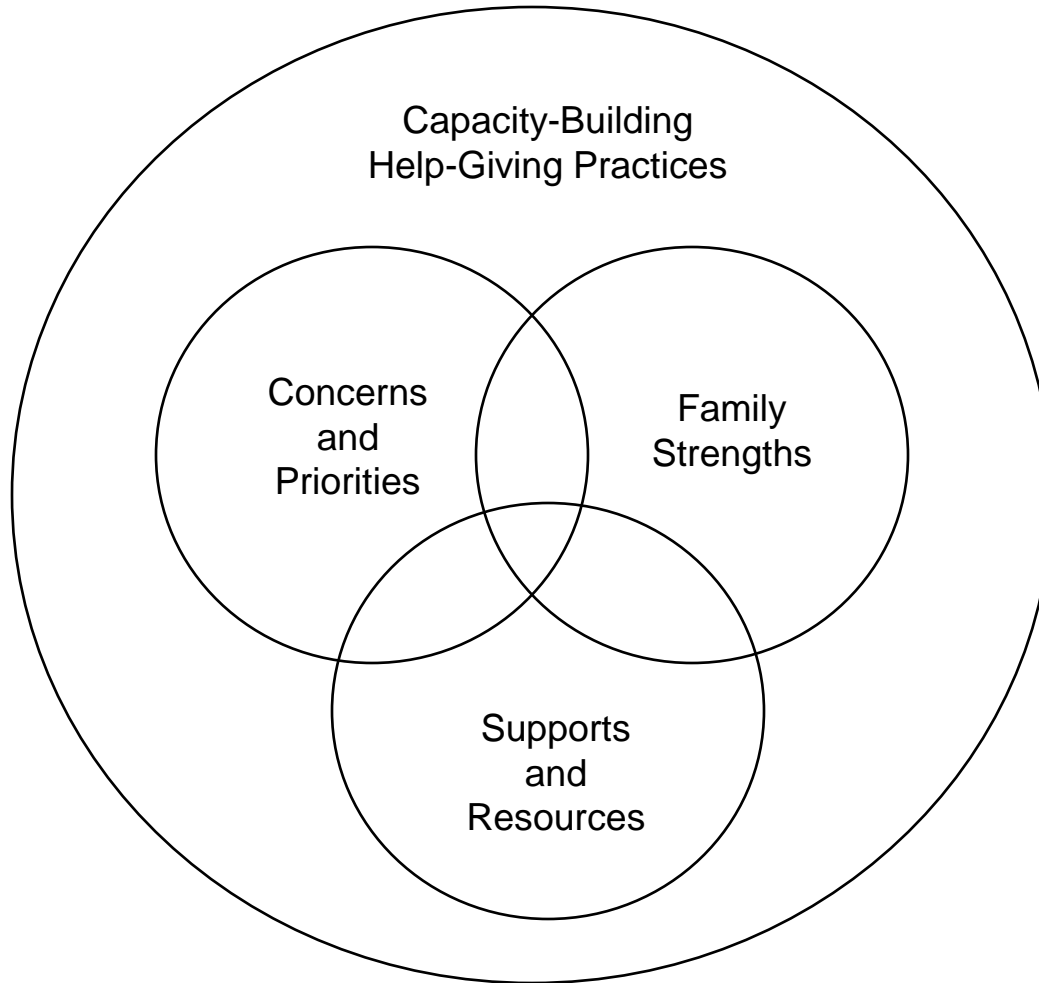
*Sample:* 910 preschoolers and their parents involved in different kinds of help-giving programs

*Predictions:* The influences of family-centred help-giving and family-systems intervention practices on parent-child interactions and child development would be indirect and mediated by self-efficacy beliefs and parent well-being

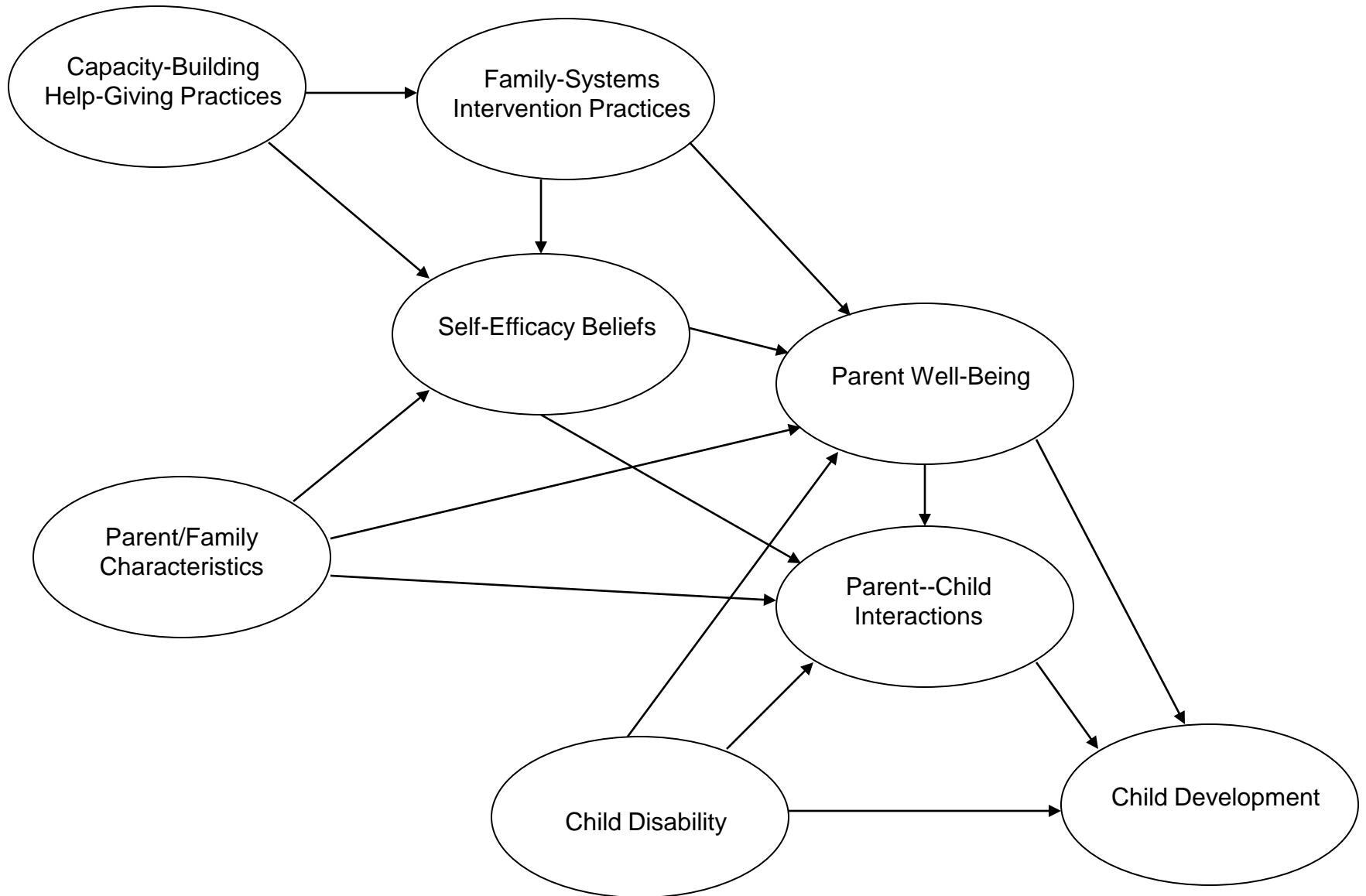
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<sup>a</sup> *Topics in Early Childhood Special Education*, 2010, 30, 3-19.

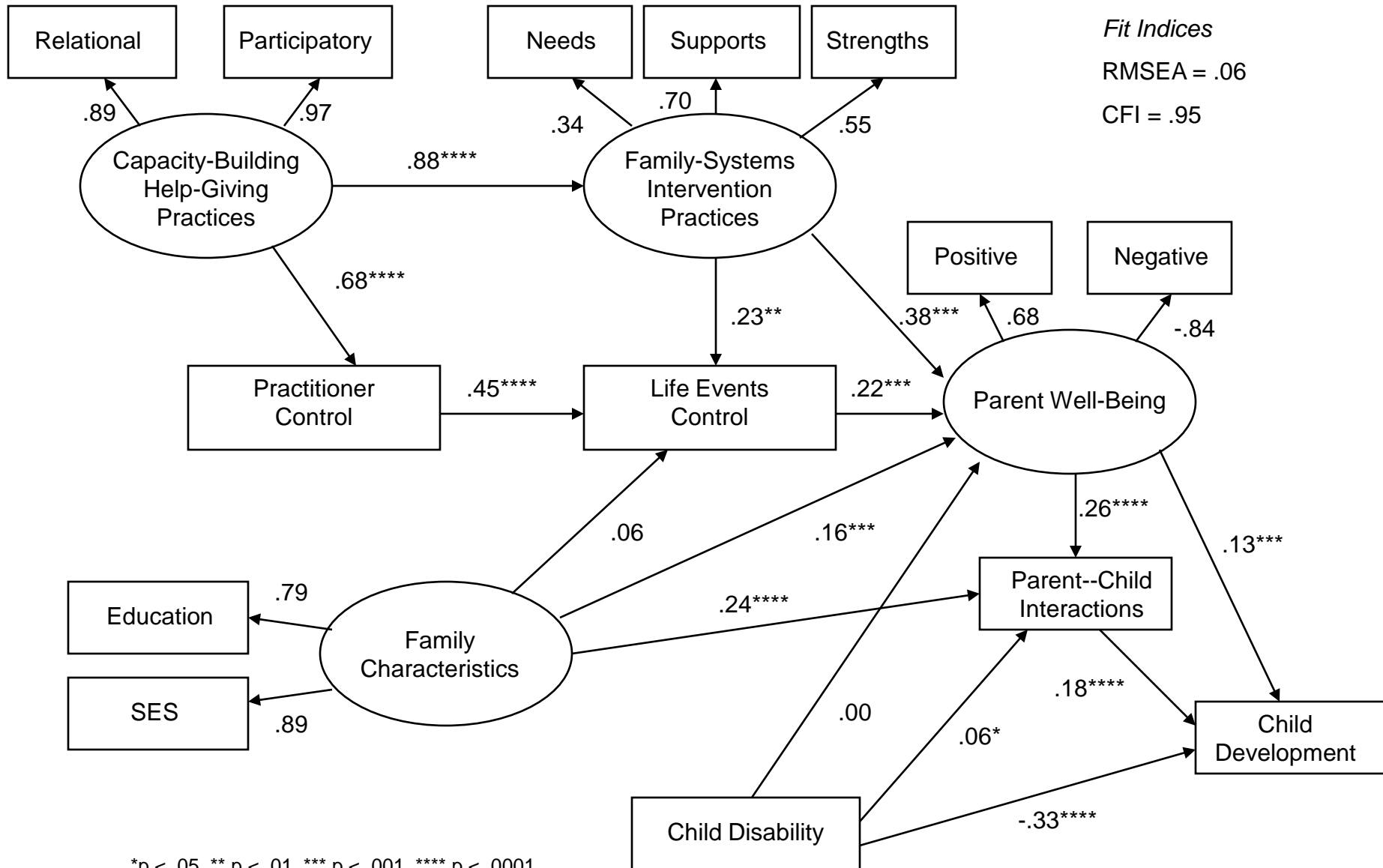
# Family-Systems Intervention Model



# Structural Equation Model for Evaluating the Direct and Indirect Effects of Family-Centred Practices on Parent, Parent-Child, and Child Behaviour and Development



# Meta-Analytic Structural Equation Modelling Results



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

# Conclusions

- Family-centred help-giving practices have both direct and indirect effects on a number of measures of parent, family, and child behaviour and functioning
- Self-efficacy beliefs play an important mediation role in terms of the relationship between family-centred help-giving practices and various study outcomes
- A considerable body of evidence now exists about the benefits of family-centred help-giving and especially participatory help-giving practices
- Further research will focus on the relative importance of relational and participatory help-giving practices controlling for the shared variance between the two measures