

# Family-Centered Practices: Birth Through High School

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Quantitative and qualitative research evidence is reviewed and synthesized with regard to the family-centeredness of early intervention, preschool, and elementary and secondary school practices. Early intervention and school practices are not as family-centered as is generally claimed, and one finds less presumption of being family-centered at each level from early intervention to preschool to elementary school to secondary school programs. The need for better research is noted, and research that would advance our understanding of family-centered practices is suggested.

The belief that strong family-early childhood/school linkages are necessary and important for optimizing child development and academic performance has roots running deep in the history of educational practices in the United States (Booth & Dunn, 1996; Dunst & Wolery, 1997). The number of recent position statements that have articulated the desired relations between families and educational institutions highlights the importance of family-school relations (e.g., Lawson & Briar-Lawson, 1997; U.S. Department of Education, 1994). These position statements emphasize a philosophy and an approach for working with families that aim to support and strengthen parents' abilities to provide their children with experiences and opportunities that have development-enhancing qualities, and they place a specific emphasis and concern on how this occurs (Bronfenbrenner, 1992; Dunst, 1997). The position statements have variously been called pro-family, family-friendly, family-supportive, and family-centered approaches to working with families. The term *family-centered*, which refers to a particular set of beliefs, principles, values, and practices for supporting and strengthening family capacity to enhance and promote child development and learning, has come to be the most widely used and accepted.

## Definition of Family-Centeredness

*Family-centeredness* characterizes beliefs and practices that treat families with dignity and respect; individualized, flexible, and responsive practices; information sharing so that families can make informed decisions; family choice regarding any

number of aspects of program practices and intervention options; parent-professional collaboration and partnerships as a context for family-program relations; and the provision and mobilization of resources and supports necessary for families to care for and rear their children in ways that produce optimal child, parent, and family outcomes (e.g., Dunst, 1995; Shelton & Stepanak, 1994). Research has indicated that when parents are involved in their children's early intervention, early childhood, and elementary and secondary school programs, better outcomes are realized (Henderson, 1988; Ryan, 1995). Evidence has further indicated that when practices are family-centered in their orientation, or show a presumption toward family-centeredness, the outcomes are broader based with respect to parent and family as well as child benefits (see, e.g., Davies, 1995, and Dunst & Trivette, 1996, for reviews).

According to Dunst and Trivette (1996), family-centered practices have both *relational* and *participatory* components. The relational component includes practices typically associated with (a) good clinical skills (active listening, compassion, empathy, respect, being nonjudgemental, etc.) and (b) professional beliefs about and attitudes toward families, especially those pertaining to parenting capabilities and competencies. The participatory component includes practices (a) that are individualized, flexible, and responsive to family concerns and priorities, and (b) that provide families with opportunities to be actively involved in decisions and choices, family-professional collaboration, and family actions to achieve desired goals and outcomes. The simultaneous use of *both* sets of practices by professionals is what distinguishes the family-centered ap-

proach from other approaches to working with families (see Dunst & Trivette, 1996).

Dunst, Johanson, Trivette, and Hamby (1991) differentiated among four family-oriented models (professionally centered, family-allied, family-focused, and family-centered), each of which varies according to assumptions about family capabilities and the roles professionals and families should play in their involvement in help-giver/help-receiver relationships (see also Cunningham & Davis, 1985). Table 1 shows which models are characterized by which relational and participatory practices. The synthesis of available research evidence was accomplished using these different models and practices as benchmarks for judging the extent to which early intervention and school practices were family-centered.

## Purpose

This article reviews and integrates available evidence about family-centered practices in early intervention, preschool, and elementary and secondary schools. At the outset it should be made clear that family-centered practices (or any kind of family-oriented approach) is considered one and only one of any number of program variables contributing to variations in child, parent, and family functioning (Guralnick, 1997; Marfo et al., 1992). As an ecological construct, it is also viewed as one of a number of systems variables influencing child learning and development (Bronfenbrenner, 1979, 1992). However, whereas program practices in general, and family-centered practices more specifically, take on central importance in ecological frameworks in studies of early intervention and preschool programs (Dunst & Trivette, 1997b; Marfo et al., 1992), explicit emphasis and appreciation of how different kinds of family-oriented approaches produce variations in behavior functioning are noticeably missing or relegated to a minor importance status in ecological models used in elementary and

secondary school research (Eccles & Harold, 1996; Ryan & Adams, 1995).

The review and synthesis of available evidence is organized according to successive phases of parent participation and involvement in their children's education, corresponding to children's ages or grade levels: early intervention programs (birth to 3 years of age), preschool programs (age 3 to the beginning of kindergarten), elementary schools (kindergarten through Grades 5 and 6), and secondary schools (middle or junior high through high school). Family-school relations during the first two phases have largely been influenced, respectively, by the Part H Early Intervention Program established by P.L. 99-457 and the Part B (Section 619) Preschool Program established by P.L. 94-142 (see Dunst, 1996), making early education almost universally available to young children with disabilities and requiring that early intervention and preschool program staff involve parents in their children's early education. Family-school relations during the second two phases have largely been influenced by the fact that substantial numbers of children are faring poorly in school, and stronger family-school connections are seen as part of the solution to the problem (Booth & Dunn, 1996; Ryan, Adams, Gullotta, Weissberg, & Hampton, 1995).

## Family-Centeredness of Early Intervention and School Programs

Research on the family-centeredness of early intervention and school programs and practices is organized according to four types of investigations:

1. studies examining the extent to which programs are aligned with a particular approach to working with families along a continuum from professionally centered to family-centered,

TABLE 1. Program Practices Associated with Different Family-Oriented Approaches

Program practices	Continuum of family-oriented models			
	Professionally centered	Family-allied	Family-focused	Family-centered
<b>Relational</b>				
Family-friendliness/ interpersonal skills	±	+	+	+
Practitioner attitudes and behavior about family capabilities	-	+	+	+
<b>Participatory</b>				
Family choice and action	-	-	+	+
Practitioner responsiveness and flexibility	-	-	-	-

Note. See Trivette and Dunst (1998) for a detailed explanation of the different practices.

2. studies investigating whether early intervention/school personnel practices include relational and participatory features,
3. studies using family-centered rating scales allowing judgment about percentages of program participants experiencing family-centered practices, and
4. studies establishing whether practices used and experienced by early intervention/school personnel and parents, respectively, match what are considered ideal or desired practices.

### *Early Intervention and Preschool Programs*

The number of journal articles (e.g., Boone, Moore, & Coulter, 1995), books (e.g., Brown, Thurman, & Pearl, 1993), and book chapters (e.g., Duwa, Wells, & LaLinde, 1993) arguing for a family-centered approach has grown exponentially since the passage of legislation authorizing the Part H Early Intervention Program. Research on the characteristics and consequences of a family-centered approach in early intervention (and to a lesser degree in preschool programs) has also increased, albeit at a slower pace.

**Program Models.** Dunst, Trivette, and their colleagues (Dunst, Trivette, & Hamby, 1996; Trivette, Dunst, & Hamby, 1996), as well as other researchers (McBride, Brotherson, Joanning, Whiddon, & Demmitt, 1993), have used the four models shown in Table 1 for examining early intervention, education, human services, health care, and other kinds of child and family programs and practices falling along a continuum from professionally centered to family-centered. The criteria that Dunst, Trivette, and their colleagues used for assigning programs to particular family-oriented approaches and models were (a) practitioner assumptions about family competence and (b) the roles the practitioners and families played in deciding intervention goals and activities, and courses of action to achieve desired effects. Their research indicates that despite claims by program directors and practitioners that their programs are guided by a family-centered model, most early intervention programs are more family-allied and family-focused than family-centered, and most preschool programs are professionally centered and family-allied rather than family-focused or family-centered. An inspection of programs varying according to their interventive focus reveals additional specificity within program type. Early intervention programs that are developmentally and educationally based tend to be mostly family-allied and family-focused in their orientation (and to a lesser degree, family-centered), whereas therapeutically based early intervention programs are almost entirely family-allied in their orientation (and to a lesser degree, professionally centered). Preschool special education programs, regardless of their educational or therapeutic emphasis, are to

the largest degree family-allied in their orientation but somewhat professionally centered as well.

A clear pattern of results from Dunst, Trivette, and their colleagues' studies that included both early intervention and preschool programs is that the former showed more of a presumption of being family-centered than did the latter. This pattern has also been found by other investigators studying family-centered practices in early intervention and preschool programs (Mahoney, O'Sullivan, & Dennebaum, 1990; McWilliam, Lang, et al., 1995). McWilliam, Lang, et al. surveyed more than 500 parents of children receiving early intervention and preschool services and ascertained the extent to which practitioners tried to help families with what the family considered its needs (one characteristic of a family-centered approach). About 70% of parents of children ages birth to 3 years indicated this was the case, whereas only 45% of parents of children ages 3 to 5 reported this as true.

**Practitioner Behavior.** The extent to which practitioner behavior varies as a function of the family-oriented model of early intervention and preschool programs has been the focus of a number of studies (McBride et al., 1993; Trivette et al., 1996). Evidence from these studies has shed light on why programs thought to be family-centered are in fact much less family-centered in their orientation.

Dunst and Trivette and their colleagues have examined the extent to which two clusters of practitioner behavior (relational practices and participatory practices) vary as a function of the family-oriented model of the practitioners' programs. Findings from this line of research have produced a consistent and stable pattern of results across studies. Practitioners in professionally centered programs fared poorly on both clusters of behaviors, practitioners in family-allied or family-focused programs generally had good-to-excellent relational skills but fared poorly on participatory practices, and practitioners in family-centered programs demonstrated good-to-excellent practices in both the relational and participatory behavior clusters. These patterns help explain why family-allied or family-focused programs often are mistakenly identified as family-centered. Because professionals in family-allied or family-focused programs are friendly, welcoming, and, in general, treat families graciously, people tend to emphasize their relational practices. When compared with more paternalistic professionals, their relational practices take on added salience. Evidence has indicated, however, that these early childhood professionals are considerably weaker with regard to the participatory component of being family-centered.

The contention that early childhood professionals are better at relational than participatory practices is supported by the findings of McBride et al. (1993). Whereas parents participating in this study described practitioners as having concern for and truly caring about their children and families, "professionals in this study were not strongly committed to or knowledgeable about help-giving that placed emphasis on

building the capacity of families" (p. 428). Similarly, Sontag and Schacht (1994) found that one third to one half of the parents of children in the early intervention programs in their study did not experience responsive practices, nor were they provided complete and unbiased information needed to make informed choices and decisions. McWilliam, Tocci, and Harbin (1998) found that only 6 (14%) out of a sample of 43 practitioners employed behaviors that were deemed family-centered.

**Family-Oriented Practices Rating Scales.** Another source of evidence permitting inferences about the family-centeredness of early intervention and preschool programs comes from findings of studies using family-oriented rating scales for measuring program practices (Bailey, 1990; Murphy, Lee, Turnbull, & Turbiville, 1995). The findings from these studies have indicated that the numbers and percentages of parents experiencing family-centered practices, or practices showing a presumption toward family-centeredness, are lower than would be expected or desired (Mahoney et al., 1990; Thompson et al., 1997). Mahoney et al. (1990), for example, found that only 45% of the items on the *Family-Focused Intervention Services Scale* were rated as always or almost always experienced by parents of children in early intervention programs, and only 30% of parents of children in preschool programs rated the practices as always or almost always experienced. Ernest, Sexton, Stricklin, Thompson, and Jardine (1997) also found that families of children in preschool special education programs rated practices they experienced as less family-centered compared with families of children in early intervention programs. Similarly, Burton (1992) found that Head Start programs were the most family-centered and public school prekindergarten and kindergarten programs were the least family-centered.

The fact that early intervention and preschool programs are not as family-centered as is often claimed is illustrated with data from a study by Dunst and Brookfield (1998), in which parents completed the family-centered subscale of the *Family-Oriented Practices Scale* (Dunst & Trivette, 1995). The sample consisted of 369 parents of children in early intervention programs and 297 parents of children in preschool special education programs. The respondents were asked to rate (on a 7-point scale) the extent to which they agreed or disagreed that they experienced 10 family-centered practices. Findings showed that only 41% of the parents of children receiving early intervention services and 32% of the parents of children receiving preschool services strongly agreed that they experienced practices that were family-centered. Further analyses of the ratings found a significant downward trend across child age and a significant difference in parents' ratings between early intervention (birth to age 3) and preschool programs (3 to 5 years of age), confirming the fact that early intervention programs tend to be more family-centered than do preschool programs.

**Purported Versus Actual Practices.** A number of studies have yielded evidence indicating discrepancies among what (a) practitioners and families consider ideal and typical family-oriented practices (Bailey, Buysse, Smith-Bonahue, & Elam, 1992; McWilliam, Harbin, et al., 1995), (b) practitioners claim are their practices and what families report experiencing (Dunst et al., 1991; Murphy et al., 1995), and (c) parents consider ideal and typical practices (Appelquist & Bailey, 2000). In most studies, practitioners and families indicated that practices that are family-centered in orientation are highly desired (ideal) but that actual practices do not match the ideal (Ernest et al., 1997). Similarly, parents generally indicated they experienced fewer family-centered practices than professionals purported to offer (Dunst et al., 1991; McBride et al., 1993). (The single exception to this finding was reported by Murphy et al., 1995, who found that professionals judged their practices to be less family-centered than parents did.)

### *Elementary Schools*

The call for adoption of family-centered practices in the elementary grades (as well as in secondary schools) has been made by a number of groups and organizations (e.g., Lawson & Briar-Lawson, 1997; U.S. Department of Education, 1994). However, the elementary school research literature on parents and families has indicated that the call for the most part has not been heard. The term *family-centered* and its variants are rarely found in the elementary school research literature; therefore, judgments about the degree of family-centeredness in the elementary grades must often be inferred from corroborating evidence. When terminology similar to that found in the early intervention and preschool research literature is used by elementary school researchers, meanings often differ considerably. For example, whereas research on family-school collaboration and partnerships has been a primary focus of elementary school researchers (Brantlinger, 1991; Connors & Epstein, 1995), partnerships have been defined and studied quite differently by early childhood researchers (Dunst, Johanson, Rounds, Trivette, & Hamby, 1992; Roberts, Rule, & Innocenti, 1998).

An exception to this state of affairs is the Early Childhood Follow-Through Research Institute (Wolery & Bailey, 1996) and the Institute's studies on family-centered practices in the early elementary grades (McWilliam, Maxwell, & Sloper, 1999; Trivette & Dunst, 1999). This work has been guided by conceptualizations of family-centeredness in the early intervention (Bailey, 1994; Bailey & McWilliam, 1993) and family support (Dunst, 1995; Dunst, Trivette, & Thompson, 1990) fields.

**Program Models.** Available evidence about family-school relations has indicated that family-allied approaches dominate the ways in which parents are involved in their children's elementary education (Carey, Lewis, Farris, & Burns,

1998; Epstein & Lee, 1995), except in instances where family resource programs (Romualdi & Sandoval, 1997), school-linked services (Lawson & Briar-Lawson, 1997), or full-service school models (Dryfoos, 1997) are used to promote parent participation in schools. In the latter cases, practices are characterized by features that primarily align them with a family-allied or family-focused approach. Although policymakers, advocates, teachers, and researchers alike recognize the value and importance of family-centered practices (Lawson & Briar-Lawson, 1997; Melaville, Blank, & Asayesh, 1993), and although some research has indicated that certain elementary school practices show a presumption toward being family-centered (see especially Davies, 1991, and Lawson & Briar-Lawson, 1997), evidence as a whole has aligned parent-family involvement practices in elementary schools with those that have family-allied underpinnings.

Empirical evidence about the models used by elementary school personnel to influence family-school relations comes mostly from research by Epstein and her colleagues (Epstein & Lee, 1995) and research by investigators (Vanden-Kiernan, 1996) using Epstein's (1992) framework for depicting six types of parent participation in their children's education. Other evidence comes from research by Eccles and her colleagues (Eccles & Harold, 1996) on family involvement in schooling and by Carey et al. (1998) on parent involvement in public elementary schools. Findings indicate that the majority of efforts by school personnel to involve families in their children's education emphasize parents as their children's home teachers implementing activities or following advice provided by the children's teachers at school. Elementary school practices mostly have highly specific teacher goals, and parents are viewed as agents of the teachers in implementing the activities to reach those goals. The bulk of these efforts have involved parents helping with and monitoring homework and school projects and activities (Epstein, Pollock, Foley, & Patton, 1993; Jayanthi, Nelson, Sawyer, & Bursock, 1995).

Evidence of variations in the kinds of school practices used to involve parents in their children's education supports the contention that elementary schools employ primarily family-allied models. This was illustrated by findings from a large-scale national survey of 45,000 parents of children in elementary and secondary schools (Vanden-Kiernan, 1996). Parents were asked to indicate "how well" schools did in using seven different practices to involve them in their children's education (Epstein, 1992). In instances where parents assessed practices as done "very well" by school personnel, they were more likely to indicate that family-allied practices were done better than were practices that (at least to a certain degree) were more family-centered in their orientation. For example, whereas 57% of the parents indicated that schools did "very well" in terms of informing them about opportunities to volunteer at school, the practice judged done "very well" by the smallest percentage of respondents (33%) was the practice of

providing parents with information about community services to help the child or family, a core practice of a family-centered approach (see Dunst, 1997).

Additional evidence supporting the contention that parent-school relations are primarily family-allied in their orientation comes from a study by Carey et al. (1998) of more than 800 public school elementary principals. Whereas 80% or more of the respondents indicated that a host of activities were used to inform parents about school practices, provide parents with guidance about children's learning at home, and educate parents about childrearing, the percentage of respondents indicating that parents played significant roles in school decision making was considerably lower. Only 12% of the respondents, on average, said parents were involved to a great extent in eight decision-making areas, and 30%, on average, indicated that parents were involved to a moderate extent in decisions in these same areas. The fact that only 5% of the principals said that parents were involved to a moderate or great extent in monitoring or evaluating teachers is of special note because this involvement is a hallmark of family-centered practices (McWilliam, Lang, et al., 1995).

**Practitioner Behavior.** Research on the attitudes and behaviors that elementary school personnel use to engage families indicated an appreciation for the relational components of help-giving but an almost complete lack of concern for or use of participatory help-giving practices. Both direct and corroborating evidence has indicated that school personnel attitudes toward families (especially attitudes pertaining to parenting competence and the capacity to become competent), teacher interpersonal behavior (including but not limited to effective communication styles), and school personnel compassion and welcoming behaviors contribute to positive, productive family-school relations (Baumgartner, Bryan, Donahue, & Nelson, 1993; Michael, Arnold, Magliocca, & Miller, 1992). In contrast, there has been little or no mention, and consequently no appreciation, of participatory practices as a factor contributing to family-school relations and family involvement in schools and their children's elementary education (see Comer & Haynes, 1991, and Davies, 1991, for exceptions).

The differential concern for the relational over participatory components of family-centered practice is made clear from the study of public elementary school principals conducted by Carey et al. (1998). Whereas 72% of the respondents indicated that their school personnel made *positive* comments (either by phone or by note) to parents when children's performance improved, parent input about school policy and practices (one dimension of participatory practices) occurred to a great extent in only 13% of the respondents' schools for seven out of eight decision-making activities.

**Family-Oriented Rating Scales.** Scales developed by Dunst and Trivette (1997a) and Maxwell and McWilliam (1997)

have been used to establish the family-centeredness of elementary school practices in research conducted as part of the Early Childhood Follow-Through Research Institute (Wolery & Bailey, 1996). Dunst and Trivette (1999, 2000), for example, asked national Delphi panels to indicate the extent to which the beliefs and behaviors of elementary school personnel mirrored the principles and practices that they agreed were family-centered indicators. A principle or practice rated as extremely or absolutely important by 85% of the panel was used as the criterion for considering an indicator as family-centered. For the 16 family-centered principles identified by a Delphi panel as guiding belief statements, the panel indicated that school personnel adhered to only 13% ( $SD = 9.5$ ) of the principles "a lot" in their interactions with families (Dunst & Trivette, 1998). Similarly, for the 56 family-centered practices a panel identified as desirable behaviors, the panel members indicated that school personnel used only 11% ( $SD = 8.9$ ) of the practices "a lot" with families (Dunst & Trivette, 1998).

**Purported Versus Actual Practices.** A number of investigators have used procedures for ascertaining the discrepancies between ideal and typical family-centered practices in the elementary grades. Maxwell and McWilliam (1997) asked four respondent groups (general education teachers, special education teachers, families of children with disabilities, and families of children without disabilities) to indicate the extent to which they desired specific kinds of family-centered practices (ideal) and assess the extent to which these practices occurred. The findings showed that in all cases, ratings of actual practices were lower than ratings for the ideal practices.

In studies of family-centered principles and practices considered desirable by national Delphi panels, Dunst and Trivette (1998, 1999) found very large discrepancies between principles and practices considered extremely or absolutely important family-centered indicators and ratings of the extent to which the principles and practices were currently being used and the likelihood that they would be adopted by schools and school personnel. Trivette and Dunst (1999) found similar findings in two studies of parents of children in Grades K to 3 who had previously participated in early intervention or preschool programs. Parents were asked (a) to indicate the extent to which they desired eight different family-centered practices and (b) to judge whether they currently experienced the practices as part of their involvement in their children's education. The eight practices were desired by 75% of the parents, on average, but only 40% of these parents, on average, indicated that they experienced the practices in their interactions with schools and school personnel. In one of the studies, parents of typically developing children in Grades K through 3 were also asked to make the same kinds of judgments. The percentages of parents desiring (75%) and experiencing (41%) the practices were identical to those of the parents of children with special needs.

The most extensive source of data concerning the discrepancy between ideal and typical family-centered practices

comes from a study of 2,400 school personnel conducted by Wolery et al. (1997). The respondents included principals, general education teachers, special education teachers, special education supervisors, school psychologists, speech-language pathologists, physical therapists, and occupational therapists. They were asked to rate, for eight family-centered practices, the extent to which the practices were desirable (ideal) and the extent to which the practices occurred (typical). In every case, for every group of respondents, a larger percentage of school personnel rated typical practices as less family-centered than what they considered ideal practices.

### *Secondary Schools*

Evidence about the family-centeredness of middle, junior high, and high schools is more limited than that for early intervention, preschool, and elementary schools. The lack of data seems to stem from (a) families' being regarded as less crucial to the effectiveness of secondary school practices and (b) parents' beliefs that their disengagement from schools is developmentally appropriate as their children make their way through adolescence to young adulthood. According to Dornbusch and Glasgow (1996), a structural and organizational feature of secondary schools—different teachers for each class—also contributes to less parent involvement. This is likely associated with corresponding differences in teacher–student relations as well as with decreased opportunities for parental contact.

Available evidence has indicated that secondary school practices are generally not at all family-centered. For example, Cunningham and Davis (1985) and Hornby (1995) used a conceptual scheme similar to that shown in Table 1 for describing secondary school practices with families of children with disabilities along the professionally centered to family-centered continuum and found that the majority of practices were family-allied in their orientation. Vanden-Kiernan (1996) as well found that secondary schools were mostly professionally centered or family-allied in their approaches to working with families.

### **Conclusions**

The findings presented in this article help clarify what are and are not family-centered practices and provide a context for understanding the extent to which early intervention, preschool, and elementary and secondary school practices are family-centered in their orientation. Relatively speaking, early intervention programs, and to a lesser degree, preschool special education programs, have been shaped and influenced longer by the idea of family-centeredness than have elementary and secondary school programs. Consequently, it is not surprising that more is known about the characteristics and consequences of family-centeredness in the early childhood compared with the school years. The extent to which early intervention and preschool program practices used for improv-

ing family-school relations can inform elementary and secondary school practices is still relatively uncharted (see Wolery & Bailey, 1996, and Wolery et al., 1997, for exceptions). Family-centeredness would seem to hold promise as a way of engaging families, especially those that traditionally have not been involved in their children's education and schooling, because this approach does a better job of matching practices to the concerns, priorities, and desires of families. The extent to which this is possible in elementary and secondary schools remains to be seen.

Although much is known about the characteristics of different approaches to working with families, there is a tremendous need for additional information to inform policy and practice. There is a significant need to use similar conceptual frameworks, constructs, and measurement procedures in studies at all school levels (early intervention through high school) to more accurately establish the similarities and differences suggested by the evidence presented in this review. Second, it would be of some value to conduct studies that relate family-oriented process measures to variations in child, parent, and family functioning, broadly conceived. For example, it would be of both theoretical and practical importance to discern whether family-centered practices in fact do a better job of engaging the very families whose children are of primary concern to professionals, those who are delayed in their development and who are doing poorly in school.

Professionals in education, health, human services, and other fields typically claim that "we've worked with families for 25 years, and we've always been family-centered." Both research and experience tell us that this claim, for the most part, is not borne out by the ways in which families are treated and the ways in which families are involved in helping relationships with professionals. We need better research to substantiate or refute claims about family-centeredness, with an eye toward increased specificity regarding the characteristics and consequences of family-centered and other family-oriented approaches to working with families. This article provides an initial step in this direction. The journey, however, has just begun.

#### AUTHOR'S NOTES

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(continued from p. 130)

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