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Capacity-Building Family-Systems Intervention Practices

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This article includes a description of a family-systems model for implementing early childhood and family support assessment and intervention practices. The model includes both conceptual and operational principles that link theory, research, and practice. Lessons learned from more than 20 years of research and practice have been used to revise and update the model, which now includes a major focus on family capacity building as a mediator of the benefits of intervention. Key components of the most recent version of the model are described, and findings from research syntheses showing the relationship between the different components of the family-systems model and parent, family, and child behavior and functioning are summarized. Future directions are described.

KEYWORDS capacity-building, early childhood intervention, family support, family-systems

Contemporary interest in early childhood intervention with young children with disabilities and children at risk for poor developmental outcomes can be traced to a number of experimental studies conducted between 1940 and 1970 (for a review of these studies, see Dunst, 1996). The main goal of these, as well as subsequent intervention studies, was to lessen the effects of a disability or to prevent negative effects associated with poor environmental conditions. This was accomplished in the largest majority of studies by professionals intervening directly with young children or by professionals instructing parents on how to provide their children supplemental experiences deemed important for improving child functioning.

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Most early childhood initiatives during the 1960s and 1970s, and even those in the 1980s, were based on an assumption that the children, their parents, or the environment were in some way deficit and that remedial measures were indicated (Lambie, Bond, & Weikart, 1975). It was also generally assumed that the interventions afforded the children would alleviate or reduce the consequences of the (presumed) deficits. The assumptions that constituted the foundations of these child-focused, deficit-based approaches to early childhood intervention were challenged by a number of experts (e.g., Foster, Berger, & McLean, 1981; Zigler & Berman, 1983), which became the basis of a new way of conceptualizing early childhood intervention. Bronfenbrenner (1975), for example, noted in his review of early childhood intervention programs, that the likelihood of these programs being successful is dependent, in part, on supporting parents who, in turn, would have the time and energy to promote their children's development.

More than 25 years ago, we began a process of transforming a deficit-based, child-focused early intervention program (Cornwell, Lane, & Swanton, 1975) into a strengths-based, family-focused early childhood intervention and family support program (see, e.g., Dunst, 1985; Trivette, Deal, & Dunst, 1986). The program began in 1972, and its practices were heavily influenced by deficit-based thinking at that time. Children were assessed to identify what they were not capable of doing, and professionals taught parents to use different techniques to promote children's behavior that were judged as lacking. In the early 1980s, as part of advances in family and systems theory (Bronfenbrenner, 1979), it became increasingly apparent that the family as well as the child needed to be the focus of intervention if the experiences afforded children and their families were likely to be optimally effective (Hobbs et al., 1984). The implications of the changes were a complete "rethinking" in how early childhood intervention and family support were conceptualized and implemented (Dunst, 1985).

The transformation we undertook was guided by key elements of *social-systems* (Bronfenbrenner, 1979), *empowerment* (Rappaport, 1981), *family strengths* (Stinnett & DeFrain, 1985), *social support* (Gottlieb, 1981), and *help-giving* (Brickman et al., 1982) theories. These different theories guided the conduct of research (e.g., Dunst, 1985; Dunst, Leet, & Trivette, 1988; Dunst & Trivette, 1988c; Dunst, Trivette, & Cross, 1986; Trivette & Dunst, 1987) as well as attempts to use key elements of the theories as part of interventions providing parents and other family members information, resources, advice, guidance, and other types of support to strengthen parenting and family functioning (e.g., Dunst, Cooper, & Bolick, 1987; Dunst & Trivette, 1987; Dunst & Trivette, 1988a; Dunst, Vance, & Cooper, 1986). One outcome of this research and practice was the publication of *Enabling and Empowering Families: Principles and Guidelines for Practice* (Dunst, Trivette, & Deal, 1988), which included methods and strategies for conceptualizing and implementing a family-systems approach to early childhood intervention and family support.

The purpose of this article is to describe a revised and updated version of the approach to early childhood intervention and family support described in *Enabling and Empowering Families*. The article is divided into three sections. The first includes an overview of the originally proposed model to provide a backdrop against which to understand the evolution and transformational features of the model. The second section includes a description of a revised and updated approach to supporting and strengthening families based on more than 20 years of lessons learned from both research and practice (e.g., Dunst, 2008; Dunst & Dempsey, 2007; Dunst, Hamby, & Brookfield, 2007; Trivette & Dunst, 2007a). The third section summarizes the results from meta-analyses of the relationships between the different components of the family-systems model and parent, family, and child behavior and functioning. The article concludes with thoughts about the future applicability of the model.

ENABLING AND EMPOWERING FAMILIES

Enabling and Empowering Families included sets of both conceptual and operational principles to structure an approach to working with families that used different kinds of enabling experiences and opportunities specifically intended to have empowering consequences and benefits (Rappaport, 1981). According to Brandtstädter (1980), conceptual principles "yield general rules for producing some desired effect, [whereas operative principles] supply decision aids for the effective implementation of [the] rules in the concrete action context" (p. 15). The conceptual principles, taken together, were intended to provide a framework for rethinking how and in what manner family-systems intervention practices were implemented. The operational principles constituted a set of assessment and intervention practices proposed to be easily used by professionals from different disciplines and backgrounds while working with families involved in early childhood intervention and family support programs.

Conceptual Principles

The eight conceptual principles constituting the foundations of *Enabling and Empowering Families* are the following:

1. Adoption of both a social-systems perspective of families and a family-systems definition of intervention. Accordingly, a family was viewed as a social unit embedded within other informal and formal social units and networks, where events in those units and networks reverberated and influenced the behavior of the family unit and individual family members (Bronfenbrenner, 1979). Intervention was defined as the "provision of support . . . from members of a family's informal and formal social

network that either directly or indirectly influenced child, parent, and family functioning" (Dunst, Trivette, & Deal, 1988, p. 5).

2. A focus on the family and not just a child as the unit of intervention. This principle was based on the fact that families who do not have the necessary supports and resources cannot adequately rear healthy, competent, and caring children (Hobbs et al., 1984). The provision of supports and resources to families was, in turn, expected to provide parents the time, energy, knowledge, and skills to provide their children development-enhancing learning opportunities (Bronfenbrenner, 1979).
3. Primary emphasis on family member empowerment as the goal of intervention. The premise of this principle is that a sense of control and mastery is an important mediator of behavior in many domains of functioning (Bandura, 1977). Empowerment was accomplished by creating opportunities for family members to acquire the knowledge and skills to better manage and negotiate daily living in ways positively affecting parent and family well-being and a sense of mastery and control (Rappaport, 1981).
4. Use of promotion rather than either treatment or prevention models for guiding intervention. This principle was based on the premise that the absence of problems was not the same as the presence of positive functioning (Bond, 1982). According to Carkhuff and Anthony (1979), helping is the act of promoting and supporting family functioning in a way that enhances the acquisition of competencies that permit a greater degree of control over subsequent life events and activities.
5. A focus on family and not professionally identified needs as the targets of intervention. This practice was derived from environmental press theory (Garbarino, 1982) that postulated the conditions under which people are motivated to address their needs. Accordingly, a practitioner did not assume a need for assistance until the family had set forth a need, where the request for assistance came from the family or individual family members (Pilisuk & Parks, 1986). The family-identified needs, in turn, were addressed by helping families use their strengths and capabilities to obtain the necessary resources and supports to meet needs.
6. Identify and build on family strengths as a way of supporting family functioning. This principle was based on the belief that all families have existing strengths and the capacity to become more competent (Rappaport, 1981), and that strengths-based interventions were likely to be more productive compared to attempts to prevent or correct weaknesses (Garbarino, 1982).
7. Using a family's informal social support network as a primary source of supports and resources for meeting family needs. This principle was based on a burgeoning body of evidence demonstrating the positive influences of support from family, friends, and neighbors on well-being and in other domains of functioning (e.g., Cohen & Syme, 1985; Sarason & Sarason,

1985). Therefore, to the extent possible and appropriate, informal supports were targeted as sources of information, guidance, assistance, and so on, because the "foresighted professional knows that it is the parent who truly bears the responsibility for the child, and the parent cannot be replaced by episodic professional services" (Hobbs, 1975, pp. 228–229).

8. Adoption of professional help-giving roles that place major emphasis on competency enhancement and the avoidance of dependencies. The premise of this principle was the contention that different kinds of helping beliefs and behaviors shaped and influenced interactions between professionals and families, and that certain help-giving practices were more likely to have competency enhancing effects (Brickman et al., 1982). As noted by Rappaport (1981), empowering help-giving practices require a breakdown in the typical relationships between professionals and families.

The delineation of these eight conceptual principles constituted an attempt to integrate the thinking of many noted experts and apply that thinking to the development of a family-systems approach to early childhood intervention and family support. The conceptual principles, in turn, were used to operationalize the principles in ways that mirrored or reflected the principles in action.

Operational Principles

The eight conceptual principles were used to develop an operational framework for guiding the conduct of family-systems assessment and intervention practices, as originally presented in *Enabling and Empowering Families* (see Figure 1). As stated in our book,

> "Family needs and aspirations, family strengths and capabilities (family functioning style), and social support and resources, are viewed as separate but interdependent parts of the assessment and intervention process. The help-giving behaviors used by professionals are the ways in which families are enabled and empowered to acquire and use competencies to procure supports and mobilize resources for meeting needs" (Dunst, Trivette, & Deal, 1988, p. 10).

The implementation of the assessment and intervention model was accomplished first by identifying family member needs and aspirations, second by identifying supports and resources for meeting needs, third by identifying existing and new strengths for obtaining resources and supports, and fourth by employing help-giving behaviors that strengthen family capacity to carry out actions intended to obtain supports and resources to meet self-identified needs.

Operational principles and goals of the assessment and intervention model are related (see Table 1). As noted in *Enabling and Empowering Families* (Dunst, Trivette, & Deal, 1988), the assessment and intervention

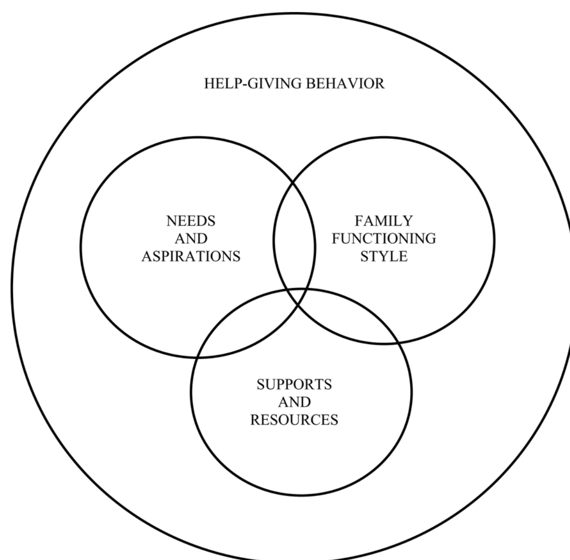

FIGURE 1 Family-systems assessment and intervention model constituting the focus of *Enabling and Empowering Families* (Dunst, Trivette, & Deal, 1988).

TABLE 1 Relationship Between the Four Operational Principles and Assessment and Intervention Goals of Each Family-Systems Model Component

Operational principles	Assessment and intervention goals
1. To promote positive child, parent, and family functioning, base interventions on family-identified needs, aspirations, personal projects, and priorities.	Identify family aspirations and priorities using needs-based assessment procedures and strategies to determine the things the family considers important enough to devote time and energy.
2. To insure the availability and adequacy of resources for meeting needs, place major emphasis on strengthening the family's personal social network as well as promoting utilization of untapped sources of information and assistance.	Identify family strengths and capabilities to (a) emphasize the things the family already does well and (b) determine the particular strengths that increase the likelihood of a family mobilizing resources to meet needs.
3. To enhance successful efforts toward meeting needs, use existing family functioning style (strengths and capabilities) as a basis for promoting the family's ability to obtain and mobilize resources.	"Map" the family's personal social network to identify both existing sources of support and resources and untapped but potential sources of aid and assistance.
4. To enhance a family's ability to become more self-sustaining with respect to meeting its needs, employ helping behaviors that promote the family's acquisition and use of competencies and skills necessary to mobilize and secure resources.	Function in a number of different help-giving roles to enable and empower the family to become more competent in mobilizing resources to meet its needs and achieve desired goals.

Source: Dunst et al. (1988, p. 53).

model is a "dynamic, fluid process" (p. 52) that involves different degrees of attention to each component of the model, depending on the emphasis of family member–help-giver exchanges. "The division of the assessment and intervention process into separate components was done primarily for heuristic purposes" (p. 52), because they are interdependent and require an integrated approach to assessment and intervention (Dunst, Trivette, & Deal, 1988).

Both interview and self-report assessment scales were used to identify family needs, family strengths, and sources of supports and resources for meeting needs. The purpose of the needs-assessment component of the model was to identify those family needs and aspirations that a family considered important enough to devote its time and energy. The purpose of the supports and resources component of the model was to identify the family, informal, and formal sources of supports and resources to meet needs. The purpose of the family strengths component of the model was to identify a family's capabilities that were used to obtain supports and resources to meet needs.

Twelve help-giving principles guided the ways in which professionals interacted with families while using the assessment and intervention practices (Dunst & Trivette, 1987). The help-giving principles were identified from an extensive review of the help-giving literature, with an explicit focus on those practices that were associated with empowerment-type outcomes and benefits (see especially Dunst & Trivette, 1988b; see Table 2). The help-giving behaviors, taken together, were viewed as the kinds of enabling

TABLE 2 Twelve Principles of Effective Help-giving

Help-giving is more likely to be effective when:

1. It is both positive and proactive and conveys a sincere sense of help giver warmth, caring, and encouragement.
2. It is offered in response to an indicated need for assistance.
3. Engages the help receiver in choice and decisions about the options best suited for obtaining desired supports and resources.
4. Is normative and typical of the help receivers' culture and values and is similar to how others would obtain assistance to meet similar needs.
5. It is congruent with how the help receiver views the appropriateness of the supports and resources for meeting needs.
6. The response–costs for seeking and accepting help do not outweigh the benefits.
7. Includes opportunities for reciprocating and the ability to limit indebtedness.
8. Bolsters the self-esteem of the help receiver by making resource and support procurement immediately successful.
9. Promotes, to the extent possible, the use of informal supports and resources for meeting needs.
10. Is provided in the context of help giver–help receiver collaboration.
11. It promotes the acquisition of effective behavior that decreases the need for the same type of help for the same kind of supports and resources.
12. It actively involves the help receiver in obtaining desired resource supports in ways bolstering his or her self-efficacy beliefs.

(in the good sense of the word) experiences and opportunities that would support and encourage parents' use of their strengths to obtain and procure desired supports and resources.

The assessment and intervention model was used in a variety of ways with families differing in needs, family structure, socioeconomic backgrounds, and other person and situational differences to evaluate its applicability and usefulness for supporting and strengthening family functioning. Lessons learned from the use of the family-systems model, as well as research investigating basic premises of the model, were in turn used to make changes and modifications in how the assessment and intervention model was conceptualized and implemented. The first set of changes are described in *Supporting and Strengthening Families: Methods, Strategies and Practices* (Dunst, Trivette, & Deal, 1994b).

PROMOTING AND ENHANCING FAMILY CAPACITY

The 20 years since the publication of *Enabling and Empowering Families* has provided us the opportunity to reflect on and refine its major tenets. Perhaps most surprising is the fact that nearly all the principles and practices have stood the test of time and still have value for guiding early childhood intervention and family support. Additional lessons learned from research and practice on the family-systems model have been used to further revise, refine, and update different elements of the model emphasizing those features that *matter most* in terms of having capacity-building characteristics and consequences. The emphasis on capacity building as both a process and benefit of family-systems assessment and intervention is based on research demonstrating that enabling experiences and opportunities positively influencing self-efficacy beliefs and other control appraisals mediate changes in many domains of life, including, but not limited to, parents' own judgments and capabilities to provide their children development-enhancing learning opportunities (Bandura, 1997; Skinner, 1995).

The updated version of the family-systems assessment and intervention model includes an operational definition of early childhood intervention and family support; a social-systems perspective of child, parent, and family behavior and functioning; a set of five different but compatible models that, taken together, constitute a capacity-building paradigm; and an operational framework for structuring the implementation of family-systems assessment and intervention practices. The key features of each of these elements are described next to illustrate advances in understanding of one particular approach to early childhood intervention and family support.

Definition of Early Childhood Intervention and Family Support

Early childhood intervention and family support are defined as the *provision or mobilization of supports and resources to families of young children from*

informal and formal social network members that either directly or indirectly influence and improve parent, family, and child behavior and functioning. The experiences, opportunities, advice, guidance, and so forth afforded families by social network members are conceptualized broadly as different types of *interventions* contributing to improved functioning. The *sine qua non* outcome of the supports and resources afforded or procured by families includes any number of capacity-building and empowering consequences.

Our definition of intervention differs from most other definitions by its inclusion of informal supports as a focus of intervention and capacity building as a main consequence of the provision or mobilization of supports and resources. The inclusion of informal supports is based on research showing the manner in which these types of supports are related to improved parent and family functioning (for a review, see Dunst, Trivette, & Jodry, 1997). The focus on capacity building as an outcome of intervention is based on research demonstrating the manner in which different kinds of experiences and opportunities that have empowering characteristics and consequences, in turn, influence other dimensions of parent, family, and child behavior and functioning (Bandura, 1997; Dunst, Trivette, & Hamby, 2006, 2008; Skinner, 1995).

Our own research (e.g., Dunst, Trivette, Davis, & Cornwell, 1988; Dunst, Trivette, Starnes, Hamby, & Gordon, 1993), as well as that of others (e.g., Coyne & DeLongis, 1986; Galinsky & Schopler, 1994; Lincoln, 2000), has found that the manner in which support is provided, offered, or procured influences whether the support has positive, neutral or negative consequences. Affleck, Tennen, Rowe, Roscher, and Walker (1989) found that the provision of professional social support in response to an indicated need for assistance was associated with positive consequences, whereas the provision of social support in the absence of an indicated need for support had negative consequences. This is the basis, in part, for the identification of family concerns and priorities as the first step in our approach to family-systems assessment and intervention.

Systems Theory Framework

The provision or mobilization of supports and resources is accomplished in the context of a social systems framework, where a family is viewed as a social unit embedded within both informal and formal social support networks. According to Bronfenbrenner (1979), the behavior of a developing child, his or her parents, other family members, and the family unit as a whole are influenced by events occurring in settings beyond the family, which nonetheless directly and indirectly affect parent, family, and child behavior and functioning. Operationally, the supports and resources afforded families by informal and formal social support network members are defined as the experiences, opportunities, advice, guidance, material

assistance, information, and so forth afforded or procured by family members that are intended to influence family member behaviors and functioning.

A basic premise of systems theory is that behavior is multiply determined and is a joint function of the characteristics of environmental experiences (supports and resources) and the person himself or herself (Bronfenbrenner, 1992). For example, research now indicates that the provision of help in response to an indicated need for support is likely to have positive consequences, whereas the provision of help in the absence of an indicated need for support is likely to have negative consequences (see especially Affleck, Tennen, Allen, & Gershman, 1986). Accordingly, the likelihood that an experience or opportunity afforded a person will have capacity-building influences is, in part, determined by an indicated need or desire for support and resources.

Capacity-Building Paradigm

Various attempts to operationalize and integrate different but compatible models of intervention led us to develop what we have come to call a *capacity-building paradigm* (see Table 3). These contrasting *worldviews* each have different implications for how interventions are conceptualized and implemented. The traditional worldview considers children and families as having deficits and weaknesses that need treatment by professionals to correct problems, whereas a capacity-building worldview considers children

TABLE 3 Defining Features of Contrasting Approaches for Conceptualizing and Implementing Early Childhood Intervention and Family Support Practices

Capacity-building paradigm	Traditional paradigm
Promotion models	*Treatment models*
Focus on enhancement and optimization of competence and positive functioning	Focus on remediation of a disorder, problem, or disease or its consequences
Empowerment models	*Expertise models*
Create opportunities for people to exercise existing capabilities as well as develop new competencies	Depend on professional expertise to solve problems for people
Strength-based models	*Deficit-based models*
Recognize the assets and talents of people and help people use these competencies to strengthen functioning	Focus on correcting peoples' weaknesses or problems
Resource-based models	*Service-based models*
Define practices in terms of a broad range of community opportunities and experiences	Define practices primarily in terms of professional services
Family-centered models	*Professionally centered models*
View professionals as agents of families who are responsive to family desires and concerns	View professionals as experts who determine the needs of people from their own as opposed to other peoples' perspectives

and families as having varied strengths and assets, where the focus of intervention is supporting and promoting competence and other positive aspects of family member functioning.

The models making up the capacity-building paradigm each include elements that place primary emphasis on the supports, resources, experiences, and opportunities afforded or provided children, parents, and families for strengthening existing, and promoting the acquisition of new competencies. Promotion models emphasize the enhancement of competence rather than the prevention or treatment of problems (Cowen, 1994; Dunst & Trivette, 2005; Dunst, Trivette, & Thompson, 1990). Empowerment models emphasize the kinds of experiences and opportunities that are contexts for competence expression (Dunst & Trivette, 1996; Zimmerman, 1990). Strengths-based models emphasize people's competence and how the use of different abilities and interests strengthen family member functioning (Dunst, 2008). Resource-based models emphasize a broad range of supports and resources (rather than services) as the experiences and opportunities for strengthening functioning (Dunst, Trivette, & Deal, 1994a; Raab, Davis, & Trepanier, 1993). Family-centered models emphasize the pivotal and central roles family members play in decisions about supports and resources best suited for improving parent, family, and child behavior and functioning (Dunst, 2002). Taken together, the five models provide a way of structuring the development and implementation of child and family intervention practices. The different models have proven useful for disentangling and unpacking what matters most in terms of those practices having desired consequences (e.g., Dunst, 2008; Dunst, Trivette, & Hamby, 2006; Dunst, Trivette, Hamby, & Bruder, 2006).

Family-Systems Intervention Model

The updated version of the four operational components of our family-systems assessment and intervention model are the same as those described in *Enabling and Empowering Families* but have been further refined based on research and practice (see Figure 2). The model is implemented by using capacity-building help-giving practices to identify family concerns and priorities, the supports and resources that can be used to address concerns and priorities, and the use of family member abilities and interests as the skills to obtain supports and resources.

The needs and aspirations component of the model has been changed to *family concerns and priorities* to reflect both families' dislike for the term need(y) and advances in our understanding of those life conditions that motivate people to alter or change their circumstances (Dunst & Deal, 1994). Concerns are defined as the perception or indication of a discrepancy between what is and what is desired. Priorities are defined as a condition that is judged highly important and deserving of attention. Both concerns and

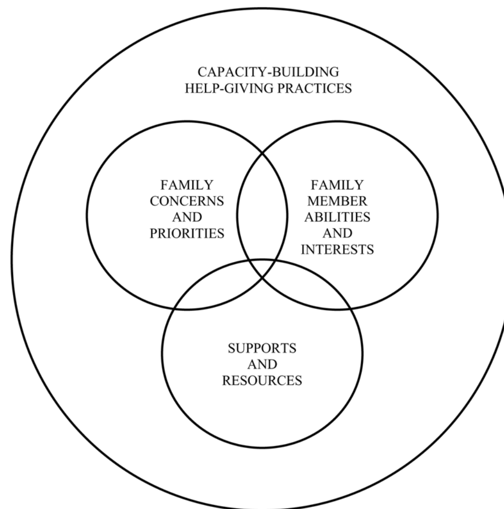

FIGURE 2 Major components of a capacity-building family-system assessment and intervention model.

priorities are viewed as determinants of how people spend time and energy seeking or obtaining resources and supports to achieve a desired goal or attain a particular end. While any number of terms have been used interchangeably to describe both concerns and priorities (Dunst & Deal, 1994), these particular terms cover the largest number of family situations that become the targets of intervention.

The *supports and resources* component of the model remains the same but has been redefined in terms of the kinds of assistance that constitute the information, instrumental assistance, experiences, opportunities, and so on, for addressing and responding to family concerns and priorities. The sources of support and resources still include both formal and informal social network members, with the caveat that family members are highly likely to seek out particular network members depending on which concerns and priorities are the focus of attention. The supports and resources deemed most appropriate are ones that actively involve family members in obtaining and procuring assistance rather than the noncontingent provision of help (see especially Dunst & Trivette, 1988b). It may seem expedient to provide or give families supports and resources, but doing so deprives them of opportunities to use existing skills or develop new competencies that can perpetuate a need for help (Skinner, 1978). To the extent that social network members "supply a needed resource but leads a person to see the production of that resource as contingent on what [others] do rather than his or her own behavior" (Brickman et al., 1983, p. 34), the support may have a negative or harmful consequence.

The family functioning style component has been changed to *family member abilities and interests* for two reasons. First, defining family strengths

in terms of family qualities (Stinnett & DeFrain, 1985), family dynamic factors (Otto, 1963), and other qualitative family dimensions (Curran, 1983) has proven difficult to operationalize for many early childhood and family support practitioners. Second, our own research and practice (e.g., Dunst, 2008; Trivette & Dunst, 2007b), as well as that of others (e.g., Kretzmann & McKnight, 1993; Scales, Sesma, & Bolstrom, 2004), has found that defining family strengths in terms of specific abilities, interests, talents, and so on, makes the process of promoting family member identification and use of their strengths much more straightforward. We are still reminded of Stoneman's (1985) contention that "Every family has strengths and, if the emphasis [of intervention] is on supporting strengths rather than rectifying weaknesses, chances of making a difference in the lives of children are vastly increased" (p. 462).

The help-giving behavior component has been changed to *capacity-building help-giving practices* to reflect advances in our understanding of the particular kinds of help-giving practices that are most likely to have empowering characteristics and consequences. Research identifying the characteristics of effective help-giving practices has identified two clusters of help-giving that have capacity-building influences: *relational help-giving* and *participatory help-giving* (Trivette & Dunst, 2007a). Relational help-giving includes practices typically associated with good clinical practice (e.g., active listening, compassion, empathy, respect) and help-giver positive beliefs about family member strengths and capabilities. Listening to a family's concerns and asking for clarification or elaboration about what was said is an example of a relational help-giving practice. Participatory help-giving includes practices that are individualized, flexible, and responsive to family concerns and priorities, and which involve informed family choices and involvement in achieving desired goals and outcomes. Engaging a family member in a process of using information to make an informed decision about care for his or her child is an example of a participatory help-giving practice. Research syntheses of the relationships between both types of help-giving practices and parents' personal control appraisals and parent, family, and child behavior and functioning indicates that both types of helping practices are related to most outcomes. The results also showed that the relationship between relational and participatory help-giving and parent, family, and child behavior and functioning are mediated by personal control appraisals (Dunst, Trivette, & Hamby, 2007, 2008).

RESEARCH FOUNDATIONS

The extent to and manner in which the practices constituting the focus of each component of our family-systems assessment and intervention model are related to parent, family, and child behavior and functioning in

a predicted manner has been the focus of a number of recently completed research syntheses (Dunst, Trivette, & Hamby, 2008; Dunst, Trivette, Hamby, & O'Herin, 2008; Hamby, Trivette, Dunst, & O'Herin, 2008; Trivette, Dunst, O'Herin, & Hamby, 2008). The analyses are briefly reported here and for the main effects between different measures of each of the four components of our family-systems model (help-giving, concerns, strengths, and supports) and the same or similar outcomes included in the different studies in the four meta-analyses.

Studies in the four syntheses were identified by searches of multiple electronic databases (Psychological Abstracts, ERIC, MEDLINE, Academic Search Elite, etc.), examination of seminal papers on each of the model components, and hand searches of key journals and all retrieved articles, chapters, and books. The average number of studies that were included in any one synthesis was 45 (range = 28–78). The average number of participants in the studies included in any one synthesis was 7,489 (range = 3012–10055).

The independent measures in the studies included different scales measuring capacity-building help-giving practices (e.g., Trivette & Dunst, 1994), family concerns (e.g., Dunst & Leet, 1985), family supports (e.g., Dunst, Jenkins, & Trivette, 1984), and family strengths (e.g., Deal, Trivette, & Dunst, 1988). All the scales used to measure the independent variables, except those in the Dunst, Trivette, and Hamby (2008) meta-analyses of family-centered help-giving practices, were instruments we developed or have used in studies we and our colleagues have conducted.

The help-giving practices scales included measures of help-giver active listening and empathy, help-receiver choice and decision making, help giver–help receiver collaboration, and help-receiver active involvement in obtaining desired supports and resources. The family concerns scales included measures of an indicated need for basic resources (e.g., food and shelter), employment and financial resources, health and dental care, child care, time for self and family, and dependable transportation. The family strengths scales included measures of family commitment, problem-solving strategies, patterns of interaction, coping strategies, and family values. The social support scales included measures of support from spouse or partner, family members and other kin, friends and neighbors, church members and coworkers, early childhood programs and practitioners, and parent and social groups.

The dependent measures in the studies were grouped into five categories: personal control and self-efficacy, parent well-being, parenting, family functioning, and child behavior. The personal control and self-efficacy belief measures included scales measuring control over general life events (e.g., Boyd & Dunst, 1996; Nowicki & Duke, 1974). The parent well-being measures included scales assessing stress, depression, and other adverse psychological states (e.g., Abidin, 1990; Radloff, 1977). The parenting

scales measured different aspects of parent competence and confidence (e.g., Dunst & Masiello, 2002; Guidubaldi & Cleminshaw, 1994). The family functioning scales included measures of family cohesion, integration, and well-being (e.g., Hampson & Hulgus, 1986; McCubbin & Comeau, 1987). The child behavior scales measured different aspects of positive and negative child functioning (e.g., Achenbach, 1993; Conners, 1997). The particular dependent measures in the analyses presented here are ones that were included in at least three of the four meta-analyses so that comparisons of the relationships between the family-system model component measures and the same or similar outcomes could be made.

The correlations between the independent and dependent measures were used as the sizes of effects for the relationships between the family-systems components and the dependent measures (Rosenthal, 1994). The direction of the correlations between measures were coded so that a positive correlation between the independent and dependent measures represented more positive and less negative behavior functioning. Procedures described by Shadish and Haddock (1994) were used to combine effect sizes, giving more weight to studies with larger sample sizes. The average weighted effect sizes were used as the best estimate of the strength of the relationship between measures. Data interpretation was aided by the 95% confidence intervals of the average weighted effect sizes. An interval not including zero indicates that the average size of effect is statistically different from zero at the .05 level (Hedges, 1994).

The average weighted effect sizes between the component measures and the outcomes were all significantly different from zero as evidenced by no confidence intervals including zero (see Figure 3). Stated differently, variations in the measures of each family-systems component were related to variations in the outcomes in ways that were expected. The more the study participants experienced capacity-building help-giving practices, the better the outcomes; the fewer concerns the study participants reported, the better the outcomes; the more family strengths the study participants reported, the better the outcomes; and the more social support that was available to the study participants and their families, the better the outcomes. The patterns of relationships and sizes of effects, however, were not the same as evidenced by the unevenness in the strength of the relationships between the independent and dependent measures, which are briefly described next.

The size of the effect between help-giving practices and self-efficacy beliefs was more than twice as large as the relationships between either family concerns or social supports and this same outcome. The fact that help-giving practices were more strongly related to self-efficacy beliefs was not unexpected, inasmuch as this has consistently been found as part of this line of research (see especially Dunst, Trivette, & Hamby, 2006; 2007; Dunst, Trivette, & Hamby, 2008).

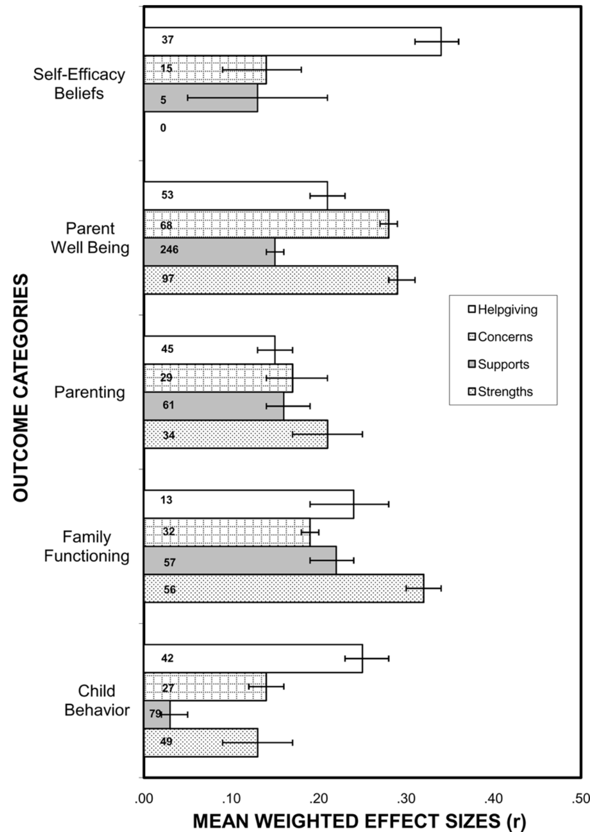

FIGURE 3 Average weighted effect sizes and 95% confidence intervals for the relationships between the four family-systems model components (independent variables) and five categories of parent, family, and child outcomes (dependent measures). (*Note*: The numbers on the bars are the number of effect sizes included in the analyses).

Family strengths were more strongly related to family functioning compared to the other family-systems component measures, whereas help-giving practices were more strongly related to child behavior and functioning compared to the other family-systems components measures. Both family concerns and family strengths were more strongly related to parent well-being compared to the relationships between either help-giving practices or social supports and this same outcome. In contrast, all four family-systems component measures were more similarly related to the parenting outcome measures.

The fact that there were differential relationships between measures was not unexpected. This has been the rule rather than the exception in nearly every kind of analysis we have performed on measures of the family-systems model components. The differential relationships between measures indicate that the four family-systems practices components each exert different influences on parent, family, and child behavior and functioning. Despite

the differential influences of each type of practice, the findings, taken together, show that measures of each component of the family-system model are related to parent, family, and child behavior and functioning in a manner consistent with predictions from the conceptual frameworks guiding both our research and practice (e.g., Dunst, 1997; Dunst et al., 1990; Trivette, Dunst, & Deal, 1997; Trivette, Dunst, & Hamby, 1996).

CONCLUSIONS

The family-systems model as well as specific components of the model have been evaluated as part of many different child, parent, and family intervention studies (e.g., Dunst, 2001, 2008; Dunst et al., 2001; Dunst, Masiello, & Murillo, 2008; Dunst, Raab, et al., 2007; Dunst & Trivette, 2001; Dunst, Trivette, Gordon, & Pletcher, 1989). The main focus of these and other studies was the identification of the conditions under which needs-based, social support, strengths-based, and capacity-building help-giving interventions and practices were likely to be most effective. A lesson learned from these intervention studies was the fact that the more straightforward the interventions, the higher the probability that the interventions would be implemented as planned and intended, and have expected benefits. This was likely the case because "there is evidence that it is easier to achieve high fidelity of simple [rather] than complex interventions . . . because there are fewer 'response barriers' when the model is simple" (Carroll et al., 2007).

A few examples should help elucidate the contention that "less is more" when using family-systems assessment and intervention practices. In an intervention study of teenage mothers involved in a parenting support program, the participants were enrolled in a work-study program (infant and preschool classrooms) where they had the opportunity to observe and work with teachers who interacted with children in development-enhancing manners (Dunst, Vance, et al., 1986). Over the course of just 20 weeks, the teenage mothers increasingly used the same kinds of interactional styles observed in the classrooms with their own children. In an intervention study of parents from extremely low socioeconomic backgrounds, the parents' strengths (abilities and interests) were used as sources of young children's learning opportunities (Dunst, 2008). Results showed increases in the learning opportunities afforded the children, and both child and parent positive behavioral consequences. Similar kinds of straightforward interventions have also been found to also have positive effects (e.g., Bakermans-Kranenburg, van IJzendoorn, & Juffer, 2003).

Following the publication of *Enabling and Empowering Families,* and in the intervening 20 years, we became aware of numerous attempts by others to use the principles and practices we articulated in our book with families from many different cultural and ethnic backgrounds, with families

in different countries, with children and families with varying life circumstances and conditions, and by practitioners in many different kinds of early childhood intervention, family support, health, and human services programs (e.g., Coutinho, 2004; DePanfilis, 1998; Hossain, 2001; Kalyanpur & Rao, 1991; McCarthy et al., 2002; Mitchell & Sloper, 2002; Sheridan, Warnes, Cowan, Schemm, & Clarke, 2004). At the time *Enabling and Empowering Families* was written, we strived to develop a model and a set of principles and practices that were flexible enough to be used in different settings and contexts with families having diverse backgrounds and life circumstances. The flexibility we had hoped to achieve is reflected, at least in part, by the broad-based use of the family-systems assessment and intervention model.

One focus of our current research on family-systems intervention is further evaluations of the relationships between the model components and the extent to which different elements of each component have either or both direct and indirect effects on parent, family, and child behavior and functioning. This is being accomplished by both structural equation modeling of data from studies we have conducted (see e.g., Dunst, 1999; Dunst, Hamby et al., 2007; Trivette et al., 1996) and meta-analytic structural equation modeling (Cheung & Chan, 2005; Shadish, 1996) of studies conducted by ourselves and others examining the relationships between two or more components of our model and child, parent, or family outcomes. The goal is a better understanding of how the family-systems components are related and the conditions under which optimal benefits are realized. The expected outcome of this next generation of research is the isolation of those component characteristics that matter most in terms of having predicted effects and both the disentangling and unpacking of how the different components are related to one another, and, in turn, influence parent, family, and child behavior and functioning. Findings from these efforts will be used to completely revise *Enabling and Empowering Families* with a focus on the key ingredient practices and how they can be implemented to best support and strengthen child, parent, and family functioning.

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