



Operationalizing Resource-Based Intervention Practices

Donald W. Mott

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ABSTRACT

A Delphi study was conducted to obtain consensus on the key elements of resource-based intervention practices. A survey including 52 items was completed by a panel of 20 experts, including professionals and parents of persons with disabilities. The surveys included items in three components of resource-based intervention practices (sources of supports and resources, community resource mapping, and community capacity building). Consensus was reached on 27 items after three rounds of data collection. The items serve as a basis of both further study and guidance of professional practice.

INTRODUCTION

This *CASEinPoint* includes a description of the results of a Delphi study to obtain consensus on the key elements of three components of resource-based intervention practices (sources of supports and resources, community resource mapping, and community capacity building). Resource-based intervention practices constitute a set of strategies that focus on mobilization and provision of *resources and supports* to individuals and families to achieve their desired outcomes.

Resource-based intervention practices have been used in the fields of community development (Kretzmann & McKnight, 1993; Sarason, Carroll, Maton, Cohen, & Lorentz, 1988), early childhood intervention (Dunst, Trivette, & Deal, 1994; Trivette, Dunst, & Deal, 1997); family support (Weissbourd, 1994), and developmental disabilities (Snow, 2001; Swartz, 2003; Trivette, Dunst, & Deal, 1997; Wu, 2002). In the context of a resource-based intervention practices framework, *resources* are operationally defined as the full range of possible types of community help or assistance—potentially useful information, advice, guidance, experiences, opportunities, and so forth—that are used to achieve outcomes desired by an individual, family, or group.

The outcomes and benefits of resource-based intervention practices include increased: (a) availability of community resources (Trivette, Dunst, & Deal, 1997; Wu, 2002), (b) capacity for self-help among individuals, families, and communities (Lord & Hutchison, 2003), (c) ability for individuals to develop resource-exchange networks (Sarason & Lorentz, 1979), (d) parental satisfaction with resources (Gilley, 1995; Trivette, Dunst, & Deal, 1997), (e) parenting knowledge and skills (Swartz, 2003), (f) parental perceived control over resource pro-

curement (Dunst, Brookfield, & Epstein, 1998; Gilley, 1995; Trivette, Dunst, & Deal, 1997), (g) ability for individuals and families to engage in self-help activities (Prestby & Wandersman, 1985; Unger & Wandersman, 1985), and (h) child developmental progress (Dunst, Brookfield, & Epstein, 1998).

RESOURCE-BASED INTERVENTION PRACTICES MODEL

Dunst and his colleagues (Dunst, Trivette, & Deal, 1994; Trivette, Dunst, & Deal, 1997) developed the resource-based intervention practices model depicted in Figure 1. The model consists of three components: Sources of support and resources, community resource mapping, and community capacity building. The reader is referred to Mott (2005b) for a detailed description of the conceptual and empirical foundations of resource-based intervention practices, and to Mott (2005a) for a bibliography of sources of information related to resource-based intervention practices.



Figure 1. Major components of resource-based intervention practices.

Sources of Support and Resources

Sources of support and resources refers to the full range of possible types of help or assistance, such as potentially useful information, experiences, tangible items, emotional and social support, instrumental assistance, and opportunities that might be mobilized and used to achieve outcomes desired by an individual, family, or group. Within a resource-based intervention practices framework, practitioners assist families in both identifying and mobilizing a wide range of informal and formal resources and supports that are needed

and desired by the family to accomplish their desired outcomes. Practitioners also assist families in learning the skills needed to identify and use resources and supports to accomplish desired outcomes without or with minimal professional assistance or guidance. The use of informal resources and supports by families includes those that exist within the family’s personal social network, as well as those that are available within the community, such as from community groups, church groups, or friends with whom the family has contact (McKnight & Kretzmann, 1990).

Community Resource Mapping

Community resource mapping refers to the procedures used for identifying and gathering information, and mapping the sources and locations of both informal and formal support and resources that can be mobilized to achieve outcomes desired by young children and their families. Community resource mapping is viewed as an ongoing process that is used both on an *a priori* basis to identify potentially useful resources for children and families and to identify specific resources to accomplish individual child or family outcomes as needs arise. Within a resource-based intervention practices framework, practitioners view all resources within the community as potential sources of support for individuals and families, and they help families choose the resources that best match their interests and priorities to accomplish their desired outcomes.

Community Capacity Building

Community capacity building refers to those opportunities or experiences creating or strengthening resources in neighborhoods or communities that are desired by families with young children in order to promote children’s development, enhance parenting confidence and competence, and/or strengthen family functioning. Building community capacity involves strengthening the abilities of individuals and families, as well as community members and organizations, that are used to procure potential sources of resources and support for children and families. Within a resource-based intervention practices framework, practitioners focus on empowering (i.e., building the capacity of) individuals and families to achieve their goals not just in the present, but in the future. This is accomplished using a participatory helping style (Dunst, 2000) that is responsive to individuals’ and families’ interests and priorities and which facilitates their active participation in achieving their desired outcomes.

PURPOSE OF THE STUDY

The purpose of the study described in this paper was to obtain consensus on the key elements of resource-based intervention practices (sources of support and re-

sources, community resource mapping, and community capacity building) described by Dunst and his colleagues (Dunst, Trivette, & Deal, 1994; Trivette, Dunst, & Deal, 1997). The study is part of a line of research designed to operationalize resource-based intervention practices and to investigate the extent to which practitioners' use of resource-based intervention practices has positive outcomes for individuals and families (see www.fippcase.org/labFCR.php).

A Delphi technique was used to ascertain consensus. Delphi studies achieve consensus using a set of strategies originally developed by the Rand Corporation (Dalkey, 1969) and subsequently used by researchers to obtain consensus among "experts" on a wide range of topics (e.g., Dalkey, 1969; Volk, 1993). A Delphi process obtains consensus through a series of interviews or surveys conducted with experts in a particular field or area by capitalizing on three key features: Use of anonymity, systematic feedback, and analysis of group responses (LeHecka, 2002). Traditional Delphi procedures begin by identifying a panel of experts who are asked to generate a list of key characteristics or descriptors of a particular area. The items on the list are then rated by each panel member, eliminated, combined, or modified repeatedly until consensus is reached on each item. Consensus is usually defined as at least 80% agreement that an item or practice is highly important or essential to the particular area of study (Murry & Hammons, 1995; & Sackman, 1975; Sackman, 1975). Modified Delphi procedures follow the same general pattern, except that the initial list of indicators is created by the researcher based on analysis of existing data or research on the topic (LeHecka, 2002) as was done in this study.

METHOD

Participants

Delphi panel members were identified in the following manner. A literature review was conducted that resulted in identification of 15 individuals in the United States, Canada, and Australia who had published one or more articles or chapters related to resource-based intervention practices. Eleven (11) additional individuals were nominated by members of the initial panel. Five parents of individuals with developmental disabilities who had participated in a program implementing resource-based intervention practices were also nominated. The final sample included 31 panel members.

The potential panel members were sent a letter inviting their participation in a Delphi study, explaining the study procedures and the first round Delphi surveys (see below). Twenty (20) individuals responded (65%) to the letter and survey and all 20 participated in the three rounds of the study.

The Delphi panel included 14 female and six male respondents. Two of the participants had high school degrees, two had bachelor's degree, six had master's de-

Table 1

Sources of Support and Resources Characteristics Rated Extremely Important and Absolutely Essential by the Delphi Panel Members

Overall Rank ^a	The practitioner...	Percent of Panel Members
1	Supports families' efforts to develop skills and abilities to obtain resources to accomplish their desired outcomes.	100
2	Supports families in identifying existing resources for accomplishing each family member's desired outcomes.	100
3	Helps families identify a range of resources (i.e., informal and formal) both from their own families and/or from community members and organizations.	100
4	Supports families in identifying the advantages and disadvantages (e.g., financial and emotional costs, accessibility, schedule, etc.) of available resources and supports in order to select those that best match their interests and priorities.	95
5	Supports families' use of resources in ways that are likely to strengthen their individual or family capacity.	95
6	Solicits families' input on the level of practitioner support needed by their family.	90
7	Supports and encourages families' use of resources they choose to accomplish their desired outcomes.	90
8	Supports families in procuring desired resources from community members, groups, programs or professionals.	90
9	Provides information to families about the sources of resources based on family members' interests and priorities.	85
10	Gradually decreases support to families, based on the families' preferences, as their capacity increases to achieve their desired outcomes.	85
11	Provides information to families about community programs and professionals as potential sources of support to accomplish desired outcomes.	80

^aOverall rank is based on the average rating for each item.

grees, and 10 had doctoral degrees. Nine panel members were affiliated with universities or other research organizations, eight were affiliated with human service organizations, and one was affiliated with a national training program. Four respondents were parents of individuals with developmental disabilities (two of whom were also affiliated with universities or other research organizations).

Survey Items

The items on the surveys were developed based on a research review of journal articles, book chapters, dissertations, and books using PsycInfo, ERIC, and several other databases. Search terms used included *resource-based*, *resource-based intervention practices*, and several combinations of *resource*, *support*, and *intervention*. The resource-based intervention practices model described earlier was used to organize the survey content.

Fifty two (52) items were identified as potential indicators of resource-based intervention practices. The *Sources of Support and Resources*, *Community Resource Mapping*, and *Community Capacity Building Scales* included 26, 11, and 15 indicators, respectively.

Each item was rated as *Absolutely Essential*, *Extremely Important*, *Generally Important*, *Somewhat Important*, or *Not at All Important* as an indicator of resource-based intervention practices. Panel members were also asked to suggest additional items, indicate which items should be deleted, and make any wording changes they felt were necessary to clarify the meaning of an item. Panel member feedback was used to modify or change item wording.

The Delphi procedure required three rounds of data collection before consensus was reached on subsets of items included on the surveys. Based on panel members' responses to each round, some items were modified, some items were combined, and additional items were added. Some items had simple grammatical changes, but many items had more substantive changes (e.g., changing phrasing from *the practitioner helped the family* to wording that suggested more of a partnership between practitioners and families, such as *the practitioner provides information to families or the practitioner supports families in procuring*). For the first two rounds, items were retained that 75% of the panel members rated as *Extremely Important* or *Absolutely Essential*. For the third and final round, an 80% criterion was required for those two ratings in order to deem consensus for each item.

RESULTS

Consensus Items

Tables 1, 2, and 3 show the items rated in the third round as either *Absolutely Essential* or *Extremely Important* as characteristics of resource-based intervention practices. The characteristics are rank-ordered by the

Table 2

Community Resource Mapping Characteristics Rated Extremely Important and Absolutely Essential by the Delphi Panel Members

Overall Rank ^a	The practitioner...	Percent of Panel Members
1	Identifies specific neighborhood and community resources from which families can choose to accomplish one or more desired outcome.	100
2	Promotes families abilities to gather information about the physical location and accessibility of both informal and formal resources that might be used to achieve their desired outcomes.	95
3	Identifies the locations of potentially desired resources that match families' interests and priorities.	90
4	Identifies new, novel, or unique community resources (e.g., using a hotel swimming pool as a location for water activity, using a local farm as a source for equestrian activity, etc.) that match families' interests and priorities.	85
5	Establishes a data base or compilation of contact information, sources, cost, and other pertinent information about community resources.	85
6	Uses a variety of sources of information (e.g., phone directories, visitor guides, key informants, libraries) to identify and gather information about community resources.	80
7	Identifies the types of community resources that are potential sources of support to address families' interests and priorities.	80
8	Identifies the availability (e.g., waiting list, eligibility criteria, etc.) of resources that match families' interests and priorities.	80
9	Identifies the accessibility (e.g., cost, physical proximity, schedule, presence or absence of architectural barriers, etc.) of resources that match families' interests and priorities.	80

^aOverall rank is based on the average rating for each item.

percentage of panel members who rated the characteristics most important. Collectively, the characteristics represent the key characteristics of resource-based intervention practices.

Sources of Support and Resources. Eleven (11) characteristics were judged by the Panel to be practice indicators of support and resources. The 11 items reflect the key role families play in selecting and utilizing resources that both address their priorities and increase their capacity to achieve desired outcomes. The items on this scale also reflect the use of a wide variety of supports and resources, including informal resources and supports. The scale also includes items that reflect the practitioners' decreased role as helpgivers as families gain the capacity to achieve their desired outcomes.

Community Resource Mapping. Nine (9) characteristics were judged by the Panel to be practice indicators of community resource mapping. The items reflect specific strategies to promote families' ability to identify and access both informal and formal community resources in their communities. Several items reflect the importance of ongoing identification and compilation of information about community resources, and several other items reflect the importance of identifying the availability and accessibility of community resources.

Community Capacity Building. Seven (7) characteristics were judged by the panel to be practice indicators of community capacity building. The items reflect practitioners' roles in facilitating development and mobilization of resources and supports in local communities. The items also reflect the importance of matching resources and supports to families' interests and priorities, and increasing community members' understanding of family support principles so that resources offered to families will match their interests and priorities.

Relationship Between Respondent Characteristics and Subscale Ratings

The relationship between panel members' background characteristics and their ratings on each of the scales was investigated by computing effect sizes and correlations between the measures (Table 4). Effect sizes ascertain the magnitude of the associations that exist between variables (Cohen, 1988; Denis, 2003) and often are more reliable indicators of these relationships than is traditional significance testing (Chow, 1996; Cohen, 1994; Denis, 2003; Oakes, 1986). Some researchers suggest that using both effect sizes and significance testing is the optimal strategy for understanding relationships between variables (e.g., Denis, 2003).

The background characteristics were gender, highest education degree attained, whether or not the respondent was a parent of an individual with developmental disabilities, and primary affiliation. Examination of the findings shown in Table 4 indicates that being employed in a resource-based program was strongly associated with higher ratings on the *Sources of Support and Resources*

Table 3

Community Capacity Building Characteristics Rated Extremely Important and Absolutely Essential by the Delphi Panel Members

Overall Rank ^a	The practitioner...	Percent of Panel Members
1	Helps community members, groups, programs, and professionals identify, create, and/or mobilize resources for children and families.	95
2	Helps community members, groups, programs, and professionals create, expand, or modify resources to match the interests and priorities of families with young children.	90
3	Helps community members, groups, programs, and professionals understand and adopt family support principles and strategies that increase the flow of resources to children and families.	90
4	Helps community members, groups, programs and professionals assure that child and family resources they provide have the potential to help families accomplish their desired outcomes.	90
5	Helps community members, groups, programs, and professionals facilitate the flow of both informal and formal resources to children and families.	85
6	Helps community members, groups, programs, and professionals recognize resources desired by families.	80
7	Helps community members, groups, programs, and professionals by providing information and advice regarding the interests and priorities of children and families.	80

^aOverall rank is based on the average rating for each item.

Scale, and moderately associated with higher ratings on the other two scales. Being the parent of a child with a disability was moderately associated with higher ratings on the *Community Capacity Building Scale* and mildly associated with the other two scales. Female respondents tended to have higher ratings on the *Sources of Support*

Table 4

Relationship Between Selected Respondent Characteristics and the Resource-Based Intervention Practices Scale Ratings

Respondent Characteristic	Resource-Based Intervention Practices Scale					
	Sources of Support and Resources		Community Resource Mapping		Community Capacity Building	
	r	ES ^a	r	ES	r	ES
Employed in a Resource-Based Program	.51*	1.12	.26	.53	.28	.59
Parent of a Child with a Disability	.16	.32	.15	.30	.27	.55
Gender (Female)	-.24	.49	.08	.10	-.01	.01
Education Level	-.20	.41	-.07	.14	-.19	.39

^aCohen's *d* effect sizes. * $p < .05$ (one-tailed test).

and Resources Scale. Respondents with higher education tended to have higher ratings on the *Sources of Support and Resources Scale*, as well as the *Community Capacity Building Scale*. Taken together, the results indicate that variation in Panel members' ratings were minimally influenced by their background characteristics.

DISCUSSION

This *CASEinPoint* included a description of the results of a Delphi study identifying those characteristics considered indicators for resource-based intervention practices. The characteristics represent an operationalization of the key components of resource-based intervention practices including sources of support and resources, community resource mapping, and community capacity building (Trivette, Dunst, & Deal, 1997). Taken together, the results indicate that both practitioners and parents of individuals with disabilities view a number of resource-based intervention practices as most important.

The findings from the study are important for several reasons. First, the findings represent a more substantive operationalization of resource-based intervention practices than was previously available. This operationalization should further knowledge that is needed for both policy development and intervention planning. Second, the findings are consistent with a current paradigm in the field of developmental disabilities that emphasizes environmental variables and contexts as key factors in both diagnosis and intervention planning for persons with disabilities (e.g., National Institute on Disability and Rehabilitation Research, 2000). Third, the findings are

consistent with sets of principles that guide early childhood intervention and family support practices, and that emphasize the importance of identifying and accessing a wide variety of informal and formal resources as a means to achieve desired outcomes (Dunst, 2002, 2004; Family Support America, 2001). Finally, the findings provide a roadmap that practitioners and family members can use to assure that interventions are planned and conducted in ways that are likely to result in families obtaining and using the resources they need in order to accomplish desired outcomes.

The results of this study can be used in two ways. First, the characteristics can be used by practitioners to reflect on and improve their interventions with individuals and families. To assist in this process, three practice checklists were developed based on the findings of the Delphi study: one for sources of support and resources, one for community resource mapping, and one for community capacity building (Mott, 2006). These checklists are designed so that practitioners can rate the extent to which their practices match each of the characteristics based on actual interactions with individuals or families.

Second, the characteristics can be used to conduct research on resource-based intervention practices. Although evidence cited earlier in this article demonstrates the benefits of resource-based intervention practices, research has not been conducted to identify which characteristics of resource-based intervention practices have the most positive consequences on individuals and families, or which characteristics are most effective in different situations with different individuals or families.

Research is also needed to determine the best strategies for training and supporting practitioners in their implementation of resource-based intervention practices. Several studies to pursue these lines of inquiry are currently underway.

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AUTHOR

Donald W. Mott, M.A., is Senior Research Associate, Family, Infant and Preschool Program and Investigator, Center for the Advanced Study of Excellence in Early Childhood and Family Support Practices, J. Iverson Riddle Developmental Center, Morganton, NC (don.mott@ncmail.net).