



## Influences of Resource-Based Intervention Practices on Parent and Child Outcomes

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### ABSTRACT

An extant database analysis was conducted to investigate the influences of resource-based intervention practices on child and parent outcomes. Resource-based intervention practices focus on use of both informal and formal sources of advice, guidance, material support, and other types of support to help individuals and families achieve desired outcomes. Twenty-nine items on a survey of parents of children receiving early childhood intervention were used as proxy measures of five major characteristics of resource-based intervention practices. Analysis showed that the reported use of resource-based intervention practices was positively associated with parent sense of control, parent satisfaction, parenting supports, parent positive well-being, and parent reports of child progress.

### INTRODUCTION

This *CASEinPoint* includes the results of a secondary analysis of the influences of resource-based intervention practices on child and parent outcomes. The purpose of the study was to determine the extent to which resource-based intervention practices were associated with variations in both child and parent functioning among families of children enrolled in early intervention programs serving preschoolers with or at-risk for developmental delays. 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 desired outcomes. In contrast to traditional service-based practices, which are inherently deficit-based, professionally-centered, and tend to foster dependency, resource-based intervention practices are asset-based, community-based, and both build upon and strengthen individual, family, and community capacity (Dunst, Trivette, & Deal, 1994; Kretzmann & McKnight, 1993; Sarason, Carroll, Maton, Cohen, & Lorentz, 1988; Trivette, Dunst & Deal, 1997)

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, materials, opportunities, and so forth—that are used to achieve outcomes desired by an individual, family, or group. In contrast, *services* are op-

rationally defined as specific or particular activities employed by a professional or agency to treat an individual, family, or group for a problem or identified condition (e.g., occupational therapy or special instruction).

Although resource-based intervention practices are broadly applicable to a range of situations (e.g., Kretzmann & McKnight, 1993; Sarason et al., 1988; Trivette et al., 1997; Weissbourd, 1994), the focus of this *CASEinPoint* is the use of resource-based intervention practices in early childhood intervention programs. The approach to resource-based intervention practices constituting the focus of this study is the model described by Dunst and Trivette and their colleagues (Dunst et al., 1994; Trivette et al., 1997). Resource-based intervention practices are one component of an integrated approach to early childhood intervention and family support that aims to support and strengthen child, parent, and family functioning (Dunst, 2000, 2004).

Dunst, Trivette and their colleagues identified five major components of resource-based intervention practices: asset-based practices, a synergistic paradigm, community-centered practices, use of both informal and formal resources, and inside-out solutions (Dunst et al., 1994; Trivette et al., 1997). Brief descriptions of each component are included next. The reader is referred to Mott (2005a, 2005b) for a more detailed description of the conceptual and empirical foundations of resource-based intervention practices, and to Mott (2005a) for sources of information related to resource-based intervention practices.

*Asset-*, or strengths-based practices, build on existing family member capabilities and promote acquisition of new abilities (Curran, 1983; Dunst, Trivette, & Mott, 1994; Kretzmann & McKnight, 1993; McKnight, 1987; Otto, 1962, 1975). A *synergistic paradigm* focuses on the inherent ability of individuals, families, and communities to use their own resources to accomplish desired outcomes in ways that are empowering and are likely to be sustained (Dunst, Trivette, & Deal, 1988; Hobbs et al., 1984; Katz, 1984; Rappaport, Swift & Hess, 1984). The *use of informal and formal resources* emphasizes the importance of informal resources as crucial to the successful achievement of desired outcomes for individuals, families, and communities (Bronfenbrenner, 1979; Cochran & Woolever, 1983; Gourash, 1978; Hobbs et al., 1984; Kretzmann, McKnight, & Puntunney, 1998; McKnight, 1980, 1987; McKnight & Kretzmann, 1990). *Community-centered practices* are physically located in local communities, build on the resources and supports that exist in local communities, and define solutions primarily in terms of community resources (Dunst, 2000; Kretzmann & McKnight, 1993; McKnight, 1987; Sara-

son & Lorentz, 1979; Turner, McKnight & Kretzman, 1999) *Inside-out solutions* focus on both the priorities and concerns of individuals, families, and communities and agendas and outcomes that are consumer-driven; and respect the customs, values, and mores of local communities and groups (Dunst & Trivette, 1988; Sarason et al., 1988; Sarason & Lorentz, 1979; Swift, 1984; Wu, 2002). The extent to which the use of early childhood intervention practices consistent with each of these features was related to differences in child and parent behavior was the focus of investigation described in this paper.

## METHOD

### *Participants*

Participants were 811 parents of children enrolled in early childhood intervention programs in Pennsylvania (Dunst, Brookfield, & Epstein, 1998). The majority of the respondents were the mothers of the children receiving early childhood intervention (86%). Participants had a mean age of 33 years ( $SD = 7.68$ ), completed an average of 13 years ( $SD = 2.30$ ) of formal schooling, and had, on average, middle socio-economic backgrounds, based on Hollingshead SES scores (Mean = 34.80,  $SD = 14.97$ ). At the time the study was completed, participants' children had a mean age of 38 months ( $SD = 15.96$ ). The children had developmental delays, diagnosed medical conditions that placed them at risk for development delays, or they were at-risk for developmental delays due to environmental factors.

### *Procedure*

The survey included questions about child and family background characteristics; services received and provided (types, frequency, duration, and location); child's primary diagnosis; family-oriented program practices; family support principles; child progress; practitioner helpgiving; practitioner interventions; and parent satisfaction, efficacy beliefs, and well-being. Twenty-nine (29) items were used to measure the five resource-based intervention practices characteristics described above. A series of principal components factor analyses were conducted to confirm that the items used to assess each component measured unidimensional constructs. In those cases where unidimensional solutions were not obtained, item analysis was used to eliminate indicators in order to obtain internally consistent proxy measures for each of the five components of resource-based intervention practices. Sample items from each of the five groups of items are included in Appendix A.

A similar process was used to construct the dependent variables. Thirty-four (34) survey items were

selected to measure five different child and parent outcomes (parent sense of control, parent satisfaction with early intervention, parenting supports, parent positive and negative well-being, and child progress). Factor and item analyses of multiple item measures were used to produce unidimensional constructs. Appendix B includes samples of items used as outcome measures. Summated scores for both the independent and dependent measures were used in the analyses described next.

*Data Analysis*

A two step data reduction and analysis strategy was used to construct a resource-based intervention practices measure and relate variations in the use of those practices to variations in the study outcomes. First, K-means clustering of the resource-based intervention practices measures (asset-based, synergistic paradigm, use of informal and formal resources, community-centered practices, and inside-out solutions) was used to partition the sample into different levels-of-use of the practices. This procedure divides a population into segments or groups, maximizing between-group variation and minimizing within-group variation. A three group solution was used to divide the sample into low, medium, and high use of resource-based intervention practices.

Second, a series of 3 Between Resource-Based Groups (Low, Medium, High) ANOVAs were performed to determine the influences of resource-based intervention practices on the child and parent outcomes constituting the focus of analysis. Socio-economic status (SES) and family income were used as covariates in each analysis inasmuch as preliminary analyses showed that lower income and lower SES background families reported more use of resource-based intervention practices. Each analysis also included a test for linear trends between the levels of resource-based intervention practices and the outcome measure scores. Cohen's *d* effect sizes for the linear trends were computed to ascertain the size of effect of resource-based intervention practices on the outcomes constituting the focus of analysis.

RESULTS

The K-means clustering resulted in three distinct groups, representing parents who reported low, medium, and high levels of each of the five resource-based intervention practices characteristics. The F-tests of the differences between means for the three resource-based intervention practices groups were significant for each of the five resource-based characteristics (Table 1). Examination of the mean scores and standard deviations of each practice characteristic in Table 1 indicates that K-means clustering produced essentially non-overlapping group assignments.

The 3 Between Resource-Based Intervention Practices Groups ANOVA produced significant between group differences and significant linear trends in five out of the six analyses. In each case, better outcomes were found among the parents who reported greater use of resource-based intervention practices. The linear trend analyses showed that there were incremental increases in the dependent measures associated with the low, medium, and high resource-based practices groups, where Cohen's *d* effect sizes for the linear trends were one third of a standard deviation or larger for all of the outcomes except the two well-being measures.

DISCUSSION

This *CASEinPoint* included findings from a study examining the relationship between the use of resource-based intervention practices and child and parent outcomes among families in participating early childhood intervention programs. The extent to which families experienced five characteristics of resource-based intervention practices (asset-based practices, a synergistic paradigm, community-centered practices, use of both informal and formal resources, and inside-out solutions) was determined by using items from an extant database as proxy measures. Findings showed that the outcomes constituting the focus of investigation (with the excep-

Table 1

*Means and Standard Deviations for the Low, Medium, and High Resource-Based Practices Groups*

Practice Characteristic	Resource-Based Practices Groups						F-test
	Low		Medium		High		
	Mean	SD	Mean	SD	Mean	SD	
Asset-Based (7) <sup>a</sup>	22.51	4.94	29.10	3.08	33.74	2.72	533.26*
Synergistic Paradigm (4)	12.62	3.41	18.08	3.07	22.60	2.67	575.00*
Informal/Formal Supports (3)	7.61	2.53	9.64	1.66	12.37	1.80	346.19*
Community-Centered Practices (3)	9.16	2.72	13.98	2.34	17.12	1.90	627.82*
Inside-Out Solutions (12)	41.84	10.38	57.64	7.06	68.86	6.62	637.04*

<sup>a</sup>Number of practice items. \* p<.0001

Table 2

*Means and Standard Deviations on the Outcome Measures for Three Resource-Based Practices Groups*

Outcome Measures	Resource-Based Practices Groups						Between Groups F-test	Linear Trend	Cohen's <i>d</i> Effect Size (LinearTrend)
	Low		Medium		High				
	Mean	SD	Mean	SD	Mean	SD			
Parent Sense of Control (1) <sup>a</sup>	5.74	2.47	7.74	1.93	8.96	1.46	136.22****	278.24****	0.58
Parent Satisfaction (1)	3.46	1.16	4.47	0.70	4.79	0.44	157.44****	320.00****	0.62
Parenting Supports (5)	14.82	3.99	18.49	3.83	21.35	3.25	152.34****	328.22****	0.61
Parent Positive Well-Being (9)	22.34	5.96	22.47	5.30	24.07	5.84	7.27***	6.45*	0.13
Parent Negative Well-Being (9)	17.32	5.04	17.40	5.41	16.66	5.43	1.65	0.09	0.06
Child Progress (5)	20.45	5.77	23.91	5.37	26.27	5.61	55.87****	124.11****	0.37

<sup>a</sup>Number of outcome items for each measure. \*  $p < .05$ . \*\*\*  $p < .001$ . \*\*\*\*  $p < .0001$ .

tion of parent negative well-being) were associated with different levels of resource-based intervention practices in a manner consistent with the expectations. More specifically, parents who reported greater use of resource-based intervention practices by early childhood intervention program practitioners also reported greater satisfaction with the practitioners and their programs, a greater sense of personal control over the help and assistance from the practitioners, more useful advice and assistance in terms of parenting supports, and better child progress as a function of program participation. Taken together, the findings indicate the influences of resource-based intervention practices were related to outcomes involving parent appraisals of benefits associated with the early childhood intervention programs in an expected manner. The findings are consistent with results from previous studies showing that different characteristics of resource-based intervention practices are related to positive outcomes for children and parents (e.g., Mott, 2005a; Raab, 1994; Trivette et al., 1997). However, this is the first study of which we are aware that has examined all five of the characteristics in the same group of families.

The use of resource-based intervention practices is consistent with family-centered principles that are nearly universally accepted as the standard for early intervention practices (Bruder, 2004; Dunst, 2000; Weissbourd, 1994). Use of resource-based intervention practices in early intervention is also consistent with the "new paradigm" of developmental disabilities adopted by the National Institute on Disability and Rehabilitation Research (NIDRR), which emphasizes the importance of informal family and community supports and resources necessary to promote participation in family and community life for individuals with disabilities (National Institute on Disability and Rehabilitation Re-

search, 2000). Further studies are planned to examine the extent to which early intervention practitioners understand and utilize resource-based intervention practices in their work with children and families; the degree to which each of the five resource-based intervention practices characteristics is differentially related to positive child and parent outcomes; the specific intervention strategies that are or are not consistent with each of the characteristics; strategies to promote implementation of resource-based intervention practices with other populations of children and families (e.g., Early Head Start or Head Start programs); and strategies to train practitioners in the use of resource-based intervention practices. Findings from these studies and initiatives should prove useful for understanding the program and practitioner factors associated with the adoption and use of resource-based intervention practices.

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## Appendix A

*Examples of Resource-Based Intervention Practices Characteristic Items*

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*Asset-Based* ( $\alpha = .79$ )

- Interventions build on family's strength rather than correct weakness
- Interventions use partnerships between parents and professionals, rather than traditional client-professional relationships
- Resource/support mobilization interactions are based on sharing of information
- Interventions focus on promoting healthy family functioning rather than prevention of dysfunction

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*Synergistic Paradigm* ( $\alpha = .65$ )

- Family and professionals are equally responsible for mobilizing resources
- Family participates in parent-training program as part of involvement
- Practices emphasize transfer of knowledge and skills from professionals to family
- Resources are provided in ways that encourage healthy relationships in family

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*Use of Informal and Formal Supports* ( $\alpha = .60$ )

- Resource and support mobilization for families of infants and toddlers with special needs occurs in same ways as those for all families in community
- Interventions focus on building informal support networks, rather than developing new professional service systems
- Interventions minimize professional intrusion upon family

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*Community-Centered* ( $\alpha = .69$ )

- Intervention practices promote beneficial exchanges between family and other community members
- Practices teach family how to establish linkages
- Interventions focus on integration of family/child into mainstream

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*Inside-Out Solutions* ( $\alpha = .86$ )

- Family's involvement in implementing IFSP is determined by family's interests
  - Family determines when and how they receive services
  - Family determines which areas of child functioning and family concerns are focus of assessment practices
  - Resources are made available to family in ways that are flexible, individualized and responsive to family's needs
  - Interventions are needs-based not professionally prescribed
-

## Appendix B

*Examples of Child and Parent Outcome Measure Items*

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*Parent Sense of Control*

- Please rate your sense of control over the help you receive from the early intervention program staff working with your child and family.
- 

*Parent Satisfaction*

- How pleased are you with the services you and your family receive from the early intervention program?
- 

*Parenting Support ( $\alpha = 0.82$ )*

- How much help has staff provided in teaching you how to work with your child?  
How much help has staff provided in providing information about your child's development?
  - How much help has staff provided in improving your child's ability to do things for him/her self?
- 

*Parent Positive Well-Being ( $\alpha = 0.85$ )*

- I have felt on top of the world.
  - I have felt relaxed and calm.
  - I have felt content with just the way things are.
  - I have felt pleased about accomplishing something.
- 

*Parent Negative Well-Being ( $\alpha = 0.82$ )*

- I have felt uneasy about something without knowing why.
  - I have felt depressed or very unhappy.
  - I have felt very lonely or remote from other people.
  - I have felt angry at something that usually would not bother me.
- 

*Child Progress ( $\alpha = 0.82$ )*

- My child has made more/less progress in communication skills.
  - My child has made more/less progress in gross motor skills.
  - My child has made more/less progress in self-help skills.
  - My child has made more/less progress in playing with toys.
-