



Family Resource Programs, Promotion Models, and Enhancement Outcomes

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Abstract

A framework for developing promotion and enhancement indicators for measuring the benefits of participation in family resource programs is described. The framework differentiates between prevention and promotion models and proposes the use of five different kinds of promotion outcomes for measuring the benefits of family resource program practices.

Introduction

More than a decade ago we noted a contradiction in the aims of family resource programs and the paradigms and models used to achieve the desired outcomes of these programs (Dunst, Trivette, & Thompson, 1990). The contradiction had to do with the fact that family resource programs aim to support and strengthen family functioning, but that efforts directed at affecting changes in family functioning were predominately oriented toward eliminating or deterring poor functioning. During the 1980s and the first half of the 1990s, family resource program enthusiasts asserted that these kinds of human service programs and initiatives differed from deficit-reduction or crisis-oriented programs to a large degree by their use of prevention rather than treatment models. Critical examination of the defining characteristics of prevention models and the goals of supporting and strengthening family functioning led us, as well as others (e.g., Weissbourd, 1994), to point out an inconsistency in the methods and desired outcomes of family resource programs. Whereas the primary goals of family resource programs are to support and strengthen family functioning (Dunst, 1995), the goals of prevention programs are to reduce or eliminate the onset of problems or poor functioning (Commission on Chronic Illness, 1957; Cowen, 1980).

Prevention vs. Promotion Models

The contradiction in the goals and methods of family resource programs can, in part, be attributed to a particular perspective of health and functioning that has dominated thinking in the health and human services fields in the United States for more than 50 years. Western thought and practice about health and human functioning is based on the assumption that the absence of problems (negative behavioral functioning, poor health, stress, etc.) may be taken as evidence for the presence of healthy and positive function-

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ing (Seeman, 1989). This assumption derives from yet another premise that presumes healthy functioning is a continuous variable, with disease at one end of the continuum and healthy functioning at the other end (see Antonovsky, 1981).

In contrast to the Western view of health, the World Health Organization (World Health Organization, 1964) defined health as the “state of complete physical, mental, and social well-being and *not merely the absence of disease or infirmity*” (p. 1, emphasis added) which does not assume a continuum of poor to healthy functioning. Rather, WHO considers disease and healthy functioning to be distinct, independent states of health. Corroborating evidence in the medical, psychological, and child development literatures indicates that the absence of negative functioning or problems is not a sufficient condition for making claims about the presence of healthy and positive functioning (see e.g., Bond, 1982; Cowen, 1994, 1997; Dunst et al., 1990; Hoke, 1968; Rappaport, 1981; Seeman, 1989; Surgeon General, 1979).

The fact that positive and negative aspects of functioning may be much more independent than has generally been thought to be the case, suggests that prevention of poor outcomes is not the same as promotion of healthy functioning. Elsewhere we describe in detail the operational characteristics of prevention and promotion models (as well as treatment models) (Dunst, 1995; Dunst et al., 1990). Similar comparisons can be found in Bond (1982), Cowen (1985), Danish and D’Augelli (1980), Hoke (1968), Seeman (1989), and Stanley and Maddux (1986).

Table 1 shows selected characteristics of prevention and promotion models. *Prevention* is defined as the deterrence or hindrance of a problem, disorder, or disease where steps are taken prior to the onset of negative functioning to reduce the incidence or prevalence of poor outcomes. In contrast, *promotion* is defined as the enhancement and optimization of positive functioning, where efforts are directed at the competency-enhancing qualities and consequences of experiences and opportunities supporting and strengthening functioning. The latter is much more consistent with the aims of family resource programs and is the basis of our arguments that promotion rather than prevention models ought to be the approach-of-choice in developing, implementing, and evaluating family resource programs (Dunst, 1995; Dunst et al., 1990). Whether prevention and promotion models are incompatible (Kretzmann & McKnight, 1993) or complementary (Cowen, 1994, 1997) strategies for improving functioning is still being debated.

Promotion and Enhancement Indicators

Inasmuch as the aims of family resource programs and promotion models are conceptually kindred, measuring the benefits, outcomes, and successes of family resource programs would be best achieved using indicators reflecting primarily *positive aspects of functioning*. A few years after we attempted to forge a congruence between the aims and approaches of family resource programs (Dunst et al., 1990), we proposed a framework for identifying outcome indicators that could be used to gauge whether social action initiatives promoted and enhanced positive functioning (Dunst & Trivette, 1992; Trivette & Dunst, 2001). The framework we proposed included a combination of information routinely collected by federal and state agencies (e.g., high school completion rates) and information that might be collected using any number of family functioning (e.g., family well-being) measurement scales and instruments. We also pointed out the need for context specific measures that might be obtained using program-specific behavior checklists or rating scales that assess aspects of functioning that uniquely define the goals and objectives of a particular family resource program (e.g., improved quality of life).

Based on the above framework, and research and practice by ourselves and others (see especially Cowen, 1994; Seeman, 1989), a revised framework for conceptualizing promotion and enhancement indicators is now suggested by advances in our understanding of the key features of *optimization indices* and how we might use these indices for judging the effectiveness of family resource programs. There are at least five types or categories of indicators that hold promise for identifying promotional indicators and for judging whether family resource programs have contributed to positive effects in terms of child, parent, family, and community functioning (see Table 2). In our view, family resource program practices are one of any number of environmental factors contributing to variations in human functioning (Bronfenbrenner, 1992, 1999; Dunst, 1995). The five categories of indicators are briefly described next.

Routinely collected statistics provide a readily available source of information about the status of physical, intellectual, social, and economic well-being.

This information would be most useful as promotion and enhancement indicators when stated as positive rather than negative outcomes (e.g., high school completion rates, num-

Table 1
Contrasting Models of Human Services Interventions

Model	Definition	Process → Outcome Relationship
Prevention	Deter, hinder, or forestall the occurrence of problems or negative functioning	Protection → Avoid Problems
Promotion	Enhance and optimize positive growth and functioning	Mastery → Enhance Capacity

Table 2
Framework for Categorizing Different Types of Promotional Measures

Type of Information	Possible Source	Example
Routinely collected federal and state statistics	Statistical abstracts of the United States, Kids Count Data Book, state data guides	High school graduation rates, economic well-being status
Asset and capacity-based methods and strategies	Community asset mapping, capacity inventories, asset checklists	Family asset survey, community asset mapping
Traditional family functioning scales and instruments	Psychometrically sound measures of family constructs	Family Hardiness Index, Family Routines Inventory
Program-developed and program-specific rating scales	Holistic and embedded case studies (Yin, 2002) results mapping (Kibel, 1996, 1999)	Parenting competence, family quality of life
Community profiles of multiple enhancement indicators	GIS mapping (Maptitude, Arc-View, etc.), K-means clustering of cases (Dixon, 1992)	Composite measure of high school graduation + employment + economic well-being

ber of families at or above specified levels of income, percentage of young children having immunizations up-to-date, percentage of persons seeking employment who become employed, percentage of pregnant women receiving prenatal care, numbers of children with health insurance). Pilot work we have conducted at the county and neighborhood levels in several states indicates that a variety of measures could be easily used for monitoring changes in well-being using these databases (Dunst & Trivette, 1992).

Asset-based and capacity-building instruments seem especially useful for measuring the richness of community members' strengths, capabilities, and competence.

Both asset-based and capacity-building measures hold promise for assessing the strengths and capabilities of people and communities (Dunst, 1998; Kretzmann, McKnight, & Sheehan, 1997). These measures could also monitor changes in the personal or collective assets and capacities resulting from opportunities afforded by family resource as well as other kinds of community-based programs. Assets and capacities include, but are not limited to, people's talents or competencies, community activities, collective action, etc. (see e.g., Dunst, 2001). These kinds of promotion and enhancement measures seem especially suited for mapping family and community member capabilities strengthened or learned as a result of participation in family resource programs.

Family functioning scales assessing different domains of family capabilities (well-being, social supports, quality of life, strengths and competence, stability, etc.) provide a basis for measuring changes in individual and family behavior and development.

More traditional measurement scales assessing different aspects of family functioning have the advantage of being both generally accepted and psychometrically sound. Not all scales, however, would be appropriate as promotion and enhancement indicators. For instance, instruments

measuring individual and family stress, dysfunction, marital problems, etc. would not be candidates for measuring the positive consequences of family resource programs. Promotion and enhancement-focused scales would be ones that include predominately positive indicators of different aspects of functioning (see Dunst & Trivette, 1992; Dunst et al., 1990). As noted by Rappaport (1992), "in studies of health (functioning), when high scores on indicators of wellness may indicate health, low scores do not necessarily indicate illness" (p. 53).

Program-developed and program-specific rating scales (self-report or investigator administered) provide a way of establishing whether efforts directed at influencing positive changes in family functioning have occurred as a result of participating in family resource programs.

As part of evaluations of family resource programs that we conducted (Dunst, Trivette, Starnes, Hamby, & Gordon, 1993; Patterson, Trivette, Gordon, & Jodry, 1998), we ascertained the areas of functioning that program staff expected to have positive effects. Program participants were then asked to judge whether their lives and the lives of their family and its members got better, worse, or remained about the same as a result of participating in the family resource programs (see also Dunst & Trivette, 2001a, 2001b). Asking the same question for domains of functioning unrelated to predicted effects provided a basis for making intraindividual comparisons (i.e., differences in ratings for expected vs. non-expected domains of functioning) for establishing whether a program produced desired and expected changes in functioning (Yin, 2002).

Composite profiles of multiple positive indicators for a geographic area served by a family resource program holds promise as an approach for ascertaining community strengths and for conducting intra-area and inter-area comparisons.

Profiles of high school graduation rates, employment, fi-

nancial resources, etc. would provide a basis for identifying communities or neighborhoods that are strong on all profile indices, strong on some but not others, poor on all indicators, etc. Geographic information systems (GIS) (Garson & Biggs, 1992) methods, for example, constitute tools for conducting these kinds of analyses (see also Dixon, 1992) and for isolating effects to the specific geographic areas served by a family resource program. This provides an innovative and promising way of assessing whether there are multiple positive benefits for family resource programs having a broad-based orientation vs. those that target only one or two areas of functioning.

Conclusion

Measuring child, parent, family, and community functioning reflecting increased capacity requires different lenses for conceptualizing, defining, operationalizing, and measuring promotion and enhancement indicators. Measuring the successes of family resource programs, with an emphasis on strengths-based and promotion indicators, reflects a departure from how outcome-based accountability and evaluation would be conducted. The model and framework we described in this report constitutes one way of framing promotion-based accountability for determining program success. A caution, however, is warranted. An emphasis on outcomes alone without an understanding and appreciation of the fact that different processes are likely to produce different outcomes would be a serious omission (Bronfenbrenner, 1992; Dunst, 1999; Dunst & Trivette, 2005). Advances in our knowledge about the process-outcome relationship necessitates that we have measures for both the independent and dependent variable sides of the equation (Dunst, Trivette, & Cutspec, 2002). Therefore, we should remain aware of and focused on measuring *what we do* and *how we do it* and the effects of both on family functioning so that we are able to advance knowledge about effective and ineffective family resource program practices.

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