

The Strengths-Based Practices Inventory: A Tool for Measuring Strengths-Based Service Delivery in Early Childhood and Family Support Programs

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ABSTRACT

Understanding the outcomes of strengths-based programs requires a better understanding of the extent to which programs actually provide services that are consistent with this model. To this end, we have developed the Strengths-Based Practices Inventory (SBPI). Data collected from two studies of parents participating in either an early childhood prevention program or family support program indicated that the SBPI has 4 related factors: (a) identification and use of strengths, (b) cultural competency, (c) interpersonal sensitivity and knowledge, and (d) relationship-supportive behavior. The SBPI is sensitive to differences between programs in the extent of strengths-based practice and is related to some expected outcomes, including family empowerment and social support.

The past decade has seen an increasing number of social service programs that have adopted a strengths-based approach to delivering services to families, sometimes referred to as a family support perspective (Kagan & Shelley, 1987). A diverse array of providers, including child welfare (Saleebey, 2002), early intervention (Dunst, Trivette, & Deal, 1994), mental health (Knitzer, 1996), early childhood education (Kagan & Shelley, 1987), substance abuse prevention (Leffert et al., 1998), and even juvenile justice (Bazemore & Terry, 1997) have adopted a philosophy of practice that builds on family members' competencies, supports families to make decisions for themselves, and focuses on enhancing the strengths of families, including cultural strengths, rather than fixing deficits. Services delivered in a manner consistent with this philosophy are thought to be more effective and empowering to

families and lead to better long-term outcomes. However, although many programs have adopted a strengths-based philosophy, it is unclear to what extent service practices actually reflect this new approach.

Very little information currently exists about the extent to which services are actually delivered in ways consistent with the strengths-based model (McBride & Peterson, 1996). Such information is critical to understanding whether this popular approach does, in fact, lead to positive outcomes for youth and families. By measuring the extent to which a strengths-based program provides services that are consistent with this philosophical approach, one can begin to understand the fidelity of the treatment model. Guralnick (1997) referred to this as *second-generation research*, that is, research that goes beyond simply understanding that a program worked or did not work to understanding why services

were (or were not) effective. Typically, studies of program implementation or fidelity focus on understanding issues such as service intensity (how many services were provided or how long parents remained in a program). The present study focused on a somewhat different approach to measuring implementation, providing a way to measure parents' experience of the service process and determining whether that experience is consistent with the underlying value system of a program—how services are provided rather than how much. Both are likely to be important to understanding why services programs are (or are not) effective.

This present article presents a tool that has been developed in an effort to assess the extent to which services provided in an early childhood program reflect a strengths-based model, based on parents' report of their service experiences. The tool was designed to be a short, easy-to-administer measure that could be used by programs or program evaluators to assess client perceptions of service delivery. The tool was developed within the context of an early childhood education and family support program; therefore, service recipients are referred to as *parents* throughout. Thus, the specific strengths-based service elements and outcomes of the programs discussed here may not be as relevant to services provided in other contexts.

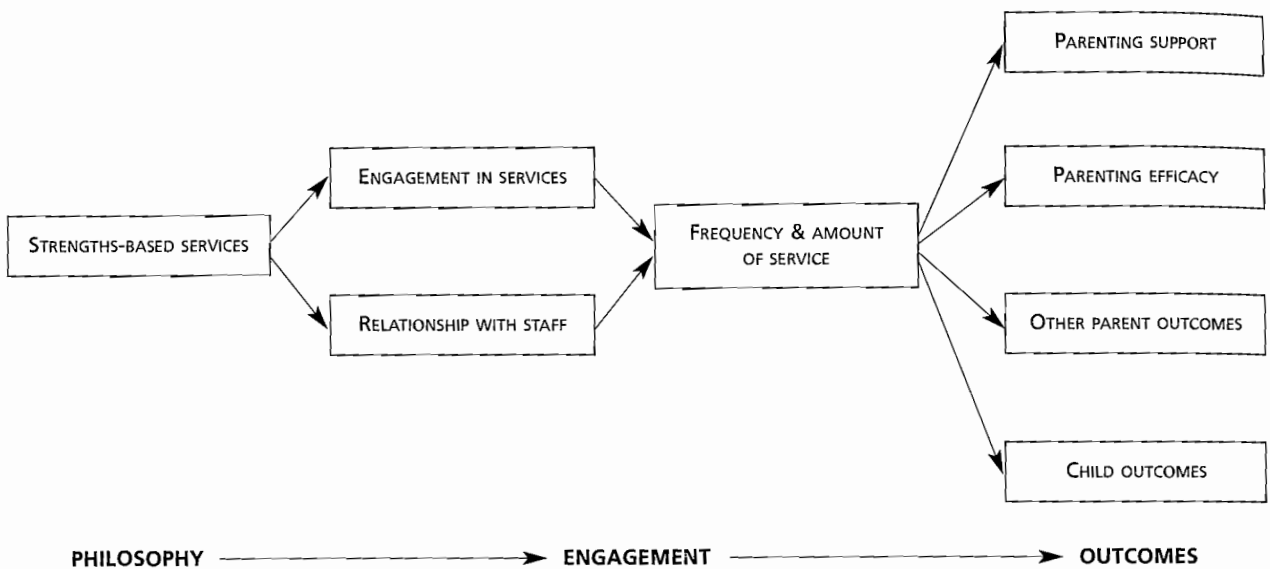
A strengths-based practice model, especially in the context of early childhood and family support programs, is characterized by a number of related attributes. Although no single, cohesive definition of strengths-based practice could be located, a review of the literature suggests that a strengths-based approach to family services would include most, if not all, of the following 10 practices: (a) an empowering orientation; that is, that services are provided in ways that build on family members' strengths and empower them to do things for themselves; (b) cultural competence, including understanding and valuing a family's culture as a source of strength; (c) a relationship-based approach that works to develop a supportive relationship between program staff and family members and that (d) strengthens families by improving relationships within and across families; (e) active partnering between family members and program staff; (f) a community orientation, including sensitivity to community history and issues; (g) knowledge of community-based providers; (h) a family-centered approach that includes the entire family rather than focusing on a specific individual; (i) a goal-orientation that helps families not only with immediate crises but also with identifying and realizing long-term goals; and (j) individualization of services to address specific family needs (Dunst et al., 1994; Herman, Marcenko, & Hazel, 1996; Kagan & Shelley, 1987; Koren, DeChillo, & Friesen, 1992). In the present study, these 10 concepts formed the conceptual framework for initial item development. Although other measures of help-giving practices exist (e.g., Barnard, 1998; Dunst, Trivette, & Hamby, 1996; Horvath & Greenberg, 1989), none measures these specific constructs thought to be central to a strengths-based practice model.

Validation of a measure of strengths-based practices requires an understanding of the conceptual underpinnings and content of these practices (outlined above) as well as a framework for mapping out the important outcomes of this approach. That is, to assess the importance of measuring strengths-based practices, one must delineate and then measure the purported benefits of this service approach. A review of the literature suggests at least three important pathways of influence through which strengths-based practices may have their benefits, especially in the context of early childhood and family support programs: (a) by influencing the extent of participants' engagement in program services (Green, Johnson, & Rodgers, 1999), (b) by increasing family efficacy and empowerment (Brickman et al., 1982; Dunst et al., 1994), and (c) by enhancing families' relationship-building capacity and social support networks (Dunst & Trivette, 1990). These pathways were also emphasized in the present study during a series of preliminary focus groups held with parents involved with a strengths-based family support program (see McAllister, Green, Terry, Herman, & Mulvey, 2003, for a more complete discussion). These focus groups were conducted to help the researchers gain a better understanding, from the perspective of parents, of why this strengths-based approach was effective. We asked participants (all of whom had been involved with the program for more than 3 years) to respond to the question, "What makes [program name] work? Why do you think the program is effective?" Responses underscored the importance of these three pathways: (a) making parents feel motivated to engage and participate in program services, (b) working with parents so that parents feel competent and empowered, (c) and building relationships with parents and encouraging them to develop strong relationships with others in their community. A conceptual model delineating these relationships is presented in Figure 1.

First, as shown in Figure 1, strengths-based practices are likely to influence the extent to which parents actively engage in program services (Green et al., 1999). To the degree that parents feel respected, valued, and treated as if they are knowledgeable and capable, they may also be more likely to actively partner with program staff to work toward their goals (DeChillo, Koren, & Schultz, 1994). Engagement in program services, which includes both amount of participation and extent of psychological engagement or "buy in" to program activities, is a critical first step toward positive family outcomes (Korfmacher, Kitzman, & Olds, 1998). Conversely, low levels of participation and high rates of program drop out are problems that plague voluntary human service programs (Korfmacher et al., 1998).

Second, a strengths-based model is designed to help empower participants by ensuring services are delivered in ways that enhance participants' existing skills and sense of efficacy (Dunst et al., 1994). This is one of the key features of strengths-based practice. Thus, service providers following a strengths-based practice model should not do things for families but rather help families to acquire the knowl-

FIGURE 1. Conceptual model of the effects of strength-based services.



edge, skills, and self-confidence to do things for themselves. Providing services in ways that maximize participants' opportunities to build skills, have success experiences, and increase their sense of competency is likely to be more effective because it increases the individual's capacity for future problem solving (Brickman et al., 1982). When services are delivered in this way, parents are able to establish a set of competencies that go beyond whatever specific goals or issues are being addressed, which helps them to address other issues as they arise. Thus, family empowerment is a key outcome for strengths-based practices, as well as a mechanism through which families can accomplish other goals and objectives, such as increased educational attainment, parenting skills, or employment.

Third, strengths-based practices are based in a relationship-focused approach that hypothesizes that the process of building a positive relationship between the service provider and the service recipient forms the foundation for positive change in the individual (Horvath & Symonds, 1991). By establishing a strong working partnership, a model is provided to the parent of how to work with others to get their needs met in a way that fosters independence and empowerment on the part of the parent rather than fostering dependence. Strengths-based services also focus on helping parents develop positive relationships within their own families and with other families (Bailey et al., 1988; Herman et al., 1996). There is an emphasis on helping families to draw on their own social support resources as a means of coping with problems and working toward goals. Thus, a strengths-based approach helps to enhance the individual's capacity to form healthy relationships and to foster social support networks, which are seen as stepping stones toward other kinds of positive program outcomes, such as positive parenting, decreased stress and

depression, and improved health (Barrera, 1986).

In the present work, we used this conceptual model as a framework for validation of the strengths assessment. In the first of two studies here, survey items were developed and tested and item reduction analyses were conducted to develop a brief, psychometrically sound measure of strengths-based practice, the Strengths-Based Practices Inventory (SBPI). In the second study, we present data designed to assess whether strengths-based practices, as measured by the SBPI, have the hypothesized relationships to program engagement, efficacy, social support, and key program outcomes.

STUDY 1

Method

Item Development

Items for the SBPI were developed by a team of researchers and program staff. Researchers included the current study principal investigators, one of whom is an ethnographer who had been documenting program implementation and service delivery within a strengths-based family support program for 4 years using participant observation and case study methodologies. Program staff included both program managers and direct service staff who were well-trained in a strengths-based service approach. Over the course of several meetings, the team developed and refined a list of items that reflected each of the following 10 different principles of strengths-based practice: an empowering approach, cultural competence, relationships within families, relationships with other families, partnership with staff, community orientation, knowledge of community providers, family centered, goal oriented, and individualized. The team generated five items for each principle, so that there would be a sufficient

number of items for adequate reliability of each subscale. As a result, there were 10 initial subscales and 50 total items. To increase the sensitivity of the scale, all items were rated on a 7-point scale, ranging from 1 (*strongly disagree*) to 7 (*strongly agree*).

Sample

A total of 275 parents completed the SBPI measure as part of a structured face-to-face interview conducted with parents enrolled in three Early Head Start Programs. Trained data collectors working with an external program evaluation team conducted all the interviews. Parents were assured that their responses were confidential and would not be shared with program staff. At one site, interviews were conducted upon entering the program. Participants were asked whether they had been "involved with any social service providers or agencies, such as a family center, Healthy Start, Head Start, child welfare, or other family service" in the past 6 months. Participants completed the SBPI for the provider with whom they had had the most contact. At the other two sites, interviews were conducted at either the child's 14-month birthday or 15 months after program enrollment, and respondents answered the SBPI on the basis of their experience with the Early Head Start program.

Of the respondents, 99% were female, 70% were African American, and 26% were Caucasian; 68% of respondents were single and 10% were married. All met enrollment requirements for Early Head Start; thus, they were at or below Federal Poverty guidelines and either had at least one child under the age of 1 year or were currently pregnant.

Item Reduction

Items that were reported by respondents as being confusing, difficult, or vague were dropped from the instrument. Subscales were then computed on the basis of the originally hypothesized factor structure using the 10 principles of strengths-based practice. Correlations were computed among these subscales. The results of the correlations were used to determine if particular constructs should be combined on the basis of high intercorrelations ($r = .80$ and above). Perhaps not surprisingly, on the basis of the extent of conceptual overlap between several of the hypothesized subscales, these analyses resulted in a reduction from 10 to 7 subscales. Reliability analyses were then conducted on these subscales, and items that did not fit well were dropped or combined with other factors.

Results

Confirmatory Factor Analysis

Following initial item reduction, 35 of the original 50 items were retained. Confirmatory factor analysis was then used to determine the fit of the seven remaining subscales to the theorized constructs. First, each subscale was mod-

TABLE 1. Correlations Between Factors

SUBSCALE	CULTURALLY COMPETENT	STAFF SENSITIVITY- KNOWLEDGE	RELATIONSHIP- SUPPORTIVE
1. Empowerment Approach	.59	.82	.79
2. Culturally Competent		.54	.72
3. Staff Sensitivity- Knowledge			.74

eled independently, and items were dropped that failed to load well on the corresponding factor (loadings less than .50). Next, a series of models were tested to determine the appropriate factor structure. Items that cross-loaded (loadings greater than .50 on a different factor) in the multiple factor models were dropped to improve the independence of the factors. In several cases, subscales were combined because of strong cross loadings. Factor 1, Empowerment Approach, was most strongly related to items on other subscales (specifically, goals orientation, family-centered approach, and individualization). Although this process reduced the number of items and subscales in the final model, it strengthened the notion that the items in the final model clearly represent the factors themselves. The final model consisted of 16 items that loaded on four distinct, although correlated, factors (see Table 2).

Comparisons were made between the four-factor solution and simpler (one-, two-, and three-factor) models using chi-square difference tests. All comparisons resulted in a significantly better fit using the four-factor solution (all $ps < .05$). The final model had a good, although not excellent, fit to the data, with a robust comparative fit index of .894. Robust solution methods were used because of the high positive skewness present in many of the items. Correlations between the subscales are shown in Table 1.

Subscales, items, and their factor loadings are presented in Table 2. Finally, internal consistency (alpha) was calculated for each subscale. These alphas were as follows: (a) Empowerment Approach, $\alpha = .92$; (b) Cultural Competence, $\alpha = .72$; (c) Staff Sensitivity-Knowledge, $\alpha = .81$; and (d) Relationship-Supportive, $\alpha = .82$.

Descriptive Statistics

Table 3 shows descriptive statistics for the overall sample of the four subscales. As can be seen, overall means are skewed positively, although skewness and kurtosis statistics do not suggest undue problems with the distribution of the variables (Curran, West, & Finch, 1996). Means were most positive for the Empowerment Approach and Staff Knowledge-Sensitivity subscales and were somewhat less positive for Cultural Competence and Relationship-Supportive factors. Parents perceived staff significantly less positively on these two subscales, compared with Empowerment and Staff Knowledge (paired sample t tests, all $ps < .01$).

TABLE 2. Final Strengths-Based Practices Inventory (SBPI) Subscales, Items, and Factor Loadings

SBPI FACTOR	FACTOR LOADING
Factor 1: Empowerment Approach	
1. The program staff help me to see strengths in myself I didn't know I had.	.86
2. The program staff help me to use my own skills and resources to solve problems.	.88
3. The program staff work together with me to meet my needs.	.86
4. The program staff help me to see that I am a good parent.	.76
5. The program staff encourage me to think about my own personal goals or dreams.	.80
Factor 2: Cultural Competency	
6. The program staff encourage me to learn about my culture and history	.77
7. The program staff respect my family's cultural and/or religious beliefs.	.67
8. The program staff have materials for my child that positively reflect our cultural background.	.63
Factor 3: Staff Sensitivity-Knowledge	
9. The program staff know about other programs I can use if I need them.	.80
10. The program staff give me good information about where to go for other services I need.	.74
11. The program staff understand when something is difficult for me.	.84
12. The program staff support me in the decisions I make about myself and my family.	.89
Factor 4: Relationship-Supportive	
13. The program staff encourage me to share my knowledge with other parents.	.86
14. The program staff provide opportunities for me to get to know other parents in the community.	.76
15. The program staff encourage me to go to friends and family when I need help or support.	.64
16. The program staff encourage me to get involved to help improve my community.	.74

Variability by Provider Type

For a subset of families ($n = 68$), SBPI ratings were based on a number of different programs, only some of which could be characterized as endorsing a family-supportive, strengths-based orientation. This allowed us to compare SBPI scores between programs to determine whether the instrument was sensitive to variation in the level of strengths-based practice at these different programs. Working with Early Head Start program staff, we categorized each program as either *high* or *low* in the program's endorsement of a strengths-based model of services. Results of a t test comparing high versus low strengths-based programs on the total SBPI scores were marginally significant, $t(56) = 1.78, p = .07$, with mean scores of 5.28 for low strengths-based and 5.87 for high strengths-based programs. This suggests that the SBPI is sensitive to interprogram differences in the level of strengths-based practice.

Discussion

Confirmatory factor analyses resulted in a short (16-item) measure of strengths-based practices relevant to

family support and early childhood programs. Although originally conceived as a much more complex set of individual subscales, achieving conceptual clarity between a number of the subscales proved difficult. These results suggest that parents do not clearly differentiate different aspects of strengths-based practice, or if they do, that this measure was not sensitive to these nuances. However, the final four-factor model provided a significantly better fit to the data compared with the one-factor model, suggesting that these four factors, although fairly highly correlated, do represent distinct constructs. Further, parents perceived staff to be lower in terms of both Cultural Competence and Relationship-Supportive behavior, compared with Empowerment and general Staff Knowledge-Sensitivity. These constructs may be differentially related to particular kinds of parent outcomes, a hypothesis that is explored further in the next study. Finally, the SBPI appears to be moderately sensitive to interprogram differences in the extent of strengths-based practice. Additional study of programs that clearly do or do not espouse a strengths-based approach would lend support to this finding.

TABLE 3. Descriptive Statistics for Strengths-Based Practices Inventory (SBPI) Subscales ($n = 275$)

SBPI FACTORS	<i>M</i>	<i>SD</i>	MIN	MAX	SKEWNESS	KURTOSIS
Empowerment Approach	6.00	1.32	1	7	-1.9	3.7
Cultural Competency	5.41	1.33	1	7	-0.9	1.0
Staff Sensitivity-Knowledge	6.18	1.21	1	7	-2.1	5.1
Relationship-Supportive	5.74	1.34	1	7	-1.7	3.3

Note. Min = minimum; Max = maximum.

STUDY 2

To explore whether the SBPI is useful to understanding the effectiveness of strengths-based service programs, correlation and regression analyses were used to determine how these factors related to expected parental outcomes. Specifically, we were interested in whether strengths-based practices, as measured by the SBPI, were associated with (a) higher levels of engagement by parents in program services, (b) parents' levels of efficacy and social support, and (c) other key parent outcomes, such as parenting competence.

Method

Sample

Sixty-eight parents participating in one Early Head Start program completed a number of other measures of program outcomes at their children's 14-month birthday. Fifty-three parents completed the same measures at the child's 24-month birth date. Of these 53 parents, 41 had also completed the 14-month measures (60%). All parents were participating in a larger study focused on evaluating the effectiveness of Early Head Start services. The original 14-month sample was comprised of all female participants, of whom 74% were African American, 26% were Caucasian, and 9% were married. Because of the relatively high attrition rate between the 14- and 24-month assessments, it is important to document that those who dropped out of the program or could not be interviewed at the 24-month follow-up are comparable with those initially interviewed. Therefore, for all of the variables reported below, *t* tests were conducted comparing 14-month scores on the key variables, as well as demographic information, for those who were interviewed at 24 months versus those who were and were not interviewed. All of these attrition analyses were nonsignificant ($p < .05$), indicating that attrition from the study did not introduce substantial bias, at least on the variables of interest to this study.

Measures

Program engagement and participation. Two measures of program participation were collected. First, following the 14-month assessments, program staff were asked to rate each parent in terms of their level of engagement in program services (not at all, somewhat, or very engaged). Second, parents reported the frequency with which they received home visiting services during the past 6 months (once or more per week, 2–3 times per month, once per month, once every 2–3 months, or only a few times).

Parent efficacy and support. To assess parents' levels of efficacy and empowerment, we used the Parent Empowerment Scale (PES; Akey, Marquis, & Ross, 2000). This measure consists of four subscales assessing different aspects of parent empowerment: (a) efficacy attitudes (e.g., "I have control over decisions that are made about my child"), (b) formal participation (e.g., "I am involved in decision-making in a parent organization or service program"),

(c) informal participation (e.g., "I often get together with other parents to discuss a common problem affecting our families"), and (d) skills and knowledge (e.g., "I am able to explain myself and make myself clear").

To assess social support, we used the satisfaction subscale of the Arizona Social Support Interview (Barrera, 1980). This instrument assesses satisfaction with the support an individual receives in a variety of areas, including emotional support, concrete assistance (e.g., help with children), and esteem support (e.g., people who tell you you are doing a good job). Satisfaction with support has been found to be one of the dimensions of support that is importantly related to well-being (Barrera, 1986).

Parenting outcomes. Two measures of parenting outcomes were used: (a) the Parenting Competence Scale, a global measure of parents' perceptions of themselves as capable parents (e.g., "Overall, I think I am a good parent"; Kazak & Linney, 1983) and (b) the HOME (Home Observation Measure of the Environment; Bradley & Caldwell, 1984). The HOME is an observational measure completed by the interviewer that assesses the quality of the home environment for the growth and development of children. It is a widely used, well-researched instrument. Both represent important outcome areas for Early Head Start programs.

Results

One important outcome of strengths-based practices is that families may feel more respected and valued and therefore may become more engaged in program services. To examine this, we looked at whether SBPI scores at 14 months were related to the extent to which families participated in services. These results are shown in Table 4.

As can be seen, the Empowerment Approach and Cultural Competency factors were positively related to families' level of engagement in services (as rated by the providers). Empowerment Approach, Staff Sensitivity–Knowledge, and Relationship–Supportive factors were positively related to frequency of services as reported by parents.

It was also hypothesized that services delivered according to a strengths-based approach would lead to increased empowerment–efficacy and increased perceptions of support from others. To examine this, SBPI scores were

TABLE 4. Relationship of Strengths-Based Practices Inventory (SBPI) Factors to Staff Ratings of Parental Engagement

SBPI FACTORS	LEVEL OF ENGAGEMENT (<i>n</i> = 53)	FREQUENCY OF SERVICE ^a (<i>n</i> = 44)
Empowerment Approach	.245*	.498**
Cultural Competency	.261*	.148
Staff Sensitivity–Knowledge	.177	.581**
Relationship–Supportive	.150	.236*

^aHigher frequency is indicative of more frequent involvement in services.
* $p < .10$. ** $p < .05$.

TABLE 5. Correlations Between Strengths-Based Practices Inventory (SBPI) Factors, Social Support, and Empowerment at 14 ($n = 68$) and 24 Months ($n = 53$)

SBPI FACTORS	PES ATTITUDES	PES INFORMAL INVOLVEMENT	PES INVOLVEMENT IN FORMAL GROUPS	PES EMPOWERMENT SKILLS	SUPPORT SATISFACTION
Empowerment Approach					
14 months	.261*	.336**	.144	.198	.401**
24 months	.447**	.313*	.238	.463**	.339**
Cultural Competency					
14 months	.148	.178	-.029	.114	.342**
24 months	.495**	.182	.229	.451**	.265*
Staff Sensitivity-Knowledge					
14 months	.182	.199	.070	.175	.309**
24 months	.440**	.186	.172	.453**	.325*
Relationship-Supportive					
14 months	.238*	.368**	.052	.139	.314**
24 months	.455**	.248*	.265*	.450**	.364**

Note. PES = Parent Empowerment Scale.

* $p < .05$. ** $p < .01$.

correlated with measures of family-parent empowerment and social support at the 14- and 24-month assessments.

As can be seen, all SBPI subscales were positively correlated with support satisfaction at both time points. This is not surprising, because one would expect that if the EHS provider is a strong component of the social support network and is providing services in positive ways, that parents would feel satisfied with their available social support. SBPI factors were also related to empowerment, although these relationships appear to be somewhat stronger at the 24-month assessment. At 14 months, only the Empowerment Approach and Relationships subscales were positively associated with efficacy-related variables, specifically with the attitudes and informal involvement subscales. However, at 24 months, all SBPI subscales were related to both empowerment attitudes and skills, and Empowerment Approach and Relationships subscales were also associated with the informal involvement subscale. The Relationships subscale was also correlated with formal group involvement.

It may be that at 24 months, when families had been in the program longer (on average, 22 months, compared with 12 months at the 14-month assessment) that the importance of strengths-based practices was more evident than at the earlier assessment. It is not surprising that SBPI factors are more strongly related to empowerment attitudes and skills (as opposed to participation in parenting groups), because these are the generalized competencies that strengths-based practices attempt to develop.

Relationship of SBPI to Other Outcomes

Finally, SBPI subscales were correlated with other key program outcomes to determine whether the extent of strengths-based practice was related to outcomes of interest to these programs. Two outcomes, parenting competency and the quality of the home environment, were assessed. None of the correlations between the SBPI and parent

outcomes at 14 months were significant; however, at 24 months, SBPI scores were positively related to these outcomes, in particular, Empowerment and Relationship subscales were moderately correlated with outcomes. It is interesting to note that staff general Knowledge-Sensitivity was not related to these outcomes. These correlations are presented in Table 6.

Unique Contributions of SBPI Subscales to Empowerment, Support, and Parent Outcomes

In addition to assessing the zero-order correlation of the SBPI subscales with the outcomes of interest, we explored the extent to which subscales might make unique contributions to these outcomes, controlling for the other subscales. To determine this, a series of regression analyses were conducted in which the subscales were entered independently. Not surprisingly, given the relatively high intercorrelations, once the Empowerment subscale was entered into the regression equations, the other subscales did not contribute significant unique variance to any of the dependent variables. However, this does not necessarily imply that it is unimportant to measure all four subscales for program improvement or other purposes. For research and prediction of outcomes, however, it may be that the Empowerment subscale can serve as an adequate short version of the SBPI.

TABLE 6. Correlations Between SBPI Factors and Program Outcomes at 24 Months ($n = 53$)

SBPI FACTORS	PARENTING COMPETENCY	HOME
1. Empowerment Approach	.321**	.472**
2. Cultural Competency	.261*	.273
3. Staff Sensitivity-Knowledge	.246	.211
4. Relationship-Supportive	.286*	.420**

Note. HOME = Home Observation Measure of the Environment.

* $p < .05$. ** $p < .01$.

Predicting Outcomes Over Time

Finally, we conducted regression analyses to assess whether the extent of strengths-based practices at 14 months predicted empowerment, social support, or parent outcomes at 24 months, controlling for 14-month outcome scores (e.g., predicting change in outcomes at 24 months). None of these analyses indicated that the 14-month SBPI score predicted 24-month outcomes over and above the initial level of those outcomes. This may be because the strength of the relationship of the SBPI is time-dependent, that is, a parent's assessment of the nature of services being provided, indeed, even the primary staff person on whom the SBPI score is based, may change over time. Further, for parent outcomes, it is clear that the SBPI level at 14 months does not relate strongly to outcomes. It may be that the influence of the extent of strengths-based services becomes stronger over time, because the family's involvement in the program lengthens, and their relationship with providers grows stronger.

Discussion

On the basis of these results the SBPI appears to be a reliable and valid measure of several components of strengths-based practices, as measured from the parent's self-report. The four subscales reflect key aspects of strengths-based practice common to early childhood and family support programs, including the extent to which staff (a) build on family strengths and skills, (b) are sensitive and responsive to parents' cultural backgrounds and beliefs, (c) are knowledgeable and sensitive to family needs, and (d) facilitate parents' relationships with other parents and community members. These subscales emerged empirically through analysis of parents' self-report and were based on an initial conceptual understanding of strengths-based practices that was driven both by theory and by input from parents and practitioners. Although correlated, factor analyses suggest that these subscales are conceptually distinct and somewhat differentially related to measures of engagement and program outcomes. In particular, the Empowerment and the Relationship-Supportive subscales appear to be most consistently related to engagement in program services and selected program outcomes. Because of the relatively high intercorrelations, the subscales do not make unique contributions to empowerment, social support, or parenting outcomes once the general Empowerment subscale is accounted for. This suggests that this subscale might make an adequate short version for research purposes. However, if the purpose of the tool is for program improvement and for providing feedback on other dimensions of strengths-based practices, it may still be important to use all four subscales. Because only a limited number of outcomes were measured in this study, it seems premature to suggest that the other dimensions are unimportant. It is hardly surprising that parents' perceptions of the extent to which staff support their strengths and their interpersonal relation-

ships are related to their sense of empowerment and social support; indeed, these subscales are the most directly related, at a conceptual level, to these particular outcomes.

Construct validity of the measure is supported by results that suggest the measure can distinguish between programs that do or do not espouse a strengths-based philosophy of practice, although more research directly addressing this issue will be important. Further, these results support a theoretical model in which strengths-based practices, at least as measured by the SBPI, are importantly related to program engagement. The Empowerment and the Relationship-Supportive subscales appear to be most consistently related to program participation and outcomes from both the staff and family's perspectives. Thus, families who perceive staff as providing services in ways that empower them to develop their strengths and competencies tended to be more involved in program services. However, it is important to note that it may be that parents who are more empowered are more effective in eliciting strengths-based behavior from the staff with whom they work. The direction of causality of this relationship warrants further exploration. From the parent's perspective, it also appears that parents who perceived staff as being more competent received more frequent services. These parents may have perceived the services as being more valuable and may have been more willing to make time for staff to visit them.

These results do not suggest that the SBPI is a powerful predictor of outcomes over time. However, it may be that the longer parents are involved with the program, the more important strengths-based practices are in supporting these outcomes. In general, after parents participated in the program for a longer period (at the 24-month assessment) there was a stronger relationship between the level of strengths-based practices and outcomes. It should also be noted that program staff may change over time, something that is unaccounted for in the current study. Research that tracks staff turnover, and the trajectories of parents' perceptions of staff practices related to these changes, would be useful in documenting the sensitivity of the scale. Other research (e.g., McCurdy & Daro, 2001) has suggested that in voluntary programs such as those in this study, parents who are dissatisfied with their home visitor are more likely to drop out of the program: This type of attrition might explain the failure to find these relationships over time. This might be especially the case for parents whose workers leave the program and who must start over in building a relationship with a new staff person.

The SBPI represents a first step toward being able to better understand whether programs are successfully implementing a strengths-based philosophy of practice and whether providing services in this way makes a difference in terms of program outcomes. Research focused on unpacking the intervention process is extremely important to furthering our knowledge about what aspects of services are the most important contributors to program outcomes. The SBPI represents the kind of measurement tool that is

critical for this type of "second generation" research. Further, the SBPI may be a useful tool to programs for assessing the levels of strengths-based practice in the services provided by staff and for working to ensure that staff practices are congruent with programs' stated philosophies. Caution should be used, however, in using the tool as a type of individual-level performance assessment in isolation from other measures or indicators. Finally, it should be noted that it is unlikely that there is a single model of strengths-based practices. Although certain values may be shared across a number of programs, programs are likely to vary in terms of specific goals and practices. For example, the SBPI, in whole or in part, may not be relevant to non-voluntary settings such as child protective services or juvenile justice. Thus, potential users of the instrument should review the scale carefully before adopting it to ensure that the items reflect key components of the program that is being delivered.

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Authors' note. This research was supported by a grant from the U.S. Department of Health and Human Services, Head Start Bureau. We thank our data collection staff and the staff and parents at Family Foundations for their contributions. In particular we would like to thank Laurie Mulvey for her help with item development. We also thank Carla Peterson and Susan McBride for sharing data and for making suggestions about the instrument and Jason Newsom for his help with analysis.

Manuscript Received: February 6, 2003
Revised: January 12, 2004
Accepted: February 12, 2004