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ABSTRACT

This conference paper discusses the results of a study that investigated the validity of the Family-Centered Behavior Scale (FCBS) and its companion tool, the FCBS-Importance. On the FCBS, parents of children with special needs rate how often a professional with whom they work performs certain family-centered behaviors. On the FCBS-Importance, parents rate the importance of each of these behaviors. The study surveyed a total of 443 parents/caregivers of 406 children with special needs. Evidence of scale validity was found in three analyses: the ability of the scale to differentiate between "best" and "worst" staff members, correlations between scale items and satisfaction with staff members, and importance rating of respondents. The three most highly-rated importance items pertained to the staff member listening to the family, treating the family with respect, and accepting the family as important team members. For caregivers of children with emotional/behavioral problems, five behaviors were rated significantly higher in importance, including getting the family services from other agencies; getting help from family, friends, and community; providing information; caring about the entire family; and accepting the family as important team members. (CR)

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Introduction Method Results Discussion References

Introduction

Family-centeredness is often listed among desirable elements of programs for children with special needs and their families. Validated instruments to measure family-centered care, however, have been lacking. The author and Christopher Petr have developed and validated an instrument that measures the family-centeredness of professional behavior. The Family-Centered Behavior Scale (FCBS) and its companion tool, the FCBS&endash;Importance, are completed by the parents or guardians of children with special needs. On the FCBS, parents rate how often a professional with whom they work performs certain family-centered behaviors. On the FCBS-Importance, parents rate the importance of each of these behaviors.

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Method

Allen & Petr (1995b) conducted a cross-disciplinary review of literature pertaining to family-centered service delivery. Based on this review, they proposed the following definition: Family-centered service delivery, across disciplines and settings, recognizes the centrality of the family in the lives of individuals. It is guided by fully-informed choices made by the family and focuses on the strengths and capabilities of families.

The authors generated a series of measurement scale items that reflected service delivery issues identified in the literature and the definition above. Focus groups of parents, professionals, and the project's advisory committee reviewed this collection of items. The draft of the resulting measurement instrument was field tested by 21 parents of children with emotional/behavioral disturbances.

The final validation edition of the scale had 32 items evaluating staff members' performance and a matching set of items on which parents/guardians rated the importance of each item. A satisfaction-with-this-staff-member question and several demographic questions were included in the research package, which was printed in both English and Spanish. Half of the surveys asked parents to describe their best staff member, while the other half asked parents to evaluate their worst.

Copies of the validation edition of the scale were sent to about 1700 households that included a child with special needs. The distribution lists for the surveys were collected from organizations that dealt with a variety of special needs (i.e., mental health, developmental disabilities, and chronic health problems). Each household was sent two surveys in an attempt to increase the response rate of male caregivers.

Survey Participants

A total of 443 parents/caregivers of 406 different children with special needs returned surveys with enough data to be included in the analysis. About 87% (N = 379) were female; the average age was 41 years. Nearly 85% (N = 376) were biological parents of the child with special needs. Most of the parents were White (73%, N = 323), 16% (N = 71) were African- American, and 7% (N = 32) were Hispanic/Latino. Of the parents/caregivers, 71% (N = 313) were married, 13% (N = 56) were divorced, and 11% (N = 48) had never married. Annual household income averaged around $35,000. Responses came from 45 different states.

The children who worked with staff members described in the survey were predominantly male (63%, N = 252); their average age was 10.7 years. A total of 68% (N = 275) were White, 17% (N = 68) were African-American, and 7% (N = 29) were Hispanic/Latino. Close to 89% (N = 349) lived with their parents. Respondents rated the severity of disabilities of 19% (N = 74) of the children as mild, 45.5%

disabilities of 19% (N = 74) of the children as mild, 45.5% (N = 177) as moderate, and 35.5% (N = 138) as severe. The most prevalent types of disability were developmental delay (34%, N = 138), mental retardation (32%, N = 128), emotional/behavioral (29%, N = 116), and learning disability (29%, N = 115).

Of the returned surveys, 40% (N = 178) of the respondents described their "best" staff member, 33% (N = 148) described their "worst" staff member, and 15% (N = 65) described their "only" staff member. Most of the professionals were women (75%, N = 323); their average age was 40 years. Most were White (82%, N = 358); 10% (N = 44) were African-American. The most prevalent professions represented were special education teacher (29%, N = 119), social worker (15%, N = 62), and medical doctor (12%, N = 51). The most prevalent settings in which these professionals worked were education (52%, N = 201), health (21%, N = 80), and mental health (11%, N = 42).

Results

Reliability and Validity

Internal consistency of scale items was assessed using Cronbach's alpha coefficient. The standardized alpha for the 32-item scale is .97 (N = 133). The test-retest correlation is .96 (N = 128).

Evidence of scale validity is present in three analyses: the ability of the scale to differentiate between "best" and "worst" staff members, correlations between scale items and satisfaction with the staff member, and importance ratings of respondents. A comparison of means among the best, worst, and only staff members' scores revealed that the means of all 32 items were different at the .0014 level or higher (range: $F = 6.7199$, 2,367, $p = .0014$ to $F = 191.62$, 2,382, $p < .0000$). Differences were in the expected direction of poorer family-centered performance by "worst" staff members than by "best" staff members.

The researchers hypothesized that families who receive more family-centered care would be more satisfied with staff members that work with them. Zero-order correlations between items on the 32-item scale and satisfaction ranged from .31 to .81. All but four of the correlations were above .52. All correlations were significant at the .000 level, supporting the hypothesis.

Respondents rated all 32 behavior items as important; item means ranged from 3.2 to 4.7 (3 = important, 5 = extremely important). The three most highly-rated importance items pertained to the staff member listening to the family, treating the family with respect, and accepting the family as important team members.

Performance of Family-Centered Behaviors

On a scale of 1 (Never) to 5 (Always), the frequency with which staff member performed the 32 family-centered behaviors ranged from an average of 2.5 to 4.5. For the sample as a whole, the three most frequently performed behaviors were:

- the staff member does not make negative judgments about us because of ways that we are different from the staff member;
- the staff member does not blame me for my child's problems; and
- the staff member does not criticize what we do with our child.

The three least-often performed behaviors were:

- when we want to meet other families that have children like ours, the staff member helps us meet them;
- the staff member helps my family get services from other agencies or programs as easily as possible; and
- the staff member helps us get the help we want from our family, friends, and community.

Scale Revision

The researchers wanted to reduce the size of the scale to make it more user-friendly. Six items were eliminated from the scale, two because they performed badly in several analyses and four because they elicited a relatively large number of missing responses and did not seem to make unique contributions to the scale. The alpha coefficient for the resulting 26-item Family-Centered Behavior Scale (N = 206) is .98.

Differences for Families with Children who have Emotional/Behavioral Disabilities

One-way ANOVA tests were used on the final 26 scale items to explore differences between scores given by the subpopulation of caregivers whose children had emotional/behavioral problems (EBD) and by those whose children did not have emotional/behavioral problems (non-EBD). The EBD subsample rated five behaviors significantly higher in importance than the non-EBD subsample. These items were:

- the staff member helps my family get services from other agencies or programs as easily as possible ($F = 15.70$, 1,433, $p = .0001$);
- the staff member helps us get the help we want from our family, friends, and community ($F = 14.67$, 1,431, $p = .0001$);
- the staff member helps us get all the information we want and/or need ($F = 7.67$, 1,435, $p < .01$);
- the staff member cares about our entire family (F =

6.74, 1,433, $p < .01$); and

- the staff member accepts our family as important members of the team that helps our child ($F = 5.92$, 1, 436, $p < .05$).

The groups had similar ratings on the behaviors performed most frequently. The overall scale mean for the EBD subsample (3.23), however, was significantly lower than the non-EBD subsample (3.76; $F = 26.14$, 1,439, $p < .0001$). The EBD subsample rated every behavior as being performed less frequently than the non-EBD subsample (range: $F = 5.80$, 1,389, $p < .05$ to $F = 34.00$, 1,396, $p = .0000$).

The researchers also examined the level of agreement between the importance ratings and the frequency ratings. Difference scores were computed for each item by subtracting the importance score from the frequency score. Difference scores close to zero indicate a good match between consumers' ratings of importance of a behavior and the frequency with which it is practiced. Positive scores signify that frequency exceeds importance, while negative score signify that frequency is below importance. Difference scores for the EBD subsample were significantly lower (less family-centered) than the non-EBD subsample on every behavior (range: $F = 6.14$, 1,380, p ² .05 to $F = 33.32$, 1,420, $p = .0000$).

Discussion

The Family-Centered Behavior Scale can be used to inform service delivery systems of professional behaviors deemed important by caregivers of children with special needs. Organizations or systems that deliver services to children with special needs and their families may use the FCBS as part of their assessment of the extent to which they provide services in a family-centered manner. It may be used to inform a program of its particular strengths and weaknesses in terms of family-centeredness. Plans for ways to improve on the areas identified as weak can be developed and carried out, and the scale then be administered again to assess the impact of intervention on service delivery. The FCBS also may be used to study the relationship between family-centered service delivery and outcomes that are important to families and organizations. Results of studies using the scale may be helpful to professional training programs that wish to educate providers about family-centered service approaches.

Results of this study suggest that professional training and system reform efforts may be especially important for children with emotional/behavioral disturbances and their families. Caregivers of children with emotional and behavioral problems in this sample experience their professional interactions as less family-centered than do parents of children with other disabilities. Family-centered behaviors were performed less frequently with the EBD

subsample. In addition, the discrepancy between importance ratings and frequency was greater, compounding the negative effects.

The FCBS may be purchased as part of the Family-Centered Behavior Scale and User's Manual (Allen, Petr, & Brown, 1995a) from the Beach Center on Families and Disability, The University of Kansas, 3111 Haworth Hall, Lawrence, KS 66045.

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