

The Family Development Credential Program: A Synthesis of Outcome Research on an Empowerment-Based Human Service Training Program

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ABSTRACT

Movement toward strengths-based, empowerment-oriented practice requires changes in perspective for both practitioners and agencies. A training program addressing those challenges is the Family Development Credential (FDC), implemented in 19 states across the United States since its creation by Cornell University for New York State in 1996. FDC is an inter-agency, locally based professional development program by which human service workers can become more empowered themselves while simultaneously learning knowledge, skills, and values associated with key tenets of empowerment practice. This article provides (a) a description of the programmatic model, (b) analysis of 11 known FDC evaluation studies, (c) synthesis of research findings in 4 outcome areas, and (d) elucidation of a future research agenda for the program including promising theoretical lenses.

Implications for Practice:

- Implication 1. (needs copy?)
- Implication 2, if applicable. (needs copy?)
- Implication 3, if applicable. (needs copy?)

Although the use of strengths-based, empowerment-oriented practice in human services is growing in the United States and around the world, a major challenge relates to helping workers learn and use these deceptively simple assumptions and skills. This article reviews evaluation studies of an empowerment-oriented, inter-agency training program, the Family Development Credential (FDC), created at Cornell University in 1996. FDC programs now operate, through affiliation agreements with Cornell, in 18 states across the United States and the District of Columbia. Given that 11,000 human service workers nationally have completed the program and received the FDC credential (K. Palmer-House, personal communication, December 8, 2008), a synthesis of known research on its outcomes is due.

The FDC program uses locally based training, practice of skills, and supervised portfolio development in an intensive personal and professional development experience by which human service professionals can become empowered themselves while simultaneously learning knowledge, skills, and values associated with key tenets of empower-

ment practice. This article provides: (a) an in-depth description of the programmatic model, (b) analysis of 11 known FDC evaluation studies, (c) synthesis of research findings in four outcome areas, and (d) elucidation of a future research agenda for the program including promising theoretical lenses.

As implementers of the FDC program in Pennsylvania, we were interested in understanding the potential outcomes of FDC training as identified by evidence-based research. While other training programs focus on strengths-based practice, we chose to focus this article on this particular program as a case example. We present this synthesis of the research on FDC outcomes as a resource for agency administrators and practitioners who may be interested in understanding the potential contributions that this one particular training program can have in infusing strengths-based, empowerment-oriented methods into practice across human service systems. We also identify strengths and weaknesses in the research on this program to date and propose a future research agenda that will be of value to policymakers and applied researchers interested in the effective use of research to document program outcomes.

Foundational Research and Principles

Conceptually the FDC curriculum is based on foundational research carried out at Cornell University by Urie Bronfenbrenner and others, referred to as Family Matters (Cochran, 1988). They examined the intersections between families and communities, demonstrating “how children and parents develop in relation with families, neighbors, relatives, schools, workplaces, and influences of society” (Forest, 2008, §2). Through the course of this research, Bronfenbrenner refined his theory of the social ecology of human development, referring to the “settings where people live, work, study, play, and interact with other people, as

TABLE 1. Core Principles of Family Support and Empowerment (Family Development Credential)

1. All people and all families have strengths.
2. All families need and deserve support. How much and what kind of support varies throughout life.
3. Most successful families are not dependent on long-term public support. They maintain a healthy interdependence with extended family, friends, other people, spiritual organizations, cultural and community groups, schools and agencies, and the natural environment.
4. Diversity (race, ethnicity, gender, class, family form, religion, physical and mental ability, age, sexual orientation) is an important reality in our society, and is valuable. Family workers need to understand oppression in order to learn to work skillfully with families from all cultures.
5. The deficit approach, which requires families to show what is wrong in order to receive services, is counterproductive to helping families move toward self-reliance.
6. Changing from the deficit model to the family development approach requires a whole new way of thinking, not simply more new programs. Individual workers cannot make this shift without corresponding policy changes at agency, state, and federal levels.
7. Families need coordinated services in which all the agencies they work with use a similar approach. Collaboration at the local, state, and federal levels is crucial to effective family development.
8. Families and family development workers are equally important partners in this process, with each contributing important knowledge. Workers learn as much as the families from the process.
9. Families must choose their own goals and methods of achieving them. Family development workers' roles include helping families set reachable goals for their own self-reliance, providing access to services needed to reach these goals, and offering encouragement.
10. Services are provided so families can reach their goals, but are not themselves a measure of success. New methods of evaluating agency effectiveness are needed to measure family and community outcomes, not just the number of services provided.
11. For families to move out of dependency, helping systems must shift from a power over to a shared power paradigm. Human service workers have power (which they may not recognize) because they decide who gets valued resources. Workers can use that power to work with families rather than use power over them.

From "Core Principles of Family Development," by Cornell University, College of Human Ecology, Family Development Credential (FDC) System, n.d., College of Human Ecology Web site: <http://www.human.cornell.edu/che/HD/FDC/core.cfm>

well as the indirect influences of society like public policy that make it hard for families to afford good child care or health care" (Forest, 2008, §2). This definition of empowerment emerged from this research:

Empowerment is an intentional, dynamic, ongoing process centered in the local community, involving mutual respect, critical reflection, caring and group participation, through which people lacking an equal share of valued resources gain greater access to and control over those resources. (Cornell Empowerment Group, 1989, p. 2)

Insights from this work were fundamental to the development of the FDC curriculum, which addresses empowerment of human service workers as a step in empowerment of families. The curriculum is built around 11 core principles as shown in Table 1.

History of the Family Development Credential (FDC) Program

Historical narratives by Crane (2000) and Forest (2003), codevelopers of the FDC program at Cornell, indicate how the unique collaboration that created the FDC program drew from two major movements in the United States in the early 1990s. Community Action agencies across the nation were using a more holistic, outcome-oriented approach to frontline worker interaction with low-income families and communities called *family development*, a form of practice developed by the University of Iowa, in association with Mid-Iowa Community Action, in

the mid-1980s. At the same time the *family support movement*, with its belief in parent engagement and prevention, was a driving force nationally and within the New York State Council on Children and Families, a council of 15 state agencies that had convened a Commissioners Workgroup on Family Support and Empowerment, in an effort to change the way helping systems engaged with families. The involvement of these governmental agencies, combined with the family support research and curriculum expertise at Cornell, were critical ingredients in the creation of the FDC program.

Among Community Action leaders nationally who promoted use of family development was Evelyn Harris, director of Community Services at the New York State Department of State, who used federal Community Service Block Grant monies to fund the creation of the FDC program. Considered the godmother of FDC (Crane, 2000), Harris held a strong belief in parents and families being able to set and achieve their own goals. A Jamaican immigrant, Harris credited the support she received as a Head Start parent as making it possible for her to go back to college and become a Head Start teacher. She eventually became a Community Action agency director, and when she subsequently moved into the statewide directorship, she made the provision of competency-based training for frontline workers a priority. After initially funding workshops on family development for Community Action staff by trainers from the University of Iowa, Harris became committed to institutionalizing these practices by creating a credentialing system that would provide validation for workers of their skills and a step toward

a college degree.¹ Her commitment to making this training available not only to Community Action agencies but also to frontline workers in other public and nonprofit organizations was driven by her understanding that families would benefit if all workers with whom they interacted used the same strengths-based practices. The plan by Harris to fund the creation of a family development training and credentialing system coincided with efforts by the state Council on Children and Families, which had solicited Cornell's expertise to help move family services to a strengths-based partnership approach. Cornell won the contract to create the FDC program, and Harris became a member of the Commissioners Workgroup on Family Support and Empowerment that ultimately provided guidance for implementation of the statewide interagency FDC program.

Development of the FDC curriculum occurred in a highly participatory manner (Forest, 2003). Focus groups held in communities across the state provided an opportunity for clients, workers, and agency supervisors to contribute ideas about the knowledge, skills, and attitudes that are needed to practice family development, as well as how the training program should be offered. These findings, along with those from a review of existing New York State and national family support training programs, contributed to a set of key competencies that were incorporated into the *Worker Handbook* (Dean, 1996) and the *Trainers Manual* (Crane & Dean, 1996) for the FDC curriculum, *Empowerment Skills for Family Workers*.² Focus group participants, along with members of a statewide Community Action Family Development Peer Support group, and the Commissioners Workgroup with its affiliated state agencies, further participated by providing feedback on drafts of the curriculum (Crane, 2000). Central to the form of recommended frontline worker practice across agencies and systems that emerged from this collaborative planning process were the Seven Steps to Family Development (Forest, 2003):

1. The family develops a partnership with a family development worker.
2. A family development worker helps the family assess its needs and strengths—an ongoing process.
3. The family sets its own major goal (such as getting off welfare or providing health care for a disabled family member) and smaller goals working toward the major goal, and identifies ideas for reaching them.
4. The family development worker helps the family make a written plan for pursuing goals with some tasks being the responsibility of the family members and some the responsibility of the worker's. Accomplishments are celebrated, and the plan is continually updated.
5. The family learns and practices skills needed to become self-reliant.
6. The family uses services as stepping stones to reach their goals.
7. The family's sense of responsibility is restored. The family (and each individual within the family) is strengthened by the family development process so they are better able to handle future challenges.

The process for program implementation developed for this interagency training is unusual for standardized statewide or national training programs in that it is community-based. Focus group participants had stated the importance of workers taking classes locally with workers from other agencies (Crane, 2000). Local agencies and interagency coalitions were recruited to sponsor FDC courses, offered over a 6–10 month period. They chose human service professionals in their communities who were known to support strengths-based practice to become FDC instructors and portfolio advisors. The first instructors, after attending a week-long training-the-trainers institute at Cornell, led the first FDC classes in 1996. Cornell continues to coordinate the FDC program in New York State, provide training for FDC coordinators in other states, and update the FDC curriculum as new research emerges at Cornell and elsewhere.

Description of the FDC Programmatic Model

The FDC program is a multifaceted interagency training experience designed with a goal of infusing strengths-based, empowerment-oriented principles into work of helpers across public, private, and nonprofit service systems. An FDC class offered in a local community may include home visitors, case managers, family resource center workers, community health workers, and home–school liaison workers from several different agencies or grassroots organizations. The training and credentialing process has three major components: classes, portfolio, and exam.

Over several months, workers read the *Empowerment Skills for Family Workers: A Worker Handbook* (Forest, 2003) and participate in an 80-hour course led by locally based FDC instructors who have been trained by the Cornell-affiliated FDC coordinators in each state. In FDC classes, workers from a variety of local agencies engage with one another in highly interactive learning experiences based on adult education principles. The topics covered in 10 chapters of the curriculum, as revised in Forest (2003) and Palmer-House and Forest (2003) are (a) family development: a sustainable route to healthy self reliance; (b) communicating with skill and heart; (c) taking good care of yourself; (d) diversity; (e) strengths-based assessment; (f) helping families set and reach goals; (g) helping families access specialized services; (h) home visiting; (i) facilitation skills: family conferences, support groups, and community meetings; and (j) collaboration. In this list, as throughout the FDC program, the term *families* is used in place of *clients*; however, FDC-trained workers use their knowledge and skills with individuals of all ages, and with couples and families across the life cycle.

The second element of the credentialing process is preparation of a portfolio, supported by 10 hours of portfolio advisement, in which workers demonstrate their understanding of the information and skills taught in each chapter of the curriculum. Workers document various *learning extension* activities, that is, written assignments and skills practice, which encourage them to critically reflect on their assumptions about the helping process and to be open to adopting new practices. Such activities also challenge workers to consider the changes in organizational practices needed to support a strengths-based approach to work with families and encourage them to pursue efforts at initiating such changes. For the final component of the credentialing process, workers take a standardized examination at their local site, and their portfolios are reviewed by the statewide FDC program. This provides for quality control, ensuring that local instructors remain faithful to the FDC curriculum and credential workers have knowledge of family development principles and practices.

1 Those receiving the FDC credential can receive a transcript showing they have earned seven college credits, three for the coursework and four for the skills practice or portfolio development. Reviews by the Program on Non-Collegiate Sponsored Instruction (PONSI) of each state's FDC program serve as the basis for this recommendation for credits.

2 Claire Forest, director of Cornell's FDC Program, was previously known as Christiann Dean; hence that name appears on early FDC documents.

TABLE 2 *Sequential Overview of Family Development Credential (FDC) Research Studies*

AUTHOR(S), DATE PROGRAM	MAIN RESEARCH PURPOSE	RESEARCH METHODOLOGY
Crane (2000) New York FDC Program	Explore perceptions of key stakeholders about their experience of the FDC program and the changes they see occurring (in workers, families, agencies, and communities) in order to build a theory of change for the FDC program using a logic-model format.	Qualitative study. Individual interviews with FDC trainers ($n = 6$), workers/trainees ($n = 14$), and supervisors/community leaders ($n = 16$); focus groups with family members/help seekers ($n = 12$).
Salandy (2000) New York FDC Program	Assess the degree to which FDC graduates use the empowerment-oriented, strengths-based family support approach, as well as the degree to which FDC graduates take part in professional development activities.	Qualitative study. Individual interviews with FDC graduates ($n = 10$).
Watson-Smith (2003) New York FDC Program	Describe, evaluate, and document whether or not the FDC training intervention had any influence on knowledge, attitudes, and skills of Head Start workers.	Mixed methods study. Written surveys (pre- and post-FDC training) for FDC worker group ($n = 7$) and control group ($n = 7$). Supervisors' written survey. Parents' observation checklist. Supervisors' observation checklist. Informal interviews of supervisors. Telephone interviews with workers.
Rolison & Watrous (2003) California FDC Program	Explore the impact of introducing the FDC model by uncovering patterns of change in workers, organizations, and communities as a result of the FDC Program.	Qualitative study. Analysis of FDC participant portfolios ($n = 14$). FDC course facilitators and agency administrators survey ($n = 30$). Survey of FDC alumni ($n = 27$).
Svihula & Austin (2004) California FDC Program	Document one county's experience in implementing FDC systemwide, focusing on the impetus for, and successes and challenges of, undertaking the project.	Qualitative study. Individual interviews with FDC participants, FDC facilitators, agency staff, and field advisors.
Alpert & Britner (2005) Connecticut FDC Program	Examine the relationship between FDC training and the attitudes of CPS social workers by comparing FDC-trained and non-FDC-trained social workers' attitudes toward working with parents of children in care.	Quantitative study. 15-Item survey to measure attitudes ($n = 251$).
Palmer-House (2006) New York FDC Program	Explore the perceptions of family workers who were trained in strengths-based family support to better understand what and how they learned that which helped empower families.	Qualitative study. Definitions of empowerment survey (family workers; $n = 15$). Semistructured worker interviews ($n = 15$). Semistructured family members' interviews ($n = 25$). Focus group with workers ($n = 11$).
Forest (2006) New York FDC Program	Explore the perceptions of family workers who were trained in strengths-based family support to better understand what and how they learned that which helped empower families.	Qualitative study. In-depth interviews of workers who earned the FDC credential ($n = 10$). In-depth interviews of families ($n = 25$).
Bell & Hollingsworth (2006) Pennsylvania FDC Program	Evaluate the effectiveness of the first FDC training completed in Pennsylvania.	Qualitative study. One supervisor focus group ($n = 10$). One FDC-participant focus group ($n = 12$).
Hewitt (2007) Pennsylvania FDC Program	Evaluate programmatic outcomes within the first year of the Pennsylvania FDC program.	Content analysis. Analysis of feedback forms completed by trainees taking FDC exam ($n = 85$).
Smith, McCarthy, Hill, & Mosley (2007) Missouri FDC Program	Measure the impact of FDC on workers' attitudes toward themselves and their jobs.	Mixed methods (qualitative and quantitative). Survey of FDC-participants ($n = 102$) and a comparison group of non-FDC participants ($n = 127$). One FDC-participant focus group ($n = 13$).

Synthesis of FDC Program Evaluation Research

The impetus behind this research synthesis arose for the coauthors because of our involvement in the creation and evaluation of the Pennsylvania Family Development Credential Program, starting in 2005. The Community Action Association of Pennsylvania administers the program through an affiliation agreement with Cornell University, with Indiana University of Pennsylvania acting as the credentialing body. Our questions related to program evaluation were the following: (a) What happens for the workers or trainees themselves in terms of

knowledge, values, and skills acquisition? (b) What happens for families or consumers who receive assistance from FDC credentialed workers? (c) What happens in agencies and communities as a result of the FDC Program? Realization that answers to these questions might first be found in existing studies of FDC programs led to this review—to discover what is already known about effects of the FDC program and the forms of inquiry being used.³

3 A longer version of this synthesis of FDC research is available at <http://www.fdc-pa.org/resources.html>

The 11 evaluation studies reviewed here share a common goal, to assess the effect FDC is having at one or more levels, including outcomes for workers, for families, and for agencies and communities. In effect, these are case studies that present findings relevant to a particular local or state FDC program; however, each local program is implemented using a standardized curriculum and training model. Viewed together as a body of work, they offer a triangulated view of program effects. Key descriptive information for each study appears in Table 2.

Methodological Strengths and Limitations of FDC Studies

All researchers face limitations in designing studies, making choices that impact on the degree to which findings are valid, reliable, and generalizable—the quality criteria for quantitative studies—or whether they are credible, trustworthy, and transferable—the corollary criteria for qualitative inquiry (Guba & Lincoln, 1989). The extent to which researchers describe and justify methods used and identify limitations of the research design impacts the extent to which those outside the research process can evaluate their findings.

Qualitative studies. In several studies employing qualitative methods, researchers provided ample details regarding sampling and data collection procedures as well as data analysis. They included steps taken to corroborate findings through use of data triangulation, as well as *member checks* (Patton, 2002), a procedure by which researchers ask for feedback from research participants about the credibility of their interpretations and conclusions. Such strategies add to the rigor of qualitative research. Some studies, however, had missing or limited information regarding specifics of their research methods.

Quantitative studies. Quantitative social science research includes descriptive designs as well as research designs for explanation or causal inference. Descriptive quantitative designs include cross-sectional studies (those that collect data on all relevant variables at one time) and time-series studies (those that collect data at regular intervals). Quantitative approaches tend to produce uniformity of measures that in turn enable direct comparison to be made among programs or groups. As specified in Table 3, studies that used some form of quantitative methods followed many of the research procedures known to enhance validity of findings.

FDC Research Findings: Four Outcome Areas

Findings from evaluation research on FDC programs can be grouped into four outcome areas:

1. Effects of FDC training on workers professionally and personally: (a) self-reports about workers’ insights into their own change process, as well as changes in workers practice perceived by trainers, administrators, supervisors, and/or families, and (b) personal changes workers see themselves as having experienced as a result of FDC.
2. Effects of FDC training on knowledge, skills, and attitudes of workers based on self-report instruments that workers complete and/or document analysis.
3. Effects of FDC training on agencies and systems, as perceived by workers, supervisors, trainers, and/or administrators.
4. Effects of FDC on families, based on family members’ (clients) perception of how strengths-based practices have made a difference in their ability to accomplish desired changes in their lives.

TABLE 3. Quantitative Research Protocols Followed

AUTHOR(S), DATE	SAMPLE SIZE > 30	CONTROL OR COMPARISON GROUPS	STATISTICAL CONTROLS FOR NONEQUIVALENT GROUPS	USE OF VALIDATED RESEARCH SCALE	NO INTERACTION BETWEEN EXPERIMENTAL AND CONTROL/COMPARISON GROUPS
Watson-Smith (2003)		✓			
Alpert & Britner (2005)	✓	✓	✓	✓	✓
Smith, McCarthy, Hill, & Mosley (2007)	✓	✓		✓	✓

Synthesis of Findings in the Context of a Logic Model

Betsy Crane, a codesigner of the FDC program at Cornell, created a theory of change for the FDC program based on her doctoral dissertation research (Crane, 2000). Using qualitative research methods, Crane sought input from stakeholders at several levels (workers, family members, trainers, supervisors, and human service leaders). The findings were represented using a program logic model (see W. K. Kellogg Foundation, 2004) that includes key inputs/resources, activities, initial outcomes, intermediate outcomes, and long-term impact/vision. Although created within the context of the New York State FDC program, because other states use the same curriculum and training model, Crane’s logic model provides a useful conceptual framework through which to analyze the types and levels of outcomes documented through subsequent FDC research. Findings pertaining to workers, families, agencies, and systems will now be discussed in relation to the outcomes and impacts in Crane’s logic model.

FDC Outcomes for Workers

In the FDC research studies, findings pertaining to workers (i.e., those who took an FDC class and received the credential) represent the largest body of information in scope and depth. Ten FDC studies presented findings related to professional or personal outcomes for workers, and three also reported findings from efforts that sought to measure or evaluate changes in knowledge, skills, and values of trainees. Table 4 outlines Crane’s conceptualization of initial and intermediate outcomes and long-term impact for workers as a result of FD

FDC research findings pertaining to workers largely fall within the initial outcomes column. In particular, several studies produced findings pertaining to the first finding listed in the initial outcomes for workers, *workers and trainees develop personally*. Based on interviews with workers, trainers, and supervisors, Crane (2000) found evidence of personal development related to increased self-esteem, confidence, assertiveness, and feeling more flexible and open to change. Workers reported using skills learned in FDC training in their personal lives, such as communication and relationship, prioritizing, time management, stress management, and wellness skills.

Salandy’s (2000) interviews with workers found that most were using the family development approach when interacting with their own families as well as their colleagues. An analysis by Hewitt (2007) of feedback forms by workers in Pennsylvania’s first FDC classes found self-reports of having reframed beliefs, perceptions, and values pertaining to their view of themselves or others in their personal lives, as well as ways in which FDC provided an impetus to make changes in their personal lives. Focus group findings in Smith, McCarthy, Hill, and Mosley (2007) documented workers’ perceptions of personal growth based on FDC training, including changes in how they interacted with others in their personal lives.

TABLE 4. Outcomes for Workers, Families, and Agencies/Systems in Family Development Credential (FDC) Program Logic Model

GROUP	INITIAL OUTCOMES	INTERMEDIATE OUTCOMES	LONG-TERM IMPACT/ VISION
Workers	Develop personally; increase their knowledge about and skills in family development practice; use skills they learn in FDC in their personal and professional lives.	Network with and make referrals to each other; progress in their educational goals and careers; provide leadership.	Democratization (workers realize their power and use their voice for needed changes); hope.
Families	Members/help-seekers experience the "seven steps of family development."	Demonstrate ability to set and reach their own goals; are less dependent and more involved in community.	Have adequate, sustainable income; youth are engaged in their family, school, and community; children and youth are safe in their homes and communities; democratization (family members and workers realize their power; use voice for change); individuals and families have healthy self-reliance and interdependence; hope.
Agencies/ Systems		Service providers adapt policies, procedures and forms to support family development; agencies see more efficiency and fewer crises; higher staff morale and lower turnover; agencies reward credential in hiring and promotions; support for family empowerment increases among service providers and officials.	Family development principles and practices are applied in all helping services; family development is taught in preservice education; communities, states, nations create conditions through which families can reach their goals; diversity (race, ethnicity, gender, class, family form, religion, physical/mental ability, age, and sexual orientation) recognized as important reality; hope.

From "Building a Theory of Change and a Logic Model for Empowerment-Based Family Support Training and Credentialing Program," by B. Crane, 2000, unpublished doctoral dissertation, Cornell University, Ithaca, New York.

Consistently, findings across studies showed effects related to the second initial outcome for workers, *frontline workers increase their skills and competencies in family development practice*, based on self-report data from workers as well as perceptions of supervisors (Bell & Hollingsworth, 2006; Crane, 2000; Hewitt, 2007; Palmer-House, 2006; Rolison & Watrous, 2003; Salandy, 2000; Smith et al., 2007; Svihula & Austin, 2004; Watson-Smith, 2003). Findings were compelling regarding (a) changes in communication styles, (b) paradigm shifts from a deficit to a strengths-based model of practice, (c) transformation in how workers view families, (d) improved listening skills, and (e) relationship building skills.

Findings regarding the third initial outcome, *frontline workers use family development principles and practices in their work*, are strong because they are consistent across data sources. Qualitative findings from studies that asked supervisors, administrators, and/or families to consider how workers have demonstrated family development knowledge and skills in practice, suggest that workers are integrating these principles and using the skills (Bell & Hollingsworth, 2006; Crane, 2000; Rolison & Watrous, 2003; Svihula & Austin, 2004; Watson-Smith, 2003). Consistent themes were (a) improved communication skills, (b) employment of a strengths-based approach, and (c) treating families as partners in the helping process.

A few studies have attempted to quantitatively evaluate the effect of FDC on workers; however, research limitations make conclusions tentative. For example, research by Alpert and Britner (2005) compared change in attitudes between FDC-trained and non-FDC-trained child protective service workers, finding that FDC did not appear to be specifically responsible for the family-focused attitudes that *all* participants in the study evidenced. A limitation may be related to the way researchers measured family-focused attitudes and whether it was sufficiently

discriminating to assess the effects of FDC training.

Smith et al. (2007) compared changes in FDC-trained and non-FDC-trained workers over time on several variables including self-esteem, mastery, job satisfaction, burnout, sense of professional mission, and several topics specific to the FDC curriculum. Findings suggest that FDC-trained workers had higher overall scores in self-esteem, mastery, and professional self-esteem than their comparison group. A limitation of this research is that differences between experimental and control groups were not statistically controlled for during data analysis.

Watson-Smith (2003) measured change over time in knowledge and skills of FDC-trained and non-FDC-trained Head Start workers. Her study showed that the knowledge, skills, and attitudes of FDC-trained workers were rated more highly over time as compared to non-FDC-trained workers. However, her small sample size of 14 is a limiting factor in the strength of these comparative findings.

Although fewer FDC studies addressed the intermediate outcomes for workers proposed in Crane's logic model, limited data exist that are promising. Findings pertaining to the first intermediate outcome, *workers who took training informally network with and make referrals to each other*, are demonstrated in self-report data in several studies (Bell & Hollingsworth, 2006; Crane, 2000; Hewitt, 2007; Palmer-House, 2006; Salandy, 2000; Smith et al., 2007). Workers' perceptions of the value and use of knowledge gained about community resources and networking skills were documented across studies. However, no studies attempted to measure or document the degree to which networking and referrals have increased.

Self-report findings relevant to the second intermediate outcome, *workers progress in their educational goals and careers*, were reported in two studies (Crane, 2000; Svihula & Austin, 2004). Crane (2000) also reported findings pertaining to the third intermediate outcome,

FDC workers and trainers provide leadership; however, no other studies reported findings in this area. Finally, Crane (2000) proposed two long-term impacts related to workers: *democratization—workers realize their power and use their voice for needed changes and hope*. No other studies explored this larger empowerment process for workers or any changes in hopefulness.

FDC Outcomes for Families

A second set of outcomes proposed in Crane's logic model relates to the effects of the FDC program on the families, those whom the workers or trainees assist, as Table 4 depicts. Studies that report findings related to outcomes for families are drawn from one of two sources: (a) perceptions of family outcomes collected from workers, supervisors/administrators, or FDC trainers and (b) self-report data collected from family members themselves. Studies that report outcomes for families using reports from workers, supervisors/administrators, or FDC trainers (Crane, 2000; Rolison & Watrous, 2003; Salandy, 2000; Svihula & Austin, 2004) offer initial indications that families are benefiting from FDC.

Because such findings are reliant on third-party perceptions of benefit, studies that collected data from family members themselves add credence to those studies. Focus groups with families conducted by Crane (2000) and in-depth interviews by Forest (2006) focused on understanding how families perceived the helping process they experienced with FDC-trained workers, as well how they saw themselves as having benefited from the family development process in terms of their ability to set and achieve goals. Findings from both studies offer corroborating evidence that the first initial outcome, *family members/help-seekers experience the "seven steps of family development,"* and the first intermediate outcome, *families demonstrate ability to set and reach their own goals,* are being realized. Crane (2000) asked families to describe what they did when they met with their worker (who had taken FDC training) and to share what was helpful or not helpful to them. Findings suggest that those who worked with FDC-trained professionals experienced, in a variety of ways and depths, the seven steps of family development taught in the curriculum. In the Forest (2006) interviews, families reported that learning to set goals was a key skill in building their sense of greater self-reliance, and that receiving information and encouragement from workers was critical to reaching their goals.

Crane (2000) reported findings that provide initial evidence of the second intermediate outcome, *family members are less dependent and more involved in community,* and the fifth long-term impact, *individuals and families develop healthy self-reliance and interdependence with their communities*. Initial indications of these outcomes were shown by interviews or focus groups with workers, families, and trainers of ways in which family members provided numerous examples of ways families have become more engaged within their communities. To date, no other studies have replicated these findings. Crane (2000) was also the sole study reporting findings pertaining to the long-term impact/vision for families: *families have adequate, sustainable income; youth are engaged in their family, school, and community; children and youth are safe in their homes and communities; democratization—family members realize their power and use their voice for needed changes, and hope,* representing another area for future research.

FDC Outcomes for Agencies and Systems

The third set of outcomes proposed in Crane's logic model relate to the effects of the FDC program on agencies and systems, as depicted in Table 4. Of the studies that reported on effects of FDC on agencies and systems, several reported findings relevant to the fifth intermedi-

ate outcome, *support for family empowerment increases among service providers and officials*. Such findings came from studies that asked agency supervisors, administrators, or FDC trainers or workers to share perceptions of how FDC has affected or benefited their agency or the overall helping system (Crane, 2000; Rolison & Watrous, 2003; Smith et al., 2007; Svihula & Austin, 2004; Watson-Smith, 2003). Studies also reported data indicating practices and policies at the organizational and system levels that create constraints that must be overcome to fully achieve the goals of FDC (Palmer-House, 2006; Rolison & Watrous, 2003; Salandy, 2000; Smith et al., 2007; Svihula & Austin, 2004). Such findings primarily came from interview or survey questions asking respondents to specifically consider obstacles or the limitations they personally face (workers) or the system overall faces in being able to implement FDC. Limited studies included formal evaluative efforts specifically aimed at measuring agency-level outcomes or changes that would supply data relevant to the first four intermediate agency or system outcomes, representing another fertile area for future research.

Related to the fourth intermediate outcome, *agencies reward credentialing in hiring and promotions,* Crane (2000) and Svihula and Austin (2004) provided examples of how agencies are actively engaged in and supportive of the FDC program, including changes in organizational practices such as giving credentialed workers first preference in hiring and promotions.

Finally, relevant to the third intermediate outcome, *higher staff morale and lower turnover,* Smith et al. (2007) measured the Missouri FDC Program's impact on workers' attitudes toward themselves and their jobs, finding that agency turnover rates were not statistically different for credentialed and noncredentialed workers 1.25 years after the FDC program had started.

FDC Research Agenda

FDC research efforts have been highly varied in scope, focus, theory, and methodology. Our recommendations for future research are related to (a) conceptual or theoretical frameworks in which future research might be grounded, (b) methodological considerations, and (c) expansion of research efforts addressing multilevel programmatic outcomes.

Conceptual or Theoretical Frameworks

Several studies (Crane, 2000; Palmer-House, 2006; Watson-Smith, 2003) situated their research within adult educational theories, for example, Kolb's experiential learning theory; Knowles's self-directed learning model; Bandura's theory of self-efficacy; Adkins's structured inquiry learning model; Mezirow's transformative learning theory; and Freire's critical reflection praxis model. Additionally, Palmer-House (2006) and Watson-Smith (2003) drew upon evaluation theory, including Kirkpatrick's four-level approach for evaluation. Two studies (Crane, 2000; Palmer-House, 2006) used theory of change. One study (Alpert & Britner, 2005) used social exchange theory and Lewin's field theory.

For future research, we suggest two additional theoretical approaches to understanding FDC processes and outcomes—empowerment and transfer of learning. First, using theories of *empowerment* (see Zimmerman, 2000), FDC can be seen as having the dual focus of (a) training workers as a means through which they can be empowered, for example, through conscientization (Freire, 1970), reflective practice, self-care, and collective identity; and (b) becoming empowering in their work, which includes working from an empowerment-oriented, strengths-based perspective, creating changes in organizational policies and practices, and participating in and effecting change in the larger helping system and community.

Ironically, although the FDC program was conceived based on empowerment principles and research, known studies of the program have not employed an empowerment theoretical framework to understand and measure change outcomes. As a multidimensional construct that has been highly developed in the literature on individual, organizational, and community levels, its application to a program intended to have impacts on multiple levels intrinsically makes sense. Such research efforts would represent a first step in understanding patterns of relationship between the process and outcomes of empowerment in the context of a human service program designed to impact both on multiple levels.

Theories related to *transfer of learning* (see Holton, Bates, Bookter, & Yamkovenko, 2007) focus on understanding how training is transferred into practice. Although personal and professional benefits to workers as a result of the FDC program are important beginning points of change, the ability of workers to affect change beyond themselves to benefit the families they serve is paramount. Some FDC studies have found that practices and policies at the organizational and system levels represent barriers to achieving the transformative goals of FDC. Efforts to systematically measure and understand those constraints may benefit from conceptual and measurement frameworks in the transfer of learning arena.

Methodological Recommendations

Based on analysis of strengths and limitations of research methods used in FDC studies to date, we recommend the following strategies to strengthen and expand FDC evaluation:

Data collection. Self-report data have been most frequently used to assess program effects, particularly for workers, for example, perceptions of personal and professional learning and change as a result of the FDC training content and experience. Some researchers have sought to triangulate self-report data by exploring how agency administrators, supervisors, FDC trainers, or families perceived change in workers. Research efforts that employ such additional methods of data collection would further corroborate findings of the positive impact FDC is perceived to have on workers, as would research efforts that systematically measure change in worker knowledge, values, and skills, or evaluate how learning is transferred into practice.

Qualitative research. Most FDC studies have used qualitative methods, producing in-depth data based on small samples. With the exception of two studies for which substantive information regarding the general research process was not available, the overall rigor in these studies is high, with efforts made to ensure findings were credible, trustworthy, and transferable. Additional research that uses qualitative methods for construct development, to further elucidate programmatic outcomes at family and organizational levels, is critical. Also, future efforts that seek to understand how long-term change occurs and is sustained by workers, families, and organizations would also be highly suited to future qualitative research endeavors.

Sample size. The limitations associated with quantitative research carried out thus far illustrate the challenges in evaluating a program with the scope of the FDC and its multiple levels of outcomes. Although existing studies provide useful examples of how quantitative research methods can be used to document programmatic outcomes, the use of more rigorous designs based on larger sample sizes is needed to validate findings.

Recommendations for Expanded Research on Multilevel Outcomes

This article examined the findings of current FDC research using the framework of a logic model that projects initial, intermediate, and long-term impacts for workers, families, organizations, and systems/

communities (Crane, 2000). The knowledge base for this program would be enhanced if the Crane logic model were taken a step further by development of indicators related to each outcome, along with valid and reliable measures of those indicators.

Examining findings from existing studies using Crane's logic model reveals that research on outcomes for workers has been most vigorously pursued, with findings documenting strong evidence for initial worker outcomes, and more limited findings that reveal intermediate and long-term impacts. Future research specifically designed to examine intermediate and long-term impacts on workers would be valuable. This adds further credence to the need to pursue research-based development of valid indicators for program outcomes.

Several research efforts have sought to understand the impact of FDC on families assisted by FDC-trainer workers, primarily relying on individual and focus group interviews with such family members to uncover perceptions about how use of family development practices has made a difference in their ability to accomplish desired changes in their lives. However, no large-scale studies have evaluated lasting effects for families, specifically whether they have an increased ability to set and reach their own goals, an important outcome of this family empowerment program. Longitudinal research efforts designed to understand program effects on families over time are strongly recommended.

The least developed area of research on the FDC program relates to agency or system-level impacts. Although some FDC studies have collected data from workers, supervisors, and administrators about their perceptions of agency or system-level impacts as a result of FDC, there have been no studies designed to assess FDC's impact on agencies and systems. Preliminary findings, though limited in scope or depth, illuminate the need for research aimed at systematically evaluating the scope and breadth of changes in organizational policies, practices, and culture as a result of FDC, including the supports and constraints staff in agencies experience in trying to create organizational change.

Issues related to program implementation have been identified in some of the studies, including challenges faced by workers taking part in this intensive program. However, these were not a central focus of the research. There is a need for such formative evaluations, possibly leading to documentation of best practices for institutionalization of family development programs and practices locally, statewide, and nationally.

Finally, the FDC studies are case studies that present findings relevant to a particular local or state FDC program. No FDC studies as yet have compared outcomes or impact between FDC programs. As well, no studies have evaluated or documented FDC impact regionally or nationally. Such research would further strengthen knowledge about program effects.

Conclusion

This article has systematically evaluated and synthesized 11 known studies carried out on the Cornell Family Development Credential Program since its inception in 1996. Attention was given to reporting the nature, scope, and overall quality of the studies, as well as the unique and shared findings across studies. Findings in four outcome areas were presented, using the Crane (2000) logic model, a conceptual framework of initial and intermediate outcomes and potential long-term impact proposed by one of the original creators of the FDC program. A future research agenda is proposed based on the scope and depth of current findings relevant to workers, families, agencies, communities, and helping systems.

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