Perceptions of Fidelity to Family Group Decision-Making Principles: Examining the Impact of Race, Gender, and Relationship

This study explored the perceptions of fidelity to family group principles using comparative information from family, friends, and professionals, taking into account race and gender. White respondents felt there was a greater degree of fidelity than did the African American respondents, with other race respondents sometimes rating similarly to both white and African American respondents. Professionals generally perceived a greater level of fidelity and there were significant race by respondent interactions.
Studies consistently find that families and youth are satisfied with family group decision-making (FGDM) and other forms of family group involvement (Bell & Wilson, 2006; Burford, 2001; Crampton & Jackson, 2007; Crea & Berzin, 2009; Pennell & Anderson, 2005; Pennell & Burford, 2000; Sheets, Wittenstrom, Fong, James, Tecci, Baumann, & Rodriguez, 2009; Sieppert, Hudson, & Unrau, 2000). However, a high degree of satisfaction with the meeting or conference does not mean that youth, families, and community partners are truly empowered (Crampton & Pennell, 2009; Lupton & Nixon, 1999). The goal of FGDM is to empower families to create and implement the solutions for protecting the safety and promoting the permanency and well-being of children and youth. What appears to be a simple practice change actually requires a tremendous paradigm shift for both families and professionals. The perspective shifts from one of client rights and blame to that of family and community responsibility and shared power. It also calls for the relinquishment of control by professionals who have typically assumed a directive stance in working with clients receiving child welfare services. This model of engaging and partnering with families requires effective communication and a shared understanding of and agreement on the goals and objectives for the family group meeting. Only a few studies have examined the family’s perceptions of implementing important family group principles during the conference using information from several sources (Berzin, Thomas, & Cohen, 2007; Pennell, 2004, 2005). Using data from a statewide study of family group implementation, this article adds to the growing body of research about the implementation of family group principles in practice. It compares the congruence of professionals and family members in their perception of fidelity to key family group principles and examines the impact of race, gender, and relationship. Recommendations for strengthening practices are included.

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Rights Versus Relationships

In the context of the child welfare system, children’s rights versus parent’s rights have often been conceptualized as a battle between child preservationists and family preservationists. Focusing on their separate rights unnecessarily creates an adversarial system in which neither the child nor the family is well-served (Huntington, 2006). This position is supported by the legal scholarship of Nedelsky (1993) who championed a “rights as relationship” model in which rights are formulated in a way that fosters beneficial relationships rather than sacrificing them for the sake of individual or group autonomy. Child welfare policies have historically swung between child and parent rights as the operating model. Huntington proposed that a third model, focusing on problem solving and building relationships, would better serve the interests, rather than the rights, of both parents and children. A problem-solving model seeks to “demonstrate how negotiators . . . can more effectively accomplish their goals by focusing on the parties’ actual objectives rather than by focusing exclusively on the assumed objectives of maximizing individual gain” (Menkel-Meadow, 2000, p. 905). FGDM is complementary to this model in that the substantive child welfare interest of preventing maltreatment is the primary objective. The process for protecting this interest, however, is defined in terms of family problem solving, rather than solely child or family rights. By shifting the perspective from rights to solving problems, and from adversaries to collaborators, the group process allows for an honest discussion of what is needed to achieve the agreed-on objectives and the roles that the professionals, parents, family, and community will play in realizing these objectives.

FGDM: Communication

An indispensable requirement of a problem-solving model is effective communication to fully engage and empower parents, family members, youth, friends, and community members. Medicine is a field that has investigated how communication between help-giver and client
impacts decisionmaking. Using direct observation and recall analysis to measure behaviors and emotion, Saba, Wong, Schillinger, Fernandez, Somkin, Wilson, and Grumbach (2006) found that four types of engagement were operating in encounters between doctors and their patients. Of relevance to FGDM are encounters that look as though shared decision-making is occurring, but, in fact, is not, that is, “simulated engagement” and “assumed engagement.” In simulated engagement, participants withheld important information, feared negative judgments, and made assumptions in reaching an apparent agreement. On the surface, this communicative encounter and the decision reached “looked good,” but it did not “feel good” to the client (Saba et al., 2006). Conversely, in assumed engagement encounters, physicians and patients both assumed they understood why the other acted in a certain way and did not check these assumptions but were confident that they were correct. While the encounter “felt good,” shared decision-making did not occur and resulted in less than positive clinical outcomes.

Other studies in medicine have found differences in physician communication style when interacting with African American patients (Cooper, Roter, & Johnson, Ford, Steinwachs, & Powe, 2003; Johnson, Roter, Powe, & Cooper, 2004) and with those of Hispanic ethnicity (Xu, Borders, & Arif, 2004). For instance, physicians were more verbally dominant with African American patients than with white patients and less engaging in terms of a positive tone and affect in their encounters (Johnson et al., 2004). In an exploration of how parents of different ethnicities communicate with their children’s physicians, Xu et al. found that Hispanic parents were less engaged in participatory decision-making than non-Hispanic white parents. Finally, a study of interactions between physicians and black patients found that patients responded negatively to physicians who had high levels of implicit bias toward blacks (Penner, Dovidio, West, Gaertner, Albrecht, Dailey, & Markova, 2010). While the physician’s perception was based on their sense of whether they were being overtly racist in the interaction, black patients were attending to the negative subtle messages conveyed though body language and nonverbal behaviors. This may
explain why the physician felt that the interaction was positive but patient felt that it was a negative experience.

A critical difference from child welfare, engagement and decision sharing between patients and physicians are usually voluntary activities. Parents who are involved in child welfare services are typically not participating voluntarily, and the power discrepancy involved in the child protection process often complicates parental communication with professionals and shared decision-making. Before FGDM became well-established, Corby, Millar, and Young (1996) noted that communication in meetings involving families was because parents were expected to respond positively to child welfare professionals’ concerns rather than voicing their own concerns and that conferences were carefully staged to avoid conflict in the presence of families. The authors identified FGDM as a group process with a great potential for addressing these problems with communication. Since that time, FGDM has been widely adopted in North America, New Zealand, Australia, the United Kingdom, and Europe along with a body of research about the processes of the practice (Burford, Connolly, Morris, & Pennell, 2010; Vesneski, 2009).

FGDM: Fidelity

The expansion of FGDM in the United States has been determined by state child welfare agencies. The model is specified as a series of principles and related steps (Pennell, 2004). There are many advantages to this type of approach; specifically, the model can be applied to diverse cultures (Waites, Macgowan, Pennell, Carlton-Laney, & Weil, 2004), and individualized to fit family strengths, needs, and goals. However, the nonmanualized process potentially can lead to drift from FGDM principles due to pressures to conform to “business as usual,” fiscal or administrative limitations, or the result of inadequate training of staff implementing the practice (Crea, Crampton, Abramson-Madden, & Usher, 2008; Merkel-Holguin, 2000). The mixed findings on the effectiveness of FGDM in preventing recurrence of maltreatment, reducing placement changes, and improving permanence compared to typical interventions (Berzin, 2006; Pennell
& Burford, 2000), as well as creating long-term connections to services (Berzin et al., 2007; Weigensberg, Barth, & Guo, 2009) could be due to poor fidelity or a model of intervention that is not effective. In either case, this suggests that measuring implementation fidelity is a critical aspect of evaluating the outcomes (Crampton, 2007).

Although previous research has investigated aspects of fidelity (Bell & Wilson, 2006; Pennell, 2003a, 2003b; Pennell & Buford, 2000; Sieppert, Hudson, & Unrau, 2000; Thomas, Berzin, & Cohen, 2005), and fidelity and satisfaction (Pennell, 2006), only a few studies have used more than one perspective. In one of these studies, fidelity information collected from multiple sources found that although basic FGDM principles were followed, certain aspects such as community representation and mobilization of supports were not being consistently implemented (Berzin et al., 2007). Family members in another study also had a different perspective than professionals on whether families had the most say in developing the plan. In the North Carolina Family Group Conferencing (FGC) Project, Pennell (2004, 2005) examined fidelity with a subset of the participants. These individuals were contacted approximately a month after the conference and administered the achievement of FGC objectives questionnaire. Family group members, coordinators, and research observers at the same conference scored differently. In other words, there was divergence across individuals who participated in the same family group conference.

FGDM has been found to improve the outcomes for Hispanic and African American children in care (Sheets et al., 2009), and has been described as culturally responsive (Waites et al., 2004) and successful at keeping African American children connected to their families (Crampton & Jackson, 2007). However, there is not been great deal of research regarding race and participant status and FGDM. McCrae and Fusco (2010) found that referral of African American families to FGDM was more likely to occur when the caseworker was also African American and that African American children were more likely than white children to have other family members present at FGDM meetings. Two other notable differences were if the caregiver was perceived by the caseworker as being “uncooperative”
or the caregiver had prior child welfare system involvement, then the case was less likely to be referred to FGDM. These findings were not seen for white children involved in child welfare services. The authors speculate that together these findings suggest that FGDM is not always able to overcome problems with caregiver engagement.

While most of these studies had adequate sample sizes, one had a relatively small number of conferences and not all of the participants were asked about fidelity (Pennell, 2004), and the other was limited to two regions of a large state (Berzin et al., 2007). The study using national data (McCrae & Fusco, 2010) did not have a measure of fidelity, so it is unclear the degree to which the groups were practicing the principles of FGDM. To date, there has not been a study of fidelity to family group principles that has attempted to take a broad look at how it is being implemented across a state using multiple perspectives. Therefore, this article will explore whether there are differences (1) between professionals and family members in their perception of fidelity to key FGDM principles and (2) in the perception of fidelity between individuals of different races and gender.

**Method**

The adoption of FGDM in Pennsylvania began in 2002. All 67 counties were invited to apply to the Office of Children Youth and Families (OCYF) to obtain pilot funds from the Annie E. Casey Foundation for the adoption and implementation of FGDM. Since that time, the practice has spread to almost all of the 67 counties although it is not mandated by the state OCYF.

Pennsylvania uses a blended model based on both the family unity and FGC models. The meeting is divided into three main phases: opening and information gathering, private family time, decision-making, and plan acceptance. At the end of the family group meeting, the facilitator asks the participating individuals (parents, youths, family, friends, and professionals), to complete a survey that includes the achievement of family group objectives (Pennell, 2005) and demographic questions. The facilitator and the coordinator of the family group do not complete surveys. A total of 6,765
surveys were collected during the period of July 2009 to April 2010. Because the total number of participants was not collected, and completing the survey was voluntary, it was not possible to determine the response rate.

**Measures**

Pennell (2004, 2005, 2006) created the achievement of FGC objectives questionnaire as one way of measuring model fidelity. Based on empowerment theory and the study of FGC in different cultural contexts, the questionnaire operationalizes principles for activities that should occur before and during the conference. Respondents rate each of the 17 items using a 4-point strongly disagree to strongly agree scale. For each item a higher score (i.e., strongly agree = 4) is a more favorable response and indicates a greater degree of fidelity. A notable feature of the questionnaire is that the “family group” is the object of the rating rather than the individual, for example, “the family group was prepared” rather than “I was prepared.” An exploratory factor analysis revealed a three-factor solution (Pennell, 2004, 2005). The first factor, “cultural safety” has four items that indicate that the conference was held in a way that felt right to the family group. Three of the items relate to the family’s culture: where and how the conference was held, and who was attending (Pennell, 2005). For example, “The conference was held in a place that felt right to the family group.” The fourth item, “The conference had enough supports and protections,” is in relation to the family feeling a sense of physical and emotional safety in the conference. The second factor, “family and community partnerships,” has four items, two of which are about role clarity and the purpose of the conference, for example, “The family group understood the reasons for holding the conference.” The other items are about adequate preparation for the conference. The third factor has a total of six items measuring the empowerment of the family. Two items are about the relationship of the coordinator to the group, the relationship of the providers to the family group, and the relationships among the family group members (Pennell, 2005, p. 116). For example, an item that operationalizes the principle that there is a balance of
power between families and professionals is “service providers shared their knowledge but they did not tell the family group how to solve the problems.”

A canonical correlation identified a fourth factor (Pennell, 2006) yielding three additional items: “Different sides of the family were invited to the conference”; “The plan included steps to evaluate if the plan is working and to get the family group back together again if needed”; and “Children and youth approved the plans without unnecessary delays”. In other words, when “conferences included multiple sides of the family, they tended to build more family contributions into the plan, establish clearer systems of evaluating and revising plans, and receive more timely approvals by social services” (Pennell, 2006, p. 296). These items were of interest because an earlier statewide study in Pennsylvania had indicated that follow-up was problematic and that there were fewer paternal relatives attending family groups (Rauktis, 2008). Demographic questions were also included at the end of the questionnaire.

**Data Analysis**

Multivariate analyses of variance (MANOVA; SPSS Version 18) was used to examine group (race, gender, and relationship) differences across the 17 items. The race of respondent was recoded into three categories: African American (n = 567), white (n = 1,894), and other race (n = 359). The other race category now included Asian/Pacific Islanders, Native Americans/Alaskan/Hawaiian, biracial, and others. Similarly, the 27 response options for the “what is your relationship to the children in the family” question were recoded into one of six categories: child (n = 189), parent (n = 589), relative (n = 914), friend (n = 242), professional (n = 610), and other relationship (n = 276). The other relationship response category included individuals who typically identified as more than one category such as “foster parent and grandmother” and “pastor and friend,” as well as professionals who did not endorse one of the listed professional codes. All 17 fidelity items were transformed prior to analysis to minimize the impact on nonnormality. With the exception of item 3, which was log transformed, all other items were inverse transformed. The
means reported in Table 2, however, are raw-score means based on
the 4-point scale. A $2 \times 3 \times 6$ (gender by race by respondent)
MANOVA was used to examine the relationship between respon-
dent characteristics and responses to the 17 items. Post-hoc analyses
used the Bonferroni paired-comparison test.

**Results**

Table 1 presents the MANOVA results. The multivariate omnibus
test of differences between groups was significant for race and respon-
dent type. There were also two significant interactions: gender by
race and race by respondent type. The univariate means and post-hoc
test results are displayed in Table 2. Of the 17 items, 6 were signifi-
cantly different for race, with significant differences indicated by sub-
scripts A and B in Table 2. The six items were the facilitator respectful;
the coordinator did not have other roles; different sides of the fam-
ily were invited to the meeting; people at the conference included
family and those that felt like family; providers shared knowledge
but did not tell the family how to solve their problems; and the fam-
ily group was given private time to make a plan. While the means
suggest moderate fidelity with FGDM principles, overall the white
respondents who completed the achievement of FGC objectives
questionnaire felt that there was a greater degree of fidelity than did
the African American respondents. Conversely, other race respon-
dents sometimes rated fidelity similarly to the white respondents and
in other cases rated similarly to the African American respondents.
Interestingly, four of the six items with significant differences in the
ratings were indicators of family leadership and empowerment.

The type of respondent was also significant for six items, with sig-
nificant differences indicated by subscripts X, Y, and Z in Table 2.
These items were the service provider was clear about his or her role;
the facilitator respectful; the service providers were prepared for the
group; the providers shared knowledge but did not tell the family how
to solve the problems; the family group was given private time to
make a plan; and the plan was approved without unnecessary delays.
These items are indicators of community partnerships and family
leadership/empowerment. While all of the item means are in the 3.0 and higher range, the trend that was true for each of these items was that professionals who completed the questionnaire felt that there was a greater degree of fidelity.

There were two significant differences for the race by respondent interaction: item 1, the provider was clear about their role; and item 2, the plan included ways the family group will help out. For both items, African American respondents in the parents, friends, and other relationship groups had the lowest means, whereas the means for white parents and white friends were higher and similar to the means for the remaining race/respondent groups. There was only one significant difference for the race by gender interaction. In rating whether there were more family member than service providers invited, African American female respondents had the lowest average whereas African American males had the highest average score. White and other race female respondents had the highest average rating for this item with the averages for males in this group falling midway between the high and low means.

### Discussion

Creating a safe and nurturing environment for children requires that parents, family, and professionals work together to achieve objectives.
### Table 2
Means and Significant Differences for Race and Relationship for the FGDM Model Fidelity Items*

<table>
<thead>
<tr>
<th>Q</th>
<th>Question</th>
<th>Black</th>
<th>White</th>
<th>Other</th>
<th>Child (xy)</th>
<th>Parent (xy)</th>
<th>Relative (xy)</th>
<th>Friend (xy)</th>
<th>Other (yz)</th>
<th>Prof. (z)</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Provider clear about role</td>
<td>3.49</td>
<td>3.56</td>
<td>3.55</td>
<td>3.49</td>
<td>3.51</td>
<td>3.53</td>
<td>3.41</td>
<td>3.59</td>
<td>3.66</td>
</tr>
<tr>
<td>02</td>
<td>Facilitator respectful</td>
<td>3.55</td>
<td>3.68</td>
<td>3.60</td>
<td>3.54 (x)</td>
<td>3.59 (x)</td>
<td>3.62</td>
<td>3.46 (x)</td>
<td>3.64 (x)</td>
<td>3.81 (y)</td>
</tr>
<tr>
<td>03</td>
<td>Coordinator did not have other roles</td>
<td>2.94</td>
<td>3.17</td>
<td>3.22</td>
<td>3.19</td>
<td>3.05</td>
<td>3.21</td>
<td>3.06</td>
<td>3.15</td>
<td>2.99</td>
</tr>
<tr>
<td>04</td>
<td>Family group understood reason for conference</td>
<td>3.50</td>
<td>3.56</td>
<td>3.54</td>
<td>3.53</td>
<td>3.51</td>
<td>3.52</td>
<td>3.50</td>
<td>3.57</td>
<td>3.64</td>
</tr>
<tr>
<td>05</td>
<td>Family group held in place right for family</td>
<td>3.47</td>
<td>3.54</td>
<td>3.51</td>
<td>3.46</td>
<td>3.54</td>
<td>3.52</td>
<td>3.44</td>
<td>3.55</td>
<td>3.54</td>
</tr>
<tr>
<td>06</td>
<td>Family group held in a way that was right for family</td>
<td>3.49</td>
<td>3.52</td>
<td>3.50</td>
<td>3.52</td>
<td>3.52</td>
<td>3.49</td>
<td>3.42</td>
<td>3.51</td>
<td>3.56</td>
</tr>
<tr>
<td>07</td>
<td>More family than providers at meeting</td>
<td>3.31</td>
<td>3.35</td>
<td>3.35</td>
<td>3.34</td>
<td>3.27</td>
<td>3.32</td>
<td>3.36</td>
<td>3.42</td>
<td>3.33</td>
</tr>
<tr>
<td>08</td>
<td>Different sides were invited to meeting</td>
<td>3.23</td>
<td>3.34</td>
<td>3.22</td>
<td>3.29</td>
<td>3.28</td>
<td>3.28</td>
<td>3.16</td>
<td>3.36</td>
<td>3.22</td>
</tr>
<tr>
<td>09</td>
<td>Family group included family, friends, and like-family others</td>
<td>3.34</td>
<td>3.46</td>
<td>3.49</td>
<td>3.42</td>
<td>3.41</td>
<td>3.41</td>
<td>3.45</td>
<td>3.51</td>
<td>3.38</td>
</tr>
<tr>
<td>10</td>
<td>Family group was prepared</td>
<td>3.42</td>
<td>3.46</td>
<td>3.46</td>
<td>3.42</td>
<td>3.43</td>
<td>3.43</td>
<td>3.38</td>
<td>3.48</td>
<td>3.56</td>
</tr>
<tr>
<td>11</td>
<td>Service providers were prepared</td>
<td>3.46</td>
<td>3.54</td>
<td>3.50</td>
<td>3.48 (x)</td>
<td>3.50 (x)</td>
<td>3.52 (x)</td>
<td>3.37 (x)</td>
<td>3.54 (x)</td>
<td>3.62 (x)</td>
</tr>
<tr>
<td>12</td>
<td>Family group supported and protected</td>
<td>3.42</td>
<td>3.48</td>
<td>3.48</td>
<td>3.43</td>
<td>3.44</td>
<td>3.48</td>
<td>3.37</td>
<td>3.50</td>
<td>3.55</td>
</tr>
<tr>
<td>13</td>
<td>Providers shared knowledge but did not tell family how to solve problems</td>
<td>3.22</td>
<td>3.39</td>
<td>3.18</td>
<td>3.20 (x)</td>
<td>3.18 (x)</td>
<td>3.17</td>
<td>3.15 (x)</td>
<td>3.34 (xy)</td>
<td>3.55 (y)</td>
</tr>
<tr>
<td>14</td>
<td>Family group had private time to make a plan</td>
<td>3.51</td>
<td>3.61</td>
<td>3.59</td>
<td>3.55 (x)</td>
<td>3.55 (x)</td>
<td>3.54 (x)</td>
<td>3.46 (x)</td>
<td>3.60 (xy)</td>
<td>3.71 (y)</td>
</tr>
<tr>
<td>15</td>
<td>The plan included ways the family group will help</td>
<td>3.50</td>
<td>3.53</td>
<td>3.53</td>
<td>3.46</td>
<td>3.51</td>
<td>3.53</td>
<td>3.46</td>
<td>3.58</td>
<td>3.57</td>
</tr>
<tr>
<td>16</td>
<td>The plan had steps for evaluation and updating the plan</td>
<td>3.45</td>
<td>3.45</td>
<td>3.49</td>
<td>3.44</td>
<td>3.50</td>
<td>3.45</td>
<td>3.41</td>
<td>3.56</td>
<td>3.43</td>
</tr>
<tr>
<td>17</td>
<td>The plan was approved without delay</td>
<td>3.38</td>
<td>3.46</td>
<td>3.46</td>
<td>3.43 (xy)</td>
<td>3.38 (x)</td>
<td>3.39 (x)</td>
<td>3.35 (x)</td>
<td>3.46 (xy)</td>
<td>3.60 (y)</td>
</tr>
</tbody>
</table>

*Note: Means with subscripts indicate that there was a significant difference for that question; different subscripts indicate which groups were significantly different (all \( p < 0.05 \)). A-B subscripts are used for race differences; X-Y-Z subscripts are used for relationship differences.
beyond individuals’ “rights.” FGDM provides a process for developing these relationships, but group processes by nature are complex. In addition to the intragroup (within family) dynamics, there are intergroup dynamics between racial groups and between professionals and nonprofessionals to be considered. Disadvantaged groups such as families and African Americans will have different perceptions than advantaged groups due to history and personal experience. Therefore, this study explored the perceptions of the implementation of family group principles using comparative information from several sources. While the means suggest a moderate perceived level of overall fidelity to the principles, generally the white respondents felt that there was a greater degree of fidelity than did the African American respondents. For their part, other race respondents sometimes rated fidelity similarly to the white respondents and at times rated similarly to the African American respondents. The type of respondent was also significant, with professionals generally perceiving a greater level of fidelity to the principles. Race by respondent interactions suggested that for a two items, African American family and friends had the least favorable perception and white family and friends had the most favorable perception of the provider having a clear role and the plan including ways the family will help. The only significant race by gender item was African American females responding that there was lower fidelity to the principle of more family than providers at the family group meeting. Perception of fidelity by all groups was in the moderate range, but generally white respondents seemed to feel that there is a greater fidelity to the principles of FGDM, particularly in terms of family leadership and empowerment. There are several possibilities for this finding. Firstly, it may be that FGDM interactions were less empowering for families of color, as was found in the earlier studies of physicians interacting with patients of color (Cooper et al., 2003; Johnson et al., 2004). There are studies of professional clinical judgments that suggest the presence of unconscious bias when interacting with individuals of a different race, ethnicity, class, or gender (Garb, 1997; Penner et al., 2010) that may result in less engaging behaviors or subtle behaviors that are perceived as biased. African Americans and other
members of disadvantaged groups attend closely to these behaviors, which in turn form their impressions of intergroup interactions (Dovidio, Kawakami, & Gaertner, 2002). The mixed message can interfere with group’s ability to work productively. Because this is a respondent-reported measure of fidelity rather than observed, and implicit and explicit biases were not measured, this cannot be confirmed or ruled-out. It may also be that the language used in the FGC questionnaire was understood differently by African Americans than by whites. For instance, there may be cultural differences in what “private time,” “solving problems,” or “professionals” means. Secondly, the higher levels of fidelity reported by professionals may be similar to the condition of “simulated agreement” communication in which apparent agreement was assumed by professionals (Saba et al., 2006). Studies examining the congruence between professional and client perceptions of therapy have also found that professionals believed that there was greater therapeutic alliance than did the client, and that the professionals did not question their assumption (Bickman, Vides de Andrade, Lambert, Doucette, Sapyta, Boyd, Rumberger, Moore-Kurnot, McDonough, & Rauktis, 2004). It may also be that the professionals participating in FGDM have a strong investment in it, making them less perceptive to differences in how it is being perceived. The shift to shared decision-making is a major change for both families and professionals and the FGC may be the first experience of this approach for the family group participants as well as professionals. The study findings suggest that FGDM facilitators may want to “check in” periodically during the group with families, relatives, friends, and youths rather than assuming that families feel empowered to lead, and there is shared understanding of what this involves.

Because these findings are exploratory and cross-sectional, causal inference cannot be determined and these conclusions are cautiously offered. The effect sizes were small, which suggests that many other uninvestigated factors may be impacting fidelity besides relationship, race, and gender. Other study limitations include that the FGC questionnaire was originally interviewer administered on average one month after the group whereas in this study it was filled out by the
respondent immediately following the group. This was also a voluntary study and individuals were free to refuse to participate. Because the number of refusals was not documented, the response rate could not be calculated, nor the impact of self-selection assessed. Consequently, the results could be from a nonrepresentative sample of the total group of participants in the family groups. The other relationship category that was created was one that included a mix of people, including friends, family, and professional because they could not be easily recoded into one of the new categories.

Three specific limitations to this study call for continued research. The first is that this study of fidelity did not include child, family, and community outcomes. Studies measuring intervention fidelity should be directly linked with outcomes (Berzin et al., 2007; Crampton, 2007). Based on their work in determining the relationship between wraparound fidelity and child outcomes, Ogles, Dowell, Melendez, Carlston, Hatfield, and Fields (2005) recommend using data from a heterogeneous set of meetings with varying levels of fidelity when estimating the relationship between fidelity and outcomes. The second limitation is that individuals were nested within family groups and groups within counties. This research looked at averages across all of the family groups rather than averages within groups. Research that takes into account the nested nature of families within groups and groups within counties may provide additional information about the contribution of regional variation to the unique perceptions about fidelity within families. The third is the congruence of race between the facilitator, the coordinator, and the family was not included in these analyses. This could be a factor that influences perception of fidelity or even the delivery of the intervention as suggested by McCrae and Fusco (2010). Future studies about fidelity should also investigate the impact of facilitator-family racial congruence on perceived fidelity.

Recommendations

Monitoring fidelity to FGDM implementation is often overlooked, particularly when only the intervention itself is funded. When time
and resources are in short supply, the research priorities become
determining whether FGDM is effective in improving the perma-
nency, stability, and well-being of children and whether families are
satisfied. However, this exploratory study suggests that ongoing
fidelity monitoring is a worthwhile practice. Although FGDM
appears to be a straightforward approach to working with troubled
families, it is a shift from child saving—the historical role of child
welfare—to partnering with and empowering families. This is not
a simple change in procedure, but an organizational culture change;
model drift can occur even when the practice is well-established. If
FGDM is to truly change how families are engaged families, then
child welfare workers must continue to look at how the practice is
implemented.

References


