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Psychometric adaptation of the Family-Centred Practice Scales (FCPS) in families of children with unspecified intellectual disabilities

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Título: Adaptación psicométrica de las Escalas de Práctica Centrada en la Familia (FCPS) en familias de niños con discapacidad intelectual no especificada.

Resumen: *Introducción.* El presente trabajo examina las percepciones de los padres con hijos con discapacidad intelectual no especificada (DI-NE) sobre cómo se atiende a dichos niños en su centro de tratamiento, y destaca la importancia de las intervenciones educativas y terapéuticas adaptadas. El estudio subraya la necesidad de estrategias individualizadas y la contribución de la colaboración multidisciplinar para mejorar los resultados del desarrollo infantil. El objetivo central del presente estudio fue evaluar las características psicométricas de la adaptación española de las Escalas de Práctica Centrada en la Familia (FCPS) entre padres de niños con DI-NE en España. *Método.* Un total de 221 padres (112 mujeres y 109 hombres) participaron en este estudio. Se realizaron análisis descriptivos, análisis factorial confirmatorio, análisis de invarianza de género, análisis convergente y divergente e índices de fiabilidad, así como una comparación longitudinal de las puntuaciones al cabo de seis meses. Los datos se recogieron mediante escalas personalizadas de tipo Likert, seguidas de análisis factoriales exploratorios y confirmatorios. *Resultados.* El análisis factorial exploratorio indicó que el FCPS mide eficazmente las prácticas centradas en la familia, conservando su estructura original de dos factores: prácticas relacionales y prácticas participativas. El análisis factorial confirmatorio confirmó la alta consistencia interna de la puntuación global. El análisis de invarianza de la medida demostró que el FCPS es consistente en cuanto al género y la edad dentro de esta población. No se observaron cambios significativos en la puntuación después de seis meses. *Discusión.* Los resultados apoyan el FCPS como una herramienta fiable para evaluar las prácticas centradas en la familia en la Intervención Temprana en la Infancia para niños con DI-NE. El estudio destaca la importancia de adoptar enfoques centrados en la familia y subraya la necesidad de más formación y recursos para apoyar tanto a los profesionales como a las familias. Esta investigación contribuye a la comprensión de los factores que afectan a la adaptación familiar y al papel de las intervenciones individualizadas en la mejora del desarrollo infantil, independientemente de la causa de la discapacidad intelectual del niño. El documento subraya la importancia de un enfoque constructivo y de apoyo por parte de los profesionales para capacitar a las familias a la hora de hacer frente a los retos a los que se enfrentan.
Palabras clave: Prácticas centradas en la familia. Intervención temprana. Niños. Padres. Propiedades psicométricas. Discapacidad intelectual.

Abstract: *Introduction.* The present paper examines the perceptions of parents with children with unspecified intellectual disabilities (UID) on how said children are cared for in their treatment centre, and highlights the importance of tailored educational and therapeutic interventions. The study underlines the need for individualised strategies and the contribution of multidisciplinary collaboration to improve child development outcomes. The central aim of the present study was to evaluate the psychometric characteristics of the Spanish adaptation of the Family-Centered Practice Scales (FCPS) among parents of children with UID in Spain. *Methods.* A total of 221 parents (112 women and 109 men) participated in this study. Descriptive analysis, confirmatory factor analysis, gender invariance analysis, convergent and divergent analysis and reliability indices were performed, and a longitudinal comparison of scores after six months. Data were gathered using custom Likert-type scales, followed by both exploratory and confirmatory factor analyses. *Results.* Exploratory factor analysis indicated that the FCPS effectively measures family-centered practices, retaining its original two-factor structure: relational practices and participative practices. Confirmatory factor analysis confirmed high internal consistency for the overall score. Measurement invariance analysis demonstrated that the FCPS is consistent across gender and age within this population. No significant score changes were observed after six months. *Discussion.* The findings support the FCPS as a reliable tool for evaluating family-centered practices in Early Childhood Intervention for children with UID. This study highlights the significance of adopting family-centered approaches and emphasizes the need for further training and resources to support both professionals and families. The research contributes to the understanding of the factors affecting family adaptation and the role of individualized interventions in improving child development, regardless of the child's intellectual disability's cause. The document emphasizes the importance of a constructive and supportive approach by professionals to empower families in coping with the challenges they face.
Keywords: Family-centered practices. Early intervention. Children. Parents. Psychometric properties. Intellectual disabilities.

Introduction

Unspecified intellectual disability (UID) involves significant impairments in overall intellectual functioning and adaptive behaviour (American Psychological Association, APA, 2021), which can affect the learning process and adaptation to everyday life (Robles-Bello & Sánchez-Teruel, 2021). This requires multi-professional early intervention teams, a family environment that stimulates child development, and therapeutic attention focused on the child's potential rather than their difficulties (Balcells-Balcells et al., 2019; Valencia & Robles-Bello, 2020). However, there are certain individual and contextual factors within the family that modulate the level of stress experienced when raising a child with a disability (Ashworth et al. 2019; Gómez-Herrera et al., 2025). Specifically, the level of family stress is often related to maternal pain (Cuenca-Sánchez et al., 2024), family dynamics (Minnes et al., 2015), children's behavioural problems (Lee, 2013), and the availability of additional resources, which may vary depending on the nature of the disability (Dempsey et al., 2009), well-defined disabilities versus those with multiple or

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unclear origins (Robles-Bello & Sánchez-Teruel, 2022; Trivette et al. 2010), and insufficient social support (Cantwell et al., 2014). This lack of support can complicate early intervention efforts (Cuenca-Sánchez et al., 2024; Goedeke et al., 2019).

Children diagnosed with unspecified intellectual disability and their families are referred by paediatricians to Early Childhood Intervention and Development Centres (ECIDCs) (Robles-Bello & Sánchez-Teruel, 2013). ECIDCs employ a methodology called Family Centred Practice (FCP), which involves the active participation of families in a relational and participatory manner (Dunst et al., 2014; Robles-Bello et al., 2018). FCP focuses on equipping parents with essential values, skills, and competencies to improve intervention outcomes and strengthen the bond with their children (Escorcia et al., 2019). This holistic approach ensures that children enjoy family and social experiences like their peers, promoting equal opportunities within their community. FCP practices facilitate communication, empower parents to make informed decisions, and identify the family's strengths to address their concerns (Mas et al., 2018). Studies highlight that this professional working methodology (FCP) represents the most effective approach to helping families of children with disabilities or developmental delays (Frugone-Jaramillo & Gràcia, 2023). Within this model, professionals at these intervention centres recognise families as essential partners in a collaborative effort to foster and optimise the child's developmental potential (Masefield et al., 2020). The intervention is individualised, flexible, and sensitive to the needs of each child and their family, while ensuring that families replicate the therapeutic intervention models at home (Robles-Bello & Sánchez-Teruel, 2022). The shift from a child-centred approach driven by expert professionals to other models that include the family as experts and the context improves the effectiveness of early interventions (Sarhani-Robles et al., 2025).

To this end, this study evaluates the psychometric characteristics of the Family-Centered Practices Scale (FCPS) in a sample of Spanish families with children with Non-Specific Intellectual Disability (UID) between the ages of 0 and 6. Additionally, the scale's invariance based on gender and age (mothers and fathers) will be measured, and a longitudinal comparison of scores will be conducted over a six-month period.

Method

Participants

A total of 221 families participated in this study, all with children aged 0–6 years enrolled in Early Childhood Intervention and Development Centers (ECIDCs). Among the participants, 112 were female and 109 were male, with ages ranging from 26 to 53 years (M = 39.2; SD = 3.57). Table 1 summarizes the sociodemographic characteristics of this sample. Eligibility criteria for participation included: a) a confirmed pediatric diagnosis of UID for the son or daughter, b) regular center attendance for a minimum of six months, and c) implementation of a family-centered intervention model at the ECIDC. Regarding the exclusion criteria: 1) Not regularly attending early intervention sessions within the center; 2) Additionally presenting other genetic, neurological, or learning disorders; 3) Not participating in all phases of the study

Table 1
Demographic and Social Characteristics of the Families.

	N	n_1	n_2
Gender			
Female	112	52	60
Male	109	58	51
Age			
26-35	47	27	20
36-42	96	46	50
43-53	78	37	41
Marital status			
Married or in a committed relationship	143	70	73
Living independently (Separated/divorced)	24	12	12
With a new partner	54	28	26
Level of education			
No formal education	22	11	11
Completed primary education	66	33	33
Completed secondary education	80	40	40
University degree	53	26	27
Employment			
Full-time employment	71	39	32
Part-time employment	61	26	35
Unemployed	5	3	2
Self-employed worker	84	42	42
Total	221	110	111

Instruments

A *socio-demographic data sheet* was completed, the results of which are presented in Table 1.

The *Family-Centered Practices Scale-FCPS* by Dunst y Trivette (2003) adapted into Spanish by Mas et al. (2018) is a self-assessment tool used to gauge the use of family-centered methodology at ECIDC. The scale consists of 12 items, divided into two six-item subscales: *relational practices*, which assess interactions between parents and staff, and *participative practices*, which evaluate staff's support for parental involvement. Relational practices focus on activities like active listening and empathy, as well as staff beliefs about family strengths. Participative practices involve understanding family concerns, needs, priorities, decision-making and goal achievement. Responses are given on a 5-point Likert scale, ranging from 1 = never to 5 = always, with a minimum score of 12 points and a maximum score of 60 points. There are several versions of this scale. The version by Mas et al. (2018) has an alpha coefficient of .91. In addition, there are two versions that differentiate between the different types of developmental disabilities seen in these centres. The version for parents with children with Down syndrome-DS has an alpha of .57 (Robles-Bello & Sánchez-Teruel, 2022) and the

version for parents with children with autism spectrum disorder-ASD has an alpha of .94 (Robles-Bello & Sánchez-Teruel, 2021).

Procedure

Initially, the scale adapted by the Spanish authors (Mas et al., 2018) was obtained, informing them about this study and requesting permission for its use. This study was approved by the ethics committee of the first author's institution (Code: 20231113/NOV.PRY2). Simultaneously, several ECIDC associations and centers in southern Spain were contacted. After being informed, they sent information about this study to parents by email and phone. Sampling was conducted by convenience, and families who voluntarily wished to collaborate, after explaining the sequence to be followed, explicitly accepted their consent to participate. Subsequently, all the study information was emailed to the parents again, along with the measures outlined in the previous section, for them to complete individually. Data collection began in September 2023 without interfering with their children's early intervention sessions. The questionnaires were completed between sessions or at home and returned by email in the following weeks. After approximately six months, the FCPS was administered again in June 2024. Many parents expressed their gratitude for the study of children with UID.

Data analysis

A multiple imputation method was used for missing data (SPSS 23.0-IBM Corporation, 2013), which represented less than 1% of the total. Additionally, exploratory factor analysis conducted and checked for structural confirmation in two steps. First, the sample was randomly divided for structural analysis. An exploratory factor analysis (EFA) was performed with FACTOR 10.10.3 (Ferrando & Lorenzo-Seva, 2017), using unweighted least squares for factor extraction and the promine rotation method, and specific criteria were applied for item elimination where necessary. Subsequently, a confirmatory factor analysis (CFA) was performed on the second subsample using SPSS 23 AMOS (Byrne, 2016). Generalized Least Squares (GLS) estimation was employed for the CFA, and model fit was evaluated through several indices, including χ^2/df, RMSEA, CFI, and TLI. This method has been used because there is already a hypothesis about the latent structure of the scale, and the aim is to confirm whether that structure is maintained in the sample of this study. In addition, we assessed measurement invariance across gender and age by conducting a multigroup CFA in AMOS, applying established criteria for invariance testing. The significance level for all tests was set at $p < .05$.

Results

The results of the item analysis and internal consistency indicated considerable variability in the skewness and kurtosis within this sample (see Table 2), pointing to a departure from univariate normality. Each item demonstrated a satisfactory correlation with the total score (> .50), and the removal of any individual item did not improve the overall reliability of the scale.

Table 2
Descriptive analysis of the items (N = 221).

Test	*K-S*	S	K	*r*	*a item*
		SE (-.01)	*SE (2.69)*	*item-total*	*removed*
Relational Practices					
1	.13**	.12	.63	.73	.65
2	.35**	-.18	-.24	.61	.73
3	.62**	.10	-.64	.72	.52
4	.83**	-1.12	1.09	.68	.56
5	.75**	.06	-.88	.74	.64
6	.88**	.14	-.83	.69	.61
Participative Practices					
7	.37**	.26	-.83	.76	.71
8	.61**	-.29	-.91	.84	.52
9	.53**	-1.63	-1.82	.73	.69
10	.72**	.12	-.63	.78	.68
11	.30**	-.51	-.72	.69	.63
12	.35**	.21	-.11	.62	.58

Note. Original item numbering; S = Asymmetry; K = Kurtosis; SE = Standard error of asymmetry and kurtosis; K-S = Kolmogorov-Smirnov test; *Significant correlation at .05 (bilateral); ** Significant correlation at .01 (bilateral)

The Kaiser–Meyer–Olkin sampling adequacy index (KMO = .93), Bartlett's sphericity test (χ^2 = 1539.64; $p <$ .001), and the determinant of the correlation matrix (.005) confirmed the appropriateness of the data for conducting an exploratory factor analysis (Nunnally & Bernstein, 1994). The FACTOR program compares the mean or the 95th percentile of the factor's percentage of shared explained variance derived from randomly permuted data with the actual shared explained variance in the sample. If the observed percentage of a factor exceeds the random percentage, that factor is retained. This occurred twice with the FCPS. Consequently, we identified two dimensions explaining 31.28% (Factor I) and 29.85% (Factor II) of the variance (based on eigenvalues) (Table 3). As indicated in the table, the factorial loading for each item exceeded .50 in both dimensions.

The analysis of multivariate normality in the second sample (n_2 = 111) revealed the absence of multivariate normality in the distribution of items (Mardia = 632.08) (Mardia, 1970). The findings in Table 4 corroborate the outcomes from the exploratory factor analysis. Specifically, the CFA yielded highly favorable fit indices for the FCPS-Spanish within this sample, with a satisfactory and statistically significant χ^2/df, and all other indices demonstrating excellence: RMSEA (95% CI) below .06, commendable IFC, TLI, and GFI values surpassing the .95 threshold, with substantial agreement among the goodness-of-fit indicators. The com-

posite reliability (CR) was .79 and the average variance extracted (AVE) for the entire scale was 61%. Consequently, these results indicate a very robust adjustment and adequacy of the FCPS data in this second sample of parents of children with UID.

Table 3
Exploratory factor analysis (n_1 = 110).

Test	*Dimensions*		
FCPS	1	2	h^2
Relational Practices			
1	**.53**	.21	.14
2	**.67**	.15	.21
3	**.69**	.26	.82
4	**.51**	.19	.93
5	**.61**	.28	.36
6	**.74**	.12	.87
Participative Practices			
7	.11	**.62**	.60
8	.29	**.62**	.17
9	.21	**.74**	.28
10	.13	**.59**	.35
11	.26	**.71**	.56
12	.14	**.58**	.62
% Variance	31.28%	29.85%	

Note. h^2 = Communities; rotated loading with values > .50 in bold

Table 4
Confirmatory factor analysis (n_2 = 111).

	χ^2	df	χ^2/df	*p*	RMSEA (95% CI)	CFI	TLI	RMR	GFI
FCPS-UID	64.23	37	1.74	.00	.02[.01; .03]	.95	.96	.02	.94

Note. FCPS-UID = Family-Centered Practices Scale for Spanish parents with children with children with unspecified intellectual disabilities; χ^2 = Chi square; df = degrees of freedom, χ^2/df = Chi square goodness-of-fit index; *p* = significance level; RMSEA = Root mean square error of approximation; CFI = Comparative fit index; TLI = Tucker-Lewis index; RMR = Root mean residual; GFI = Gamma index.

Measurement invariance (n_2 = 111)

As illustrated in Table 5, the results of the measurement invariance analysis have been demonstrated for the sample of parents who have children with UID and who are cared for in early childhood centres. The table presents the CFA models according to the gender of the participants and the age ranges. It is evident from the data that there is a satisfactory fit for both gender and age. This finding suggests that the CFA models specified for males and females and for each age group exhibited a satisfactory fit to the data, thereby indicating the appropriateness of a multi-group CFA. The assessment of configural invariance (reference model) and metric invariance (factor loadings constrained to be equal across gender groups) yielded satisfactory levels of fit. The analysis of configural invariance on gender indicates that both males and females comprehend the FCPS-Spanish (see Appendix 1) in a similar manner, suggesting adequate levels of fit ($\Delta\chi^2(6) = 12.36$; $p > .05$). A similar outcome was observed in the comparison of the groups according to age, which appears to show that there is no variation in expectancy according to the age brackets presented ($\Delta\chi^2(8) = 26.32$; $p > .05$).

Table 5
Fit indices for the invariance tests in gender and age.

	χ^2	df	χ^2/df	*p*	RMSEA (95% CI)	CFI	$\Delta\chi^2$	ΔCFI
Male (n = 51)	46.10	25	1.75	.05	.02 [.01; .03]	.96		
Female (n = 60)	49.17	25	1.54	.00	.02[.01; .03]	.97		
Configural invariance gender	82.13	44	2.21	.32	.02[.02; .03]	.99	12.36^{ns}	.005
Age								
26-35	121.24	66	1.48	.01	.01 [.01; .04]	.96		
36-42	111.51	50	2.31	.00	.01 [.01; .03]	.97		
43-53	143.20	52	2.44	.00	.02[.02; .03]	.96		
Configural invariance age	181.64	69	1.79	.43	.01[.01; .03]	.95	26.32^{ns}	.008

Note. χ^2 = Chi-square; df = degrees of freedom, χ^2/df = Chi-square goodness-of-fit index; *p* = significance level; RMSEA = Root mean square error of approximation; CFI = Comparative Fit Index; $\Delta\chi^2$ = Difference test between the configural and metric invariance models; ΔCFI = Difference test between Comparative Fit Index; * $p < .05$; ** $p < .01$; ns = Not significant

Reliability and comparison of means (longitudinal)

The following statistics are described: descriptive statistics, reliability, comparison of means, test power and effect size (n_2 = 111) (see Table 6). These statistics are used to analyse the Family-Centred Practices Scale for Spanish parents of children with unspecified intellectual disabilities. The results referring to the level of consistency indicate an adequate level of Cronbach's alpha coefficient and the omega coefficient, with high values for the global scale and the two subscales in both indices. Comparison of the means between the two test time points (initial and after about 6 months) showed no difference between the two, there was a remarkable test power, but a very small effect size. The definitive scale can be seen in the Appendix.

Table 6

Descriptive statistics, reliability, comparison of means, test power and effect size (n_2 = 111) of the Family-Centred Practices Scale for Spanish parents of children with unspecified intellectual disabilities.

Test	*M(SD)*	Min.	Max.	K-S	ICC (IC95%)	A (.32)	K (.63)	ω	α	*t*	η^2	Pow.
Scale	51.79(2.28)	12	60	.28**	.82(.34-.94)	-1.17	1.24	.77	.79	19.11^{ns}	.13	1.16
Relational Practices	22.18(1.26)	6	30	.59**	.78 (.55-.83)	.16	.53	.79	.72	11.15^{ns}	.07	1.06
Participative Practices	19.14(1.54)	6	30	.37**	.72(.65-.86)	-1.42	2.08	.76	.69	13.67^{ns}	.05	.91

Note. M = Mean; *SD* = Standard Deviation; Min = Minimum; Max = Maximum; $p < .01$; K-S = Kolmogorov-Smirnov test; ICC = intraclass correlation coefficient; A = Asymmetry; K = Kurtosis; SD= Standard deviation of error of asymmetry and kurtosis; ω = Omega coefficient; α = Cronbach alpha; *t* = Test statistic at 6 months; η^2 = Eta squared; Pow. = Power of the test

Discussion

This research aimed to evaluate the psychometric properties of the Family-Centered Practices Scale (FCPS) developed by Dunst and Trivette (2003) and to assess its application among Spanish parents of children with UID participating in Early Childhood Intervention programs. The study included an analysis of the scale's structure and internal consistency, tested measurement invariance for gender (mothers and fathers) and age, and examined score consistency over a six-month period.

Prior research supports the effectiveness of family-centered practices in fostering parent-child interactions and developmental outcomes for children with UID (Ashworth et al., 2019; Goedeke et al., 2019; Mori et al., 2018). Results from an Exploratory Factor Analysis confirmed that the Spanish adaptation of the FCPS by Mas et al. (2018) appropriately measures family-centered practices, where the items are appropriately adjusted to families with children diagnosed with UID. The adapted version preserved the original two-factor structure, distinguishing between relational and participatory practices. Relational practices focus on actions like active listening and demonstrating empathy, including evaluating professionals' perceptions of family strengths. In contrast, participatory practices emphasize family priorities, involving them in decision-making, and setting achievable goals (Dunst & Trivette, 2009; Dunst et al., 2008; Trivette et al., 2009). Studies by Dempsey and Keen (2017) suggest that both subscales contribute to positive intervention outcomes, with participatory practices having a stronger impact on child development. Similarly, Escorcia et al., (2019) found that professionals often favor relational over participatory practices, highlighting the importance of encouraging the latter due to their critical therapeutic role. Both approaches ultimately promote skill development and new capabilities in children with disabilities (Dunst & Espe-Sherwindt, 2016). These results indicate that parental participation in the early intervention process enhances therapeutic success and encourages parents to reflect on the importance of generalizing tasks from the intervention center to the child's environment. However, family participation in early intervention processes remains a pending issue in many countries (Lee et al., 2021; Mestre et al., 2025).

The confirmatory factor analysis (CFA) of the original two-factor model yielded favorable fit indices, demonstrating good internal consistency, with Cronbach's alpha at .77 and McDonald's omega at .79. No previous studies have evaluated the measurement invariance of the FCPS across gender and age in parents of children with UID. This research found that CFA models for both male and female parents, as well as different age groups, exhibited good fit, validating the use of multiple-group CFA. Configural invariance confirmed that mothers and fathers interpret FCPS items similarly, and age comparisons suggested consistent understanding across different age ranges. Hence, the results indicate measurement invariance for gender and age in this Spanish UID sample. This study offers a foundation for understanding stability and change in family-centered practices across life stages. However, these findings diverge from prior research, where the majority studies emphasize mothers' experiences, often overlooking fathers due to their lower participation in therapy centers (Jukes et al., 2024). Research has also shown that mothers typically report greater emotional distress than fathers when raising a child with a disability (Pousada et al., 2013; Whittingham et al., 2012; Zablotsky et al., 2013), particularly in cases involving ASD and behavioral challenges (Mori et al., 2018). In this study, the invariability of the measurement in gender (fathers and mothers) is not observed, maybe because the representativeness of both parents in the samples has been equated and other types of comorbid childhood disorders in children have been excluded. High internal consistency has also been observed for the FCPS, not only compared to the reliability indices (alpha and omega), but also over the course of six months. In this sense, the scale shows no differences in both temporal measures, which could suggest that the level of stability over time is adequate.

Several limitations must be acknowledged. The use of convenience sampling restricts the generalizability of the findings. Additionally, adapting the FCPS for parents of children with UID may limit its applicability to other intellectual disability populations, necessitating further research to confirm its validity with diverse groups. On the other hand, a moderately low level of reliability was obtained for some items, specifically numbers 1, 3, 4, 5, 6, 8, 9, 10, 11, and 12. This raises the need to interpret the results of this study with parents of children with UID with some caution. The low communality (h^2) of some items has also been verified, but this could be explained by the scarcity of the subsamples used for each of the structural analyses performed. On the other hand, it has been obtained a moderate amount of explained variance was also found for the scale (60%). The variability of the sample and the variability of the pro-

fessionals who care for the children and their families could be modulating the moderate variability in the structural analyses.

Implications and applications

Early intervention for children ages 0 to 6 years should provide an appropriate and constructive response that facilitates learning and family participation in this therapeutic process (Robles-Bello et al., 2018). During ECIDC work sessions, dedicated time should be reserved to answer parents' questions and concerns, providing them with guidance and advice on how to resolve the problems they face according to the type of disorder. The feedback provided by professionals should be positive, recognize parents' strengths, and offer suggestions and ideas for improvement and problem-solving.

In this sense, professionals need a valid test that provides them with information about their daily work. However, professionals in these centers do not implement the family-centered practice model in all sessions, since both the workplaces and the professionals themselves face numerous obstacles to its implementation in clinical practice, especially the participatory practices subscale (Dempsey & Keem, 2017; Dunst & Espe-Sherwindt, 2016). As Dempsey and Keem (2017) point out, the effective implementation of this family-based approach poses a major challenge for all early childhood intervention professionals, and although intervention programs that include aspects of family-centered practice exist, evidence-based programs are not implemented.

In this sense, the obstacles that professionals may encounter are mainly that the perception of families and professionals may be different and represent a great obstacle to the implementation of FCP. In other words, professionals may be convinced that they are encouraging family participation in treatment and that it is the family that is not putting into practice everything that has been agreed or recommended to them. On the other hand, families may feel that their participation in the therapeutic process is not really being encouraged and that they are not receiving the training or resources necessary to put into practice what they have learned. This highlights the importance of training professionals through training programmes that help to improve the quality of family interventions to ensure the effectiveness of the implementation of the family-centred approach, as well as more specific training in Family-Centred Models (Escorcia et al., 2019). This conclusion reinforces the idea that the centres themselves and governments must take measures and adopt policies so that professionals have resources to do their work, i.e. have space and time to develop their professional relationships with families. It is also important that institutions, mainly universities, offer training opportunities for professionals to acquire values and knowledge and to work with families with adequate training in FCP (Balcells-Balcells et al., 2019).

Complementary information

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