



ACCORDS

ADULT AND CHILD CENTER FOR OUTCOMES  
RESEARCH AND DELIVERY SCIENCE

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**Prevention Research Center for Family and Child Health**

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**Nurse-Family Partnership® (NFP) International**

**Guidance Document - Use of Dyadic Assessments in NFP | October 2019**

**Background**

The NFP program is grounded in the theories of human ecology (Bronfenbrenner), self-efficacy (Bandura), and human attachment (Bowlby). Together these theories emphasize the importance of families' social context and individual beliefs, motivations, emotions, and internal representations of their experience in explaining the development of behaviour (Olds, 2007). Theory provides a framework for the development of interventions that contribute to the achievement of the three NFP program goals:

1. Improve pregnancy outcomes
2. Improve child health and development
3. Improve parents' economic self-sufficiency

Promotion of sensitive, competent caregiving is a major component of the NFP program model. It impacts on, and is an important mediator of, NFP program goals, especially improving child health and development.

In order to support clients and families to develop positive caregiving skills and strategies, NFP nurses need to understand and be able to identify the nature of caregiver/parent-child (dyadic) interactions. Skillfulness in this area enables them to accurately assess the interactions that they observe within home visits. These assessments are then used to guide the planning and implementation of activities within visits that promote positive caregiving. Observation of the dyadic interactions at regular intervals enables the NFP nurse to evaluate progress in competent caregiving, as well as identify any challenges and opportunities for growth that present as the child develops. Using an observational parenting assessment can also improve service planning, enhance staff development, promote reflective supervision, inform continuous quality improvement efforts, and provide data that can be analyzed to assess client outcomes.

*The use of dyadic assessments is identified within Core Model Element 11: NFP nurses and supervisors apply the theoretical framework that underpins the program (self-efficacy, human ecology, and attachment theories) to guide their clinical work and achievement of the three NFP goals.*

The promotion of caregivers' competence in providing care that is sensitive, responsive, and supports developmental growth is at the core of the NFP model. In the early years of NFP, the NCAST teaching and feeding scales<sup>i</sup> were integrated into the NFP program to provide NFP nurses with the education and skills they needed to assess dyadic interactions. In response to challenges identified with the continued use of the NCAST scales,

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<sup>i</sup> Caregiver–infant interaction assessment: Nursing Child Assessment Satellite Training (NCAST)  
<http://ncast.org/files/Published%20Studies%20PCI%20thru%20AUG%202015.pdf>

the Dyadic Assessment of Naturalistic Caregiver-Child Experiences (DANCE) observational measure was developed for the NFP program.

### **Expectations of International NFP Countries**

As the assessment of the caregiver-child (usually mother and child) interaction is a key component of the program model within the maternal role domain, it is expected that each NFP implementing country will consider how it will incorporate this component during their initial adaptation phases. The DANCE observational measure has been developed specifically for the NFP program model and links with other elements of the program. In line with other dyadic assessment measures, DANCE requires nurses to undertake specific education and gain a standard of proficiency in its use which is re-assessed on a regular basis. In countries where para-professionals have been approved to work alongside NFP nurses, it is possible for these staff to undertake one of three levels of DANCE education/training so that they have an understanding of dyadic interactions and the DANCE approach. In some circumstances these staff are able to gain proficiency and use the DANCE measure in home visits.

Nevertheless, there may be a number of reasons why DANCE is not suitable for use in an NFP-implementing country. Barriers to this will include language (DANCE is currently only available in English), context specific factors (such as local predominant use of another assessment tool), cultural appropriateness, and country readiness (for example where a country has not adopted any dyadic assessment measures within its system). In these instances, the implementing leadership team in each country will need to select an alternative observational approach for caregiver-child interaction in consultation with the NFP international team.

This paper provides guidance on the principles and processes to guide countries not able to utilize DANCE, as they determine the alternative measures that they will integrate into NFP within their context. The guidance, and proposals for local arrangements, should be discussed with the NFP International Consultant linked with each country. This process will be of a collaborative nature, accommodating and respecting the NFP program model, the expertise and experience of experts within the host country, and the client group and system context into which NFP is being introduced. There is much still to be learned about the cross-cultural impacts of this aspect of the program.

### **Principles**

When considering a potential dyadic assessment measure for NFP in their country, there are a number of important principles that should guide decision-making;

- 1. Agreement regarding the child outcome measures of primary importance to the implementing country and identification of caregiving behaviors that promote those outcomes within the communities being served by NFP**

The NFP program is designed to support families in protecting and promoting their children's health and development. The caregiver behaviors that are predictive of the protection of children have a lot of consistency across different societies. However, the practices that are linked with promotion of child development are more variable across countries. For example, in some cultures the use of praise is correlated with negative outcomes for children with regard to peer and adult acceptance. Intrusiveness is another behavior that in certain specific sub-cultures is correlated with positive outcomes (following the

direction of others). For this reason, it is important that the child outcomes and parenting mediators are identified and agreed upon.

### **1. Reliable, valid measure**

Wherever possible, an assessment tool should be selected that has been shown to be reliable and valid across the range of child developmental domains selected by the country as important for the age group 0-2 years.

***Where a valid and reliable tool is not available to be used***, the approach to caregiver-infant observation utilized within each country should enable an objective approach to be taken. Remaining neutral and taking an objective view of maternal-child dyad can be a challenge for NFP nurses who will have a strong and long-term relationship with their clients. Therefore, it is important that the dyadic assessment approach taken has sufficient robustness to enable NFP nurses to develop a true picture of the interaction

### **2. Strength-based**

As NFP takes a strength-based approach, it is important that the dyadic assessment measure is able to identify both strengths and challenges in the interactions observed. This will enable the nurse to affirm and build on the client's strengths as well as provide her with opportunities to focus her interventions on those areas where the client needs additional support.

### **3. Clinical utility in home visits**

The Clinical Lead, along with members of the national implementation team/NFP National Unit and country experts will need to consider the relative importance of a tool's research and proven efficacy alongside the feasibility of its use within NFP home visits. This includes ensuring that the selected tool is proportionate as a component of the home visits and its use is likely to be sustainable within the context of local services.

### **4. Linkage to NFP program goals, materials**

When considering the measure or approach that will be taken to dyadic assessments in their country, the implementation planning team/NFP National Unit should ensure that the range of caregiver behaviors and child outcomes that the tool is designed to promote is in line with the expected NFP outcomes and in-country priorities. It is also expected that the NFP Clinical Lead will consider, and plan for, the integration of the tool with other components of the program such as Partners in Parenting Education (PIPE) or other parenting curricula agreed for use within the program. Where tools include not only assessments, but also components designed to impact positively on interactions (such as Video Home Training or Video Interaction Guidance), care should be taken to explore with NFP nurses how this component complements other facets of the program.

### **5. Proficiency assessment/certification**

Many dyadic assessment tools include a mechanism for ensuring that those using the measure are able to use it accurately and consistently. This measure of 'proficiency' or 'certification' in use of the tool is usually re-assessed over time, to ensure that competence/skill is maintained. This is the case for both NCAST scales and DANCE. When deciding on an alternative approach, the implementation team/NFP National Unit should consider whether this is possible and how they will assess/assure the competence of their NFP nurses in the use of their selected approach. Where para-professionals have undertaken any dyadic assessment education, the Clinical Lead should ensure there is clarity regarding the scope and focus of the

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role and that NFP nurses supervise and support staff appropriately in the use of the selected tool in practice.

### **Recommended Process to Follow in Determining Which Dyadic Assessment to Use**

While the initial planning and implementation team/NFP National Unit is considering the approach that they will take to this aspect of the program, it is recommended that they will take the following steps:

1. Enquire about the feasibility of using the DANCE within NFP in their context. If this is possible, use of DANCE should be considered the best approach to take and the NFP International Consultants will provide guidance regarding its adaptation and integration. Please note that there is a separate licensing fee for use of the DANCE.
2. If it is not possible to utilize DANCE, the range of valid and reliable dyadic assessment tools available within their context that meet the principles laid out in this guidance document should be reviewed for feasibility of use within NFP. The Clinical Lead is encouraged to consult with experts within the field to provide content expertise support and to use the principles described above to guide decision-making. It is likely that this review will also explore the potential for integration of tools already used within the health and social care system of the country, in order to consider future sustainability.
3. The NFP Clinical Lead should create a written summary of their review and proposals for an alternative assessment approach and share this with the linked international NFP consultant. This will serve as a record of the rationale for decisions made for future reference.
4. The NFP International Consultant will consult with others within the NFP international community to support the clinical lead with their decision making around this issue as necessary, to ensure that potential opportunities and challenges are highlighted, and measures to address these can be planned.
5. Ensure that the study design for Phase Two: Feasibility and Acceptability testing incorporates an evaluation of the dyadic assessment measure utilized. This will ideally include an assessment of the NFP nurses' experience with the assessment approach and its clinical utility (including in relation to linkage with other program materials and approaches), the impact on time spent in the maternal role domain, adequacy of the education, and any perceived indications of outcome impact.

**NB** Where a country cannot use DANCE and has no pre-existing dyadic interaction assessment tool in use, individual arrangements will be made with the NFP International Consultant for developing alternative approaches as an interim measure. Longer-term solutions will be developed as the program goes through the initial phases of testing

### **References**

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