

Conceptual Framework for Evidence-Based Practices in Early Intervention

Dunst (2000)

New Paradigm

Promotion models

Focus on promoting competence and positive functioning (Bond, 1992; Cowen, 1994; Dunst, Trivette, & Thompson, 1990; Seeman, 1989)

Capacity-building models

Provide opportunities for people to use existing abilities and develop new skills (Dunst & Trivette, 1996; Dunst, Trivette, & LaPoint, 1992; Rappaport, 1981; Trivette & Dunst, 1998)

Strength-based models

Acknowledge the assets of people and help them use these assets to improve functioning (Benson, 1997; Cowen, 1994; Dunst, 1998; Seeman, 1989)

Resource-based models

Describe practices in terms of a wide variety of formal and informal supports within a community (Sarason, Carroll, Maton, Cohen, & Lorentz, 1977; Trivette, Dunst, & Deal, 1997)

Family-centered models

View professionals as agents of families and responsive to family desires and priorities (Dokecki, 1983; Dunst, 1990; Dunst & Trivette, 1996; Trivette & Dunst, 1998; Family Resource Coalition, 1987; Shelton, Jeppson, & Johnson, 1987)

Traditional Paradigm

Treatment models

Focus on remediation of a disorder, problem, or disease, or its consequence

Expertise models

Depend on professional expertise to solve problems for people

Deficit-based models

Focus on correcting a person's weaknesses or problems

Service-based models

Describe practices primarily in terms of professional services

Professionally-centered models

View professionals as experts who determine the needs of a person from their own as opposed to the other person's perspectives