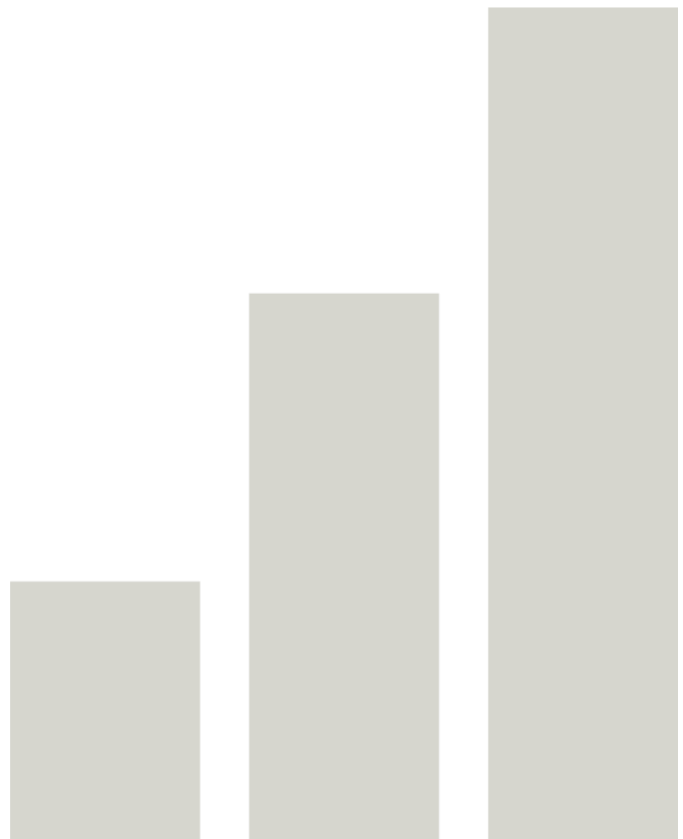


Sustainability of the Fussy Baby Network's FAN Approach after Training: Results of a Follow-up Study

September 2019

Julie Spielberger, Tiffany Burkhardt, Marcia Gouvea, Carolyn Winje



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Abstract

Home visiting programs face a number of challenges in developing and retaining skilled home visiting staff to serve families in high-risk communities. A recent study of an 18-month training in the FAN approach showed positive impacts on home visitors' relationships with parents and their relationships with supervisors in nine Healthy Families America programs. The purpose of this study was to determine whether home visitors and supervisors maintained the changes observed in their practices at 6 and 12 months after the end of the training. The study sample was small because it included only the 27 home visitors and 11 supervisors from eight of the nine programs who had received the FAN training and participated in the earlier study. Results indicated that home visitors in the current study maintained all of the changes in their FAN skills observed in their practices at the end of the 18-month training. In addition, they continued to improve their skills after training in three areas: maintaining a focus on parenting, reading parents' cues for engagement, and encouraging parents to lead visits. It appears these were skills that home visitors perceived as particularly important. Another positive outcome was the reduced burnout of home visitors on a standard measure between 6 and 12 months after the end of training. Supervisors continued to improve their ability to act with awareness and ability to support visitors' use of the FAN over time. The findings emphasize that the FAN is relevant to home visiting practice and is able to be sustained over time.

Executive Summary

[The FAN approach] helped me a lot because, in the beginning, when I didn't have that [FAN] training, I can remember leaving [the mother] thinking, 'Oh my gosh, I can't fix this,' and just carrying it with me. I learned that I can sit there and listen and hold it for her. I don't have to fix it; I don't have to try to give her ideas. Just listening and understanding was huge [and then] trying to get her to problem solve.

~Home Visitor

An advanced training for home visiting program staff in an infant mental health-based approach, called the FAN (Facilitating Attuned INteractions), led to significant changes in their practice, skills, and relationships. Developed by Erikson Institute's Fussy Baby Network (FBN), the FAN is a conceptual approach and practical tool to promote attunement in relationships and build reflective capacity. The overarching goals of the FAN approach are to increase parents' competence, strengthen the parent/child relationship, and support the child's development. The model seeks to build home visitors' reflective capacity in order to attune to and collaborate with parents.

A previous study (Spielberger, Burkhardt, Winje, Gouvêa, & Barisik, 2016) found that FAN training changed the practices of home visitors in Healthy Families America (HFA) programs toward greater self-regulation, collaboration, and focus on parenting. The purpose of this follow-up study was to examine the long-term impact of FAN training on previously trained HFA program staff. The study used a quasi-experimental, pre-post, mixed-methods design to assess the extent to which staff continued to use the FAN approach 6 and 12 months after completing an 18-month long training.

As described in Spielberger et al. (2016), FAN training included an initial supervisor and consultant orientation, a 2-day core training for all home visiting staff, and ongoing, on-site booster trainings and mentoring twice a month over the 18-month period. The Follow-up Study sample was small because it included only those home visitors and supervisors from eight of nine HFA programs that had previously participated in FAN training. A total of 27 home visitors and 11 supervisors participated in the study.

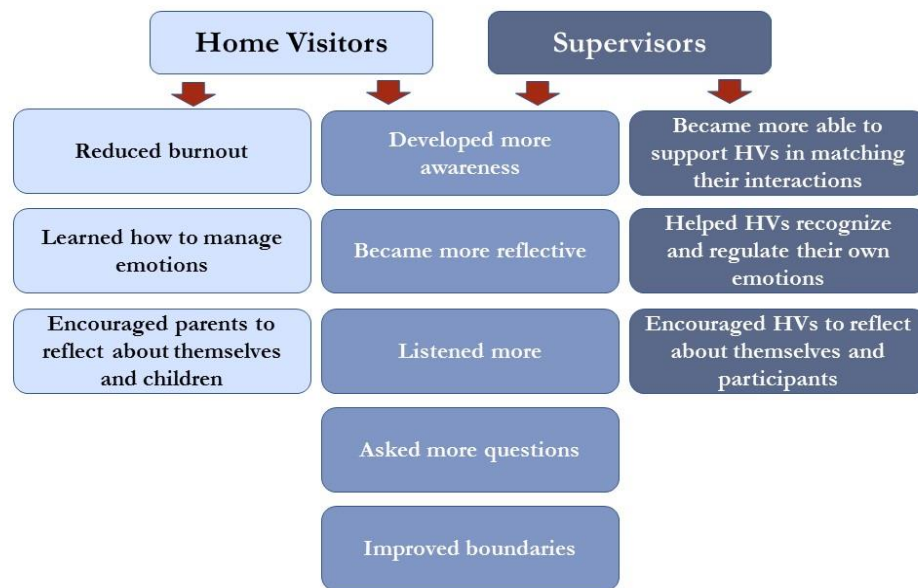
Key Findings

The previous study showed that home visitors and supervisors learned and implemented the FAN approach in their practice over an 18 month period. Use of the approach changed the structure and dynamics of the home visit. Although home visitors learned and used all aspects of the approach, they reported that that they understood and felt most comfortable using the Mindful Self-Regulation (MSR) and Empathic Inquiry processes. Surveys and interviews revealed that after the training, home visitors were more attentive to parents' cues, better able to focus on parenting, and better able to explore the concerns of parents. This second study found that

home visitors who received training previously maintained all of the FAN skills and reported growth in three skills: reading parents’ cues for engagement, maintaining the focus on parenting throughout the visit, and encouraging parents to lead and help set the agenda for visits.

In addition, there was a significant change in two scales of the Maslach Burnout Inventory (MBI; Maslach, Jackson, & Leiter, 1996) for home visitors. Between 6 and 12 months after the end of FAN training, home visitors showed an increase in the Personal Accomplishment scale and a decrease in the Emotional Exhaustion scale. Qualitative data suggested that supervisors—who had a key role in helping home visitors learn the FAN approach—developed their own reflective capacity and became more attentive to home visitors’ needs and concerns and better able to support them. Figure 1 summarizes changes observed in the practices of home visitors and their supervisors as a result of the training in the FAN approach.

Figure 1. Changes in Home Visitor (HV) and Supervisor Practice after the FAN Training



Discussion and Implications

Home visiting programs face a number of challenges in engaging and serving families in high-risk communities while also developing and retaining skilled home visiting staff. In light of these challenges, this study was designed to examine whether practice changes resulting from an 18-month training in the FAN approach could be sustained over a longer period of time. Results indicate that 18 months of training in the FAN approach changed home visitors’ ability to focus on parenting and parent engagement and build their reflective capacity one year after the end of training. These skills are especially important for engaging parents with multiple risks and those who are more likely to terminate home visiting services early. Furthermore, staff trained in the 18-month model appeared to increase the level of their skills in some areas 12 months beyond the end of training.

FAN training and use of the FAN approach also continued to enhance supervisors' ability to support home visitors beyond the end of the training period. In addition, the Follow-up Study showed a decrease in home visitors' Emotional Exhaustion and an increase in their Personal Accomplishment on a standardized burnout measure between 6 months and 12 months after the end of training.¹ Although this study did not assess family or child outcomes, home visitors, supervisors, and consultants in the initial study suggested that relationships with families improved as a result of the implementation of the FAN approach.

Further study is needed to learn whether these changes in relationships and home visit dynamics do, in turn, improve family engagement and strengthen the parenting context for child development. Additional study is also needed to see what kinds of ongoing support are necessary to sustain use of the FAN approach and whether FAN training, given its effect on burnout, has an effect on staff retention. Finally, another recently completed study (Spielberger, Gouvea, Winje, Burkhardt, Gitlow, & Pacheco-Applegate, 2018) showed that FAN training can be delivered in a shorter period of time than 18 months; but more research is needed to determine the appropriate intensity and type of FAN training to produce the desired outcomes without overburdening home visiting staff.

¹ Burnout was not assessed in the original Fussy Baby Network FAN evaluation (Spielberger et al., 2016).

Introduction

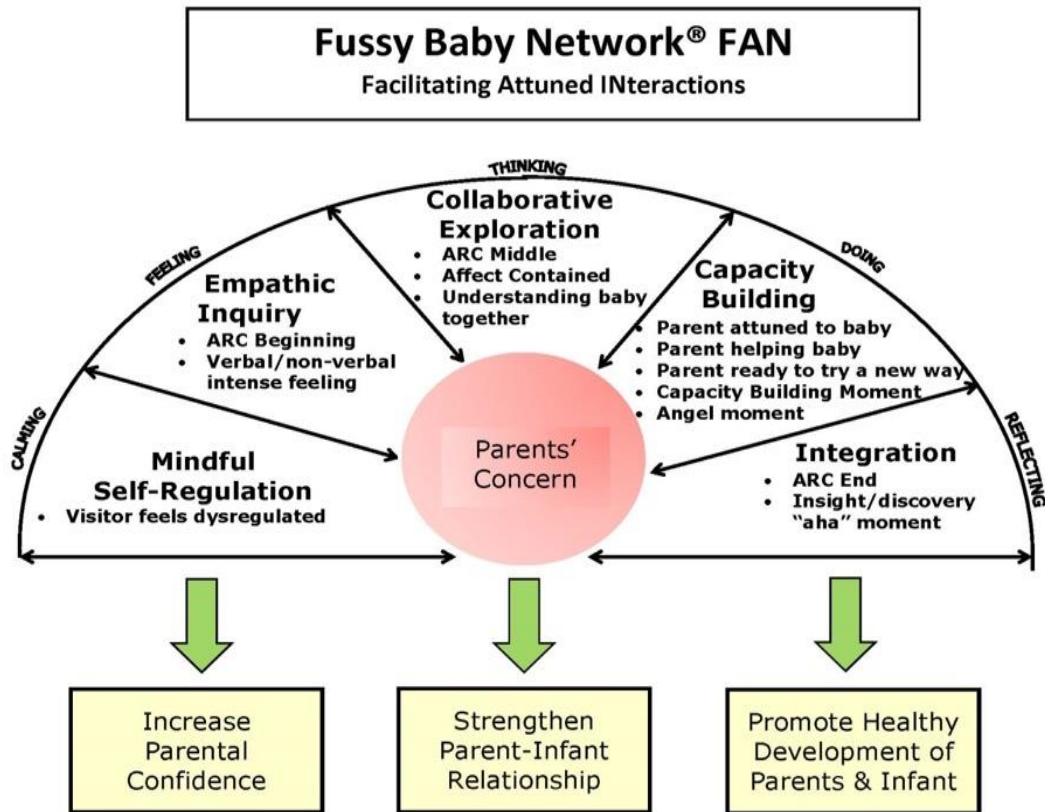
Home visitors meet with pregnant and parenting women and families in their homes and provide resources and skills to raise children who are physically, cognitively, socially, and emotionally healthy. Research suggests that home visitors who are able to build strong and trusting relationships with families more effectively foster parenting skills than those who do not (see, for example, Heaman, Chalmers, Woodgate, & Brown, 2007). The Fussy Baby Network at Erikson Institute, which provides education and training in child development, created a practice tool called “Facilitating Attuned INteractions” or “FAN” to teach home visitors to be more reflective and attuned to families. Chapin Hall at the University of Chicago, a child policy research center, conducted a follow-up study of the 2013 FAN training.

The FAN approach includes five core processes, illustrated and briefly described in Figure 2.² Four of the processes are ways in which home visitors can engage families to address urgent concerns: by listening empathetically, collaborating with parents to understand their perspectives and concerns, building their capacity to solve their own problems, and helping them to reflect or come to new insights about their child and their parenting. The fifth process, Mindful Self-Regulation, acknowledges that home visitors also experience emotions and need to regulate them in their interactions with high-risk families. The five core processes are not necessarily linear, as portrayed in the figure; rather, they are dynamic. During a single visit or over a period of multiple visits, home visitors may use all of the processes at different points in time, depending on what parents indicate they need. These processes will be described in more detail in later chapters.

The overarching goals of the FAN approach are to increase parents’ confidence and competence, strengthen the parent/child relationship, and support the child’s development. The approach seeks to build home visitors’ reflective capacity in order to attune to and collaborate with parents. The approach also teaches home visitors to notice, understand, and regulate their own responses to families, all vital components of reflective practice. Reflective supervision, which benefits both home visitors and program participants by helping home visitors become more aware of their feelings and behaviors and manage stress and emotions, is an essential part of the FAN approach (Bernstein & Edwards, 2012; Gilkerson & Heller, 2009; Watson & Neilsen Gatti, 2012; Watson, Neilsen Gatti, Cox, Harrison, & Hennes, 2014).

² Figure 2 is used with permission from the Fussy Baby Network at Erikson Institute.

Figure 2. Fussy Baby Network Facilitating Attuned Interactions (FAN) Tool



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Erikson Institute Fussy Baby Network

FAN Training

The FAN training, which was the focus of our studies, consisted of a core training that occurred over three days followed by ongoing training and support for an extended period. The initial advanced training lasted for a period of 18 months and was the subject of a previous report (Spielberger, Burkhardt, Winje, Gouvea, & Barisik, 2016).

This previous study found that the 18-month FAN training changed practices of home visitors in Healthy Families America (HFA) programs toward greater self-regulation, collaboration, and focus on parenting. However, the length and intensity of FAN training was difficult for home visitors to balance with other program responsibilities. As described later, one component of the current study was to understand which aspects of the FAN approach staff were able to maintain in their practice and whether they continued to deepen their knowledge of the FAN concepts after the end of training.

Research Questions and Methods

The purpose of this study was to examine whether home visitors and supervisors who received training over an 18-month period would retain and increase their understanding and skills in the FAN approach and show improvement in the quality and consistency of implementation for 12 months beyond the end of the training. Below we describe the research questions and methods for the study.

Research Questions

Specific research questions for the Follow-up Study were the following:

- Do home visitors continue to adhere to the approach after training?
- Do home visitors maintain or continue to increase skills in reflective capacity and mindfulness after training?
- What is the level of home visitors' and supervisors' job satisfaction and burnout after training?
- Do home visitors and supervisors perceive their working relationships similarly? Does their perception of supervision improve following training? Does increased use of reflective supervisory behaviors relate to positive perception of the supervision alliance?

Sample and Methods

The sample for the Follow-up Study consisted of 28 home visitors and 11 supervisors in eight of nine HFA programs from the original study. A number of staff who participated in the original study were no longer at their programs at the time of the Follow-up Study data collection. This turnover reduced the size of our sample. We collected survey data from all eight programs and conducted telephone interviews with the home visitors and supervisors at four programs. The surveys included questions about the staff's continued use of FAN skills, their ability to use the FAN concepts in their work, and their job satisfaction. The surveys also included the following standardized measures:

- **Supervisory Working Alliance Inventory.** The Supervisory Working Alliance Inventory (SWAI; Efstation, Patton, & Kardash, 1990) is designed to "measure some properties of the relationship in supervision" and consists of three subscales in the supervisor version: Client focus, Rapport, and Identification. The home visitor version consists of two subscales: Client Focus and Rapport. The SWAI provides a seven-point Likert scale ranging from 1 ("never") to 7 ("always").
- **Reflective Supervision Rating Scale.** The Reflective Supervision Rating Scale (RSRS; Ash, 2010) is a measure of the extent to which supervision is reflective, from the perspective of the supervisee. The RSRS measures reflective process and skills, mentoring, supervision

structure, and mentalization (Gallen, Ash, Smith, Franco, & Willford, 2016). The RSRS provides a 3-point Likert scale ranging from 1 ("rarely") to 3 ("almost always").

- **The Five Facets of Mindfulness Questionnaire.** The Five Facets of Mindfulness Questionnaire (FFMQ; Baer, Smith, Hopkins, Krietemeyer, & Toney, 2006; Baer, Samuel, & Lykins, 2011) consists of five independently developed mindfulness questionnaires that, based on a factor analysis, represent elements of mindfulness as conceptualized in the psychological literature. The five facets are Observing, Describing, Acting with Awareness, Non-Judging of Inner Experience, and Non-Reactivity to Inner Experience. For this study, we used the two scales from the measure that most aligned with the concepts in the FAN: Acting with Awareness and Non-Reactivity to Inner Experience. The FFMQ provides a 5-point Likert scale ranging from 1 ("never or very rarely true") to 5 ("very often or always true").
- **Maslach Burnout Inventory.** The Maslach Burnout Inventory (MBI; Maslach, Jackson, & Leiter, 1996) measures occupational burnout and consists of three subscales: Emotional Exhaustion, Depersonalization, and Personal Accomplishment. The MBI provides a seven-point Likert scale ranging from 0 ("never") to 6 ("every day").

The interviews with home visitors focused on their practices and interactions with parents, supervisory relationships, job satisfaction, sense of efficacy, challenges to learning the FAN, and the impact of FAN training on their work. Survey and interview protocols are available upon request from the study authors.

Timeline and Context

The surveys and interviews for the study were conducted between August 2015 and August 2016. Survey data for the Follow-up Study were collected twice.³

The FAN training and initial evaluation occurred during a period of concentrated federal and state attention to home visiting and to improving the capacity of communities to implement high-quality, evidence-informed programming. The source of funds for the FAN training and the evaluation, the federal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program, also funded several other initiatives in the state to improve the reach and quality of home visitation. This climate generated interest in the FAN training from programs, but it also meant that some home visiting programs were involved in several initiatives concurrently. Thus, the FAN training and evaluation had to be arranged to accommodate other activities. It is possible that some staff may have experienced an increased sense of burden, with all of the trainings and activities added to their work. At the same time, the implementation and evaluation of the FAN

³ The original training occurred in two waves. The first wave received core training in May 2013 and booster and mentoring ongoing booster and mentoring in the FAN approach until November 2014; the second wave received core training in January 2014 and going training through June 2015.

training occurred during a time when Illinois was experiencing a severe state budget crisis. As a result, several programs in the study that were not part of other MIECHV initiatives had their funding reduced. Effective participation in data collection for both online surveys and telephone interviews was challenging to achieve in part because of attrition of staff from their programs.

Data Analysis

Again, the quantitative sample for the Follow-up Study was limited to those home visitors and supervisors who completed the last survey in the first study and both surveys in the Follow-up Study. In the analysis, we ran frequencies, cross tabulations, paired-sample t-tests, one-way ANOVAs, and correlations. The qualitative analysis of interview data was similar to that of the previous study. The analysis was largely guided by the core processes of the FAN approach and our research questions, but we also allowed new topics or themes to emerge if relevant. Regular research team discussions were held to assess the interpretation of narratives (i.e., to demonstrate construct validity). We established the validity of themes and key findings by triangulating our data sources (i.e., surveys and follow-up interviews with home visitors and supervisors). Additional information on our analytic approach to the quantitative and qualitative data can be found in our previous report (Spielberger et al., 2016).

Overview of this Report

This report draws primarily on interviews and surveys conducted between August 2015 and August 2016. The next chapter describes the results and implications of the Follow-up Study, which followed staff in eight programs who experienced the original 18 month long training. The final chapter summarizes our findings and discusses implications for future training and professionalization of the home visiting workforce to improve service quality and family outcomes.

Follow-up Study Results

The follow-up study consisted of two surveys and one qualitative interview with selected home visitors and supervisors. The first survey was administered 6 months after the 18 month initial FAN training ended as shown in Table 1. The second survey and semi-structured telephone interview were conducted 6 months later (12 months after FAN training ended). Eight of nine programs that received the FAN training in the original evaluation participated in the Follow-up Study. In this chapter, we describe the sample of staff who participated in follow-up data collection. We also discuss findings about which aspects of the FAN approach were still being implemented in home visitors’ practices and whether any aspects had changed over time.

Table 1. All Data Collection Points for the Follow-Up Study

Study		Original Study					Follow-up Study	
Data Collection Periods	Pre-training (3 months before Core Training)	Core Training	<1 month after Core Training	6 months after Core Training	12 months after Core Training	18 months after Core Training ¹	6 months after all Training	12 months after all Training
Training Period			Ongoing Training and Implementation					Ongoing Implementation

Sample Characteristics

There were 44 home visitors at their programs at the end of FAN training. Just 28 were still at their programs 6 months later, at the start of the Follow-up Study. Twenty-seven home visitors across the eight programs completed the first Follow-up Study survey, with two to six home visitors representing each program. A total of 17 home visitors completed both Follow-up Study surveys. All 11 supervisors who were with their programs at the end of the first study participated in the Follow-up Study. Two supervisors left their programs during the Follow-up Study and did not complete the second survey. We conducted qualitative interviews with 12 of these staff from four of the programs—7 home visitors and 5 supervisors—to supplement the survey data.

Table A-1 and Table A-2 in Appendix A present the demographic characteristics of the subsample of home visitors and supervisors who completed both Follow-up Study surveys with the full sample of home visitors and supervisors from the original study. There were no significant differences between the Follow-up Study subsample and the full sample on these demographic characteristics.

Long-term Changes in Knowledge and Skills

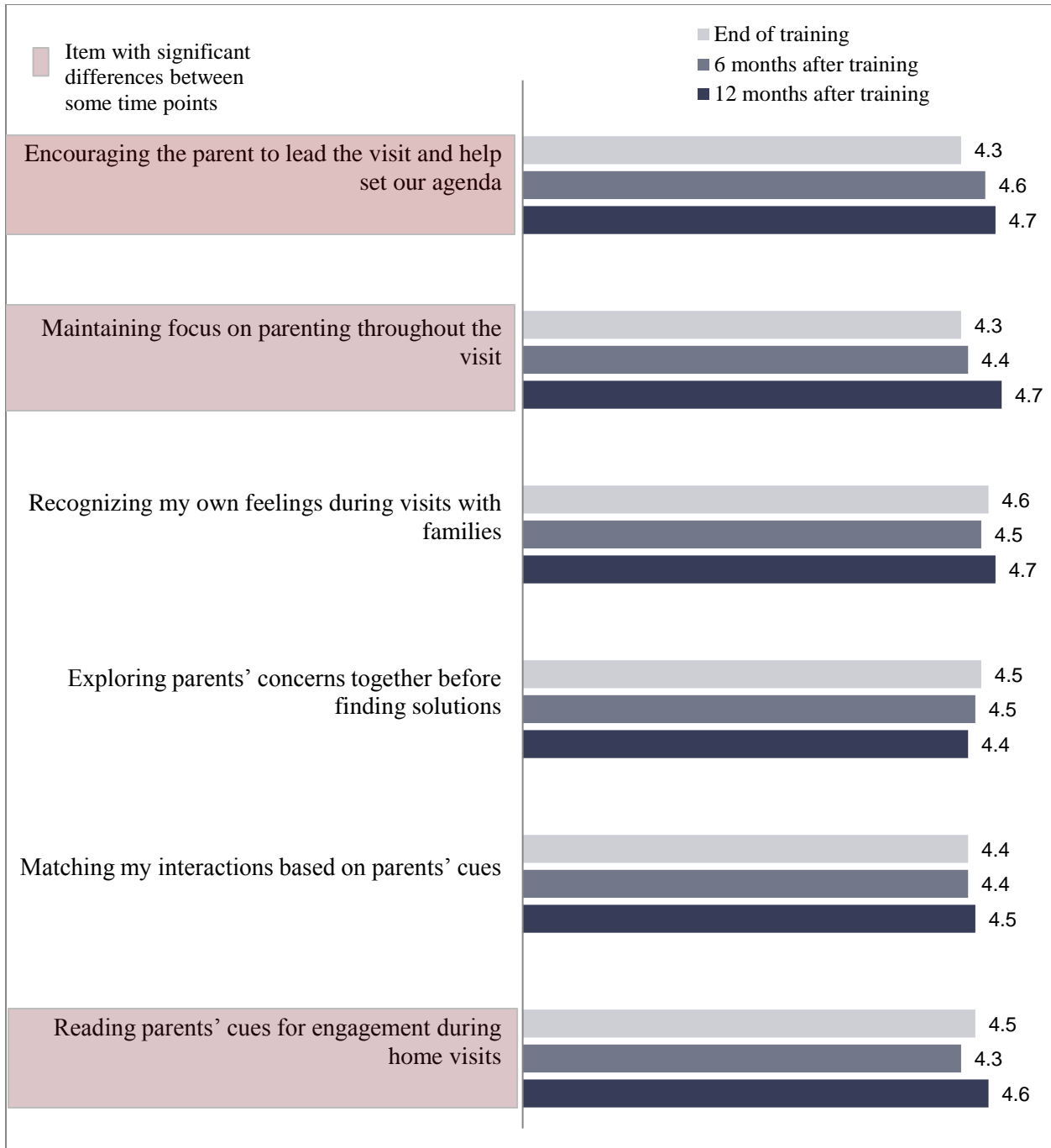
Self-assessed FAN Skills

Findings from the first study showed that home visitors assessed themselves significantly higher on their FAN skills 18 months after core training compared to their self-assessments 1 month after the core training. These self-assessments were supported by data from interviews with home visitors, supervisors, and mental health consultants. In the first study, we concluded that home visitors' practice changed after the ongoing FAN training. During the 12 month period of intensive training, home visitors had two in-person, on-site trainings in the FAN approach per month, followed by a "booster" period of six monthly sessions of training and support. They also had opportunities to apply their skills in their work with families and process their work with supervisors and mental health consultants. In the Follow-up Study, home visitors were again asked to assess their skills, using these same self-assessments, 6 months and 12 months after the end of the training (see Table 1). We limited the analysis to the 15 home visitors from the initial study who responded to the final survey in the initial study, and 6 months, and 12 months after FAN training ended.

Figure 3 presents key findings from the home visitor surveys. The survey data show that not only did this group of home visitors maintain most of the changes that were observed in their practices at the end of the 18 month training but, in some areas, their self-assessed skills continued to improve beyond the training period. Home visitors reported significant improvements in maintaining focus on parenting, reading parents' cues for engagement, and encouraging parents to lead visits and help set the agenda, suggesting that these were skills that home visitors perceived as important and continued to improve. The survey findings also suggest that the home visitors' supervisors continued to work with home visitors to support their growth in FAN skills and practice.

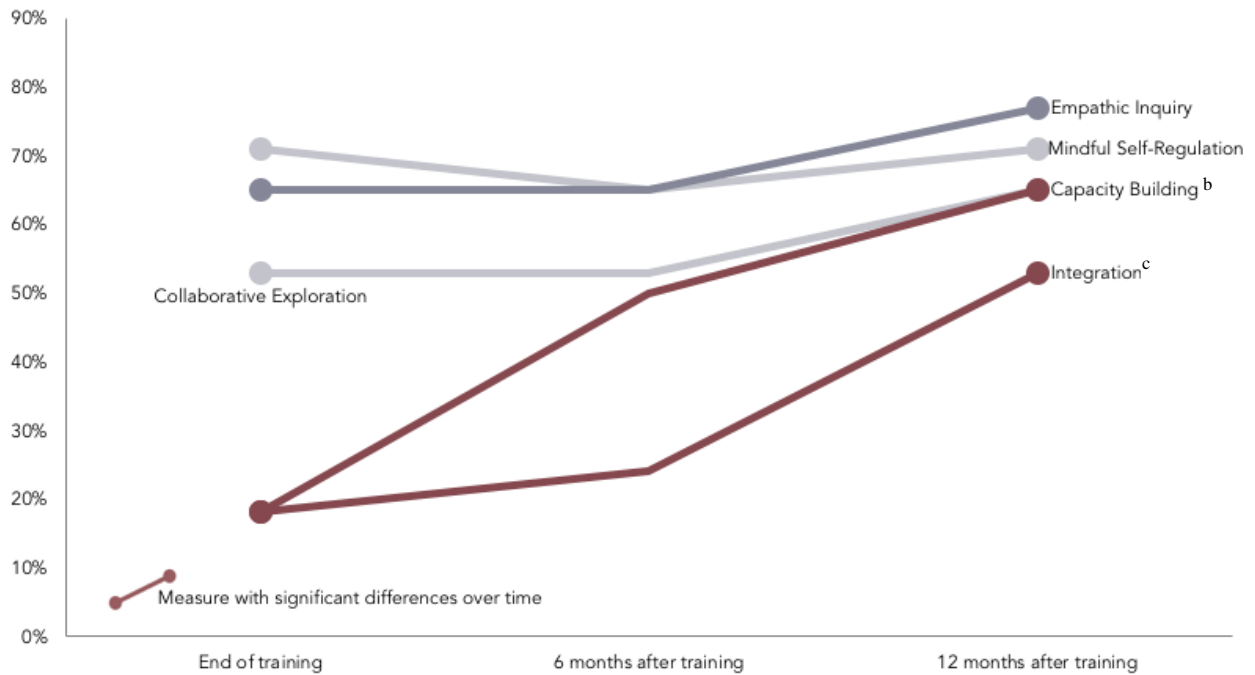
We also asked home visitors to rate their comfort level with each of the five core processes of the FAN approach on a 5-point scale, with 1 being "not at all" and 5 being "very comfortable." At the end of training, the core processes with which the largest percentage of home visitors were "very comfortable" were Mindful Self-Regulation and Empathic Inquiry (see Figure 4). For example, almost two-thirds (63%) of the Follow-up Study sample said that they were most comfortable with Mindful Self-Regulation at the end of the 18 month training, which was the core process with which most home visitors felt comfortable during the first study. Twelve months later, 71% reported feeling "very comfortable" with Mindful Self-Regulation, suggesting that their comfort level in using the process was maintained a full year beyond the training period.

Figure 3. Home Visitors' Self-assessed FAN Skills at the End of the Ongoing 18 month FAN Training and 6 and 12 Months Later (n = 15)^a



^a Based on a 5-point scale: 1=Not at all skilled; 2=A little skilled; 3=Somewhat skilled; 4=Skilled; and 5=Very skilled. Notes: One-way ANOVA tests indicated significant increases for: ^b“Maintaining focus on parenting...” at End and 12 months after ($p < .05$, $d = .73$) and at 6 months and 12 months after ($p < .10$, $d = .60$); and “Encouraging the parent to lead the visit...” at End and 6 months after ($p < .05$, $d = .42$) and at End and 12 months after ($p < .10$, $d = .61$). Analyses also indicated that “Reading parents’ cues for engagement...” decreased between End and 6 months after, then increased between 6 and 12 months after Post 6 ($p < .05$, $d = .54$).

Figure 4. Percentage of Home Visitors Feeling “Very Comfortable” with the FAN Core Processes at the End of the 18 month FAN Training and 6 and 12 Months Later (n = 17)^a



^a Staff were asked to indicate their level of comfort on a 5-point scale: “not at all,” “a little,” “somewhat,” “fairly,” and “very comfortable.”

Chi-square tests indicated significant differences from ^bend of training (Post 4) to 12 months after training (Post 6) in Capacity Building, $\chi^2 = 7.77, p < .01$, and ^cIntegration, $\chi^2 = 4.64, p < .05$. There were no significant differences from 6 months after training (Post 5) to 12 months after training (Post 6) in the proportion of home visitors who felt “very comfortable” with each core process, although the change from Post 5 to Post 6 was marginally significant for Integration, $\chi^2 = 3.11, p = .08$.

We compared the responses from the end of the previous study for the home visitors who participated in the Follow-up Study with their responses at the end of the current study. The proportions of home visitors who felt comfortable with Mindful Self-Regulation, Empathic Inquiry, and Collaborative Exploration were maintained during the year after the end of the ongoing training. While only 18% of this sample of home visitors reported feeling very comfortable with Capacity Building at the end of the previous study, the proportion increased to 65% at the end of the current study ($p < .01$). Additionally, the number of home visitors who felt very comfortable with Integration increased from 18% at the end of the initial study to 53% at the end of the current study ($p < .05$). By the end of the Follow-up Study, more than half of the home visitors in the sample reported being very comfortable with each of the five core processes, suggesting that they continued to practice these skills during the year after the end of training.

The interviews with home visitors, which focused on what they learned from FAN training and were still incorporating into their practice, validated and supplemented these survey findings. In the following sections, we provide selected examples of FAN concepts and processes that the home visitors were still using at the time of the interviews. Survey findings are presented with

interview findings, by topic. We begin with Mindful Self-Regulation (MSR), the most frequently mentioned process. Staff provided a number of examples of Empathic Inquiry and Collaborative Exploration, but relatively few examples of Capacity Building and Integration.

Mindful Self-Regulation and Reflective Posture

In both the first study and the current study, mindfulness was measured in the survey through two subscales of the Five Facets of Mindfulness Questionnaire (FFMQ; Baer et al., 2006). Home visitors maintained their scores on both the Act with Awareness and the Non-Reactivity to Inner Experience subscales between the end of the initial study and the end of the current study, with no significant differences among any of the three time points. (See Table A-3 in Appendix A for home visitors' mean scores on all survey measures at the end of the first study, and 6 and 12 months later.) The FFMQ uses a 5-point scale ranging from 1 ("Never or very rarely true") to 5 ("Very often or always true"). Scores on the Act with Awareness subscale can range from 8 to 40, and home visitors scored around 36 at all three time points, indicating that home visitors generally felt they were responding mindfully and being aware of their behaviors at the end of the ongoing FAN training and during the following year. On the Non-Reactivity to Inner Experience subscale scores can range from 7 to 35, and home visitors tended to score between 27 and 28 at all three time points following the FAN training. This suggests that home visitors felt they were able to continue to regulate their emotions and behaviors and avoid reacting to their emotions during the year following the ongoing FAN training.

In addition, in qualitative interviews conducted at the end of the current study, staff mentioned Mindful Self-Regulation (MSR) more often than the other four core processes. They reported that MSR helped them to be more aware and in control of their emotions while also giving them permission to feel the way that they did. As one home visitor explained:

Sometimes I want to pull my hair out when I'm with [parents during home visits]. But I need to make sure I'm in their moment. MSR tells us, 'Okay, you can think that, but you have to calm yourself down. You have to just sit back and relax. Don't show her you're getting uptight.' I like the MSR. I feel like it's okay for me to actually feel like that, and I'm not a bad person because I feel that way.

One of the primary characteristics of the FAN approach is *reflective posture*, a term that implies a home visitor who is open and nonjudgmental, who listens attentively, and who monitors the affect and engagement of the parent. MSR was an important component in developing the capacity to listen and be sensitive to parents' cues. In their interviews, home visitors provided numerous examples of listening and asking questions in a respectful manner to better understand the parent's point of view, while at the same time indicating that they had to regulate their own feelings and responses. In the example below, a home visitor discusses knowing that she should not respond based on her own emotions:

I worked with her with her first child but it was her second child that she was really having [attachment issues] with. It was heartbreaking to me, but in that moment I knew I couldn't

respond. I just had to say, “Okay, can you tell me what things are getting to you the worst? What is it that he’s doing? [What would you like to do?]”

Home visitors also tried to foster reflection on the part of their clients. One home visitor shared a strategy of asking questions and not assuming that she knows the answers when parents have a question about their child’s behavior: “I usually ask them what [does] the behavior look like, what do they think, because honestly, I don’t know. That’s why [the FAN approach] is so [handy] for me. I’m not going to act like I know everything because I don’t. So I [ask them what they think] and explore it with them.” As we note later in this chapter, supervisors reported adopting a similar reflective stance in their supervision with home visitors.

Empathic Inquiry

Empathic Inquiry is a process by which the home visitor recognizes, validates, and often explores the feelings of the parent to provide support for how the parent feels about her child and herself as a parent. On the surveys conducted 6 and 12 months after FAN training ended, about two-thirds of the home visitors indicated that they felt “very comfortable” with the Empathic Inquiry process. By the end of the current study, all but one respondent reported feeling “fairly” or “very” comfortable with Empathic Inquiry.

Interviews with home visitors revealed use of the Empathic Inquiry process in their practice. For example, a home visitor described what she learned through her work with a mother who was experiencing domestic violence as follows: “I was her support. I encouraged her, and she didn’t have that. She didn’t have that in her family. I was her main [support]. Every week she could depend on me to be there, to listen to her. What I learned is that I can make a difference with listening and just being there.”

Home visitors also reported that Empathic Inquiry is a FAN process that they often use in starting their visits. It then can lead to use of other processes, such as Collaborative Exploration. An example is the following narrative from a home visitor about a mother with mental health issues, including anxiety:

Probably the best strategy I used with her was focusing on her attachment to the baby, which was good. She was on her own a lot. She didn’t have much support. I would go in and listen and hold what she had, and [the FAN approach] helped me a lot because, in the beginning, when I didn’t have that [FAN] training, I can remember leaving there thinking, ‘Oh my gosh, I can’t fix this,’ and just carrying it with me. I learned that I can sit there and listen and hold it for her. I don’t have to fix it; I don’t have to try to give her ideas. Just listening and understanding was huge. Trying to get her to problem solve, but always bringing the focus back to her being [a] mom and her also getting hooked up with mental health services.

Collaborative Exploration

Collaborative Exploration refers to the way home visitors work together with parents to explore a concern about their baby or another matter. The purpose of this process is to better understand the parent's view of the problem or situation and, in turn, develop a shared understanding of the baby or concern. It involves active listening and not jumping to solutions until the parent is ready to participate in problem solving. As shown in Figure 3, home visitors generally reported being highly skilled at exploring concerns together with parents following the FAN training. The interview data supported this finding. One informant explained:

[When a parent has a question about their child's behavior], I usually ask them what the behavior is, and when the child shows that behavior, what they do in response to that behavior, and maybe what worked and what hasn't worked because a lot of times it's just a matter of having a conversation with them and they figure things out on their own. You don't necessarily have to give them a lot of answers. 'Let's talk about it. What do you think? What's worked and what hasn't worked?' I want them to be thinking about, 'What else could I try?' They need to be able to do that without me there.

Capacity Building

Capacity Building is the process by which the home visitor works with the mother to increase her knowledge and capacity to help her child. The goal is to strengthen the parent's confidence, skills, and knowledge and highlight positive parenting moments, while working through concerns or problems related to the baby. It often occurs following or in conjunction with Empathic Inquiry, but home visitors also provided examples that included Empathic Inquiry, MSR, and Collaborative Exploration to lead to Capacity Building. A home visitor told us:

Before [FAN training], if I had a client who was in survival mode, I can remember thinking as the mom's talking, 'Okay, God, you have to give me the strength for this. I don't know what to do.' Finding that Mindful Self-Regulation, not making the faces, listening to mom, being empathic, asking questions, and not jumping right in and saying [something]. The whole Capacity Building is trying to work it so that mom starts figuring out her own ways of solving things, if there is a solution.

Challenging Aspects of the FAN

There was clear evidence that home visitors and supervisors were still using the FAN concepts a year after training. More than half (59%) of the home visitors who responded to the surveys reported using the FAN approach "frequently." However, they appeared to use the FAN Learning Tool, the form for documenting their use of the FAN during visits, less consistently. Although the differences between 6 and 12 months after training ended are not statistically significant, they suggest that use of the tool had waned despite continuing use of the FAN approach over time. By the end of the current study, roughly one-third of home visitors reported never using the

FAN Learning Tool, about one-third reported using it occasionally, and one-third reported using it frequently, especially in supervision.

Consistent with the survey data, qualitative interviews with the staff also indicated that some aspects of the FAN approach remained challenging for them. Although home visitors and supervisors seemed to have retained the FAN terminology and several of its concepts, knowing the FAN concepts and its terminology did not necessarily directly translate into using the FAN in practice on a regular basis.

The Arc of Engagement

The Arc of Engagement provides a structure for using the FAN approach in home visits. It consists of questions for the beginning, middle, and end of the visit to guide conversations towards the FAN core processes. This was one aspect of the FAN approach that was inconsistently applied throughout the training and implementation of the FAN. By the end of the Follow-up Study, most of the home visitors reported using the Arc of Engagement questions occasionally. Specifically, on the survey, 12% of the home visitors reported never using the questions, 59% occasionally used them, and 29% frequently used them. In their interviews, home visitors also expressed mixed feelings about the Arc of Engagement structure and reported not fully or consistently using the Arc of Engagement structure and questions. The following excerpt reflects this finding of inconsistency, as a home visitor declares that she does not use the Arc questions but, in fact, does use the first one:

I don't do the Arc questions, I'll say that right now. I always start with, "How has it been for you this last week or these last two weeks?" I always ask mom how it's been for her and a lot of time she'll tell me how she feels and then also how has it been with you and baby or with you and toddler, the kid's name or whatever. I always do that. The Arc questions? I think my visits have pretty much stayed the same in how it's structured. I do ask more questions. For me, trying to do the Arc in the midst is just one more thing to think about.

Those home visitors who had incorporated Arc of Engagement questions into the structure of their visits believed it invited parents to talk about their feelings and think about their child and their experiences, as demonstrated by the following quote:

I always walk in and ask them how are they doing? Then ask them how it's been being a parent for that week, if there is anything new that they see with the baby. That's always part of the conversation of how their week went or how their feelings are that day.

Consistency in Use of Core Processes

Although home visitors seemed to have improved their skills in listening and questioning with empathy and allowing parents to help set the agenda for their visits, some home visitors' narratives lacked evidence of using Empathic Inquiry and parent-led visits. Some home visitors

felt it was difficult to incorporate these aspects of FAN while also teaching parents how to improve their caregiving.

Some home visitors said they avoided parents' emotions and saw their role as providing activities and information to parents. Although, as noted below, some home visitors and supervisors felt like they were "always doing Collaborative Exploration and Capacity Building," others continued to find it difficult to help parents or home visitors (in the case of supervisors) to solve their own problems or help them come to a discovery or coherent narrative about their parenting or their work with a family (Integration). "Not to say that Capacity Building and Integration don't happen," a home visitor commented. "I just don't think it's ever going to happen as much as those other three [processes] will happen."

Integration is the core process that refers to a parent's capacity to reflect on what she learned from a visit, reflect on how she sees her child, or create a coherent story about a stressful experience in her life. In the initial study, examples of Integration were rare. Home visitors also reported difficulties in using this core process, perhaps because it is simply harder to see when Integration happens in a relationship. Challenges in using Integration or seeing examples of it in their work with families were also apparent in the Follow-up Study data. As a supervisor explained:

I feel like we use everything, but if a parent is struggling, and not really working towards the goals that they've set for themselves, we might not always use Integration. If the client's still struggling and in survival mode, that might not be something that we use as much, if we can't really help the client see that they need to make any changes at the moment.

In their work with home visitors, supervisors also acknowledged difficulty in fostering Integration. One supervisor said:

I don't know if we use Integration a ton for them personally, but sometimes I help them or guide them to see that the families are maybe not in the moment getting there, but when we reflect on where a family has been over the past 6 months, we realize they have achieved several personal goals. I still probably get to [Integration] least often.

A home visitor described using Collaborative Exploration but for the specific purpose of providing accurate information or advice rather than helping a mother build her own capacity to help her child. The home visitor explained, "I'll open it up as a conversation, because it's always something behind the behavior. I always want to make sure that I'm giving them the correct information. I always ask them what are they seeing in the child's behavior or what happened in that week or that day and what may have changed."

In another example, a home visitor began to explore a problem collaboratively with a mother who described her baby as "whiny and clingy." However, rather than asking the mother how she was feeling about the behavior and her ideas for managing it, the home visitor provided her own perspective of the situation and moved quickly to give advice to accept the behavior.

She told me that he's been whiny and clingy. I go, 'Well, why do you think that is?' She goes, 'I've been working and now I'm not, so maybe he missed me.' And I said, 'That could be it! He's probably glad you're home. It's nice to be wanted like that.' I said, 'Enjoy the time that you have with him. If he wants to be clingy, let him be clingy.'

Burnout and Job Satisfaction

A primary goal of the Follow-up Study was to understand any long-term changes in practice and functioning that staff might have experienced after the FAN training. In the first study, we observed a significant increase in satisfaction with opportunities for professional development. However, this was not the case in the Follow-up Study. Home visitors reported a decrease in satisfaction with opportunities for professional development between the end of the FAN training and 6 months later, $d = .36$.⁴ At the end of the Follow-up Study, home visitors reported a nearly significant decrease in satisfaction with the quality of training received, as compared to at the end of the FAN training (see Table 2), $d = .22$.

Table 2. Mean Response Scores for Home Visitors' Job Satisfaction at the End of the Ongoing 18-month FAN Training and 6 and 12 Months Later ($n = 15$)^a

Job Satisfaction Indicators	Mean (SD)		
	End of Training	6 months later	12 month later
Your workload	2.6 (0.77) [†]	3.1 (0.46) [†]	3.0 (0.38)
The supervision you receive	3.6 (0.65)	3.3 (0.62)	3.4 (0.74)
The support you receive from coworkers	3.6 (0.50)	3.5 (0.64)	3.5 (0.64)
The quality of training you receive	3.4 (0.65) [†]	3.5 (0.64)	3.3 (0.80) [†]
Opportunities for professional development	3.2 (0.69) [†]	2.9 (0.84) [†]	3.0 (0.76)
Being valued for your work	3.1 (0.73)	3.0 (0.65)	3.3 (0.46)
Cultural sensitivity in your program	3.3 (0.61)	3.4 (0.51)	3.5 (0.52)

^a Responses are based on a 4-point scale: 1, "Very dissatisfied"; 2, "Dissatisfied"; 3, "Satisfied"; and 4, "Very satisfied."

[†] $p < .10$.

Note: The effect sizes for the differences that were marginally significant are as follows: "Your workload" between Post 4 and Post 5, $d = .71$; "The quality of training you receive" between Post 4 and Post 6, $d = .22$; and "Opportunities for professional development" between Post 4 and Post 5, $d = .36$.

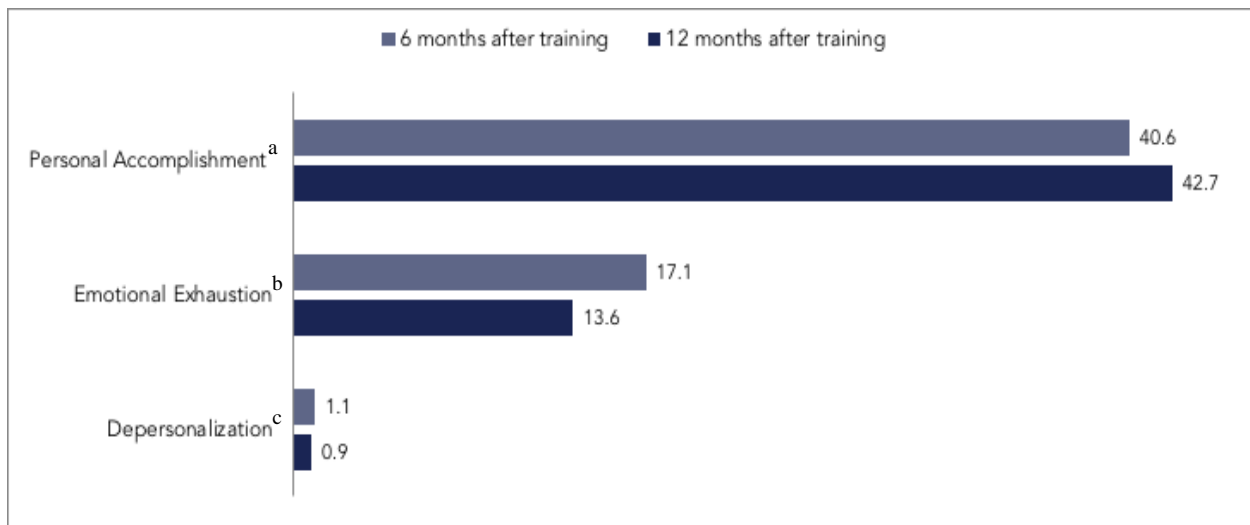
This reduction in home visitors' satisfaction with the trainings and professional development opportunities could be interpreted as their being less satisfied with the trainings they received after FAN training when compared to FAN training. However, home visitors also reported a near significant increase in their satisfaction with workload between the end of FAN training and 6 months later ($d = .71$). This return to their pretraining level of workload satisfaction might reflect

⁴ Effect sizes are reported in Cohen's d , where $d = .20$ is considered a small effect, $d = .50$ is considered a moderate effect, and $d = .80$ is considered a large effect.

the fact that despite the quality of the lengthy FAN training, it also added to the staff's workload.

The surveys assessed staff burnout using the Maslach Burnout Inventory.⁵ Practicing and discussing the importance of Mindful Self-Regulation is intended to reduce home visitors' stress levels and burnout. Emotional Exhaustion decreased in home visitors after FAN training ended, 6 and 12 months later ($p < .05$, $d = .40$; see Figure 5). Of the three subscales, the developers of the Maslach Burnout Inventory suggest giving the most weight to the scores on the Emotional Exhaustion subscale when deciding to take action based on the burnout scores, as this subscale is the most reliable (Maslach, Jackson, & Leiter, 1996).⁶

Figure 5. Home Visitor Burnout 6 and 12 Months after the End of the Ongoing FAN Training



Note: ^aPersonal Accomplishment significantly increased between Post 5 and Post 6 ($p < .05$, $d = .39$). ^bEmotional Exhaustion significantly decreased in home visitors between Post 5 and Post 6 ($p < .05$, $d = .40$). ^cDepersonalization did not significantly change over time.

Additionally, the Maslach Burnout Inventory scores significantly increased in Personal Accomplishment between 6 and 12 months after FAN training ended ($p < .05$, $d = .39$). Home visitors felt less emotionally exhausted between 6 and 12 months after the training, and they

⁵ The MBI was not included in the original study, hence we do not have end of FAN training data for MBI scores.

⁶ From the MBI Manual: "Survey research has identified a strong and consistent relationship between Emotional Exhaustion and self-reports of a range of somatic symptoms, such as headaches and sleep disturbances (Burke & Greenglass, 1988; Dell'Erba, Venturi, Rizzo, Porcú & Pancheri, 1994; Kahill, 1988; Leiter, Clark & Durup, 1994). Repetti (1993) found a correspondence between exhaustion and symptoms on a day-to-day basis. Elevated rates of general physical illness appear to be more common in people experiencing higher degrees of burnout compared to people with lower degrees of burnout (Honkonen et al., 2006). A longitudinal study of 406 social workers (Kim et al., 2011) found that employees with higher initial levels of burnout ultimately had more health complaints later."

also felt a greater sense of accomplishment and self-efficacy in their work.⁷ Previous research has found that mindfulness-based stress reduction strategies and organizational support, including being attentive to colleagues and listening to their views and concerns, have reduced staff burnout (Maslach, Jackson, & Leiter, 1996). The FAN training aims to support staff in improving their skills in mindfulness and empathic listening, which may be the key to low burnout levels.

Supervisors' Relationships, Supervision, and Mindfulness

To better understand the relationship between the home visitor and the supervisor, we assessed the home visitor's perception of the alliance between the supervisor and the home visitor. The home visitors' scores on the Supervisory Working Alliance Inventory were rated quite positively at the end of the first study and at the end of the Follow-up Study there was no significant change over time. We also measured the extent to which the home visitors perceived their supervision to be reflective. Home visitor scores on the Reflective Supervision Rating Scale were, again, relatively high 6 and 12 months after training ended and did not change. Although we do not have pretraining data regarding reflective supervision, these data indicate that home visitors generally perceived the supervision they received to be reflective after the FAN training.

The first study indicated the important role of supervisors in home visitors' learning the FAN approach. This finding also emerged in the analysis of the staff interviews collected in the current study. Supervisors learned to use selected aspects of the FAN approach in their work with home visitors and, in so doing, were able to help them use the FAN in their work with families.

Supervisors reported continued improvement in mindfulness over time (see Table A-5 in Appendix A). Supervisors reported a significant increase on the Act with Awareness subscale of the FFMQ from the end of training to the end of the current study ($t(5) = 2.67, p < .05, d = 1.36$) on the Non-Reactivity to Inner Experience subscale of the FFMQ, supervisors' scores showed a close to significant increase from 6 to 12 months after training ended ($t(7) = 2.10, p < .10, d = .75$). Changes in survey scores over time on this instrument indicate that during and after FAN training, supervisors were improving their ability to be mindful, focusing on the activity in which they were engaged and allowing their thoughts/feelings to come and go without getting caught up in them or reacting to them (Baer et al., 2006). This, in turn, likely affected their ability to support their staff.

Supervisors reported using a reflective stance in their supervision with home visitors. One said:

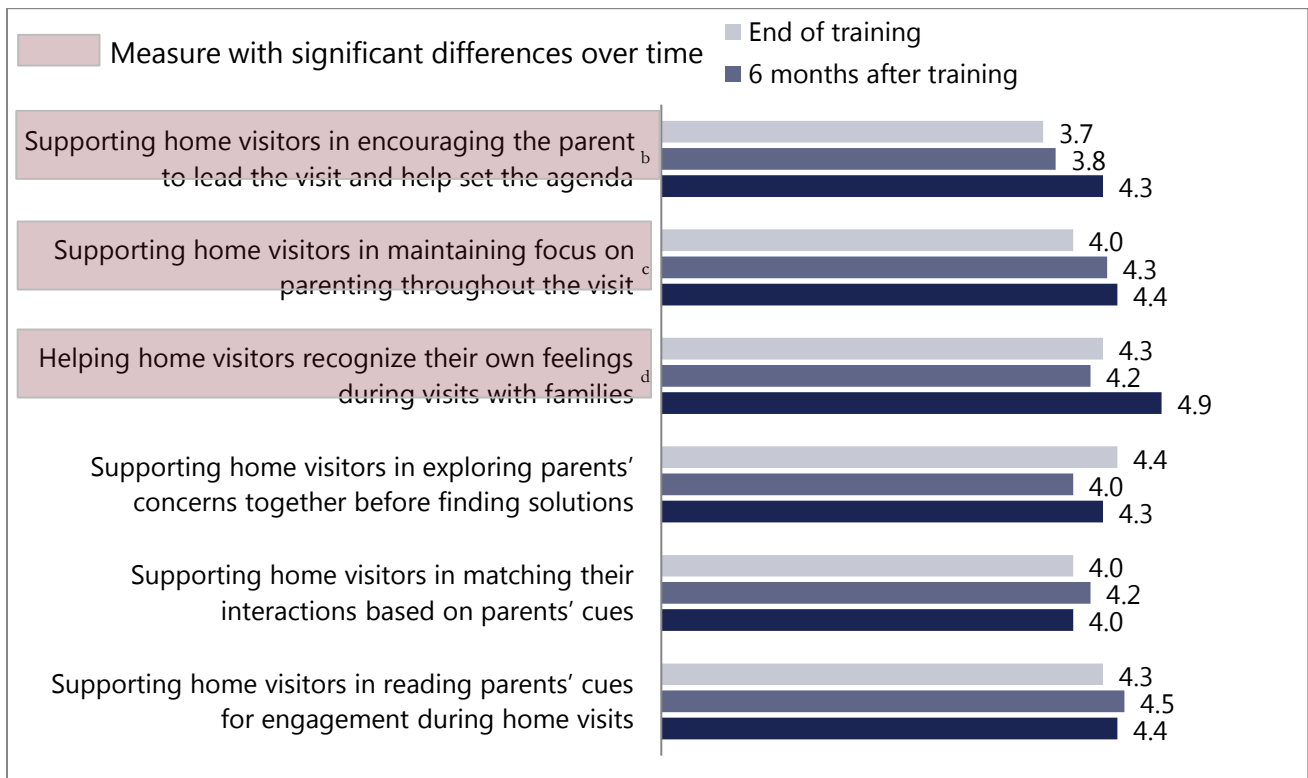
I feel like we're always doing Collaborative Exploration and Capacity Building, because we're always saying, "Well, why do you think the mom might be doing this? Why is it that you told me that's something that her mom told her, and that's what she's doing with the baby?"

⁷ The scale developers say that the Personal Accomplishment subscale is independent of the other subscales (Maslach, et al., 1996; 2016), so these findings are not inconsistent.

What might be a way to tell her that that's not what's recommended for the baby anymore? What if we tried this? What if we brought out this new form on feeding the baby, how do you think that would work?"

In addition, supervisors reported improvements in their capacity to support home visitors in specific aspects of the FAN approach (see Figure 6). There was a significant increase in their ratings of their ability to help home visitors promote parent-led visits from the end of the training to the end of the current study. Supervisors also reported improvements in their ability to support home visitors in maintaining focus on parenting throughout the visit from the end of the training to the end of the current study, a change that was close to significant with a large effect ($d = 1.15$). Finally, supervisors reported a significant increase in their ability to help home visitors recognize their own emotions 6 and 12 months after training ended.

Figure 6. Supervisors' Self-assessed FAN Skills at the End of the Ongoing 18 month FAN Training and 6 and 12 Months Later ($n=7$)^a



^a Responses are based on a 5-point scale: 1, "Not at all skilled"; 2, "A little skilled"; 3, "Somewhat skilled"; 4, "Skilled"; and 5, "Very skilled."

Note: There was a significant increase in supervisors' ratings of their ability to ^bhelp home visitors encourage parent-led visits from Post 4 to Post 6 ($t(6) = 2.83, p < .05$), supervisors' ^cability to support home visitors in maintaining focus on parenting throughout the visit from Post 4 to Post 6 ($t(6) = 2.12, p < .10$), and supervisors' ^dability to help home visitors recognize their own emotions between Post 5 to Post 6, ($t(6) = 2.83, p < .05$).

Burnout of the program supervisors was measured in the Follow-up Study surveys through the Maslach Burnout Inventory (Maslach, Jackson, & Leiter, 1996). None of the subscales measuring

burnout significantly changed from 6 to 12 months after training ended for supervisors.⁸ At both times, supervisors reported low Emotional Exhaustion, low Depersonalization, and moderate Personal Accomplishment (see Table A-5 in Appendix A). Supervisors' job satisfaction generally remained high during the Follow-up Study and did not significantly change from 6 to 12 months after the training ended. Similarly, supervisors continued to report positive relationships with home visitors, with no changes found from 6 to 12 months after the training ended. Supervisors rated Rapport, a subscale on the SWAI, between supervisors and home visitors as being high—an average score of about 6 on a scale ranging from 1 to 7. Client Focus, a measure of the degree to which supervisors believe they encourage focused efforts toward specific goals and tasks expected to benefit clients, was also rated high, although not as high as Rapport, with scores averaging between 4 and 5. The Identification subscale measures the extent to which the supervisor believes that the supervisee identifies with the supervisor, and these scores were also high, averaging between 5 and 6. Supervisors tended to report relatively low burnout, high job satisfaction, and positive relationships with their staff at the end of the first study and throughout the Follow-up Study.

Perceived Benefits of the FAN Approach

Staff's positive experiences with the FAN approach may have influenced, in part, its continued use in home visiting practice over time. Even staff who expressed resistance to the FAN approach or described themselves as not using it provided evidence that they were, in fact, using aspects of it in their practice at the time of the current study. Most staff—as evidenced by quotes from a home visitor and a supervisor in the next excerpts—seemed to understand and appreciate the FAN concepts. They reported positive experiences with training and implementation, often describing it as “a great” or “an interesting” tool. One staff member said:

The main thing we want to do is empower clients, so [the FAN] just really made sense to me. It seemed immediately like a nice tool that made me feel more comfortable [as a supervisor] working with my staff and knowing that I was just going to have conversations and be reflective with them, and not just solve all their problems or difficult clients they were working with.

From home visitors and supervisors' interviews, two aspects of the FAN seemed to have contributed, in part, to the use and adoption of the FAN approach over time: the focus on empowerment of parents rather than fixing problems for them and the focus on flexibility in parent-led visits. Even staff who had challenges with the FAN approach and training appeared to find these two strategies helpful.

⁸ This measure was not included in the first study, thus this was the only possible analysis.

Reduced Pressure for “Fixing” Problems

Home visitors and supervisors alike stressed that an important impact of the FAN on their practice was feeling less pressure to have an answer or a fix to a problem. “Instead of me trying to fix the problem, we can solve a problem together,” one home visitor told us. Another stated, “In the past, before [FAN training], whenever we would walk in and there was a challenge, we were to try to help mom fix it. Of course, we couldn’t always fix it so you would walk out feeling defeated.” Supervisors similarly noted changes in their staff’s practices. According to one interviewee, after the training, home visitors were “thinking about things in a little different way” and waiting for parents to talk instead of jumping in with a solution. In addition, one interviewee said the FAN changed how some supervisors and staff process their work with clients:

We can talk about what they’ve done, what they’ve tried, [and] think about some things that they haven’t tried with the client. [Staff] love how they don’t have to be the counselor or fix all the problems, that it’s more about empowerment, talking with the clients, and really making them feel confident enough that they can solve the problem for themselves.

Flexibility of Parent-Led Visits

Some staff found it difficult to shift to a more parent-led approach while also providing information and parent-child activities; however, most staff and supervisors recognized the benefits of parent-led visits and were able to allow parents more control of the content of the visits. Most of the home visitors and supervisors agreed that because the FAN endorsed a parent-led approach to home visiting, it allowed home visitors to address parents’ concerns in the moment without feeling pressure to cover the program curriculum. They recognized that “meeting parents where they are” and addressing parents’ urgent concerns in the moment were helpful strategies for both them and parents. As a home visitor explained:

We were always told you need to do the curriculum every visit. Doesn’t matter if mom wants to do it, if mom’s not in the moment, or whatever. It was really hard for us to do that, especially if they got into a fight with their mom [or] their boyfriend, if the baby was having a bad night. Since [FAN training started], we could leave it there, let them look at it, and discuss it next time.

A supervisor also noted that the FAN has helped home visitors focus their visits around the parent’s concern, no matter what that concern was during that visit.

The reason the FAN fits so well for families we serve is because it surrounds the parent’s concern. The one thing that we know from our experience of home visiting in our communities with the families we serve, is that there’s always a concern. Sometimes that concern may be about the child, it may not be about the child. Either way it would still impact the child.

Factors that Affect Sustainability

The factors that appear to affect the ability of home visitors and supervisors to sustain the FAN approach in their work include their experiences with the training, the support of supervisors and other programmatic factors, and the larger system and state contexts in which the programs operated.

Experiences with FAN Training and Implementation

Home visitors' and supervisors' initial attitudes and experiences with FAN training and implementation appeared to influence the extent to which they continued to use the FAN approach in their practice. That is, staff who seemed resistant to learning the FAN approach or found the approach challenging to implement were less likely than other staff to use the approach or as many components of the approach as other staff. One home visitor felt that staff became more accepting once they could see the effect of the FAN processes on their practice, especially "how it changed the whole visit." She added that although some other staff initially had "bad attitudes" about the training, over time staff began sharing stories and examples that helped them understand the way the FAN worked. "That was a big help to talk about it, and then having supervision and going over it when they're using the language; supervision was really helpful. By the end, after a year [of training], everybody was on board with it and understood the importance of [the FAN]."

It was also clear that learning the FAN approach was a process that required time, practice, and ongoing support. Another supervisor recalled that it took a while to develop a relationship with the trainers and consultants who supported learning and implementation of the FAN. She admitted that both she and her staff were not comfortable with the process, but over time, she realized that their practices were changing:

[The FAN] wasn't a natural feeling for me, and I know my staff, and it wasn't a natural feeling for them. As I processed it with [the trainers], I realized how much my staff was growing and actually doing it and how much I was too. It helped in that way. It wasn't comfortable doing it but processing with them and reflecting on "oh yeah, we are doing it this way. We are doing it. We are working on this, instead of just going through the motions." That was helpful.

Ongoing Support through a Community of Practice

Staff at three of the four programs who were interviewed for the Follow-up Study reported participating in Community of Practice meetings to support their ongoing use of FAN concepts.⁹ A supervisor, who was new to one of the programs, reported that participating in Community of Practice meetings have helped her catch up with staff who received FAN training:

I first learned about the FAN approach when I started, and I started to attend those quarterly trainings. I would go to those with my staff, and every time we've talked about the FAN, and how to incorporate the FAN even more. We have some of the [FAN] trainers and some mental health consultants, so they've all had me join in role play with them and gave me an overview of the FAN. It's helped me, going to those quarterly trainings.

Another supervisor stressed the importance of continued support of the FAN approach for sustaining use in practice:

For those that don't get it [the FAN] yet, they will learn it if there's continual support or continual reminder of it. Also, it's like many things that we learn in our work. If it's not something that gets supported by the program or the supervisor, then the learning will stop at whatever point it's at and they will go back to work as usual.

Although group meetings were generally considered beneficial, one home visitor perceived them to be more useful to new home visitors still learning the FAN approach than to more experienced home visitors who wanted more support around processes that were harder to learn and implement. One home visitor expressed an interest in focusing discussions on Capacity Building and Integration in the Community of Practice meetings, as she said home visitors already understood the other core processes well.

Funding and Program Factors Affecting FAN Implementation

The state budget stalemate, changes in a federal program, and new program rules and procedures affected the implementation of FAN in programs participating in the Follow-up Study.

State Budget Stalemate. Staff who were interviewed described how the prolonged state budget stalemate increased employment instability and lowered morale.¹⁰ Staff at these programs talked about the challenges of keeping families engaged with a reduced workforce following layoffs of coworkers. According to a supervisor, after losing several long-term

⁹ Community of Practice meetings were held quarterly at a convenient location and facilitated by a FAN trainer. They provided opportunities to sustain and enhance practice, reinforcing the use of FAN and providing advanced FAN trainings on specific topics (e.g., FAN and Fathers, Domestic Violence, Substance Use, Parental Mental Health).

¹⁰ See Grigsby, Lifson, George, & Spitz (2017) for a report on the effects of the 2-year budget stalemate on Illinois families.

employees because of budget cuts, her program “went from being one of the biggest programs in the state to barely holding on, mainly because of the state budget.” The following quote from a supervisor also illustrates the impact of the budget stalemate:

Pretty much the whole time I have been here, we have had no state budget at all for Illinois, and so we’ve always been in limbo. We’ve been needing [to hire workers] pretty much the whole time, and it’s just been difficult. One of my main jobs [as a supervisor] has always been to boost morale, and keep the girls going because we’re always month-to-month wondering if we might have more layoffs here.

Staff also reported on the impact of the state budget impasse on families participating in their programs. For example, some families were angry or chose to leave the program if their home visitor was laid off:

The point is, [with] how we’ve been implementing [the FAN approach], these families are opening up to us more and being more vulnerable, and then their staff leaves because of the state budget. It’s not like they choose to leave. The families are kind of upset at times with the person they get because it’s like, “Why did you get to stay and my worker who I’ve opened up to and all that stuff isn’t here anymore?” So, it’s been difficult.

The lack of state budget also resulted in cutbacks to supervisors’ hours, which, in turn, affected their ability to provide reflective supervision and other supports to home visitors. “I feel like, really, supervision lately has been back to checking the boxes. Not reflective,” one home visitor told us. A supervisor also acknowledged the challenge of doing reflective supervision when her own hours had been cut back.

The budget crisis also affected the use of the FAN during supervision, according to staff who were interviewed. At just one program, there was lingering evidence of the use of the FAN in supervision. One home visitor noted, “We actually get more time to reflect. [It’s] nice as a worker to be asked, ‘How’s it going for you?’” A supervisor at the same program agreed. Although she acknowledged that reflective supervision did not come naturally to her, it was a process that she valued, and she was continuing to work to maintain it. It seems this supervisor appreciated both the FAN approach and the reflective supervision strategies, which motivated the supervisor to continue to practice the FAN in supervising others.

Federal MIECHV Program. Along with the state budget impasse, two of the programs in the study were further burdened by changes brought about by their participation in the federal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program. Staff reported experiencing uncomfortable work environments because of differences in the salaries, workload, and professional development opportunities for new MIECHV-funded staff and veteran staff. A supervisor noted that even before the budget impasse, there was tension within her program because of MIECHV:

[MIECHV staff] get a higher pay than my other workers. There’s always been a divide, and my workers that are state funded are wonderful workers that have been here for many years, but

they are the ones whose job is in jeopardy right now, where my MIECHV are safe, and we're getting money for, they've just only been here for two years. That's hard, because if we were to have to do layoffs, then it would be my veteran staff versus my new staff.

In addition, the new MIECHV-funded staff were hired after the FAN training and were not necessarily familiar with the FAN or the terminology; therefore, discussions about the use of the FAN approach could have been another point of division for the staff at this program.

Program Policies. Home visitors in one program also reported that, after an organizational change in the agency overseeing the program, they felt excluded from major decisions concerning their clients. They described a “top down” approach to the management of the program and believed that new program rules and procedures were undermining their ability to build relationships with families. For example, one home visitor reported that the program manager, without consulting staff, informed them that home visits were no longer allowed to happen after dark, a rule that would greatly impact their ability to make visits to teen parents who are in school during the day.

Infant Mental Health Consultants. Two programs still had their infant mental health consultant on site at the time of our interviews. At these programs, staff appeared to have very strong relationships with their consultants. Both supervisors and staff expressed the view that the consultant has helped them to continue to use the FAN, specifically mentioning increased emotional awareness and use of MSR.

Chapter Summary

Home visitors and supervisors continued to use and value the FAN approach over time. Home visitors maintained or continued to increase their self-assessed skills in all six skills that represent use of the FAN approach. Skills significantly increased in three areas—reading parents' cues, maintaining a focus on parenting, and encouraging parents to lead visits. Qualitative data showed use of reflective postures and many examples of listening and asking questions to better understand parents' views, while regulating their own feelings and responses. Supervisors reported improvements in their capacity to help home visitors to encourage parent-led visits, maintain focus on parenting throughout the visit, and recognize their own emotions. At the same time, there was evidence that some home visitors continued to find some of the FAN core processes more difficult than others, perhaps because of a tension between giving information and advice in their role as an “educator” as opposed to their role as a “supporter” of the parent. The FAN approach was asking them to change both their practice and their role.

Home visitors and supervisors continued to practice mindfulness 6 and 12 months after the end of training. Their skills in refraining from reacting to their inner experiences remained consistent over time for both home visitors and supervisors. Supervisors demonstrated a significant increase in Acting with Awareness, suggesting that supervisors continued to practice this component of mindfulness and strengthened their awareness of their responses.

There were modest changes in job satisfaction and self-efficacy after training for home visitors. Home visitors reported increased satisfaction with their workload between the end of training and 6 months later. However, 6 and 12 months after the end of training, home visitors reported less satisfaction with other trainings they received and opportunities for professional development. These differences were modestly significant. Supervisors' job satisfaction and their relationships with home visitors remained relatively high over time.

Although home visitors and supervisors generally sustained the changes in their skills and practice that occurred during and after the ongoing FAN training, some factors affected the sustainability of the FAN approach. The factors that were found to affect the ability of home visitors and supervisors to sustain the FAN approach in their work include their experiences with the training, the support of supervisors, continued support from trainers and consultants, and the larger system and state contexts in which the programs operated. While systemic and political contexts may be difficult to change, other factors could be adjusted or considered. Ongoing support from FAN trainers and infant mental health consultants contributed to sustained use of the FAN, as home visitors could consult with trainers and consultants about cases and ask questions about the FAN specifically. The Community of Practice meetings supported continued use of the FAN. The support of supervisors seemed particularly critical. The programs with supervisors who were "fans of the FAN" from the beginning and saw the potential benefits of the FAN approach to staff and participant families appeared to implement the FAN approach more consistently and sustain their FAN skills over time.

Some home visitors were resistant to the training, primarily due to the additional work required and due to the perception of their role as providers of information. Yet with the ongoing support from the FAN trainer, the infant mental health consultant, and the program supervisor, even the resistant home visitors tended to shift their perspective and see the value in at least some aspects of the FAN approach. Home visitors and supervisors in the Follow-up Study, including staff who expressed resistance to the FAN approach or described themselves as not using it, provided evidence that they were, in fact, using aspects of it in their practice one year after the end of the ongoing training.

Home visitors' and supervisors' interviews revealed two aspects of the FAN that seemed to have contributed to the use and adoption of the FAN approach over time: the focus on empowerment of parents rather than fixing problems for them and the flexibility of parent-led visits. Even staff who had challenges with the FAN approach and training appeared to find these two strategies helpful. When they used the FAN approach, staff felt less pressure to fix parents' problems and they observed the pride and self-efficacy expressed by parents when they were able to solve their own problems. In addition, the parent-led approach to home visiting central to the FAN approach allowed home visitors to address parents' concerns in the moment without feeling pressure to cover the program curriculum. They recognized that addressing parents' urgent concerns in the moment was a helpful strategy for both them and the parents.

In conclusion, a year after finishing the FAN training, Follow-up Study home visitors maintained all of the changes in their FAN skills observed in their practices at the end of the 18 month training. They also continued to improve their skills after training in three areas—maintaining a

focus on parenting, reading parents' cues for engagement, and encouraging parents to lead visits—suggesting these were skills that home visitors perceived as particularly important. Supervisors continued to improve their ability to Act with Awareness and ability to support visitors' use of the FAN over time. The findings emphasize that the FAN approach is relevant to home visiting practice and is able to be sustained over time. However, long-term evaluation efforts should assess the feasibility of implementing an intensive, ongoing training like the FAN training in home visiting programs in the context of high staff turnover rates.

Summary and Conclusions

Home visiting programs face a number of challenges in engaging and serving families in high-risk communities and in developing and retaining skilled home visiting staff. In light of these challenges, this study was designed to examine whether practice changes resulting from an 18 month training in the FAN approach could be sustained over a longer period of time. The Follow-up Study of staff of eight Healthy Families America (HFA) programs trained in the FAN approach over 18 months showed that they retained their new skills for 12 months beyond the end of training and, moreover, appeared to increase the level of some of their skills. Another positive outcome was the reduced burnout of home visitors on a standard measure between 6 and 12 months after the end of training. Results from this study indicate that training in the FAN approach changed home visitors' ability to focus on parenting and collaborate with families. Training also enhanced supervisors' ability to support home visitors. Below we highlight key findings from the study.

Key Findings

- HFA Home visitors who received training previously maintained all of the FAN skills and reported growth in three skills: (1) reading parents' cues for engagement, (2) maintaining the focus on parenting throughout the visit, and (3) encouraging parents to lead and help set the agenda for visits.
- Qualitative data showed use of reflective postures and many examples of listening and asking questions to better understand parents' views, while regulating their own feelings and responses. Supervisors reported continued improvements in their capacity to help home visitors to encourage parent-led visits, maintain focus on parenting throughout the visit, and recognize their own emotions.
- Two aspects of the FAN seemed to have contributed to the continued use of the FAN approach over time: (1) the focus on empowerment of parents rather than fixing problems for them and (2) the flexibility of parent-led visits. Even staff who had had challenges with the FAN approach in the initial 18 month training appeared to find these two strategies helpful. When they used the FAN approach, staff felt less pressure to fix parents' problems, and they observed the pride and self-efficacy expressed by parents when they were able to solve their own problems. In addition, the parent-led approach to home visiting allowed home visitors to address parents' concerns in the moment without feeling pressure to cover the program curriculum. They recognized that addressing a parent's urgent concern in the moment was helpful for both the home visitor and parent.
- Home visitors and supervisors continued to practice mindfulness 6 and 12 months after the end of training. Their skills in mindful emotion regulation, specifically refraining from

reacting to their inner experiences, remained consistent over time for both home visitors and supervisors. Supervisors demonstrated a significant increase in Acting with Awareness, suggesting that supervisors continued to practice this component of mindfulness and strengthened their self-awareness.

- There were modest changes in job satisfaction and self-efficacy beyond the end of the training for home visitors. Home visitors reported increased satisfaction with their workload between the end of training and 6 months later. However, 6 and 12 months after the end of training, home visitors reported less satisfaction with other trainings they received and opportunities for professional development. These differences were modestly significant. Supervisors' job satisfaction and their relationships with home visitors remained relatively high over time and, thus, showed no change.
- Sustainability of the FAN approach in home visitors' and supervisors' practices appeared to depend on several factors. These factors included their experiences with the training; the ongoing support of supervisors (in the case of home visitors), trainers, and consultants; and the larger system and state contexts in which the programs operated. Ongoing support from FAN trainers and infant mental health consultants contributed to sustained use of the FAN, as home visitors could consult with trainers and consultants about cases and ask questions about the FAN specifically. The quarterly Community of Practice meetings facilitated by FAN trainers and attended by supervisors to discuss FAN strategies in practice also supported sustained use of the FAN. Programs with supervisors who were "fans of the FAN" from the beginning and saw the potential benefits of the FAN approach to staff and families appeared to implement the FAN approach earlier and more consistently and to sustain their use of the FAN in practice after the end of training.

Figure 7 provides a simple visual to summarize our findings. As it suggests, after an initial core training, ongoing support in learning and application of the approach led to shifts in home visitor and supervisor practices, including changes in the structure and dynamics of the home visit. Home visitors implemented the FAN approach in their visits and practiced their FAN skills, becoming more attentive to parents' cues, focusing more on parenting, and strengthening their ability to explore the concerns of parents after the training. These changes led to positive changes in two domains of a standardized measure of burnout—Personal Accomplishment and Emotional Exhaustion. Qualitative data suggested an increase in home visitors' reflective capacity and a change in their understanding of their role. Supervisors developed their own reflective capacity and were more attentive to home visitors' needs and concerns and better able to support them. Long-term, these changes are expected to contribute to changes in parent-child interactions and child development as well as address the challenges of family engagement and staff turnover in the home visiting field.

Figure 7. Theory of Change for the FAN Training Evaluation Results



Study Strengths and Limitations

In the previous evaluation of training in the FAN approach, multiple informants and sources of data created a rich body of evidence indicating that home visitors and supervisors learned and implemented the FAN approach and found it beneficial in several ways. The primary limitation of this study was sample attrition, largely because of staff turnover, which resulted in less survey data. Another limitation was a lack of direct observation of staff practices and data from program participants. Home visiting staff’s narratives about the families provided some insight into family changes, but ideally the parents themselves would have reported their perspectives.¹¹

In addition, quantitative measures of relationships—a central component of the FAN approach—are limited. Because relationships between supervisors and home visitors tended to be rated highly at baseline, they left little room for change over time. This reinforced the importance of the mixed-methods design that uses both quantitative and qualitative methods. The qualitative data complemented and helped to explain the quantitative survey data. More importantly, the detailed, nuanced approach to the analysis of the qualitative data enriched our understanding of how the FAN core processes are applied in practice and some of the

¹¹ The initial study of the FAN approach included a sample of families and their data indicated a change in the dynamics of their home visits that were consistent with reports from staff.

challenges staff experience in using them. Although these data do not take the place of an observational measure of home visitor and supervisor behavioral change—something that should be added in future studies—the qualitative data from participants in FAN training provide rich insights.

Conclusion and Implications

Findings from the Follow-up Study showed that home visitors and supervisors learned and implemented the FAN approach in their practice and continued to use it after the end of training. Home visitors maintained their skills in all of the FAN skill areas. Furthermore, home visitors reported growth in reading parents' cues for engagement, maintaining a focus on parenting, and encouraging parent-led visits. They also showed improvement in reflective capacity and reduced burnout. Supervisors, in turn, were more attentive to home visitors' needs and concerns and viewed as more able to promote reflection. Home visitors' stories of their experiences with the FAN showed that the FAN approach also strengthened home visitors' capacity to attune to and connect with families and to focus visits on parenting. Changes observed in home visitors' reflective capacity, along with reduced burnout, should strengthen their relationships with families in the communities they serve. Future studies should examine whether these changes in relationships and home visit dynamics improve family engagement and strengthen the parenting context for child development.

Both the previous study and the Follow-up Study suggested several factors that influence the sustainability of the FAN approach in home visitors' and supervisor's practices. These included staff's experiences with the training; the ongoing support of supervisors, trainers, and consultants; and the larger system and state contexts in which the programs operated. Ongoing support from FAN trainers and infant mental health consultants contributed to sustained use of the FAN, as staff could consult with trainers and consultants about cases and ask questions about the FAN specifically. The Community of Practice meetings, which were largely attended by supervisors, also supported sustained use of the FAN. The importance of supervisors in the implementation of the FAN approach suggests that prior to investing in training, efforts should be made to discuss supervisors' understanding of the FAN approach and commitment to learning and implementing it in their program, as well as program staff's time for training and readiness for change.

Also desirable would be additional study to determine the optimal amount and type of FAN training to improve home visiting practice without overburdening staff and to learn whether it impacts staff retention.¹² Long-term evaluation efforts should assess the feasibility of

¹² Another recently completed study showed positive changes in another sample of HFA and Parents as Teachers staff as a result of a shorter training (6, 9, and 12 months) in the FAN approach (Spielberger, Gouvea, Winje, Burkhardt, Gitlow, & Pacheco-Applegate 2018). However, there is still more to learn about the best way to deliver training and whether a shorter training period will also result in longer term use or longer term impacts on staff burnout and retention.

implementing an intensive, ongoing training like the FAN training in home visiting programs in the context of high staff turnover rates as well as how flexibility can be built into programs to manage such changes.

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Appendix A. Additional Follow-up Study Data Tables

Table A-1. Characteristics of Home Visitors in Initial and Follow-up Study

Home Visitor Characteristics	Initial Study	
	Total (<i>n</i> = 43)	Follow-up Study (<i>n</i> = 17)
Age, %		
20–29 years old	40	29
30–39 years	26	35
40–49 years	19	18
50–59 years	12	18
60 years or older	5	0
Race/Ethnicity, %		
White	42	53
Hispanic	35	29
Black	14	12
American Indian	2	6
Multiple races ethnicities	7	0
Current level of education		
Less than bachelor’s degree	18	35
Bachelor’s degree, %	64	47
Master’s degree, %	18	18
Prior experience in home visiting		
Yes, %	46	35
Years of experience as a home visitor ^a		
Mean (SD)	4.7 (5.00)	6.5 (4.64)
Range, <i>n</i>	1–20	2–15

^a Means based on responses of those who reported having prior experience

Table A-2. Baseline Characteristics of Supervisors in Initial and Follow-up Study

Supervisor Characteristics	Full Sample at end of Initial Stud (<i>n</i> = 11)	Follow-up Study Sample (<i>n</i> = 7) ^a
Age		
20–29 years old, %	0	11
30–39 years old, %	46	44
40–49 years old, %	18	11
60 years or older, %	36	11
Unknown/Missing	0	22
Race and/or Ethnicity		
Black, %	18	11
White, %	73	56
Hispanic, %	9	11
Unknown/Missing	0	22
Current level of education		
Bachelor’s degree, %	55	44
Master’s degree, %	45	33
Unknown/Missing, %	0	22
Prior experience in home visiting		
Yes, %	100	67
Unknown, %	0	22
Years of experience as a home visitor ^b		
Mean (SD)	11.0 (7.89)	8.8 (6.54)
Range, <i>n</i>	1–25	3–20

^a Seven of the supervisors in the Follow-up Study were part of the original sample, two of whom were home visitors in the first study; demographic data are missing for two supervisors who were hired after the start of training.

^b Means based on responses of those who reported having prior experience.

Table A-3. Mean Response Scores for Home Visitors’ FAN Skills from End of 18 month FAN Training to 12 months after the End of the Training (*n* = 15)

FAN skills	End of Training	6 Months later	12 months later
	Mean (SD)	Mean (SD)	Mean (SD)
Reading parents’ cues for engagement during home visits	4.47 (0.52)	4.33 (0.49) ^a	4.60 (0.51) ^a
Matching my interactions based on parents’ cues	4.40 (0.63)	4.40 (0.51)	4.47 (0.52)
Exploring parents’ concerns together before finding solutions	4.53 (0.64)	4.47 (0.52)	4.40 (0.63)
Recognizing my own feelings during visits with families	4.60 (0.51)	4.53 (0.64)	4.67 (0.49)
Maintaining focus on parenting throughout the visit	4.33 (0.62) ^a	4.40 (0.63) ^b	4.73 (0.46) ^{a,b}
Encouraging the parent to lead the visit and help set our agenda	4.33 (0.62) ^{a,b}	4.57 (0.51) ^a	4.67 (0.49) ^b

Table A-4. Mean Response Scores for Home Visitors' Job Satisfaction, Mindfulness, and Burnout from End of FAN Training to 12 Months after the End of the Training (n = 15)

Job satisfaction	End of Training	6 Months later	12 months later
	Mean (SD)	Mean (SD)	Mean (SD)
Your workload	2.62 (0.77) ^b	3.07 (0.46) ^b	3.00 (0.38)
The supervision you receive	3.57 (0.65)	3.33 (0.62)	3.40 (0.74)
The support you receive from coworkers	3.64 (0.50)	3.53 (0.64)	3.47 (0.64)
The quality of training you receive	3.43 (0.65) ^b	3.47 (0.64)	3.27 (0.80) ^b
Professional development opportunities	3.15 (0.69) ^b	2.87 (0.84) ^b	3.00 (0.76)
Being valued for your work	3.07 (0.73)	3.00 (0.65)	3.27 (0.46)
Cultural sensitivity in your program	3.29 (0.61)	3.40 (0.51)	3.47 (0.52)
Five Facets Mindfulness Questionnaire			
Act with Awareness subscale	36.62 (4.05)	35.93 (4.45)	36.00 (3.96)
Nonreact subscale	28.08 (3.77)	27.57 (5.42)	27.14 (5.65)
Maslach Burnout Inventory (N = 17)			
Emotional Exhaustion subscale	--	17.12 (9.33) ^a	13.58 (8.31) ^a
Depersonalization subscale	--	1.06 (2.30)	0.88 (1.83)
Personal Accomplishment subscale	--	40.59 (6.18) ^a	42.67 (4.33) ^a
Supervisory Working Alliance Inventory			
Rapport subscale	6.16 (0.66)	6.24 (0.89)	6.09 (0.86)
Client focus subscale	5.89 (0.78)	5.70 (1.28)	5.73 (1.24)
Reflective Supervision Rating Scale			
Total score	—	43.5 (9.27)	44.6 (6.60)

^a $p < .05$, ^b $p < .10$.

Note: The following effect sizes for the differences were significant at $p < .05$ or $p < .10$:

FAN skills: "Reading parents' cues for engagement during home visits" between Post 5 and Post 6, $d = .54$; "Maintaining focus on parenting throughout the visit" between Post 4 and Post 6, $d = .73$, and between Post 5 and Post 6, $d = .60$; "Encouraging the parent to lead the visit and help set our agenda" between Post 4 and Post 5, $d = .42$, and between Post 4 and Post 6, $d = .61$.

Job Satisfaction: "Your workload" between Post 4 and Post 5, $d = .71$; "The quality of training you receive" between Post 4 and Post 6, $d = .22$; and "Opportunities for professional development" between Post 4 and Post 5, $d = .36$.

Maslach Burnout Inventory: Personal Accomplishment between Post 5 and Post 6, $d = .39$; Emotional Exhaustion between Post 5 and Post 6, $d = .40$.

Table A-5. Mean Response Scores for Supervisors at the End of FAN Training to 12 Months after the End of the Training (n = 7)

FAN skills	End of Training	6 Months later	12 months later
	Mean (SD)	Mean (SD)	Mean (SD)
Supporting home visitors in reading parents' cues for engagement during home visits	4.29 (0.49)	4.50 (0.55)	4.43 (0.53)
Supporting home visitors in matching their interactions based on parents' cues	4.00 (0.58)	4.17 (0.75)	4.00 (0.58)
Supporting home visitors in exploring parents' concerns together before finding solutions	4.43 (0.53)	4.00 (0.89)	4.29 (0.49)
Helping home visitors recognize their own feelings during visits with families	4.29 (0.76)	4.17 (0.41) ^a	4.86 (0.38) ^a
Supporting home visitors in maintaining focus on parenting throughout the visit	4.00 (0.00) ^b	4.33 (0.52)	4.43 (0.53) ^b
Supporting home visitors in encouraging the parent to lead visit and help set the agenda	3.71 (0.76) ^a	3.83 (0.75)	4.29 (0.49) ^a
Job satisfaction			
Your workload	3.00 (0.58)	3.14 (0.38)	3.14 (0.38)
The supervision you administer	2.71 (0.76)	3.00 (0.00)	3.00 (0.00)
The support you receive from coworkers	3.43 (0.53)	3.14 (0.69)	3.14 (0.38)
The quality of training you receive	3.29 (0.49)	3.43 (0.53)	3.14 (0.38)
Opportunities for professional development	3.29 (0.49)	3.29 (0.76)	3.00 (0.58)
Being valued for your work	2.57 (0.79)	2.86 (0.90)	2.71 (0.76)
Cultural sensitivity in your program	3.14 (0.69)	3.00 (0.58)	2.86 (0.69)
Your influence on the program	3.29 (0.49)	3.29 (0.49)	3.29 (0.49)
Your interactions with home visitors	3.43 (0.53)	3.43 (0.53)	3.71 (0.49)
Your influence on home visitors' parent-child interactions	3.33 (0.52)	3.43 (0.53)	3.29 (0.49)
Administrative responsibilities/paperwork	3.14 (0.69)	3.00 (0.58)	3.00 (0.58)
Overall job satisfaction	3.14 (0.38)	3.00 (0.58)	3.14 (0.38)
Supervisory Working Alliance Inventory			
Rapport subscale	5.62 (0.83)	5.98 (0.70)	6.04 (0.49)
Client focus subscale	4.38 (0.72)	4.93 (0.23)	4.70 (0.52)
Identification subscale	5.29 (0.74)	5.64 (0.62)	5.76 (0.14)
Five Facets Mindfulness Questionnaire			
Act with Awareness subscale	30.67 (1.21) ^a	32.43 (2.07)	33.29 (2.43) ^a
Nonreact subscale	25.00 (4.86)	27.29 (2.43) ^b	25.71 (2.87) ^b
Maslach Burnout Inventory			
Emotional Exhaustion subscale	--	16.14 (8.65)	14.00 (7.16)
Depersonalization subscale	--	1.71 (2.43)	2.71 (2.98)
Personal Accomplishment subscale	--	37.83 (1.94)	37.33 (6.53)

^a $p < .05$, ^b $p < .10$.

Note: Effect sizes for the differences over time that were significant at the $p < .05$ or $p < .10$ level were large, ranging from $d=.75$ to 1.75