



Evaluation of the Fussy Baby Network Condensed FAN Training: Final Report

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Abstract

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. A previous study showed positive impacts on home visitors' ability to engage parents in home visits after an 18-month training in the FAN approach. However, the length and intensity of the training was difficult for staff to manage with their other responsibilities. Thus, this study was developed to see whether training in the FAN approach could be delivered effectively with a shorter training period. Results indicate that a condensed training in the FAN approach changed home visitors' ability to focus on parenting and collaborate with families and built their reflective capacity. Training also enhanced supervisors' ability to support home visitors. These findings were evident in two groups of participating staff, those in Healthy Families America programs and those in Parents as Teachers programs. Although the study indicated that staff could learn the FAN approach in a shorter period of time than the original 18-month period, the 9- or 12-month training period appeared to be somewhat more effective than the shorter, 6-month period. Additional positive outcomes were the growth in reflective capacity and reduced burnout of home visitors on standard measures. Supervisors were particularly important in supporting the approach and sustaining it over time. This suggests that prior to investing in training, efforts should be made to assess 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.

Executive Summary

“It was overwhelming and stressful to rush through everything we had to accomplish. But after the training, it was letting parents guide the visit and meeting them where they were. That really helped me a lot.” – Home visitor

“Sometimes you want to say or do something, but the FAN taught us to be more patient and not rush the home visitors to get them to where you want them to be. It made me more reflective or more thoughtful.” – Program Supervisor

An advanced training in an infant mental health-based approach, called the FAN (Facilitating Attuned INteractions), led to significant changes in the practice, skills, and relationships of staff in Healthy Families America and Parents as Teachers home visiting programs. 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 approach 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 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 to balance with other program responsibilities. This evaluation built on the previous study and sought to understand the impact of a condensed FAN training on home visitors and supervisors. It also examined its application to other program models, specifically, Parents as Teachers (PAT).¹ The evaluation used quasi-experimental, pre-post, mixed-methods designs.

The condensed cross-model training was delivered to home visitors and supervisors at 17 evidence-based home visiting programs (HFA and PAT) across four waves (Waves 3–6). Similar to the longer training, the condensed trainings included an initial supervisor and consultant orientation, a 2-day core training, booster trainings, and mentoring, but the trainings were offered over a 6-, 9-, or 12-month period. Using a mix of quantitative and qualitative methods, the evaluation examined the variations in length and intensity of training as well as differences in the effects of training by program model.²

Results indicated that a shorter training in the FAN approach had similar effects on program staff. Home visitors and supervisors learned and implemented the FAN approach in their

¹ Early Head Start (EHS) programs were included with other programs in an additional group of programs (Wave 7) to pilot the FAN within a statewide rollout but were not included in this evaluation.

² The Cross-Model Training Evaluation included a separate continuous quality improvement (CQI) study, which was conducted by researchers at Loyola University Chicago.

practice. 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 they understood and felt more comfortable using the Mindful Self-Regulation (MSR) and Empathic Inquiry processes.³ 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. In addition, there was a significant increase in home visitors' reflective capacity as measured by the Provider Reflective Process Assessment Scales (PRPAS; Heller, 2017) and decrease in burnout as measured by the Maslach Burnout Inventory (MBI; Maslach, Jackson, & Leiter, 1996) for home visitors. Qualitative data suggested that supervisors—who were instrumental in helping home visitors learn the FAN approach—became more reflective themselves and more attentive to home visitors' needs and concerns and more supportive.

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 and Supervisor Practice after FAN Training^a



^a The acronym HV refers to "home visitors."

Findings also indicate that staff in both HFA and PAT benefited from the FAN training and showed improved skills. Although the FAN approach may fit more easily with programs that emphasize reflective capacity in staff and encourage parent-led vs. curriculum-focused visits, the approach can be adapted to different models of home visiting and organizational contexts.

Implications and Recommendations

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 look at whether training in the FAN approach could be delivered in a shorter period than 18 months. Results from both the earlier study and the current study indicate that training in the FAN approach changes home visitors' ability to focus on parenting and parent engagement and builds their reflective capacity. Training also enhances supervisors' ability to support home visitors. With regard to the training period, it appeared that staff could learn the FAN approach in a shorter period of time (although a 9- or 12-month training period appeared to be somewhat more effective than a shorter, 6-month period). Additional positive outcomes were the increase in reflective capacity and decreased burnout of home visitors on standard measures.

Finally, the evaluation of the condensed training did not assess family or child outcomes. However, home visitors, supervisors, and consultants 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 might 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.

Introduction

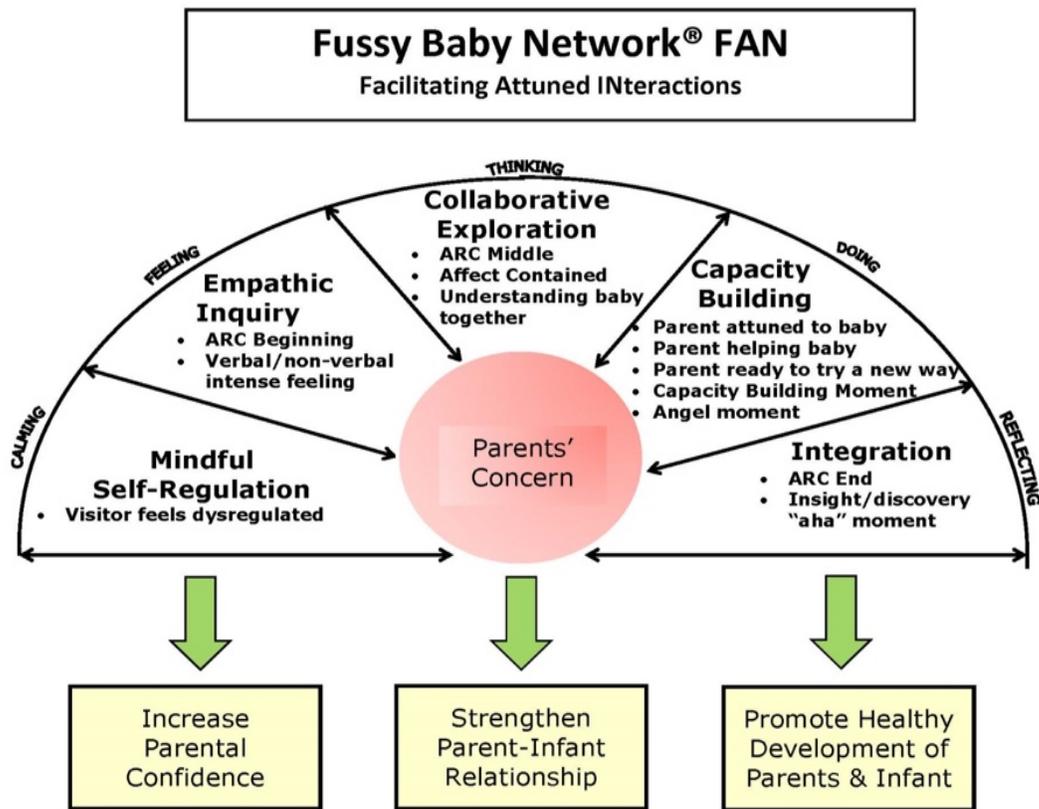
Home visitors meet with pregnant women and families in their homes and provide resources and skills to raise children who are physically, cognitively, socially, and emotionally healthy. Research suggests that home visitors who are able to build strong and trusting relationships with families more effectively 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 two studies of FAN trainings between 2013 and 2017. This is the final report on these studies.

The FAN includes five core processes, illustrated and briefly described in Figure 2.⁴ 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 practitioners and program participants by helping practitioners 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).

⁴ Figure 2 is used with permission from the Fussy Baby Network at Erikson Institute.

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



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Erikson Institute Fussy Baby Network

FAN Training (The Intervention)

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). Based on findings from that study and the limited feasibility of an extended training, the training was reduced in length. The first day of core training involved only program supervisors and infant mental health consultants. The next two days included home visitors and consisted of in-depth training in the core FAN principles. As part of the training, each program contracted with a part-time infant mental health consultant who provided ongoing support to staff (home visitors and supervisors) in learning the FAN approach. At some programs, the consultant assisted the FAN trainers from Erikson Institute with the on-site training provided. FAN trainers used active learning strategies and FAN reflection learning tools to engage staff, promote supervisor and consultant involvement, demonstrate the FAN processes in training, and integrate the FAN into the curriculum used by the home visiting programs.

The previous study (Spielberger et al., 2016) 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. Thus, this study built on the previous study and sought to understand the impact of a shorter FAN training (of 12, 9, or 6 months duration) on home visitors' and supervisors' practices and whether the approach could be implemented in other evidence-based program models, such as Parents as Teachers (PAT).

Research Questions and Methods

The study was designed to examine the effects of the FAN training on home visitors' practices from the perspectives of home visitors, supervisors, and mental health consultants. It used a quasi-experimental, mixed-methods design. We expected to see continuing improvement in the quality and consistency of implementation and use of the FAN processes as home visitors and supervisors increased their understanding of, skills in, and comfort with the approach over time. Research questions for the evaluation were the following:

- What changes in knowledge and behavior do staff report after the condensed FAN training? Does program model influence learning and implementation of the FAN approach?
- What is the impact of FAN training on the reflective capacity of staff? After training, what other outcomes do staff report related to job satisfaction, mindfulness, supervisory relationships, and burnout?
- What are the characteristics of participants who do or do not demonstrate positive outcomes?
- What elements of FAN training are critical to facilitate learning? Does length or format of training affect learning and application of the FAN?
- What program and organizational characteristics influence implementation of the FAN approach?

Sample and Methods

The sample consisted of staff and supervisors at 17 home visiting programs. Eight programs received the FAN training over a 12-month period, 6 programs over a 9-month period, and 3 programs over a 6-month period. The programs include 3 HFA, 3 dual HFA and PAT, and 11 PAT programs located throughout Illinois.

The evaluation assessed staff engagement and skills with structured surveys at three points in time: before FAN training began, 6 months after the core training, and after the end of training. We also conducted individual telephone interviews with home visitors and supervisors before

and after the FAN training and with mental health consultants at the end of training.⁵ The surveys incorporated questions about the staff's emerging skills with the FAN approach, their experiences with the FAN training itself, their ability to use the FAN concepts in their work, and their job satisfaction. In addition, the surveys 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 or “never” to 7 or “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 or “rarely” to 3 or “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 or “never or very rarely true” to 5 or “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 or “never” to 6 or “every day.”

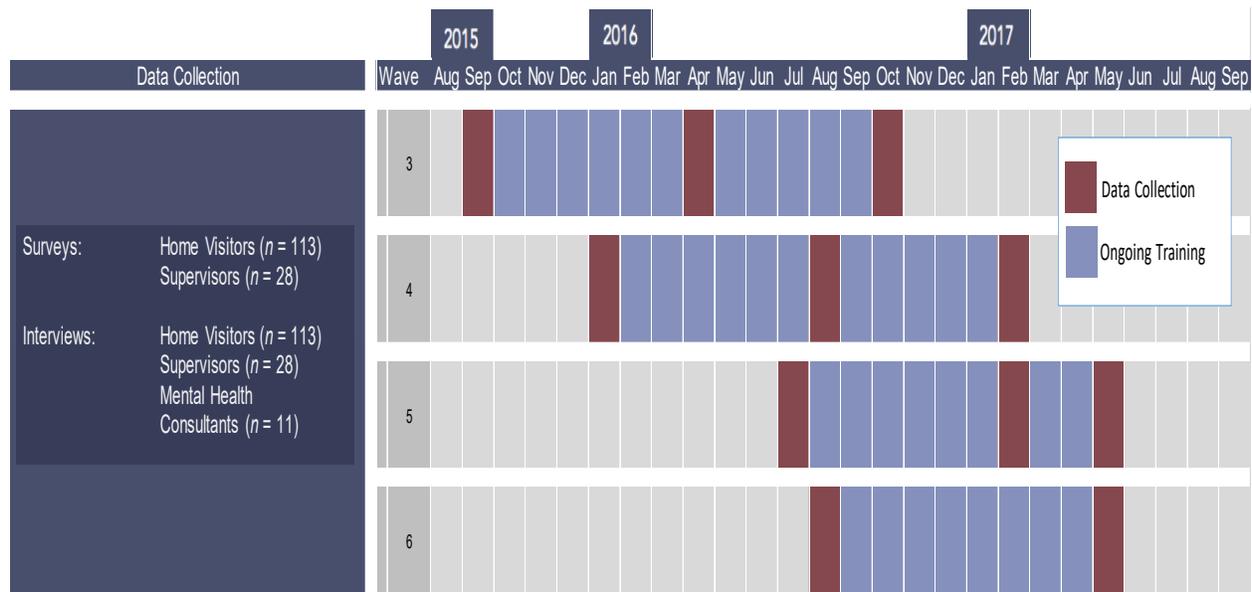
The interviews with home visitors focused on their practices and interactions with parents, supervisory relationships, job satisfaction, sense of efficacy, challenges to learning the FAN, and the impact of FAN training on their work. These interviews also incorporated a new measure of reflective capacity, the Provider Reflective Practice Assessment Scale (Heller; 2017; Heller & Ash, 2016), which assessed reflective capacity based on brief narratives of challenging cases.

⁵ Initially we planned to interview the mental health consultants on the same schedule as home visitors and supervisors. Because the consultants were new to the programs, they needed time to establish their relationships with the staff. Ultimately, we determined that it would be best to interview them only at the end of the study.

Supervisor interviews covered similar content, including how they were using the FAN in their supervision, how their home visitors were learning and applying the FAN, and their overall opinion of the training. Consultants were interviewed at the end of training only, serving primarily as informants about how the staff were applying their knowledge of the FAN, and how home visitors and supervisors were using the consultant services. Survey and interview protocols are available upon request from the study authors.

The surveys and interviews for the study were conducted between August 2015 and June 2017 (see Figure 3).

Figure 3. Data Collection Timeline for FAN Training and Evaluation



Data Analysis

We analyzed both quantitative and qualitative data. The quantitative analysis was limited to just those home visitors and supervisors who completed all three surveys sent to staff over the course of the evaluation. In the analysis, we ran frequencies, cross tabulations, paired-sample t-tests, one-way ANOVAs, and correlations. For the qualitative analysis, we limited our home visitor sample to three groups:

1. all those who were interviewed at the baseline and at the completion of the FAN training;
2. all home visitors who completed at least the baseline and the 6 months surveys; and

3. all home visitors from a program providing home visiting primarily in Spanish and who were interviewed at the baseline and at the completion of the FAN training, regardless of survey completion.⁶

We conducted systematic analyses of the qualitative interviews, informed by grounded theory. That is, although the analyses were largely guided by the core processes of the FAN approach and our research questions, 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 construct validity). We established the validity of themes and key findings by triangulating our data sources⁷ (i.e., surveys, follow-up interviews, supervisors, home visitors, and consultant interviews). Additional information on our analytic approach to the quantitative and qualitative data can be found in Appendix A.

Contexts for the Evaluation

To fully appreciate the results of the evaluation, it is useful to understand the economic and program contexts in which the FAN training was implemented and studied. These contexts provide a framework through which to view the participating programs' ability to implement the full program model. First, the FAN training was provided during a time 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. In addition, the implementation and evaluation of the FAN 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.

Overview of this Report

This report draws primarily on interviews and surveys conducted between August 2015 and June 2017. The next chapters discuss findings from the CMTE, which included 17 programs whose staff received a condensed version of the FAN training, lasting from 6 to 12 months. Home

⁶ The resulting sample was approximately two-thirds of all of the home visitors interviewed at some point during the study.

⁷ Triangulation is validation of data through cross-verification from two or more sources and includes the application and combination of several research methods in the study of the same phenomenon (Bogdan & Biklen, 2007).

visitors, supervisors, and consultants participated in the CMTE and provided qualitative and quantitative data. 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.

Home Visitors' Learning and Use of the FAN Approach

In this chapter, we focus on the knowledge and skills home visitors learned and implemented in their practices. These findings are based on an analysis of pre- and posttraining surveys collected at three time points and pre- and posttraining qualitative interviews conducted with home visitors in Waves 3, 4, and 5.

There were 99 home visitors employed by the 14 programs in Waves 3, 4, and 5 who were invited to participate in the baseline pre-training survey. Of this group, 83 completed the pretraining survey. Of the 86 who were still employed by their programs 6 months after core training, 62 completed the 6-month survey. Of the 72 who were still employed by their program at the end of FAN training (9 or 12 months after core training), 45 completed the final survey. Of the 72 home visitors who were employed at both pretraining and end of training, 31 completed all three surveys. The analysis focused on this sample of 31 in order to assess change over time. In the analysis, we combined these three waves because they all received the same amount of training (18 FAN training sessions). Program staff in eight of the programs received these 18 trainings over a 12-month period (Waves 3 and 4) and those in the other six programs received their 18 trainings over a 9-month period (Wave 5).

The sample for the analysis of the qualitative interviews consisted of 48 of a total of 73 home visitors who had participated in both a pretraining and a posttraining interview. We reduced the qualitative sample by including all home visitors who were interviewed at the baseline and at the completion of the FAN training; all home visitors who completed at least the baseline and the 6-month surveys; and all the home visitors from a program providing home visiting primarily in Spanish and who were interviewed at the baseline and at the completion of the FAN training, regardless of survey completion.

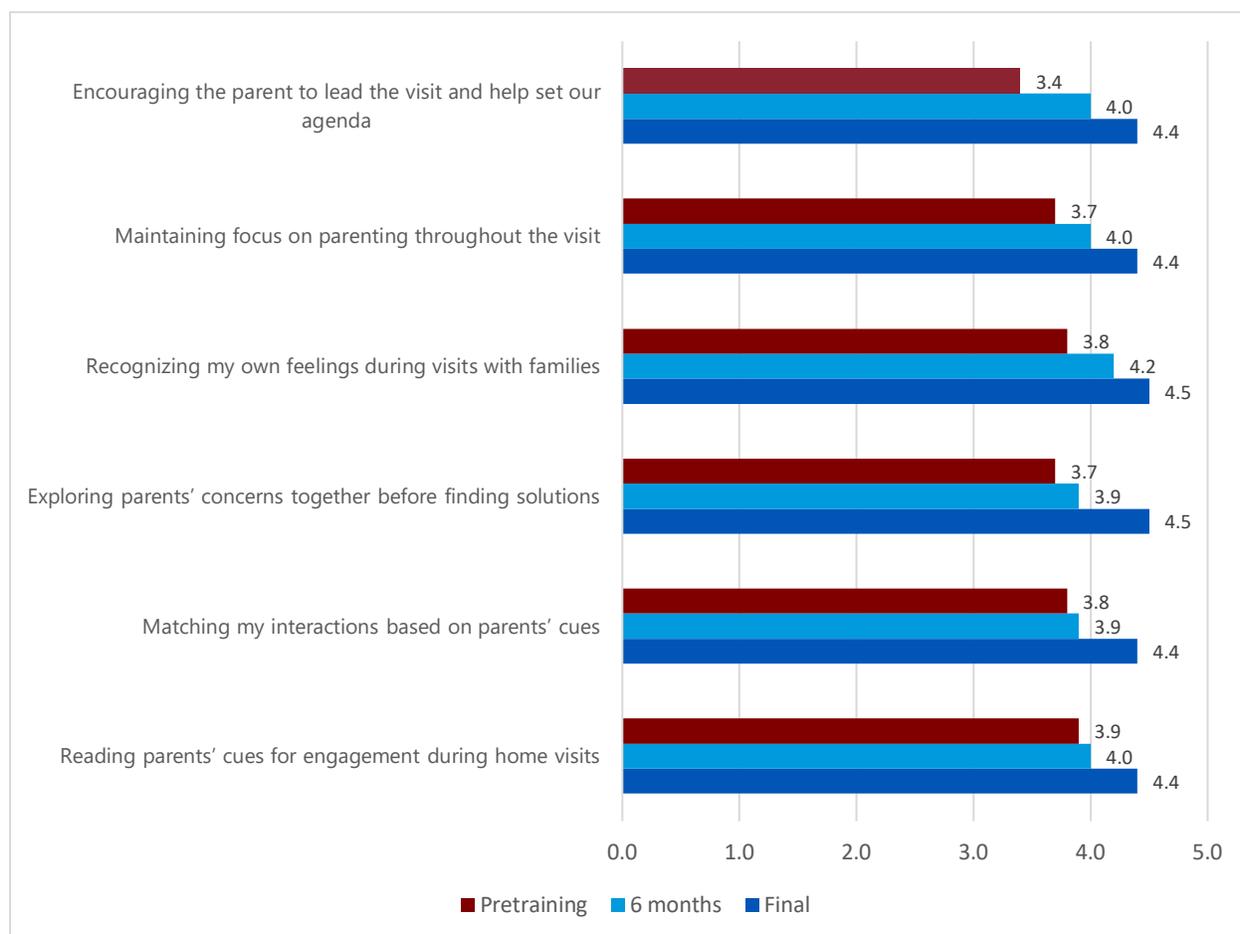
Sample Characteristics

As shown in Table B-1, two-thirds (68%) of the survey subsample were Parents as Teachers (PAT) home visitors; the others (29%) were Healthy Families America (HFA) home visitors. All of the home visitors were female. Almost two-thirds (61%) of the home visitors self-identified as white and just over one-quarter (29%) self-identified as Hispanic. A limited number of home visitors self-identified as either black or other. Well over three-quarters (84%) of the subsample reported their primary role as being a home visitor and limited numbers reported being a doula (7%) or a dual home visitor and doula or supervisor (10%).

Changes in FAN Knowledge and Skills

On each survey, we asked home visitors to assess their skills in the FAN approach on six indicators. As shown in Figure 4, home visitors continuously increased their ratings of their skills over time. The differences between ratings on the pretraining and the final (9 or 12 months posttraining) surveys were significant for all six indicators. The differences in skill level between pretraining and 6 months were significant for three of the indicators: "recognizing my own feelings during visits with families," "maintaining focus on parenting throughout the visit," and "encouraging the parent to lead the visit and help set our agenda."

Figure 4. Self-assessed FAN Skills of Home Visitors over Time (N=31)^a



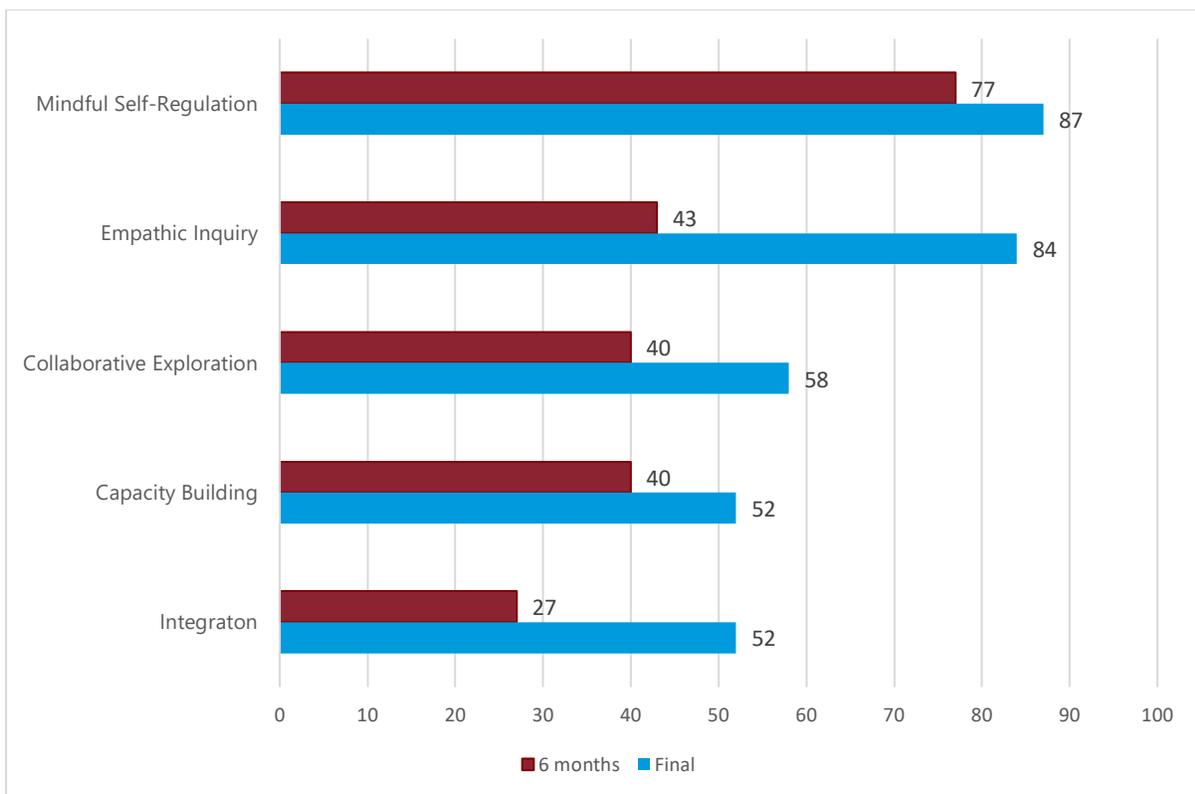
^a Responses are on a 5-point scale: 1=Not at all skilled; 2=A little skilled; 3=Somewhat skilled; 4=Skilled; 5=Very skilled.

Note: Paired sample t-tests indicated statistically significant differences between pretraining and 6 months for: "Recognizing my own feelings..." ($p < .05$); "Maintaining focus on parenting..." ($p < .05$); "Encouraging the parent to lead the visit..." ($p < .01$); and between pretraining and Final for: "Reading parents' cues..." ($p < .01$); "Matching my interactions based on parents' cues" ($p < .001$); "Exploring parents' concerns together..." ($p < .001$); "Recognizing my own feelings..." ($p < .01$); "Maintaining focus on parenting..." ($p < .001$); "Encouraging the parent to lead the visit..." ($p < .001$); and between 6 months and Final for: "Reading parents' cues..." ($p < .01$); "Matching my interactions based on parents' cues" ($p < .01$); "Exploring parents' concerns together..." ($p < .01$); "Maintaining focus on parenting..." ($p < .05$); and "Encouraging the parent to lead the visit..." ($p < .05$).

These findings indicate that the skills home visitors strengthen first during the course of the FAN training are emotional awareness, focusing on parenting in visits, and facilitating parent-led visits, as these skills significantly increased during the first 6 months of training. Exploring parents' concerns together before finding solutions and reading parent cues and matching interactions based on those cues appear to take longer to learn and implement into home visitor practice.

Figure 5 shows that home visitors' understanding of the FAN approach increased significantly ($p < .001$) between the 6-month and final surveys. On the 6-month survey, about three-quarters reported that they understood the approach either "fairly well" (47%) or "very well" (30%). However, on the final survey, all reported understanding the approach either "fairly well" (39%) or "very well" (61%).

Figure 5. Percentage of Home Visitors "Very Comfortable" with FAN Core Processes (N=31)



Note: Response scale ranged from 1, "not at all comfortable" to 5, "very comfortable."

Paired sample t-tests indicated statistically significant differences between 6 months and final for the following variables: "At this time, how well do you understand the FAN approach?" ($p < .001$); "Comfort - Empathic Inquiry" ($p < .001$); "Comfort - Collaborative Exploration" ($p < .01$); "Comfort - Capacity Building" ($p < .01$); and "Comfort - Integration" ($p < .001$).

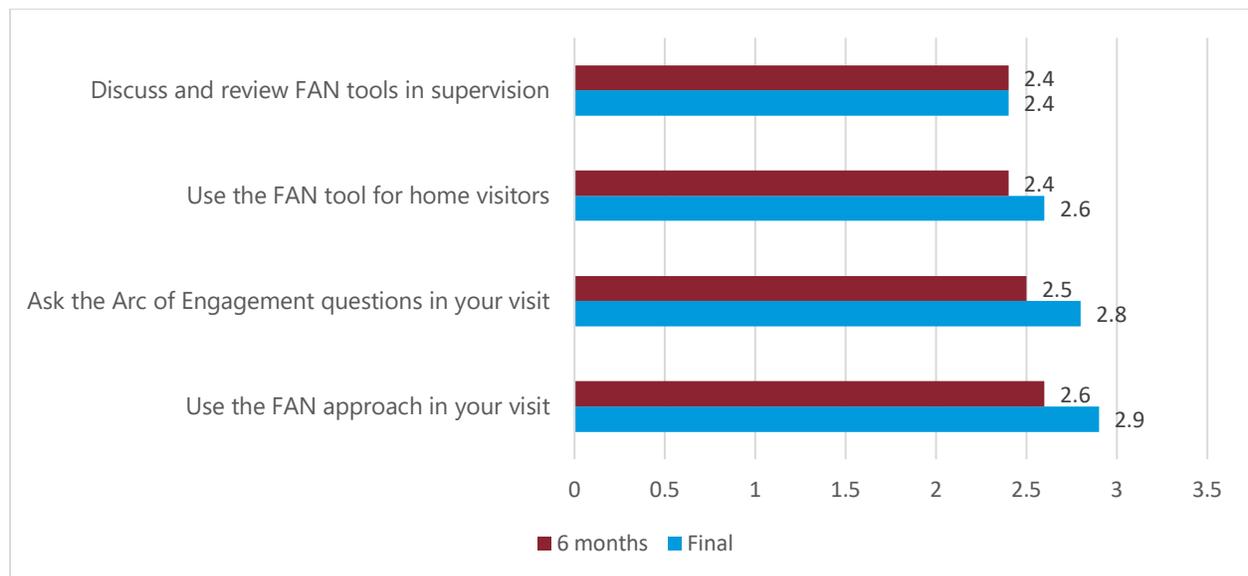
Home visitors' ratings of their understanding of the FAN approach were consistent with their ratings of their comfort with each of the five core processes. We found significant increases in home visitors' reported levels of comfort with four of the five core processes between the 6-month and final surveys. Although the increase in Mindful Self-Regulation was not significant, the comfort level at 6 months was already rather high; over three-quarters (77%) of the home visitors reported being "very comfortable" at 6 months and this increased to 87% on final survey.

When asked which FAN core processes they would like to further develop in their work with families on the 6-month survey, just over half of the sample selected Collaborative Exploration and Capacity Building, and 42% mentioned Integration. On the final survey, 52% still wanted to develop their skills in Collaborative Exploration, 42% in Capacity Building, and 29% in Integration.

Use of the FAN Approach

Home visitors' reported use of the FAN approach and specific activities associated with it also increased on the final survey compared to the 6-month survey (see Figure 6). At 6 months, just over half (55%) of the home visitors reported that they "frequently" used the FAN approach in home visits. On the final survey, almost all (90%) of them reported "frequently" using the FAN approach. This suggests that the home visitors felt that the approach had become embedded in their work by the end of the ongoing training.

Figure 6. Home Visitors' Use of FAN Approach and Tools over Time (N=31)^a



^aBased on a 3-point response scale: 1 = Never, 2 = Occasionally, and 3 = Frequently.

Note: Paired sample t-tests indicated statistically significant differences between 6 months and final for "Use the FAN approach in your visit" ($p < .01$), "Ask the Arc of Engagement questions in your visit" ($p < .01$), and "Use the FAN tool for home visitors" ($p < .05$).

They reported significant increases in the frequency with which they “use the FAN approach in visits” ($p < .01$), “ask the Arc of Engagement questions in visits” ($p < .01$), and “use the FAN tool for home visitors” ($p < .05$).⁸ While respondents stated that they “occasionally” asked the Arc of Engagement questions during home visitors or used the FAN approach during home visits at 6 months, they were significantly more likely to report using both “frequently” at final. There also was a significant increase in the frequency of using the FAN tool for home visitors, however, it held steady at “occasional” between 6 months and final.

Variations as a Function of Program Model

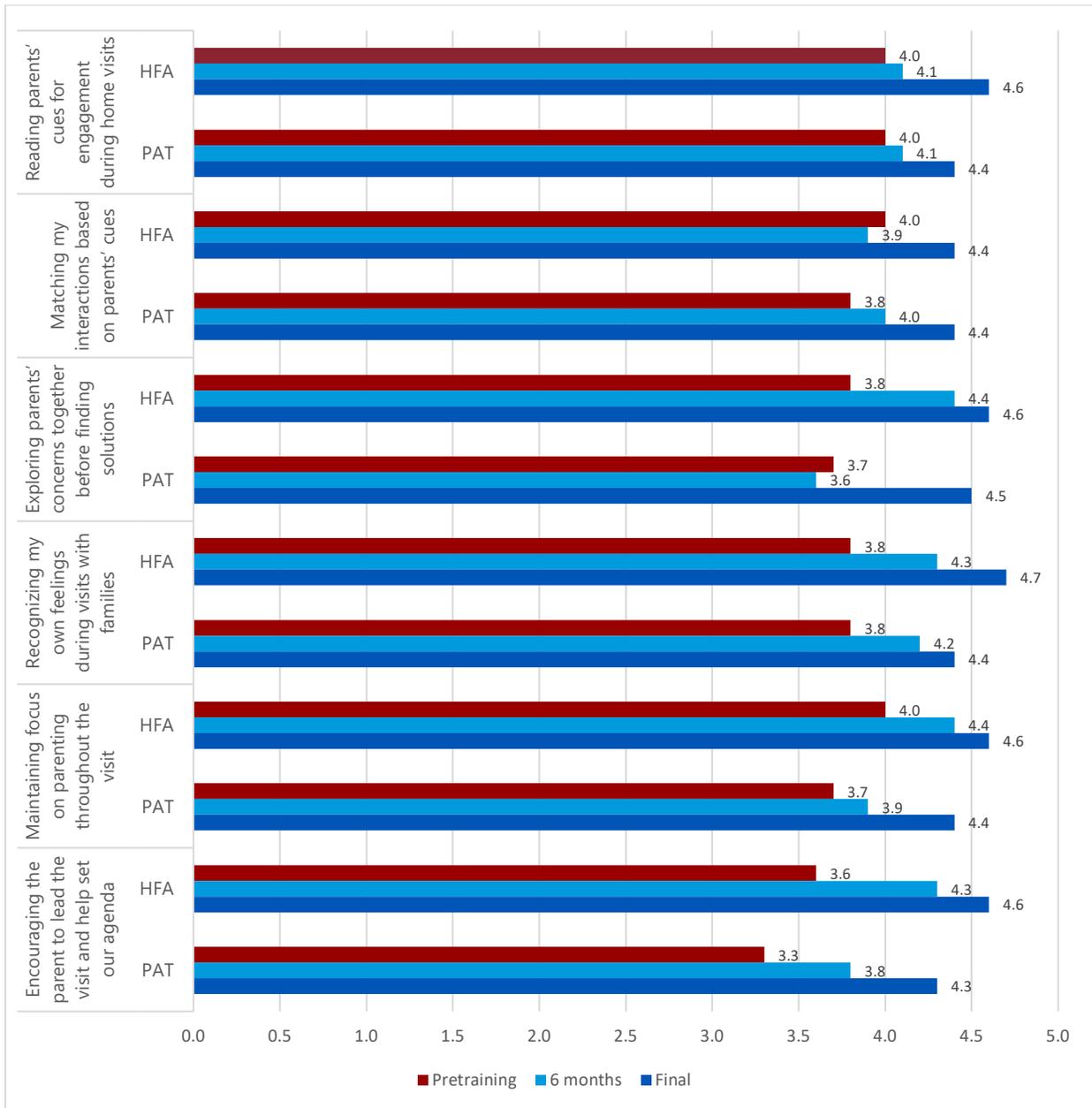
To examine whether the FAN approach and its training could be learned and implemented in different evidence-based programs, we analyzed the survey data by program model. Both groups assessed themselves similarly on all six of the FAN skills. Where differences existed, HFA home visitors assessed their skills higher than PAT home visitors. There were significant differences between HFA and PAT home visitors on the 6 months survey for the three items: “exploring parents’ concerns together before finding solutions” ($p < .01$), “maintaining focus on parenting throughout the visit” ($p < .01$), and “encouraging the parent to lead the visit and help set our agenda” ($p < .05$). HFA home visitors assessed their skill level higher than PAT home visitors. However, there were no significant differences in their assessments on the final survey (see Figure 7). These findings suggest that, by their own assessments, it might have taken the staff in PAT programs longer to develop their skills in the FAN approach, but by the end of the training period, PAT and HFA staff felt they were similarly competent.

At the time of the 6 months survey, just a third or fewer of the HFA and PAT home visitors felt that they understood the FAN approach “very well,” as opposed to “fairly well” or “not very well.” By the end of training, however, more than half of HFA and PAT home visitors (56% and 62%, respectively) reported that they understood the FAN approach “very well.”

At both time points, HFA home visitors were more likely to report being “very comfortable” with all five processes than PAT home visitors. At 6 months, we found significant differences between HFA and PAT for Empathic Inquiry and Integration. Three-quarters (78%) of HFA home visitors were “very comfortable” with Empathic Inquiry compared to one-quarter (25%) of PAT home visitors ($p < .05$; see Figure 8). Two-thirds (67%) of HFA home visitors were “very comfortable” with Integration compared to 10% of PAT home visitors ($p < .05$).

⁸ According to Loyola staff, the learning tools were not well used or understood by the staff, despite efforts to revise the tool and ways to use them. Home visitors struggled with the utility of the tools, and many tools were filled out in a superficial “getting-paperwork-out-of-the-way” manner.” Just a few home visitors talked about using the learning tool and finding it valuable; further qualitative analysis might shed more light on this.

Figure 7. Self-Assessed FAN Skills of Home Visitors by Program Model, over Time



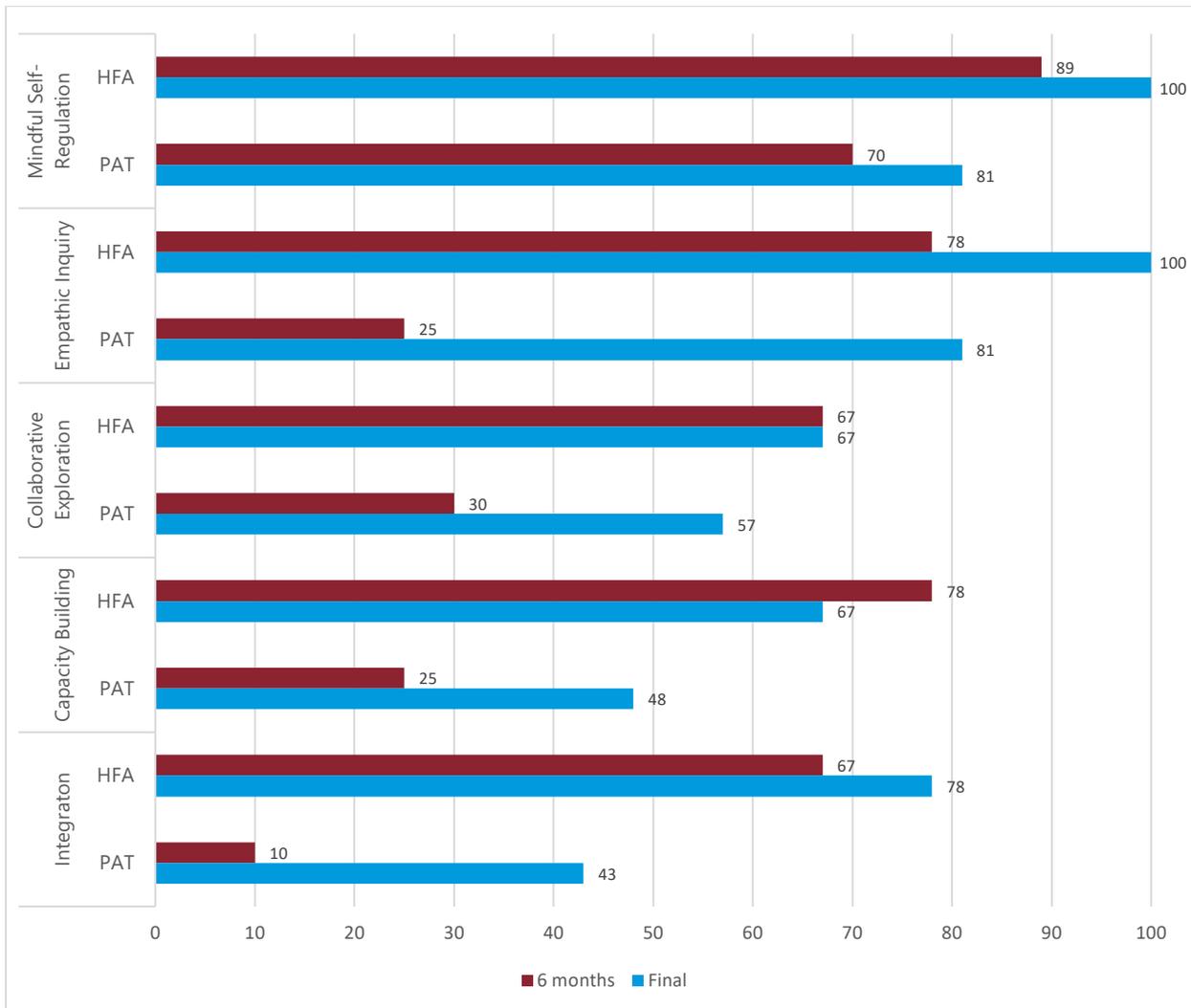
^a Based on a 5-point response scale: 1, "Not at all skilled"; 2, "A little skilled"; 3, "Somewhat skilled"; 4, "Skilled"; and 5, "Very skilled."

Notes: Sample sizes for HFA range from 8 to 9 unless otherwise noted.

Sample sizes for PAT range from 18 to 21 unless otherwise noted.

One-way ANOVA tests indicated statistically significant differences between HFA and PAT for "exploring parents' concerns together..." at 6 months ($p < .01$); "maintaining focus on parenting..." at 6 months ($p < .01$); and "encouraging the parent to lead the visit..." at 6 months ($p < .05$).

Figure 8. Percentage of Home Visitors “Very Comfortable” with FAN Core Processes, by Program Model (N = 30)^a



^a Responses are based on a 5-point scale: 1, “Not at all comfortable”; 2, “A little comfortable”; 3, “Somewhat comfortable”; 4, “Fairly comfortable”; and 5, “Very comfortable.”

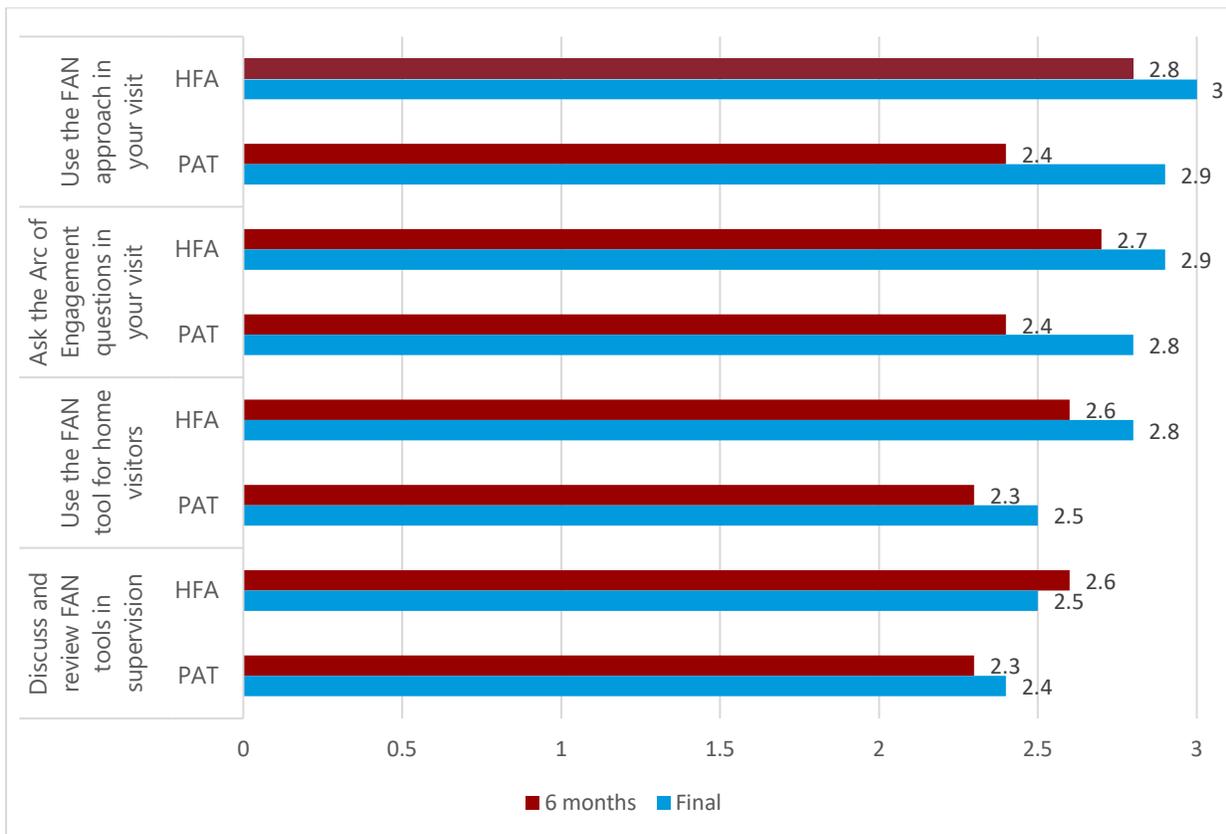
Notes: Sample size for HFA ranged from 8 to 9 unless otherwise noted

Sample size for PAT ranged from 18 to 21 unless otherwise noted.

Chi-square tests indicated statistically significant differences between HFA and PAT for Comfort – Empathic Inquiry at 6 months ($p < .05$); and Comfort – Integration at 6 months ($p < .05$).

In addition, at both time points, HFA home visitors were more likely to report engaging in the Arc of the Visit questions and using the FAN tool for home visitors “frequently” compared to PAT home visitors (see Figure 9). These differences were not statistically significant, however.

Figure 9. Home Visitors' Use of the FAN Approach over Time, by Program Model (N = 30)^a



^a Based on a 3-point scale: 1, "Never"; 2, "Occasionally"; and 3, "Frequently."

Note: One-way ANOVA tests indicated no statistically significant differences between HFA and PAT.

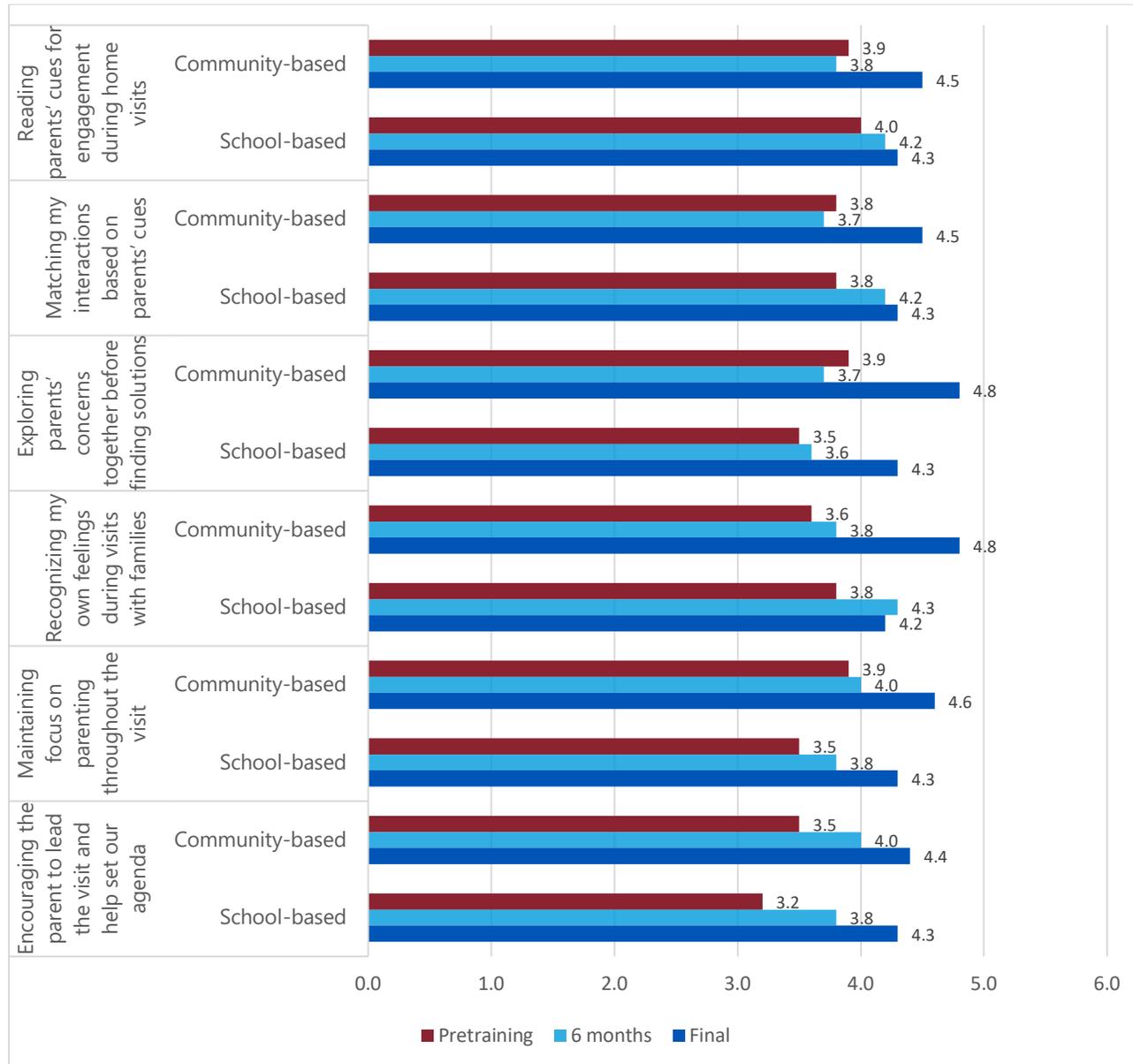
Variations as a Function of Training Length and Setting

Another question of interest was whether there was any difference in learning the FAN approach between the 12-month (Waves 3 and 4) and 9-month (Wave 5) training periods. In order not to confound the analysis with differences in program model, we looked only at data from staff of PAT programs in Waves 3, 4, and 5. One other difference within the PAT programs is that those in Waves 3 and 4 were community-based programs while those in Wave 5 were school-based.

When we asked home visitors to assess themselves on the six FAN skills, both community-based and school-based home visitors felt at least "skilled" (4.0 on a 5-point scale) on all six items and their self-assessment of their skills increased over time. Community- and school-based home visitors assessed their skills rather similarly on all six items. However, at all time points, community-based home visitors tended to assess their skills higher on three items ("exploring parents' concerns together before finding solutions," "maintaining focus on parenting throughout the visit," and "encouraging the parent to lead the visit and help set our agenda"). School-based home visitors tended to assess themselves higher on the pretraining and 6 months survey on the other three items. There was just one significant difference between

community-based and school-based home visitors on the final survey item: “exploring parents’ concerns together before finding solutions” ($p < .05$); community-based home visitors assessed their skills higher than school-based home visitors (see Figure 10).

Figure 10. Self-assessed FAN Skills of PAT Home Visitors by Setting, over Time (N = 21)



^a Based on a 5-point scale: 1=“Not at all skilled”; 2=“A little skilled”; 3=“Somewhat skilled”; 4=“Skilled”; 5=“Very skilled.”

Notes: Sample size for Community-based ranged from 6 to 8 and School-based, 12 or 13, unless otherwise noted.

One-way ANOVA tests indicated statistically significant differences between community-based and school-based settings for “Exploring parents’ concerns together...” on the final survey ($p < .05$).

With the exception of Mindful Self-Regulation at 6 months, a greater proportion of community-based home visitors than school-based home visitors reported being “very comfortable” with all

the processes. At final, Mindful Self-Regulation for school-based home visitors showed a decrease in comfort compared to 6 months. No other decreases were noted between time points for either setting. At final, we found significant differences between community-based and school-based home visitors for Collaborative Exploration and Integration. Most community-based home visitors (88%) reported being “very comfortable” with Collaborative Exploration compared to just over one-third (39%) of school-based home visitors ($p < .05$). As for Integration, over three-quarters (88%) of community-based home visitors were “very comfortable” compared to just 15% of school-based home visitors ($p < .01$).

An In-Depth Look at Learning the FAN Approach

The survey showed that over time, by their own reports, home visitors increased their knowledge of and skills in the FAN approach and grew increasingly comfortable with the core processes. The analysis of qualitative interviews provided a consistent but richer view of the changes in home visitors’ knowledge and skills as a result of the FAN training. In analyzing the home visitors’ pre- and posttraining interviews, we used two approaches. First, we looked for the presence and the absence of the five core processes in their descriptions of their home visiting practices. By doing this, we were able to capture changes in practice that reflected understanding and adoption of the FAN principles and strategies, as well as the five FAN core processes. Second, we analyzed home visitors’ own perceptions of change within their practice in their posttraining interviews. Below we discuss each of the FAN core processes individually to present a deeper understanding of the nature of the changes in their knowledge and skills.

MSR Mindful Self-Regulation (Calming)

Mindful Self-Regulation (MSR) is the process by which a home visitor monitors, regulates, and understands her own feelings and reactions in an interaction with a parent. Using MSR techniques helps the home visitor maintain a calm and engaged presence, or, if she becomes dysregulated, helps her regain balance in the moment. The survey data indicated that nearly all of the home visitors felt “very comfortable” with this core process. Almost all of the home visitors seemed to have embraced the practice of MSR as a useful tool to support themselves. Likewise, most home visitors reported that they used MSR strategies in their work with families, although Wave 5 home visitors tended to talk about them less than those in Waves 3 and 4. This may be because home visitors tended to cite MSR as the easiest FAN core process to incorporate into their practice.

Comparing home visitors’ narratives before and after the FAN training, we observed that home visitors in pre- and posttraining seemed to be aware of their own emotions as well as the emotions of others during the home visits. However, in the pre-FAN interviews, home visitors seemed to keep their emotions in check—what many referred to as “a poker face”—but without the benefit of tools to help them regulate or cope with their and their families’ emotions. By contrast, after training, several home visitors seemed to use MSR strategies consciously and “deliberately” to actively regulate their emotions, maintain calm, and regain balance. Also, many

home visitors were more conscious of their physical reactions and response to their environment after the FAN training.

For example, in her pretraining interview, a home visitor showed that she was able to remain calm in working through a difficult issue with a mother when she said, "I had a mom that went through a miscarriage, and that really hit me close to heart. I was able to hold those emotions in until I was done with her." However, she did not indicate an ability to regulate herself or separate her emotions from those of the mother. In contrast, in her posttraining interview, this same home visitor described her awareness of her emotions and how she is able to regulate and contain them:

I don't show emotions when they're telling me something of that sort. I just listen and free flow back to them, but my heart really does pound on that kind of stuff. I have to do a lot of MSR in the middle of it to be more aware of my body language and facial expressions. I actually count my heartbeats and it slows down. I feel that heartbeat until I can't feel it and then I know that I've calmed down.

Table 1 presents two other examples of how home visitors manage their emotions before and after training.

In their post-FAN training interviews, home visitors also provided examples of specific strategies they use to help them track and regulate their emotions. The following quotations provide examples of MSR techniques in which home visitors are acknowledging their feelings and using self-talk, breathing, grounding techniques, and visualization to calm and focus themselves:

I have a song on my desktop, my phone, and my laptop, so when I start getting overwhelmed, I stop and listen to that song. I breathe during it, and sing along, and just calm down. Some things came out that I'd never heard about the family, and I was pretty shocked. But I'm playing that song in my head, and just breathing and listening to her. And realizing that I can't change anybody, but I can help them get to a better place for their children than they have.

I tell myself, "This is not my life. This is not my child. This is not my home." I really try to self-talk to remind myself that this is not me. The MSR was really nice, to have different tools that enable us to focus on the visit and not get ourselves worked up. And be able to work through that if we are feeling like we are getting worked up. I probably always have used it before, just never thinking about it, but now I'm more conscious about using it.

Table 1. Knowledge of MSR: Evidence from Home Visitors’ Pre- and Posttraining Interviews

Before FAN Training	After FAN Training
<p>Because they feel safe with us, sometimes they come crying and tell us if they are struggling with something or they have a problem. I told my supervisor I just feel like crying with them and hugging them, and I feel very sad. But to be able to help them, to guide them through the process, I need to learn how to manage that.</p>	<p>Lately I have mothers who have feelings of sadness or rage. I try to keep calm. That is something that I have learned over time. Before, it affected me personally a lot. Now, I try to stay calm to remain present to be able to help the mother in her situation. I allow her to talk and unburden herself, to tell me how she feels. But of course, when I am present with the mother, I try to be subtle. I try to draw in air and let it go and that calms me down; it relaxes me a little bit.</p>
<p>At first it was extremely shocking with some of the families, what went on, like the problems that they have with bugs, and dirt, and mold. Honestly, before every visit I just sit in my car and just get ready. I need to put my face on and try not to react, because you just don’t know what’s going to happen when you walk through the door.</p>	<p>I really have to regulate myself before I walk in for the visit, and be all flustered with all these thoughts in my head, because I know that it’s going to be chaos, or I’m assuming that the parents aren’t going to really listen to what I have to say. So MSR; I literally do breathing exercises in my car before I walk into the homes that I know I have a difficult time with.</p>

Empathic Inquiry (Feelings)

Empathic Inquiry is a process by which the home visitor recognizes, validates, and explores the feelings of the parent about her child and about herself as a parent. In both the pre- and post-FAN training narratives, there was evidence of home visitors listening to parents attentively and with acceptance. There also was evidence of home visitors exploring and validating parents’ feelings. However, in the post-FAN training interviews, home visitors spoke more about having an unhurried posture while listening to parents and about validating and exploring concerns with parents without jumping in to provide answers. In addition, examples of home visitors giving advice to clients around their feelings or otherwise acting in ways that are at odds with the process of Empathic Inquiry (e.g., jumping to conclusions about parents’ feelings; suppressing, avoiding, and normalizing feelings; and projecting their own feelings) are largely absent in the home visitors’ interviews after the FAN training.

By contrasting home visitors’ narratives before and after the FAN training, we observed that most of the home visitors across the programs incorporated strategies and postures associated with the Empathic Inquiry core process in their practice. The evidence was somewhat stronger in home visitors in Waves 3 and 4 than it was in Wave 5.

Table 2 provides examples associated with the core process of Empathic Inquiry, or lack thereof, from home visitors' pre and post interviews. These excerpts illustrate that, prior to FAN training, home visitors were more inclined to jump in and provide an answer or a solution before exploring parents' feelings. After the FAN training, home visitors seemed more adept at resisting the urge to jump in and offer an answer or solution to parents, and more predisposed to explore feelings.

Table 2. Knowledge of Empathic Inquiry in Home Visitors' Pre- and Posttraining Interviews

Before FAN Training	After FAN Training
<p>[I say,] "Okay, let's come up with a solution without getting emotional." I'm not very emotional? So, I'm able to be like, "Okay. What's the problem? Let's try to solve this. This is what we can do."</p>	<p>I try to ask a lot more questions to make sure that I'm not misunderstanding, because it's really easy, especially with teens. I've got to meet them where they're at. And if they're not ready, and this is where they are, then I have to accept them for who they are.</p>
<p>She told what she was going through and I was like, "Oh, I'm sorry but you're going to be fine." I was trying so hard to hold my emotions. At first I was like what should I do? I held her hand and said, "Don't worry, everything is going to be fine."</p>	<p>I allow her to talk and vent. There are mothers who say to me, "Thank you very much for listening to me. I needed it. I couldn't hold that in any longer."</p>
<p>She was teary-eyed and she felt like "I don't want to be a bad mom thinking that I'm always around my child, it's just that I need my space." And I said, "Yes, you're a mom. It doesn't mean you're a bad mom. Just sometimes we need our space and our time." I listen to them, and I empathize with them, and I let them know I understand that because I've felt that way. You're not alone. Mothers feel this way and go through that.</p>	<p>If they're upset, then I'll ask them, "What are you feeling right now?" or, "Do you want to talk about the situation?" Once they open up and start talking, I just let them. I ask them every so often, "How do you feel about that? What do you think?" Trying to get them to pull out the answers, instead of me giving them the answer.</p>

Some of the differences in the posttraining interviews were the presence of the use of the first Arc of Engagement questions,⁹ the use of strategies to contain parents' feelings without avoiding them, the home visitors' self-reflection and awareness of the use of the FAN, the posture displayed during the process of Empathy Inquiry, and the recognition that parents were in "feelings" (i.e., attunement).

Home visitors perceived several areas of change in their practice as they became familiar with the core process of Empathic Inquiry. For example, using the first Arc of Engagement question, "What is it like for you and your child this week?" at the beginning of the visit provides an

⁹"What is it like for you to take care of your baby? How are things going for you as a mom/dad since the last time we talked?"

opportunity for parents to share how they are feeling. One home visitor explained that by asking this question, she can get a sense of whether a mother is going to talk a lot or very little. "If I have somebody who says everything is fine, I might say, 'Tell me more about that.' I ask more questions and do a lot of listening."

Empathic Inquiry also allows home visitors to meet parents "where they are at," listen, and explore feelings with a nonjudgmental posture. "Sometimes I might go to a visit and the whole visit might be in feelings," a home visitor told us. "But that might be what the client needs. Sometimes feeling isn't what you want and it's a little bit uncomfortable. It allows me to say it's okay, just let them feel this." Another home visitor expressed a similar perspective: "I usually stay with the flow and I am not going to jump off topic and just dismiss their feelings or anything like that or where they're at. I kind of just stay with them. Where they're at, until they're ready for the next the next thing that might be on the agenda."

Home visitors also provided examples of different ways of listening to their clients in their posttraining interviews. The following passages from two different home visitors illustrate listening attentively, exploring feelings, validating feelings, and encouraging parents to reflect on their feelings when experiencing a housing crisis:

Well, a mom today is homeless. She got denied housing again, and she's going to have to move back in with her mother. She's also having to distance herself from the father of the baby she's going to be delivering, so she was very sad, anxious, and frustrated; and exhausted because this has been going on. We sat, and we talked about it, to see where her feelings were about moving back home.

So, if they're getting ready to be kicked out of their home then they'll tell me about that and how they're scared. I don't really give them any feedback on it. I just listen to them. Then I say this must have been [difficult] for you. If they slept at a friend's house and their baby had to go sleep at the crisis nursery. I put their feeling back; I say that I've heard their feelings, and this is what I've heard.

Collaborative Exploration

Collaborative Exploration refers to the way home visitors work collaboratively with a parent to explore concerns. The purpose of the process is to gain an understanding of a parent's view of the situation, and, in turn, develop a shared understanding. Consistent with the survey results, several home visitors reported that Collaborative Exploration was one of the harder FAN processes to realize in their home visits. Many of these home visitors reported that the main difficulty stemmed from resisting the urge "not to jump in and solve the problems" for parent. Indeed, about a third of the mismatches we observed with regard to home visitors' Collaborative Exploration were typically due to "jumping in to provide information or a solution to parents before exploring their theory of the problem" and "asking parents' questions to provide solutions for them." An example of a home visitor dismissing a mother's statements by explain them away is the following:

[The mom] said to me, “He just does that on purpose,” and I said, “Well, for his age it’s kind of normal. He’s just exploring. It’s not really that he’s trying to bug you, I promise. But he is trying to just learn.” All that exploring and getting into things that is just how babies learn. I said, “He’s very smart for his age already.”

There seemed to be two reasons for inconsistency in the use of this process. First, some home visitors believed that they were already doing Collaborative Exploration prior to the FAN training and saw the FAN approach as “putting a label” on what they were already doing. Second, some home visitors simply found the concepts and strategies of Collaborative Exploration difficult to implement. For example, a home visitor reported a tension between “offering information requested by parents in relation to parents’ concern,” or Capacity Building, and “exploring parents’ theory of the problem and help them find their own way,” or Collaborative Exploration.

Although home visitors did not implement the Collaborative Exploration strategies consistently, we found three major practice changes after the FAN training. First, the vast majority of home visitors went from a visit typically structured around a curriculum to a visit that was structured around parents’ concerns. When we compared the home visitors’ pre- and posttraining interviews, we found that there was an absence in the pretraining interviews of discussion of strategies associated with Collaborative Exploration; many home visitors followed their program curriculum closely and jumped in to provide solutions to parents’ problems. The most striking change in the posttraining interviews was in the home visitors’ ability to encourage parents to take the lead in determining the topics to be addressed at their visits (see Table 3).

Table 3. Knowledge of Collaborative Exploration: Evidence from Home Visitors’ Pre- and Posttraining Interviews

Before FAN training	After FAN training
<p>So a lot of times the activity will come first because they just want to do it then. So we try to get the moms involved in playing a game or a toy with a baby. Then while they’re doing that we start talking to mom about, “How’s the week? What are they doing new? How’s work?” or just find out how she’s doing. Then we can move on to the curriculum and go through it, tell them what the baby should be doing or will be doing real soon. Then we talk about their goals to see what they’ve done on their goals, if they’ve got anything done with that and remind them what their next step is.</p>	<p>Usually, we get to ask that first question, or let mom know that, “Hey, you’re important, and I want to know how things are with you.” And then we can move on to the baby and other things. Making sure that they’re healthy. Or not necessarily start the visit with the mom, but start where the mom’s at. You are getting in there and planning with them.</p>
<p>I have my curriculum and I bring my information, based on how old the baby is, and we always try to do a parent–child activity, but whenever I go to the home to do a parent–child activity or talk about curriculum, there’s always something going on. I’ll just plan for this one, and then I’ll tell you ‘cause I’m already kind of planning what we’re going to do today.</p>	<p>If the baby’s doing good and she touches on, oh, “Baby’s doing this new” that usually leads me into, “Do you want to do an activity? Have we talked about what you wanted to get to?” If I do see concerns, I try to touch on them, like, “Well, what do you think is going on with the baby?” Trying to have her follow her baby’s lead a lot of times, too, with the activities. Sometimes it’s obvious they don’t want to, so I try to move on.</p>

Second, after the FAN training, more than half of the home visitors provided examples in which they were trying to “help parents find their own way,” a feature largely absent in pre-FAN training interviews. For example, one home visitor said, “I used to be all about trying to sort of coerce my parent into being on the floor with their child. But I’m not trying to do that anymore, I’m trying to figure out where to be with each family, how it works, asking, ‘How would you like us to do the visit?’” By helping parents come up with their own solutions, home visitors also employed strategies to understand parents’ view of the problem, to think together with parents about the problem or concern, and to learn parents’ theory of the problem. The following excerpt illustrates the use of these strategies and postures to help parents find their own way.

If they talk about how the baby crying all night, I’ll say, ‘Well, why do you think the baby is crying?’ to let them understand the baby is not doing anything to make them angry. There’s a reason why the baby is crying all night, maybe the baby is teething; maybe the baby has a fever. I’m asking questions to have them figure it out. I’m not telling them. [I’ll say,] ‘Can you kind of tell me a little bit more about it? What does it sound like? Are there certain times?’ I just ask a lot of questions so that they’re telling me. That way they’re making their own self-realization. I have learned with this training that I need to ask them questions – ‘Well when do you normally put the baby to sleep at night? What have you tried? What has worked? What hasn’t worked?’

A third change associated with Collaborative Exploration was related to home visitors’ efforts to “try to see the baby mom sees.” We captured this change largely by comparing home visitors’ responses before and after the FAN training to the following interview question: “How do you react when parents say negative things about their child?” After the FAN training, home visitors seemed to have adjusted their practice to include posture and strategies that incorporated Collaborative Exploration strategies.

Two examples of changes in home visitors’ approaches before and after training appear in Table 4. Before training, home visitors tended to normalize or deny emotions that parents expressed; after training, they did more to explore and understand what the parent was feeling and then, in turn, help parents think about the reasons for their children’s behaviors.

Table 4. “Seeing the Child the Parent Sees”: Home Visitors’ Responses when Parents say Negative things about their Child

Before Training	After Training
<p>Normally, I try and turn it around. I'll say, "You know what? This kid is doing awesome at this." If they're just having a negative attitude or they're speaking negatively or doing something negatively, well, I would do something different in all those situations or I try to just change the subject to something that is relevant to the child.</p>	<p>A lot of times I just prodded a little more. I asked a few more questions and figured out what was really going on with the family and let Mom see the reason why the baby was cranky or whatever. Just asking different questions to get her to think about what was going on and why she felt negatively.</p>
<p>Well, I always try to counter it without arguing with them because you don't want to tell them what to do because you're not going to get anywhere. I find that I just try to counter it and I point out more positives, "Oh, you did so good with him. Look at how he's looking at you," or whatever the situation may be: "Oh, you're so good with him. Oh, he listened to you. Look, he's really watching you." To where I just try to model the positive without me pointing out, "Oh, no, you can't talk to your child like that."</p>	<p>I find that I'm asking a lot more questions than I did before. Like, she'll say, "Oh my baby's so silly, and goofy." And I'm like, "Okay, well what you mean by that?" Then she'll be like, "Oh, because you know, I can buy him everything he wants, and he's so happy because he's got all these great toys and stuff." So, it wasn't necessarily that she was being mean to, but that she could provide for him that way, and give him the things that he wants and needs.</p>

Overall, regardless of the Collaborative Exploration’s mismatches observed in the post-FAN training interviews, we noticed that home visitors were making conscious efforts to try to use the strategies and postures consistent with the FAN’s core process of Collaborative Exploration. One home visitor offered an example of the conscious thought processes efforts home visitors experienced as they tried to implement such strategies:

Going through the FAN training, I realized that I had to take a step back and slow down because [I felt that] 'I want to help you fix this.' To take the step back and let the parent do it and not just say, 'Oh, here's the handout you need,' or 'This is what you need to do with your baby to get where you want to.' [I have] to rephrase those things and say, 'What do you think? How do you think you can help baby sleep through the night?' or whatever the situation might be. [So] turning it around on the parent and just walking them through it rather than doing it for them was another big change.

Another part of home visitors’ efforts after the FAN training to use the Collaborative Exploration strategies and postures was their predisposition to “ask more questions” to understand parents’ perspective. For example, one home visitor said:

If I’m always the one spitting all the information to them, they’re not going to validate themselves as a mom. If I’m asking questions and having them think it through, it validates

them as a mom, like, 'Yeah, well, I could do this. You know, I tried to do this. That worked.' It helps them kind of get a mindset that way. I think it has improved, because before I was guilty where I wanted to fix when I went in there and I'm not now. I'm more asking questions.

Capacity Building

Using the Capacity Building process, home visitors work with parents to increase their knowledge of child development and capacity to help their children. The goals are to strengthen the parent's confidence, skills, and knowledge; highlight positive parenting moments; and work through concerns or problems related to the baby. In describing her role in her posttraining interview, one home visitor said, "Basically, I see myself as a person that's not there to tell them what to do. I want them to think on their own about what they need to do, become more independent, and, just kind of like a little bird, teach them how to fly and then eventually they'll fly on their own."

Similar to the findings with Collaborative Exploration, about half of the home visitors found it difficult to incorporate Capacity Building into their practice. Our analysis of the home visitors' descriptions of their experiences with Capacity Building and Collaborative Exploration suggest that challenges executing Collaborative Exploration strategies might have a ripple effect on executing Capacity Building strategies. Some home visitors reported that it was hard to see the difference between these two FAN processes.

In addition, the most pervasive mismatch within Capacity Building related to offering information addressing parents' concerns or requests for information without showing evidence of having explored parents' theory of the problem or tapped into parents' knowledge. Thus, we speculate that, similar to the reasons for mismatches in the Collaborative Exploration process, home visitors might have understood that "offering information to address parents' concerns" took precedence over "tapping into parents' knowledge" or "exploring their 'theory of the problem.'" For example, a home visitor explained that she addressed a parent concern about her "child touching everything" by offering the parent information on her/his child's developmental sensory stage before answering questions. She believed that parents "sometimes just want to hear that their child is normal." Another home visitor shared a similar perspective when she said the hardest part of Capacity Building was to offer "a little bit" of information "because she doesn't want to see [parents] struggle." These examples suggest that home visitors, upon reading parents' cues, perhaps decided that providing information addressing parents' problems or concerns at the moment was a better strategy to contain parents' emotions than exploring their view of a concern or problem.

The analysis of the qualitative data also showed some differences between Wave 5 home visitors and their peers in Waves 3 and 4 with regard to Capacity Building strategies. Wave 5 home visitors seemed more comfortable with the "one drop" strategy and provided a number of

examples of using it in their practice.¹⁰ In one instance, a home visitor described a situation in which her client was anxious about trying certain things with her children. The home visitor described her approach of “giving her [the mom] a few drops of suggestions to wait till she seemed to be responsive” so that the mom could “make that jump from being afraid to [trying to do those things with the children].” Another Wave 5 home visitor said simply, “I give them the information only when they want it, and a little bit [at a time].”

Analysis of the home visitors’ pre- and post-FAN training interviews yielded two major changes regarding Capacity Building. First, several home visitors were more inclined to “offer information addressing parents’ concerns” after they “explored parents’ theory of the problem” or “tapped into parents’ knowledge.” Second, several home visitors seemed more prone to offer “tidbits of information,” as one home visitor described it, rather than “dumping information.” In the following excerpts from post-training interviews, two home visitors describe the use of these strategies and posture:

Before, I know I would just give tons and tons of information when I would visit. Now, they talk about a limited amount of information. If they want to know more, I’ll tell them more. Just having them talk it through more so they’re problem solving on their own. Empowering them so they realize that, you know, what they’re understanding. Just going through the process with them.

When a client says, ‘My baby doesn’t sleep,’ well, is he just up 24 hours or how long is he sleeping? I really try to find out what they mean by that, because as we know, teens tend to exaggerate sometimes, and that’s part of their brain development. ‘Doesn’t sleep’ could mean that he’s sleeping six hours at a time, but not eight, like they want. I really try to understand what their perspective is, and then I try to offer just a little bit of information. ‘Well, kids at a year typically sleep this much. Do you notice he’s doing that or not?’

While largely absent from the pre-training interviews, the post-FAN training interviews were more likely to include the presence of the “I believe in you” posture and the acknowledgement of “angel moments” when home visitors were praising mom and highlighting positive parent moments. There was more evidence of this in the interviews with Waves 3 and 4 home visitors than in those with Wave 5 staff. The following excerpt is an example of these “angel moments” in practice:

At every visit, I started to try and find something to compliment her on that’s genuine and sincere. Really [focus] our visits around things that are interesting to her to help her bond with her baby and help build that self-esteem. ... I can’t tell you how many times I’ve seen a

¹⁰ “One drop” strategy is based on the idea that a parent can only take in a little information—a “drop” of information—at a time, especially if feeling overwhelmed. For the information to have an effect, it should be given in small amounts and explored with the parent. For example, if a parent indicates concern that her child is refusing to eat new foods, the home visitor might say, “You know, it may take babies up to 15 tries with a new food before they accept it.” After the parent processes that information, the home visitor might explore the behavior further by saying, “How do you think [child’s name] adjusts to other new things?”

baby stare at a mom and I'm like, 'Look at how in love he is with you. You know, that comes from the great care you give this baby.' Then that made the mom beam. I don't know that we always underlined all these things. I think that just those three examples, they think, "Oh, there's plenty." Look at how many visits I've done over the last year. I think it's pretty huge.

Integration

The core process of Integration seeks to build a parent's ability to reflect on what she learned from a visit or how she sees her child, or to create a coherent story about a stressful experience in her life. For the most part, home visitors did not provide examples in their pre-FAN training interviews about strategies or postures associated with Integration. The absence of such strategies or postures could be related to the fact that prior to the FAN training, home visitors seemed to be, overall, less reflective and less attuned to the parents' and environmental cues. In the pre-FAN training sample, home visitors seemed less inclined to provide opportunities for families to reflect on their child, parenting, or self.

By contrast, in the post-FAN training interviews, the gradual adoption of FAN strategies and core processes seem to have brought about changes in the home visitors' practice which can be categorized under the umbrella of the Integration core process. For instance, before the FAN training, home visitors were less perceptive of the FAN Collaborative Exploration concept of "seeing the child mom sees." When home visitors in post-FAN interviews reported applying such a concept and taking the mother's perspective of the child, they invited parents to reflect more about their child, their parenting, and themselves. Similarly, when parents were invited to reflect on their concerns, feelings, and experiences, they were prodded into discovering something new about their child or about themselves. Parents are learning to reflect through the home visitors' use of the FAN strategies. "I really like the ending question," one home visitor explained. "I do think reflection can be challenging, with the population that we're working with. I do think that it gives them a chance to reflect. I think it gives them a chance to really think about their child."

The ending question mentioned above is one of the Arc of Engagement questions. It asks parents for three words to describe their child. The quote below illustrates how home visitors' use of this question as part of their FAN strategies to foster parents' reflective capacity and support Integration.

The ones that absolutely loved the question, some of the words were positive, some of them were negative. Whenever I say negative, I don't mean "mean." It's like, "Oh, they were cranky this week because they were teething," or whatever, so then they were able to identify maybe what was wrong with the child that week, and maybe it was the mom that was having a bad week, and then she was able to reflect on that with me a little more and go into more detail with me. It really guided our conversations a lot.

Furthermore, in the pre-FAN narratives, home visitors were not yet using the Arc of Engagement questions (i.e., "If you were to describe your child in three words today, what would they be?")

and “What would you like to remember from our time together?”), which was the most frequent Integration strategy captured in the post-FAN training narratives. About three-quarters of home visitors talked about asking these questions at the end of their home visits. Many of these home visitors also believed that these questions “get [families] thinking on what reflecting really means.” For example, one home visitor acknowledged that “I tend to over explain things, or try to go on and on so they could get it. I do find that’s way different than I would do before. I find that I’m asking a lot more questions than I did before, and really try to get the clients to reflect too.”

The following excerpt from a posttraining interview provides another example of home visitors’ using the Arc of Engagement questions to encourage reflection in parents.

When I ask her to tell me three things that you like about your baby, now she just can’t say, “I just like her.” Now she’s like, “Oh well I like how she smiles.” Now she actually has to go more into reflection, go more in-depth about things, and talk about things instead of just giving me cut and dry answers. I have a lot of girls who actually like to have conversations about how they can better themselves so I think the Integration helps a lot too, because we can actually talk about it together instead of just me offering all the information.

Self-Assessed Changes in Knowledge and Skill

When interviewed after the FAN training, most home visitors perceived that they were using the FAN approach in their practice and provided examples of how their practice had changed. Their posttraining interviews were consistent with the results of the comparisons we made in the analysis of their pre- and posttraining interviews. As shown by excerpts in Table 5, their comparisons highlight their own awareness of and intent in using the FAN core processes in their visits. Additional examples can be found in Table B-7 in Appendix B.

When comparing their own practice before and after the FAN trainings, several home visitors talked about being more “aware” of their feelings and behavior. They were also more aware of the feelings and behavior of parents they experienced after learning and using the FAN approach. For example, as a home visitor explained,

The FAN makes you very aware and present while you’re in the visit because you know what stage you’re in, [and] you know what stage the family is in. There are little pointers we learned when they’re ready to get out of a stage and move on to the next stage. If I were to explain it, [it’s] being present in the moment. It makes you much more aware of what’s going on and you’re actively listening.

Furthermore, many home visitors found that the FAN improved their ability to read and match parents’ cues, and therefore better meet parents where they were at. One home visitor noted that she likes being able to “look at a family and tell where they are in the FAN” so she can “know when the right time is to move on or stay where [she is].” Another home visitor talked about being “observant of body language” and realizing if a parent is uncomfortable or not. She

also noted that visits at which “you’ve got to see where they’re at, and be there, and listen to them” can be “tricky” and result in lengthier visits. Another aspect of the FAN that home visitors raised was the idea of “slowing down” during visits. As one home visitor explained, “We have learned to slow down and listen to moms. I think it’s probably taking a little bit more time in our home visits, because we have so much other stuff to do, but it seems to have better results when we start where the mom’s at. It took me a little while to slow down and catch it.”

Table 5. Home Visitors’ Perceptions of Changes in Practice in Post-Training Interviews

FAN Theme/Process	Perceived Changes in Practice After Training
Tracking and regulating emotions (MSR)	<p>“I think before the FAN training, I would automatically just act on trying to either calm the parent down or just maybe even figure out what’s wrong with them or just keep them on track or whatever. . . .</p> <p>“Now, afterwards, I feel like I have to keep myself in check before I even go there to make sure I can handle whatever might come out of their mouth next. Maybe I’m not ready to hear what is going on in their life, or maybe it’s something I’m already dealing with and maybe it’s a sensitive situation kind of thing.”</p>
Arc of Engagement: First question (Empathic Inquiry)	<p>“Before [the training] I asked, ‘How is the family? How is the job? What have you done? Where did you go?’</p> <p>“Now I ask, ‘How has the child been? How has it been for you? And how has it been for you to take care of your child, at this moment?’ Sometimes, they say, ‘It is stressful, I am worried.’ So, that question, ‘How has it been for you to take care of the child since the last time we saw each other?’ We get different answers every time.”</p>
Thinking Together and helping parents find their own way (Collaborative Exploration)	<p>“The big thing was that I always wanted to jump in there and tell them what to do; I wanted to fix everything.</p> <p>“[Now] I love the getting them to think about what they are going to do, instead of me trying to figure it out for them, because I think it just gives them such ownership of it. I just don’t take as much on as I did before.”</p>
A drop of information (Capacity Building) and helping parents find their own way (Collaborative Exploration)	<p>“Before I would just say, ‘Oh, how you doing? How was your week?’ Stuff like that. Before I know would go up there, I would just give tons and tons of information when I would visit.</p> <p>“[Now] I guess I’m trying to ask them more questions. Trying to empower them more and have them figure out more things, not dump so much information. If they want to know more, I’ll tell them more. Just having them talk it through more so they’re problem solving on their own.”</p>

For some home visitors slowing down could be challenging, especially if they have “to get paperwork done.” For example, one home visitor stated, “Going through the FAN training, I realized that I really had to take a step back and slow down because the counselor in me was, ‘I want to help you fix this.’ Moreover, slowing down seems to have also facilitated the visits being more client-led. Another home visitor talked about the need to “to step back and let the mom

more lead the visit and [stay] where she was at. So, if she was in feelings, just stay there; she's not ready to move on." Similarly, a home visitor described meeting parents where they are:

If they want to talk about their boyfriend, listen to what they have to talk about, see what emotion they're feeling, and go with it. [Before the FAN, I'd say], 'I understand you feel this way, you're upset with him, but can we get this paperwork done?' Now, to meet them where they're at emotionally, in that feeling space, just let them be in that moment, and stop trying to rush them out of that moment. Let them get upset, let them get that out.

Chapter Summary

Home visitors learned the FAN approach and used it with families in their home visits. At the end of the ongoing training, the majority of home visitors reported frequently using the FAN approach. Prior to FAN training, home visitors were more inclined to jump in and provide an answer or a solution before exploring parents' feelings. However, after the FAN training, home visitors seemed more adept at resisting the urge to jump in and offer an answer or solution to parents and more predisposed to explore feelings. We also saw, in the posttraining interviews, evidence of the use of the first Arc of Engagement questions; the use of strategies to contain parents' feelings without avoiding them; the home visitors' self-reflection and awareness of the use of the FAN; the posture displayed during the process of Empathy Inquiry; and, suggesting attunement, the recognition that parents were in "feelings."

Among the core processes, home visitors felt most comfortable with Mindful Self-Regulation and Empathic Inquiry and most home visitors reported feeling "very comfortable" with these two processes by the end of the training. Over half of the home visitors in the sample reported feeling "very comfortable" with Collaborative Exploration, Capacity Building, and Integration, while about half of home visitors still wanted to develop their skills in Collaborative Exploration and Capacity Building, and almost one-third wanted to improve their skills in Integration.

Qualitative and quantitative data indicated that home visitors' practice changed after learning the FAN approach. Parent-led visits and reading parents' cues and matching interactions based on cues are foundational features of the FAN approach. Accordingly, both quantitative and qualitative data revealed that home visitors demonstrated these skills by the end of the ongoing FAN training. Changes in home visitors' skills related to all five core processes were found in both the quantitative and qualitative data, as shown in Table 6.

Table 6. Summary of Evidence of Changes in Home Visitors' Knowledge and Skills

FAN skills that changed	Type of Evidence	
	Quantitative	Qualitative
Facilitating parent-led visits	X	X
Reading parent cues and matching interactions based on those cues	X	X
Focusing on parenting in visits	X	X
Emotional awareness (MSR)	X	X
Emotion regulation (MSR)		X
Asking about parenting experiences (EI)		X
Exploring parents' concerns together before finding solutions (CE)	X	X
Offering "tidbits" or "one drop" of information after exploring parents' theories of the problem (CB)		X
Encouraging reflection in parents (I)		X

Because emotional awareness, focusing on parenting in visits, and facilitating parent-led visits significantly increased during the first 6 months of training, these seem to be the skills that home visitors strengthen first during the course of the FAN training. Reading parent cues, matching interactions based on those cues, and exploring parents' concerns together before finding solutions are skills that appear to take longer to learn and implement into home visitor practice, yet home visitors demonstrated these skills by the end of their 9-month or 12-month training.

In the qualitative data from home visitors, we did not discern any noteworthy differences attributable to a difference between the HFA and PAT program models. Comparing differences in FAN skills across home visiting models revealed few differences in the survey data. Both HFA and PAT home visitors reported similar skill levels for all six of the FAN skills. In the 6 month survey, HFA home visitors assessed their skills higher than PAT home visitors for some skills, yet there were no significant differences in their assessments on the final survey. At both time points, HFA home visitors were more likely to report being "very comfortable" with all five processes than were PAT home visitors. At 6 months, we found significant differences between HFA and PAT for Empathic Inquiry and Integration. These findings indicate that the staff in PAT programs may have taken a bit longer to develop their skills in the FAN approach, but by the end of the training period, their skill levels were the same as those in the HFA staff.

In addition, there was one significant difference within the group of Wave 3, 4, and 5 PAT programs. On the final survey, community-based (Waves 3 and 4) home visitors assessed their skill level higher than and school-based (Wave 5) home visitors on the "exploring parents' concerns together before finding solutions" final survey. This indicator corresponds to findings from the qualitative data of mismatches in the Collaborative Exploration process, in which "offering information to address parents' concern" took precedence over "tapping into parents' knowledge" or "exploring their 'theory of the problem.'"

Changes in Home Visitors' Perspectives and Relationships

As discussed in the previous chapter, the evidence from the quantitative and qualitative data clearly indicates that home visitors learned and implemented the FAN approach after experiencing an overall shorter training period. As they learned and used the approach, what changes did they experience in themselves as home visitors and in their relationships with supervisors and families? This chapter addresses this question, focusing on home visitors' views of the effects of their use of the FAN on their supervision, their reflective capacity, their job satisfaction and burnout, and relationships with families.

Supervision and Supervisory Relationships

When we asked home visitors about their use of the FAN in supervision and the effects of the FAN on supervision (see Table 7), we did not observe any significant differences between responses to the 6 month and final surveys. However, the reported decreases in the use of Mindful Self-Regulation and Empathic Inquiry, and the increase in the use of Collaborative Exploration in supervision, are noteworthy. There also was a nonsignificant increase in the percentage of home visitors reporting that their FAN Review sessions were different from other supervision sessions, with just over one-third (38%) reporting this at 6 months compared to just over half (55%) at the final data collection point. The percentage of home visitors reporting that they "did not participate in FAN Review sessions" also increased, from 17% at 6 months to 23% at final.

Home visitors' views of supervision over the course of the evaluation remained fairly consistent. Home visitors spent between one to two hours in supervision each week. Home visitors were pleased with the quality of supervision over time, rating it between "good" and "very good" at each time point, on average. As shown in Table 7, there was a significant difference between the 6 month and final ratings, with 14% of the sample reporting that the quality of supervision was "excellent" at 6 months compared to 33% on the final survey ($p < .05$).

Figure 11 shows home visitors' assessments of how well their supervisory sessions addressed administrative, program, and clinical issues and helped them process their feelings about their work. They assessed all four areas positively, with over two-thirds of home visitors responding either "fairly well" or "very well" to each item at all three time points. We did notice a significant increase in home visitors' assessments of clinical issues between 6 months and final; 76% of our sample responded either "fairly well" or "very well" at 6 months and, at final, 83% responded in a similar manner.

Table 7. Home Visitors' Views of FAN and Supervision over Time

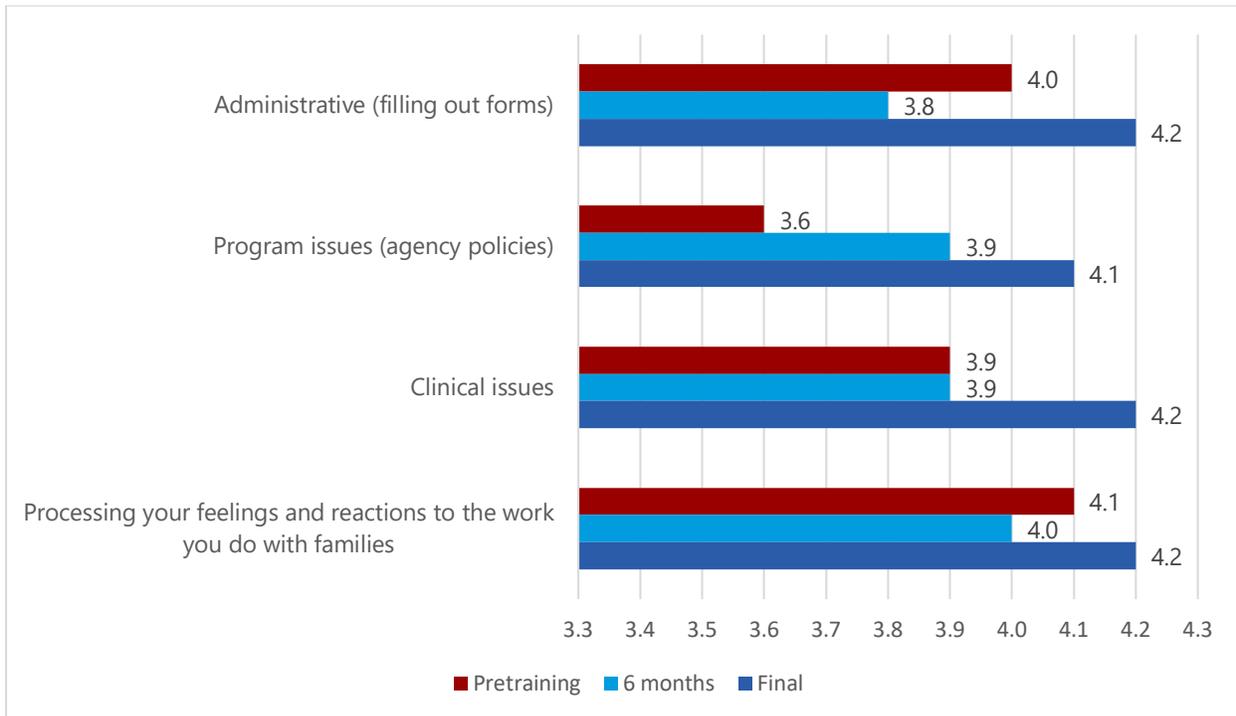
Survey Item	6 Months^a	Final^b
At this time, what elements of the FAN do you use most in supervisor discussions with your supervisor? (Select all that apply)^{a,b}	%	%
Mindful Self-Regulation	45	32
Empathic Inquiry (Feeling)	48	26
Collaborative Exploration (Thinking)	58	77
Capacity Building (Doing)	29	23
Integration (Reflecting)	45	55
At this time, how comfortable do you feel in FAN Review sessions with your supervisor?		
A little comfortable	10	3
Somewhat comfortable	3	10
Fairly comfortable	47	39
Very comfortable	40	48
Are your FAN Review sessions different from the rest of the supervision sessions you receive?		
No	45	23
Yes	38	55
I do not participate in FAN Review sessions	17	23
Since beginning FAN training, would you say the supervision you receive has...		
Not changed at all	13	10
Changed a little	20	23
Changed somewhat	40	37
Changed a lot	23	27
Changed drastically	3	3
How would you rate the quality of your supervision now?*		
Poor/Fair	10	7
Good	24	27
Very good	52	33
Excellent	14	33

^a The English language version of the survey allowed respondents to select all that apply, whereas the Spanish language version allowed respondents to select only one option.

^b Because of the way this question was asked ("select all that apply"), the percentage is based on the total number of home visitors who could have responded, which might under represent the sample.

Paired sample t-tests indicated statistically significant differences between 6 months and final for "How would you rate the quality of your supervision now" ($p < .05$).

Figure 11. Home Visitors' Satisfaction with Supervision, over Time (N=31)^a

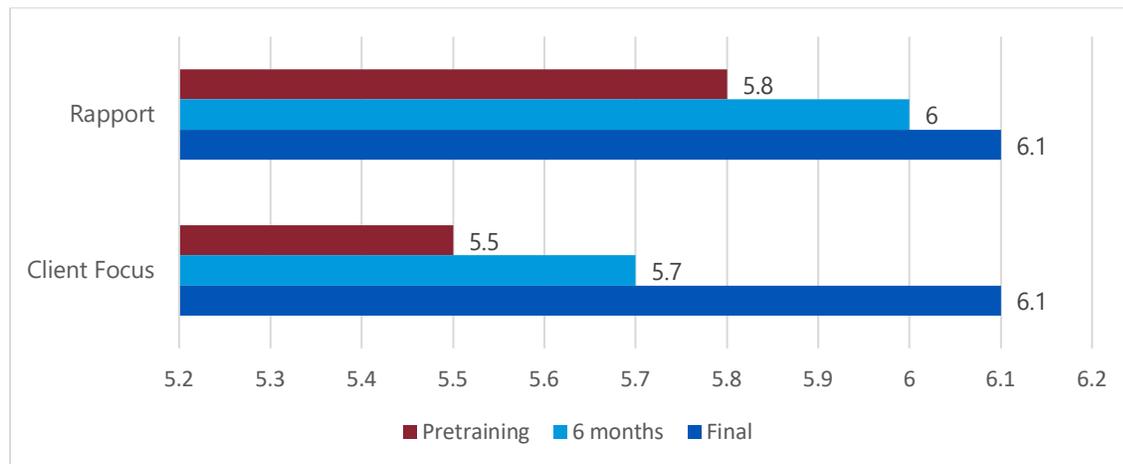


^a Responses to Address issues in supervision are based on a 5-point scale. The scale range was 1, "Not at all well"; 2, "A little well"; 3, "Somewhat well"; 4, "Fairly well"; and 5, "Very well."

Note: Paired sample t-tests indicated statistically significant differences between 6 months and final for "In supervision how well do you address – Clinical issues" ($p < .05$).

The surveys included two standardized measures to study relationships between home visitors and supervisors: the Supervisor Working Alliance Inventory (SWAI) and the Reflective Supervision Rating Scale (RSRS). The SWAI consists of two subscales: the 12-item Rapport subscale assesses home visitors' perception of the support received from their supervisor (see Figure 11), and the 7-item Client Focus subscale, home visitors' perception of the emphasis their supervisor puts on home visitors understanding their clients. Both subscales use a 7-point response scale ranging from 1 ("never") to 7 ("always"). The score is the calculated mean of the items in the subscale. As shown in Figure 12, the pretraining means for the SWAI were relatively high. Although the score for both subscales increased modestly over time, the differences were not significant.

Figure 12. Home Visitors' Supervisor Working Alliance Inventory^{a,b} (N = 31)



^a Response scale: 1, "Never"; 2, "Rarely"; 3, "Occasionally"; 4, "Sometimes"; 5, "Often"; 6, "Very often"; and 7, "Always."

^b Note: "Rapport" refers to the supervisee's perception of support from the supervisor. "Client focus" refers to the supervisee's perception of the emphasis the supervisor placed on promoting the supervisee's understanding of the client.

Paired sample t-tests indicated no statistically significant differences between 6 months and final.

The RSRS uses a 3-point rating scale ranging from 1, "rarely" to 3, "almost always" to measure supervisors' behaviors from the perspective of home visitors. The score is the sum of the 17 items included in the instrument; each total score can range from 17 to 51, with higher scores indicating greater reflectiveness in supervision. We observed that ratings of home visitors' relationships with their supervisor, including supervisor's ability to improve the home visitors' reflective capacity, was high in the pretraining period, which allowed little room for change over time. Home visitors in our sample scored consistently in the mid-40s at all three time points.

Based on a Principal Components Analysis, Gallen et al. (2016) found four factors in the RSRS, leading to the creation of the following subscales: reflective process and skills, mentoring, supervision structure, and mentalization. We calculated scores for each of the subscale scores for the home visitors at the three time points. There were no significant changes in any of the subscales.

Variations by Program Model

At the time of both the 6 month and final surveys, HFA home visitors were more likely to report being "very comfortable" with FAN Review sessions with their supervisor than were PAT home visitors (see Table 8). On the final survey, the difference between HFA and PAT home visitors was significant ($p < .05$), with three-quarters (78%) of HFA home visitors being "very comfortable" compared to just over one-third (38%) of PAT home visitors. It is also notable that 21% of PAT home visitors reported not participating in FAN Review sessions on the 6 months survey and 29% on the final survey. Just 11% of HFA home visitors reported not participating in FAN Review sessions on both the 6 months and final surveys.

Table 8. Home Visitors’ Perspectives on FAN and Supervision over Time

Indicator	6 months		Final	
	HFA (n = 9) ^a	PAT (n = 21) ^b	HFA (n = 9) ^c	PAT (n = 21) ^d
At this time, what FAN elements do you use most in discussions with your supervisor? (Select all that apply)^{a, b}				
	%	%	%	%
Mindful Self-Regulation	33	48	22	33
Empathic Inquiry	33	52	11	29
Collaborative Exploration (Thinking)	89	43	56	86
Capacity Building (Doing)	44	24	22	24
Integration (Reflecting)	56	43	56	52
At this time, how comfortable do you feel in FAN Review sessions with your supervisor?				
A little comfortable	0	14	11	0
Somewhat comfortable	0	5	0	14
Fairly comfortable	25	52	11	48
Very comfortable	75	29	78	38
Are your FAN Review sessions different from the rest of the supervision sessions you receive?				
No	44	47	22	24
Yes	44	32	67	48
I do not participate in FAN Review sessions	11	21	11	29
Since beginning FAN training, would you say the supervision you receive has...				
Not changed at all	22	10	11	10
Changed a little	11	25	22	25
Changed somewhat	44	40	44	35
Changed a lot	22	20	22	25
Changed drastically	0	5	0	5

^a The Spanish language survey did not include the option to “select all that apply.” Spanish speakers selected one option.

^b Because of how this question was asked (select all that apply), the percentages are based on the total number of home visitors who could have responded and, thus, may underrepresent the sample.

Note: Chi square tests indicated statistically significant differences between HFA and PAT for “At this time, how comfortable do you feel in FAN Review sessions with your supervisor at final” ($p < .05$).

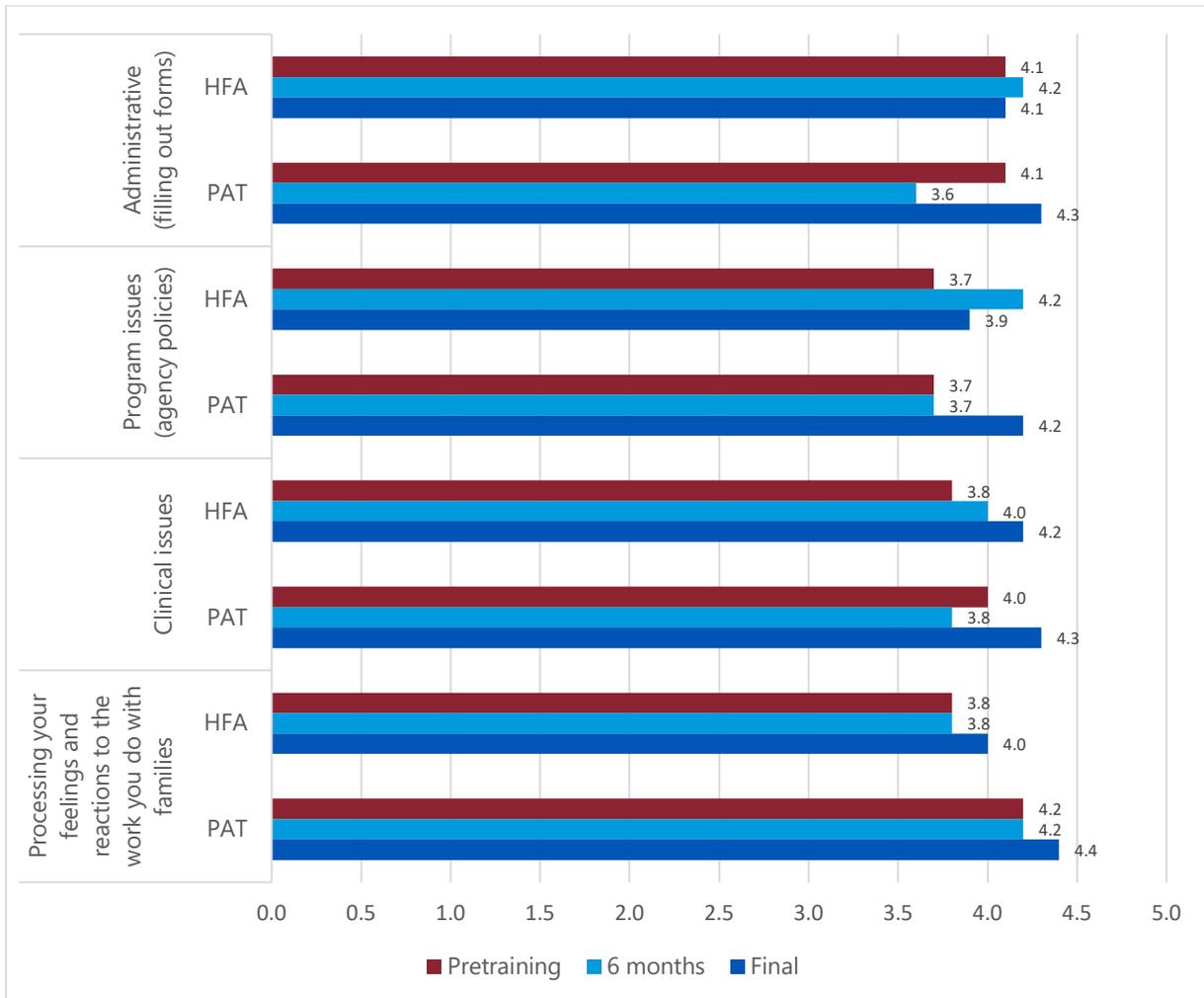
This one difference by program model might reflect that, traditionally, reflective supervision has been a stronger emphasis in the HFA program model than in the PAT program model. Thus, the FAN Review process was more of a departure from traditional practice for PAT than for HFA staff. At the same time, when reflecting back on whether supervision has changed over the FAN training period, home visitors in both HFA and PAT were similar and consistent over time, with the largest proportions of each group of home visitors reporting that supervision has changed “somewhat.”

When asked how long their typical supervision sessions last, PAT home visitors more often reported 60-minute sessions whereas HFA home visitors tended to report longer, 90- to 120-minute sessions. These differences by program model were consistent across the three time points and were significantly different at 6 months ($p < .01$) and final ($p < .05$). Home visitors also rated the quality of their supervision at all three time points and at least half of responding home visitors in both HFA and PAT reported that it was either “very good” or “excellent” at all three time points.

We asked both HFA and PAT home visitors how well administrative issues, program issues, clinical issues, and processing their own feelings were addressed in supervision (see Figure 13). All four areas were assessed positively, with well over half of HFA and PAT home visitors responding either “fairly well” or “very well” to each item at all three time points. We noticed a significant difference ($p < .05$) between HFA and PAT home visitors’ assessments of clinical issues on the final survey; 67% of HFA home visitors responded “very well” and compared to just 42% of PAT home visitors.

There were almost no significant differences by program model in home visitors’ responses to the standardized measures of supervisory relationships, the Supervisor Working Alliance Inventory (SWAI) and the Reflective Supervision Rating Scale (RSRS). There was a tendency for HFA home visitors to rate all items more favorably than PAT home visitors, except for the final rating of the RSRS when the PAT home visitor rating was higher than that of the HFA home visitors.

Figure 13. Home Visitors' Views of Supervision over Time, by Program Model (N = 30)



Notes: Sample size for HFA ranged from 8 to 9 unless otherwise noted

Sample size for PAT ranged from 18 to 21 unless otherwise noted.

^a Based on a 5-point scale: 1, "Not at all well"; 2, "A little well"; 3, "Somewhat well"; 4, "Fairly well"; 5, "Very well."

One-way ANOVA tests indicated no statistically significant differences between HFA and PAT.

Mindfulness and Reflective Capacity

We used two standardized instruments to help us assess whether training in the FAN approach affected staff's mindfulness and reflective capacity, as follows.

Mindfulness

To assess mindfulness, we used two subscales in the Five Facets Mindfulness Questionnaire (FFMQ). One was the 8-item, Act with Awareness subscale, which is defined as "being attentive and engaging fully in one's current activity" and is scored on a 5-point scale. The eight items are reverse scored so that the more desirable score is "never or very rarely true," or 5; thus, scores

can range from a least desirable score of 8 to the most desirable score of 40. Home visitors' scores remained fairly consistent at all three time points, in the low 30s, suggesting that they rarely reported being distracted from their activities (see Table 9). There were no significant variations by program model in home visitors' responses on the two subscales of the FFMQ.

The second subscale, the 7-item Non-Reactivity to Inner Experience subscale, measures the ability "to perceive emotions without reacting to them, without becoming dysregulated." It is scored so that the more desirable score is "very often or always true," or 5. Home visitors could have a score ranging from the least desirable score of 7 to the most desirable score of 35. Again, home visitors' scores remained fairly consistent over the three time points on this subscale with mean scores in the mid-20s, suggesting that they were in a middle range in terms of being aware and in control of their own emotions. Despite home visitors' reported increase in understanding of and comfort with MSR over time, it appears that although they might be more aware of their emotions they might still struggle not to react to them.

There were no significant variations by program model in home visitors' responses on the two subscales of the FFMQ.

Table 9. Home Visitors' Self-Assessment on the FFMQ over Time^{a, b}

	Pretraining	6 months	Final
Act with Awareness subscale			
Mean (<i>SD</i>)	33.8 (5.18)	32.7 (4.48)	33.2 (7.33)
Range	20–40	25–40	8–40
Non-Reactivity to Inner Experience subscale			
Mean (<i>SD</i>)	26.4 (4.78)	26.2 (3.73)	27.4 (5.21)
Range	19–35	18–35	19–35

^a Sample sizes ranged from 24 to 29 at different time points.

^b Responses on the Five Facets Mindfulness Questionnaire (FFMQ) are based on a 5-point scale: 1, "Never or very rarely true"; 2, "Rarely true"; 3, "Sometimes true"; 4, "Often true"; and 5, "Very often or always true."

Note: Paired sample t-tests indicated no statistically significant differences.

Reflective Capacity: The Provider Reflective Process Assessment Scales (PRPAS)

The Provider Reflective Process Assessment Scales (PRPAS; Heller, 2017) was administered to home visitors twice as part of their interviews, once before training and once after the end of training. The PRPAS consists of six domains that correspond to different dimensions of reflective capacity. These are briefly summarized in Table 10.

Table 10. Domains of the Provider Reflective Practice Assessment Scales (PRPAS)

Domain	Description of indicators within domain
Self-Knowledge	The extent to which the respondent (1) considers the impact of their own values, beliefs, and/or assumptions and how these may influence their words, actions, and thoughts; and (2) seeks to learn more about him/herself, sees themselves as a perpetual learner, and/or applies information learned.
Self-Regulation	The extent to which the respondent (1) takes time to pause and reflect before acting in emotionally charged situations, (2) does not rush to dismiss or repair client's uncomfortable (or negative) emotions and holds own uncomfortable emotions, and (3) recognizes the emotional climate of client and supports the client without adopting the client's emotions.
Multiple Perspectives	The extent to which the respondent is aware of the personal history, experiences, and culture of self and strives to understand those of the client and other important people in client's life and to help the client understand these differing perspectives and their impact on behavior.
Collaboration	The degree to which the respondent (1) approaches concerns from the perspective of inquiry (as opposed to inquisition) and explores potential solutions with the client; (2) does not respond to client out of an urge to fix, but rather slows down, develops a full understanding, and supports client in exploring potential solutions; and (3) is attuned to the potential impact of their words or actions on the client and takes time to contemplate how to approach a client in especially tenuous situations.
Process	The extent to which the respondent (1) recognizes that much of learning is experiential and occurs through relationships and (2) appreciates the complexity and richness of client's story and allows it to unfold.
Authentic Attitude	The extent to which the respondent (1) hears and responds to information from client or supervisor in an accepting, nonjudgmental, and supportive manner; (2) maintains a sense of wonder, interest, and compassion, and a sense of willingness to learn more; and (3) accepts clients for who they are and supports them without being judgmental, without letting preconceived ideas impact understanding, expectations, or support of them.

Note: Table 10 is used with permission from Sherry Heller, author.

In the administration of the instrument, home visitors were asked to talk about a parent or family member with whom they had worked and found challenging with reference to the following topics: (1) their work with this family, (2) why the case was challenging, (3) how they went about addressing those challenges and working with the family, and (4) what they learned about themselves in their work with this family. They were asked to talk for 5 minutes, without interruption, to share their experiences, thoughts, and reflections. We were able to collect pre and post PRPAS data from 25 of the 31 home visitors in the survey sample.

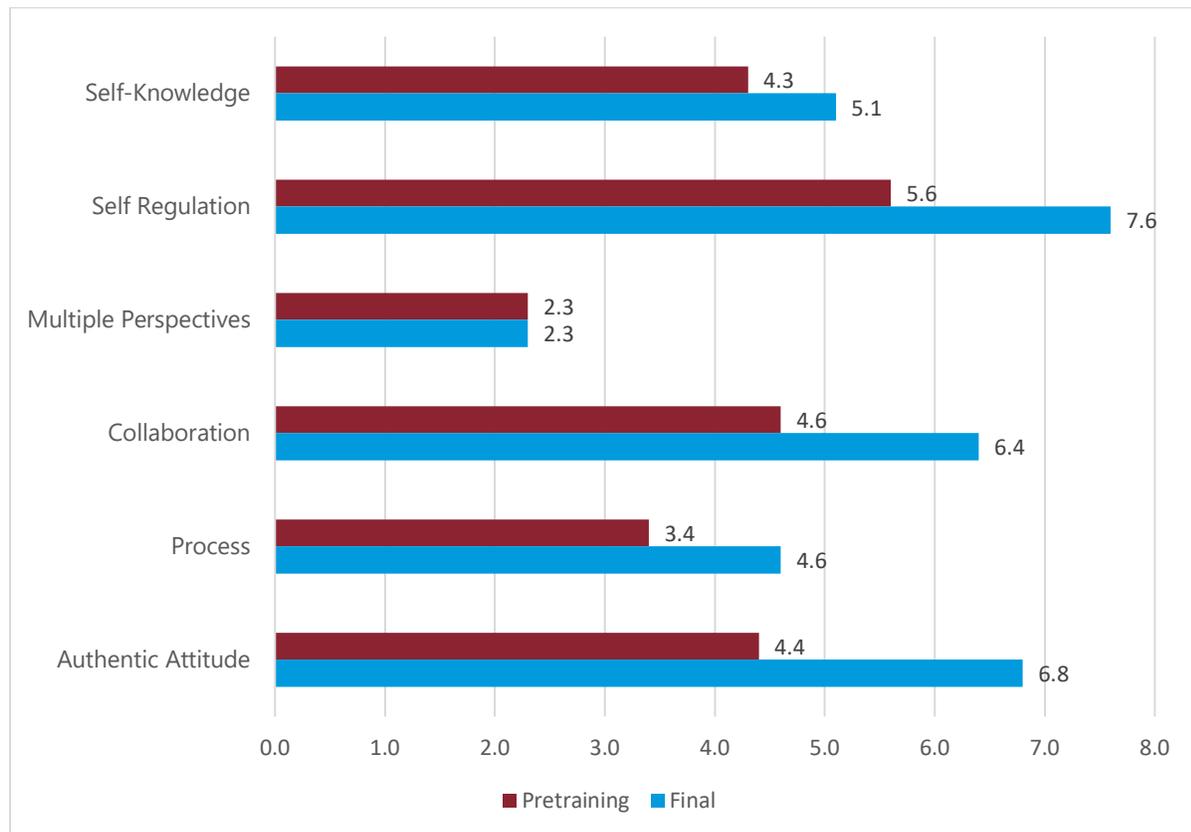
In Figure 14, we present the means of the scores for these 25 home visitors who completed both a pretraining and final PRPAS narrative. Improvement was shown on four of the six domains between pretraining and final. We found significant improvement at $p < .01$ or better for Self-Regulation ($t(24)=3.81, p<.001$), Collaboration ($t(24)=-2.88, p<.01$), Process ($t(24)=3.57, p=.001$) and Authentic Attitude ($t(24)=-4.39, p<.001$). We did not see any change in Self-knowledge or Multiple Perspectives by the end of training. Final scores in each domain fell into what could be considered a "middle" range, suggesting that there is some evidence of the

process but it is not applied consistently or that the home visitor seems to use a process but does not explicitly talk about it.

Multiple Perspectives (just one indicator) remained steady at a mean of 2.3 at the two time points. The mean score of 2.3 suggests an awareness of Multiple Perspectives, but home visitors have not “integrated them into their own sense of self.” It is not clear exactly how to interpret this result, but it may be a capacity that is difficult to communicate in the timed exercise and/or that it is a capacity that takes longer to develop.

Self-Knowledge (two indicators were scored on a 0-5 scale (Reverse/Contrary to Process to High) for a total of 10 points). The scores were, again, fairly steady at the two time points with a 4.3 at Pretraining and 5.1 at Posttraining. There was improvement over time, but limited improvement. Again, we speculate that this is a capacity that might take longer to develop and/or it might be one that is not elicited as easily in the timed exercise as other domains.

Figure 14. PRPAS Scores over Time (n=25)^{a, b}



^a We also found statistically significant differences and moderate to large effect sizes between the pretraining and posttraining scores for four scales as follows: Self-regulation, $t(24) = 3.81, p = .0009, d = .76$ (large effect size); Collaboration, $t(24) = 2.88, p = .008, d = .58$ (moderate effect size); Process, $t(24) = 3.57, p = .001, d = .71$ (moderate to large effect size); Authentic Attitude, $t(24) = 4.39, p = .0002, d = .88$ (large effect size)

^b Score ranges for each domain are: Self-Knowledge, 0–10; Self-Regulation, 0–15; Multiple Perspectives, 0–5; Collaboration, 0–15, Process, 1–10; and Authentic Attitude, 0–15.

We used linear regression models to examine whether pretraining levels of reflective capacity predicted posttraining levels. Pretraining scores for all PRPAS scales were entered as independent variables and the posttraining score for one PRPAS scale was the dependent variable in each model. Pretraining levels in the Process scale independently predicted posttraining levels in the Process scale ($p < .01$). This means that the extent to which the respondent attended to process and recognized that relationships influence change prior to the training predicted their skill level in this domain at posttraining, controlling for the pretraining scores of the other PRPAS scales. While this finding may seem expected, the Process scale was the only one where the pretraining score predicted any PRPAS posttraining score. Thus, home visitors who began the training with greater reflective capacity in the other domains were no more likely to show more reflective capacity after training. This suggests that reflective capacity can be learned.

FAN Skills in Relation to Reflective Capacity

When we analyzed the change in PRPAS scales with change in FAN skills, we found that the change in PRPAS Authentic Attitude was significantly correlated with change in the FAN skill "matching my interactions based on parents' cues," $r = .44, p < .05$. Between pretraining and final posttraining, the increase in home visitors' Authentic Attitude was associated with the increase in matching their interactions based on parents' cues, which are both facets of reflective capacity. The other significant correlation between change in PRPAS and change in FAN skill was change in Self-Knowledge (PRPAS) and change in FAN skill "encouraging the parent to lead the visit and help set our agenda," $r = .44, p < .05$. This finding implies that an increase in self-awareness allowed home visitors to let go of control over the visit and facilitate more parent-led visits.

We did not find any significant relationships between pretraining PRPAS domain scores and pretraining FAN skills (see Table 11), but we did find that the posttraining PRPAS domain of Collaboration was significantly and positively correlated with three posttraining FAN skills (see Table 12). The PRPAS Collaboration domain assesses the home visitor's capacity to understand the parent's concern by exploring the concern with the parent and not moving forward until a full understanding of the situation is established and the home visitor can actively contemplate the impact of her words and actions on the family before moving forward. Thus, it was not surprising to find significant correlations between "exploring parents' concerns together before finding solutions" ($p < .05$), "recognizing my own feelings during visits with families" ($p < .05$), and "maintaining focus on parenting throughout the visit" ($p < .01$) after training.

Table 11. Correlations between Pretraining PRPAS Domains and FAN Skills (*n* = 25)^a

	Reading parents' cues for engagement during visits	Matching interactions based on parents' cues	Exploring parents' concerns together before finding solutions	Recognizing my own feelings during visits with families	Maintaining focus on parenting throughout the visit	Encouraging the parent to lead the visit and help set the agenda
Self-Knowledge	-.016	-.078	.076	.278	-.139	.087
Self-Regulation	-.050	-.100	.088	.265	-.101	.155
Multiple Perspectives	-.001	.059	.207	.154	.131	.104
Collaboration	.007	.102	.126	.127	-.072	-.160
Process	.148	.171	.137	.063	.143	.186
Authentic Attitude	.222	.240	.192	.262	-.069	.061

^a Pearson correlation coefficients are based on all home visitors in the subsample followed over time (*n* = 31). Correlations are significant at * *p* < .05, ** *p* < .01, or *** *p* < .001.

Table 12. Correlations between Posttraining PRPAS Domains and FAN Skills (*n* = 25)^a

	Reading parents' cues for engagement during home visits	Matching my interactions based on parents' cues	Exploring parents' concerns together before finding solutions	Recognizing my own feelings during visits with families	Maintaining focus on parenting throughout the visit	Encouraging the parent to lead the visit and help set the agenda
Self-Knowledge	-.230	.301	.237	-.031	.312	.199
Self-Regulation	.047	-.041	.044	.170	.250	-.052
Multiple Perspectives	.358	.248	.274	.126	.267	.099
Collaboration	.337	.345	.476*	.469*	.536**	.211
Process	.090	.173	.301	.091	.279	.249
Authentic Attitude	.039	.225	.151	.228	.253	.091

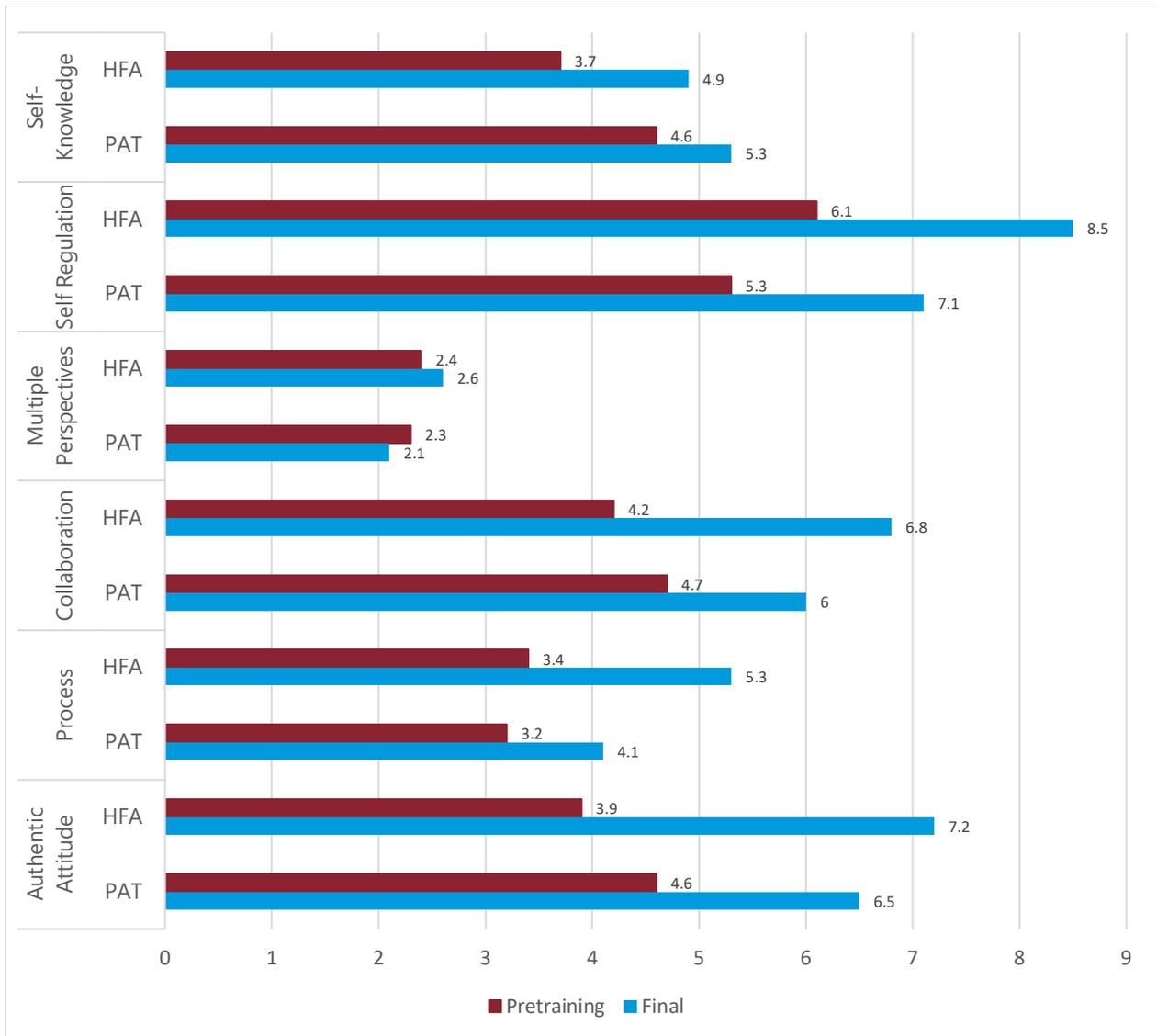
^a Pearson correlation coefficients are based on all home visitors in the subsample followed over time (*n* = 31). Correlations are significant at * *p* < .05, ** *p* < .01, or *** *p* < .001.

Variations by Program Model

There were no significant differences by program model on any of the PRPAS domains (see Figure 15). PAT home visitors had somewhat higher mean scores at pretraining on Self-Knowledge, Collaboration, and Authentic Attitude, whereas HFA home visitors had slightly higher mean scores on Self-Regulation, Multiple Perspectives, and Process. By final, HFA home

visitors' scores increased in all six domains and PAT home visitors increased in five of the six domains; they showed a slight decline in Multiple Perspectives. At final, PAT home visitors had higher mean scores in Self-Knowledge, while HFA home visitors had higher means scores in the other five domains. None of these differences were statistically significant, likely because of the small sample sizes.

Figure 15. Mean PRPAS Scores over Time, by Program Model



Notes: Sample size for HFA was 7 unless otherwise noted.
 Sample size for PAT is 17 unless otherwise noted.
 Score ranges for each domain are: Self-Knowledge, 0–10; Self-Regulation, 0–15; Multiple Perspectives, 0–5; Collaboration, 0–15; Process, 1–10; and Authentic Attitude, 0–15.
 One-way ANOVA tests indicated no statistically significant differences between HFA and PAT.

Burnout and Job Satisfaction

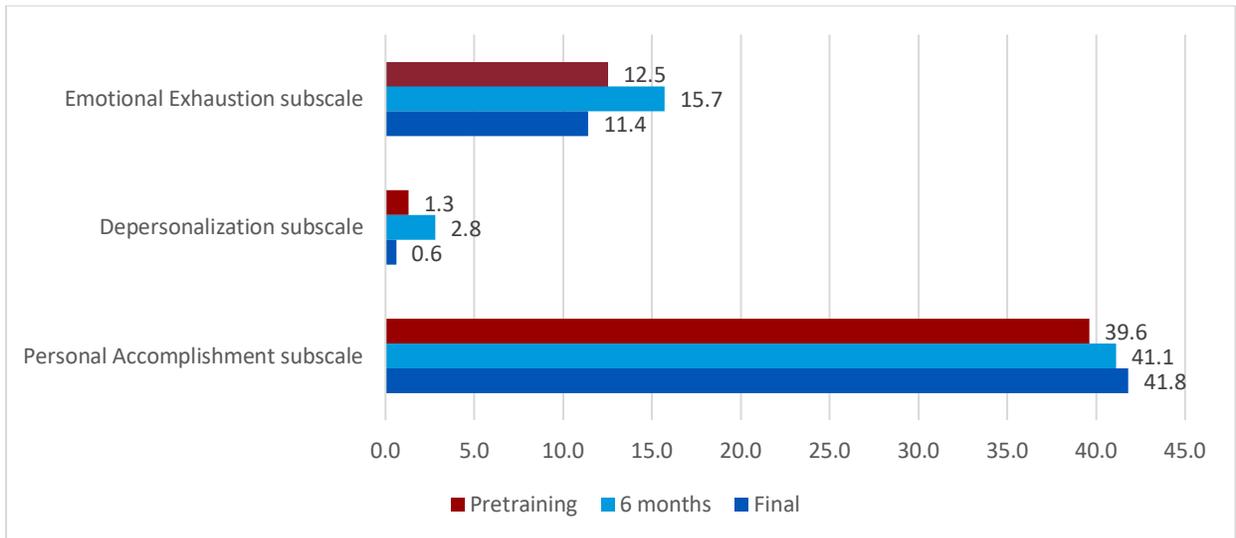
We used the Maslach Burnout Inventory (MBI) to assess whether FAN training and use of the FAN approach would affect staff's engagement with their work. This measure is made up of three scales reflecting three aspects of burnout—Emotional Exhaustion, Depersonalization, and Reduced Personal Accomplishment—which, according to the developers, can occur among individuals who work with other people in some capacity. These scales are scored separately.

All of the items in the MBI are scored on a 7-point scale ranging from “never,” or 0, to “every day,” or 6. The Emotional Exhaustion subscale includes 9 items that ask about feeling tired, drained, or finished as a result of one's work. Scores can range from 0 to 54 on this subscale, with 0 being the more desirable score. The home visitors in this sample had a fairly low mean score on the Emotional Exhaustion subscale at all three time points; however, there was a significant decrease in Emotional Exhaustion between 6 months and final, with a mean score of 15.7 ($SD = 12.73$) on the 6 months survey and 11.4 ($SD = 10.78$) on the final survey ($p < .05$; see Figure 16).

The 5-item Depersonalization subscale assesses home visitors' emotional investment in their clients. Scores can range from 0 to 30, with 0 being the more desirable score. Over the three time points home visitors had low (more desirable) scores, but there was a significant decrease in the scores between the pretraining and final surveys ($p < .05$; see Figure 16). We also noticed a significant ($p < .05$) decrease in mean scores between 6 months and final.

The third subscale, Personal Accomplishment, includes 8 items that assess the home visitors' perceived competence in their work. Scores can range from 0 to 48 with 48 being the more desirable score. Home visitors in our sample had fairly high scores on this subscale over the three time points and while scores increased over time, none of the increases were significant.

Figure 16. Maslach Burnout Inventory Average Scores over Time (N = 31)^a



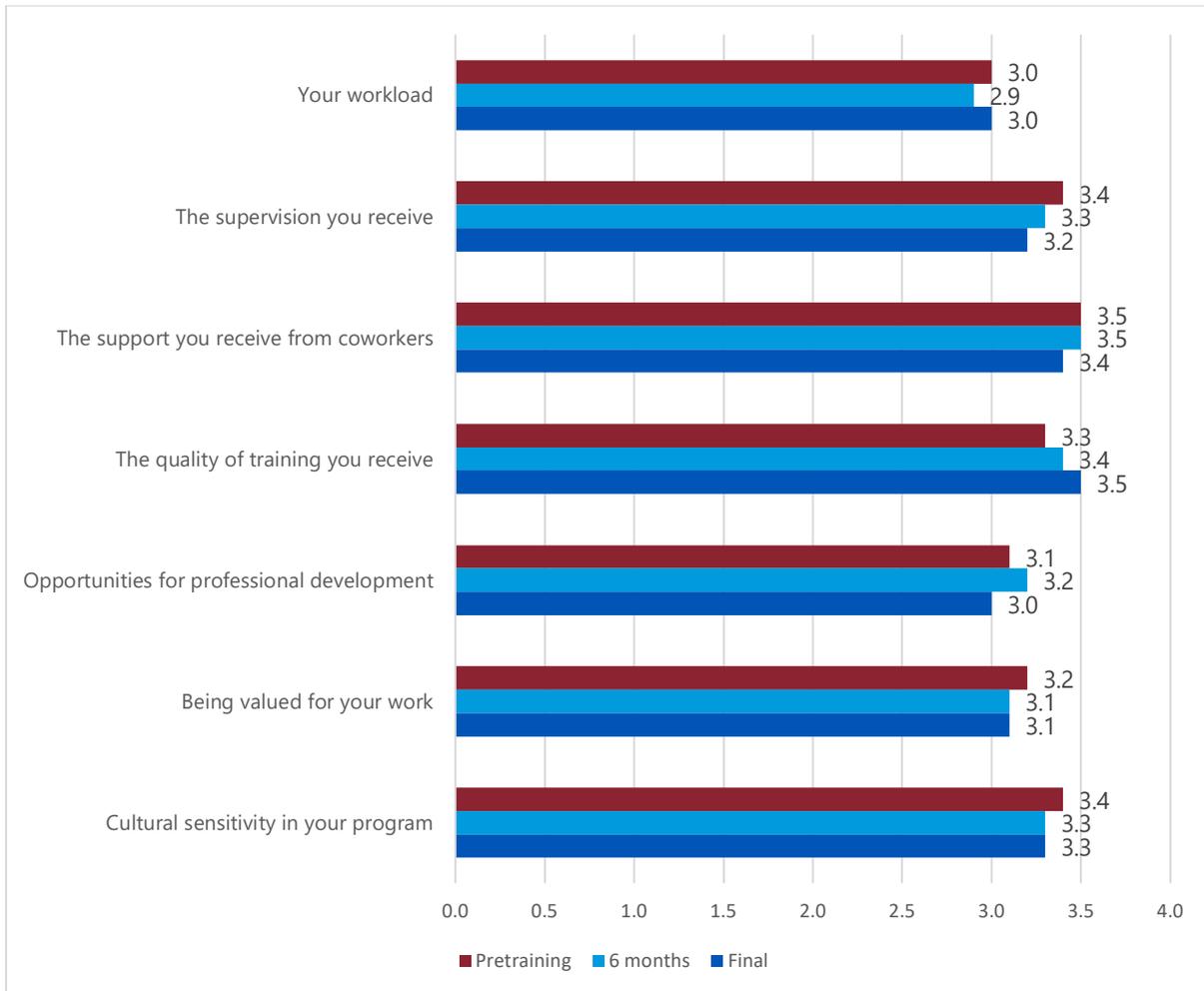
^a Responses are based on a 6-point scale: 0, "Never"; 1, "A few times a year"; 2, "Once a month or less"; 3, "A few times a month"; 4, "Once a week"; 5, "A few times a week"; and 6, "Every day."

Notes: Paired sample t-tests indicated statistically significant differences on Maslach's Depersonalization subscale between pretraining and final ($p < .05$); Maslach's Emotional exhaustion subscale between 6 months and final ($p < .05$); Maslach's Depersonalization subscale between 6 months and final ($p < .05$).

Thus, over time we found that home visitors' ratings of their depersonalization (lack of caring) and emotional exhaustion decreased. These findings align with their improved skills in recognizing their own feelings during visits, reading parents' cues, exploring the parents' concerns, etc., which allowed them to be more engaged and have an "appropriate" level of empathy.

Finally, we asked home visitors seven questions about their satisfaction with their work and asked them to respond on a four-point scale ranging from "very dissatisfied" or 1 to "very satisfied" or 4. Results in Figure 17 show that home visitors were "satisfied" on all seven items at all three time points. No significant differences were noted on these items over time.

Figure 17. Home Visitors' Mean Job Satisfaction over Time^a (N = 31)



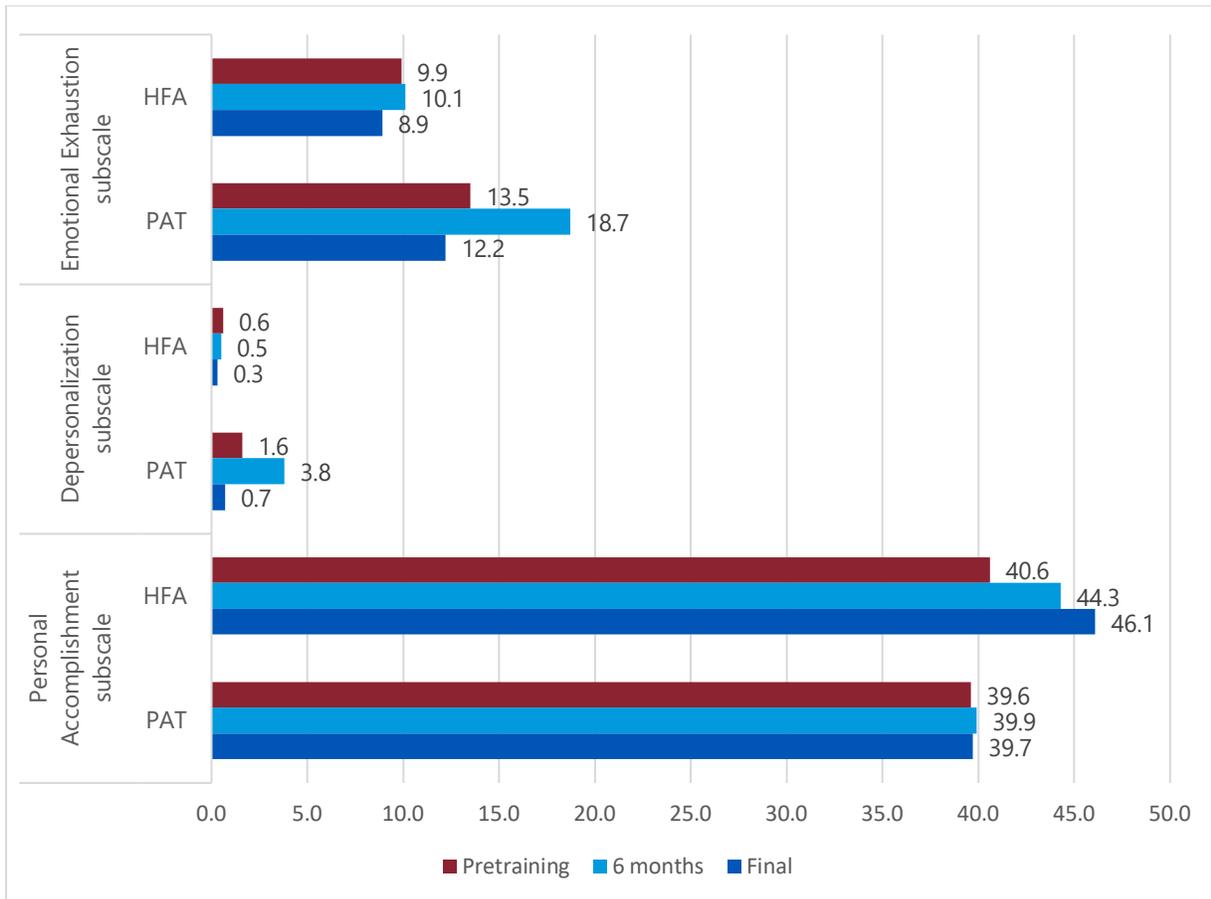
^a Responses are based on a 4-point scale: 1, "Very dissatisfied"; 2, "Dissatisfied"; 3, "Satisfied"; and 4, "Very satisfied." Paired sample t-tests indicated no statistically significant differences over time.

Variations by Program Model

There were no significant model differences in home visitors' responses on the measures of job satisfaction or burnout at any of the three time points. Indeed, as noted earlier, home visitors had fairly low mean scores on the MBI Emotional Exhaustion subscale at all three time points.

At the same time, there was a nonsignificant difference between HFA and PAT home visitors in that HFA home visitors had lower scores at all three time points than PAT home visitors (see Figure 18) on the Depersonalization subscale. Finally, both HFA and PAT home visitors had fairly high scores (mean scores ranging from 40 to 46) on the Personal Accomplishment subscale over the three time points. Although scores for HFA home visitors increased, PAT home visitors' scores remained stable over time.

Figure 18. Maslach Burnout Inventory Subscales over Time, by Program Model



^a Responses are based on a 6-point scale: 0, "Never"; 1, "A few times a year"; 2, "Once a month or less"; 3, "A few times a month"; 4, "Once a week"; 5, "A few times a week"; and 6, "Every day."

Notes: Sample sizes for HFA ranged from 7 to 9 unless otherwise noted.

Sample sized for PAT Sample sizes ranged from 18 to 21 unless otherwise noted.

One-way ANOVA tests indicated no statistically significant differences between HFA and PAT.

An In-Depth Look at Changes in Perspectives and Relationships

Home Visitor Professional Changes

Most of the home visitors who perceived and reported changes in their work practices as a result of the FAN training and implementation alluded to the fact that their practice had "evolved." Home visitors expressed that the use of the FAN approach improved their overall practice in a number of ways. First, they perceived improvements in their own work competence, as the following quotations illustrate:

I think when you're aware of our strengths and our weaknesses, it allows us to say, "Okay, I can do this better because I am aware." I think that's how it's helped my families, because it helped me. Initially you're like, "Should I ask a question here?" but just trusting myself and building that confidence, and saying, "You know what, just ask and see how that goes."

I don't feel that I was quick to judge, but I am much more understanding and I want to understand. I just feel that I have a better understanding of what a true conversation and true listening is all about and how that can change someone's mood, attitude, and actions.

The FAN training strategies also helped some home visitors with their supervision sessions. For example, one home visitor noted that being able to have that "emotional regulation" from the FAN approach has enabled her "to tell her [supervisor] about a situation in a personal manner." She continued, "Now I can calmly say to her, like, 'I auto regulated when I saw those things in the house.'"

Some home visitors also referenced a shift in their perception about home visiting in general, as illustrated by these excerpts:

My perception of what needs to be done and what needs to happen in the visits is much clearer now. It's nice to get to all of the paperwork stuff, but it's okay if I don't. We can do it another visit, and sometimes by forcing them to do the different activities or the different paperwork that needs to be done, it's not honest. It's not legit, because they're just going through the motions of it.

A lot of times I wanted to fix the girls instead of them figuring out the problem. I have really worked on that a lot in this past year with doing this training. I think I've gotten it down pretty good where I've noticed a big difference in asking the questions where they're getting it. I can see that click in their eye like, "Yeah, this is what's going on and I can do this." It definitely helped me improve my level of being a better home visitor.

Others spoke about their visits being enhanced by the use of the FAN, as in the following excerpts:

To see the change of the quality of the visit, from me being the one that comes and [says], "I'm going to turn the light on you about your baby's development and how you can encourage this and that," to learning to listen, because actually I'm not very good at listening. And, to see the result, because then moms will start talking and opening up. I didn't see that happen that much or with that intensity before, and I'm talking 10 years.

I will tell you, it made the visit go better because it was just more organized. I had that beginning question that started them off, the middle question, and then the ending question. They really enjoyed those three questions. They looked forward to them.

But now, I see that at the level, in general terms, that the majority [of parents], precisely, maybe due to these questions, this new way of working together, they know that I am going to ask them. And, and I see the impact. Because in that way, they are more intentional too, right? And, I think that both parties, also me, are also wanting to be more present during the visit.

Home visitors also shared their perception that the FAN approach has improved their relationships with the parents on their caseloads, as follows:

It helped me learn a lot. It's actually something that I'm very grateful for because I feel like I have such a better connection now with my participants than I did before. I actually feel like it's both ways because I see my clients opening up more and more to me. I see them becoming more and more relaxed at every visit.

Even the last few months, I think it's completely different. The relationships that I have with the girls are different. Maybe it's just my perspective, but I feel like I have better relationships with them because I'm able to understand more instead of just judging the situation. It makes home visiting less stressful, because it's okay for them to explore and be wherever they need to be.

Several home visitors also talked about the impact the FAN approach had on their ability to cope with work stress or burnout. The following excerpts are examples from two different home visitors:

Above all, [the FAN approach] helps regulate the intensity of emotions you face when doing home visiting. [The FAN approach] has helped me so much. I am really very grateful. I was such a crybaby; everything affected me. I was constantly stressed and didn't know what to do. I would recommend [FAN] training and tell others it would help them not only in their daily work, but in their daily lives.

Before the training, I felt like we had different things that we had to accomplish as we visit. It was kind of stressful to cut off the parents' feelings, and get them thinking, "We have to do this handout; now we have to do this activity." Sometimes, the parents were having a rough day because something happened that morning, or happened that night, and they just wanted to vent, and they just wanted to talk. I was just feeling stressed, like "I'm not going to get all this done, because we're stuck here in this moment." It was overwhelming and stressful for me to rush to make sure that we accomplish everything. But when I was having the training, it was really letting the parents' guide the visit, and meeting them where they were at. That really helped me a lot with my visits.

Some home visitors also spoke about the changes within their agencies as a result of the FAN training and approach. For example, one home visitor noted, "[The FAN approach] brought more self-care to our agency than we had before." She continued, "The FAN was amazing

because it brought more of that mental health feature into what we're doing than we've had before."

Home Visitors' Personal Changes

Several home visitors shared that they have been using the FAN approach beyond the workplace and in the realm of their families and in their personal lives. They seemed to recognize that the FAN was helping them to become more reflective and more aware, which allowed them to control the urge to jump and fix or solve a problem. "I think it's been amazing," one home visitor stated. "I really feel like it's life changing, even from a home perspective, as a mom, as a wife, as a sister. I feel like I look at things differently." The following excerpts from two different home visitors are also illustrative:

I think I'm a better friend. I've had a friend who's going through a lot. I think that the way I was more listening and getting her to explore what she was feeling more, I think it was really helpful. And just realizing the importance of her expressing herself and actually figuring out what she's feeling.

Even my own family has noticed. Because before, if someone came to me and told me about a friend or family member, I tried to tell them, "Oh, well, do this, or look here, or do that." Not now. Now I apply the FAN questions! So, I say to them, "Oh, why do you think that? Oh, tell me more." And, they have helped them to express themselves more about how they feel. It has delighted me because, with my friends, and even with my son, who is an adolescent, when I speak to him like that, asking him questions, I feel very comfortable and good from having learned that.

Relationships with Supervisors

The quantitative survey data suggested that home visitors' relationships with their supervisors did not change much as a result of the FAN training. However, the qualitative data revealed more within-variability in the quality of their relationships with supervisors than could be seen in the survey data. Overall, home visitors' description of their supervision format and content after the FAN trainings were aligned with their perceptions of changes in their home visiting practices. That is, home visitors who reported significant changes in their practices also reported changes in how their supervisors conducted supervision. The handful of home visitors who reported only modest changes in their home visiting practices after the FAN training also tended to report limited change in their supervision. In addition, we noted that the impact of the FAN training in supervision seemed to be less substantial for home visitors who have supervision with more than one supervisor.

We compared home visitors' narratives of their programs' approaches to supervision before and after the FAN training to analyze changes in supervision. Overall, before the FAN training, home visitors described supervision that was typically task-oriented and generally geared towards

providing solutions for problems brought up by the home visitors. After the FAN training, many home visitors described supervision sessions that used FAN strategies and components, which invite reflection on and exploration of the home visitors' feelings and concerns. These strategies and components included: listening attentively, asking home visitors questions to understand and explore home visitors' theory of the problem or concern, and helping home visitors find their own way. For example, in a pretraining interview, a home visitor described her supervision as follows:

I usually turn in all my paperwork from the last week, and she kind of makes sure that everything is coordinated in the computer. Then she talks about the different things I might have done with the moms, if I referred them to counseling, those kinds of things. We talk about any families that have been hard for me to reach. We've talked about challenges. We've talked about what's coming up future-wise for trainings. Then we get into talking about the different clients that we picked to talk about. Then she asked me what I did at that home visit. She documents all these things, what we did. We did a goal sheet, we'll talk about the goals. We'll talk about anything that happened at that one home visit, challenges, things that are new, curriculum I gave out, projects we worked on, all those different things. Sometimes I'll say, "I tried this, and I tried this, and I'm not really sure." She goes, "What about this?" or, "Have you tried to see if maybe they want services with this thing you can refer them to?" or, "Maybe you can try this with them." So she has other ideas that we can try on our visit.

In the posttraining interview with the same home visitor, she describes how supervision has changed:

I'll come in and say, "I'm really frustrated. Is there something different I could do, could I word it a different way?" She's very supportive in that. I'm able to talk to her about that, and she might give me other ideas or she might just say, "This is where they're at and they might not go any farther." It will help me realize that I might not be able to help or fix or whatever. Usually we pick a couple of families to talk about. She documents some things, and then we just talk about where the family's at and what's going on with the family. Sometimes she'll ask me questions, sometimes she just listens. That's when I usually turn in everything, all the paperwork that I'm required to give her that day. And usually she checks it all in because she goes through the files. We might talk about the goals that they have or we might talk about things to do when we do the parent surveys. But most of the times it's pretty much just listening. Kind of like what we do in our visits, just listening to families and then asking questions. I think that we do more around the FAN, where she does a lot more listening and a lot more asking questions and not just giving me answers like I would be doing with my clients. So I think that's changed.

Another example from post training interviews with home visitors about their supervision is the following:

Once we started the FAN, she was more attuned to our stresses and understanding that we need to vent and not hold that against us. Sometimes it was about our own personal stuff that was affecting us throughout the day, and she would just let us get all of that out and do reflective supervision even before going into anything because she realized that we needed that. Before, I could just be going through my caseload, "This is what happened; this is what happened; and, this is what happened."

Supervision has always been good, but this [FAN] just gave it, for me, clarity. Now I think I'm able to paint a better picture for my supervisor about what's happening in my visits. It's definitely given my supervision more depth, more understanding, and more clarity when it comes to my work professionally and how much I've grown. She [supervisor] was like, "Well, it looks like you've really been thinking a lot about this." You know, just slowing the visit down and telling her what happened, what I saw. She's like, "What did you think about when that happened?" And just changing a little bit about how I was saying things [in the visit], and we [client and home visitor] had one of the best conversations ever based on that conversation I had with my supervisor.

Home visitors varied in their perceptions of their supervision before and after the FAN training. For comparison purposes, the following quotes provide examples of the small number of home visitors who perceived little or inconsistent change in their overall supervision:

I don't really feel like anything's changed. I think it's more that my supervisor has been doing this for [many] years and so a lot of the stuff from the FAN, she's been doing. Definitely there have been instances where I have noticed. My supervisor will be like, "So tell me, what's your concern?" Then I'll notice she's starting to use it.

We would do supervision and talk about the tools. She would read through it, and then we would reflect on the home visit in connection with that tool. But after that, it just kind of went by the wayside. I told my supervisor that I feel that once [we] stopped the training, that she, as the supervisor, didn't use the FAN during supervision or team meeting time. Well, then the very next team meeting, she had the FAN out. We need to use this all the time, [but] I honestly don't see a difference when I have supervision. I don't think my supervisor uses it with me, anyway.

Relationships with Parents

The implementation of the FAN approach also impacted parents, which, of course, impacts home visitors' practice. In their post-FAN training interviews, a number of home visitors reported that, since introducing the FAN approach, parents demonstrated an increased ability to self-reflect, which is interwoven into parents' expressions of self-confidence, self-esteem, and self-efficacy. A home visitor explained that by asking the first Arc of Engagement question, "How has it been for you to take care of your baby?", she saw a "really good change" with her clients because "they [parents] were able to reflect on their relationship with that child and really just

think about their relationship and what has gone on in the last week.” Likewise, another home visitor suggested that clients would not have shared what they did without her asking the middle Arc of Engagement question, “Is there anything you’d like to talk about?” Home visitors described having clients “open up more and more, and become more relaxed,” as well as seeing “greater and richer participation” by their clients during visits, as described in the following quotes:

I have a mother, who, at the beginning of the visits, was very reserved. But as time passed, I asked her questions. I have seen that she now expresses herself more about what she is feeling. She speaks to me more about the situation that she is going through. And, I see that we have had a change from before to now with what I have learned from FAN.

I think it has made a difference in how good they feel about themselves, because it’s not about me anymore; it’s about them. I asked how they want the visit to go, as fast or as slow as they wanted. I think that they feel more respected [and that] has improved the way they see themselves. They learn about themselves, they feel better, and then it’s much easier for them to comprehend, or to be open to learn more, or to see themselves as very important. I know the child gets some of it, in their life in general.

With the increased self-reflection and comfort, home visitors also reported seeing parents have greater self-confidence in their parenting skills and greater self-esteem. The following excerpts demonstrate this self-confidence:

I think that it [the FAN approach] instills on self-esteem. I think when they have more ownership of what’s going on in their life, it improves their quality of life; and, they’re going to [pass that along] to their children. I think that they’re taking ownership of things, where before, they were not. I’m seeing more moms willing to look at what they need too, and taking more care of themselves.

I think that has helped my participants to maybe be a little more confident in themselves, and just giving them that support, and encouraging them. I definitely think that that helps my participants, and helps them to think, “Oh, you know what? I can figure some things out.”

Some home visitors pointed out that their clients’ increased confidence yielded more self-reliance. One home visitor said, “When I’m asking her more questions and not fixing it for her, I’ve noticed she’s not calling me as much. She’ll even say, ‘Well, I didn’t call you.’ I think it’s good, because it’s empowering her and making her think in that mindset. She doesn’t need to call me to be the expert of her baby.”

In addition, home visitors reported that with the FAN parents were better observers of their children and were more intentional about observing their children. With the final Arc of Engagement question, “Give me three words to describe your baby,” parents have been able to “express themselves better and describe their children better,” which some home visitors

pointed out “helps them form that attachment with them,” and “makes the relationships stronger between parents and children.” Indeed, a handful of home visitors observed that parents were using strategies from the FAN approach with their children. In one instance, a home visitor described a situation in which the mother had a teenage daughter and an infant. The home visitor noticed that the mom was utilizing the FAN’s Empathic Inquiry strategies in her communication with her teen daughter:

I have a mom that has a teenage daughter and a baby. There were a lot of stressors there. I really started listening to her and talking more about her feelings. I’ve seen her talk to her daughter in a different way. I’ve seen her go into an Empathic Inquiry, where I never saw her do before.

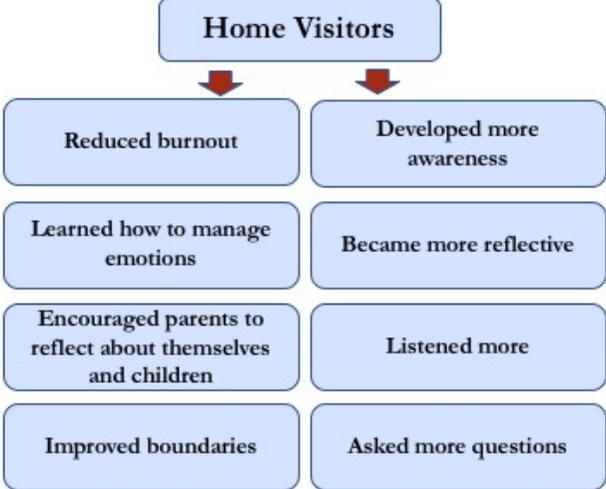
Chapter Summary

Home visitors’ practice changed during and after the FAN training. During their visits with families, they asked parents more questions and listened more. The types of questions they asked revolved around parenting and encouraged parents to reflect on themselves and on their children. The home visitors themselves became more reflective as well. They developed more awareness of their emotions and learned emotion regulation strategies, allowing them to be present during visits. Using these skills also improved home visitors’ ability to establish boundaries with families. In addition, after the FAN training home visitors reported lower levels of burnout. Over time we found that home visitors’ ratings of their depersonalization (or “callousness”) and emotional exhaustion decreased. These findings align with their improved skills in recognizing their own feelings during visits and reading and matching parents’ cues, allowing home visitors to be more engaged and have an “appropriate” level of empathy.

Figure 19 summarizes our findings about the changes home visitors experienced. Home visitors demonstrated an increase in their reflective functioning. In the posttraining interviews, home visitors’ narratives revealed significantly higher levels of self-regulation, collaboration, process, and authentic attitude (as measured by the PRPAS) than they displayed in the pretraining interviews.

Home visitors also perceived the supervision they received as being more reflective after the FAN training. After the FAN training, many home visitors described supervision sessions that included FAN strategies and components, which invite reflection on the home visitors’ feelings and concerns. These strategies include listening attentively, asking home visitors questions to understand and explore their theory of the problem or concern, and helping home visitors find their own way. Home visitors also reported significant pre–post increases in their perception of their supervisor’s ability to improve their ability to be reflective, showing them how to integrate emotion and reason into case analyses, and seeing their supervisor as both a teacher and a guide.

Figure 19. Home Visitors' Experiences as a Result of FAN Training



Supervisors' Perspectives on Learning and Using the FAN Approach

Supervisors and home visitors expected to improve their knowledge and practices as a result of the FAN training. Although the overall FAN approach is the same for home visitors and supervisors, the approach for supervisors is more complex. As illustrated in the diagram of the FAN in the first chapter, each of the FAN's core process for the home visitor are centered on parents' presenting concerns, while also helping home visitors be aware of and regulate their own emotions. Supervisors, however, must keep three overlapping domains in mind when supervising staff: the home visitor's (supervisee's) concerns, the supervisor's concerns, and program expectations.

Of the 28 supervisors employed by the 14 programs in the CMTE 25 completed the pretraining survey. Of the 27 who were still employed by their program 6 months after core training, 19 completed the 6 months survey and 18 of the 26 supervisors still with their programs completed the final survey at the end of FAN training (9 or 12 months after core training). The analysis of the survey data focused on 14 supervisors who completed all three surveys in order to assess change over time. The sample for the analysis of the qualitative interviews included all 22 supervisors who participated in both a pretraining and a posttraining interview.

Sample Characteristics

A total of 22 supervisors participated in pre and posttraining interviews, while 14 supervisors completed all three surveys. There were no noteworthy differences in demographic or other characteristics between the 22 supervisors who participated in pre and posttraining interviews and the 14 supervisors who completed all three surveys. Almost two-thirds of the full sample were supervisors in PAT programs, while the rest, with one exception, were supervisors in HFA programs. Over two-thirds were at least 40 years of age and more than three-quarters were white. Over half of the supervisors had earned at least a Master's degree in either multiple disciplines or disciplines beyond the fields of child development, education, or social work. On average, they had had about 11 years of experience working with families of young children. Almost three-quarters had experience delivering home-based services to families. Close to two-thirds reported that their primary role was that of supervisor and the other third reported having other responsibilities, which included conducting home visits.

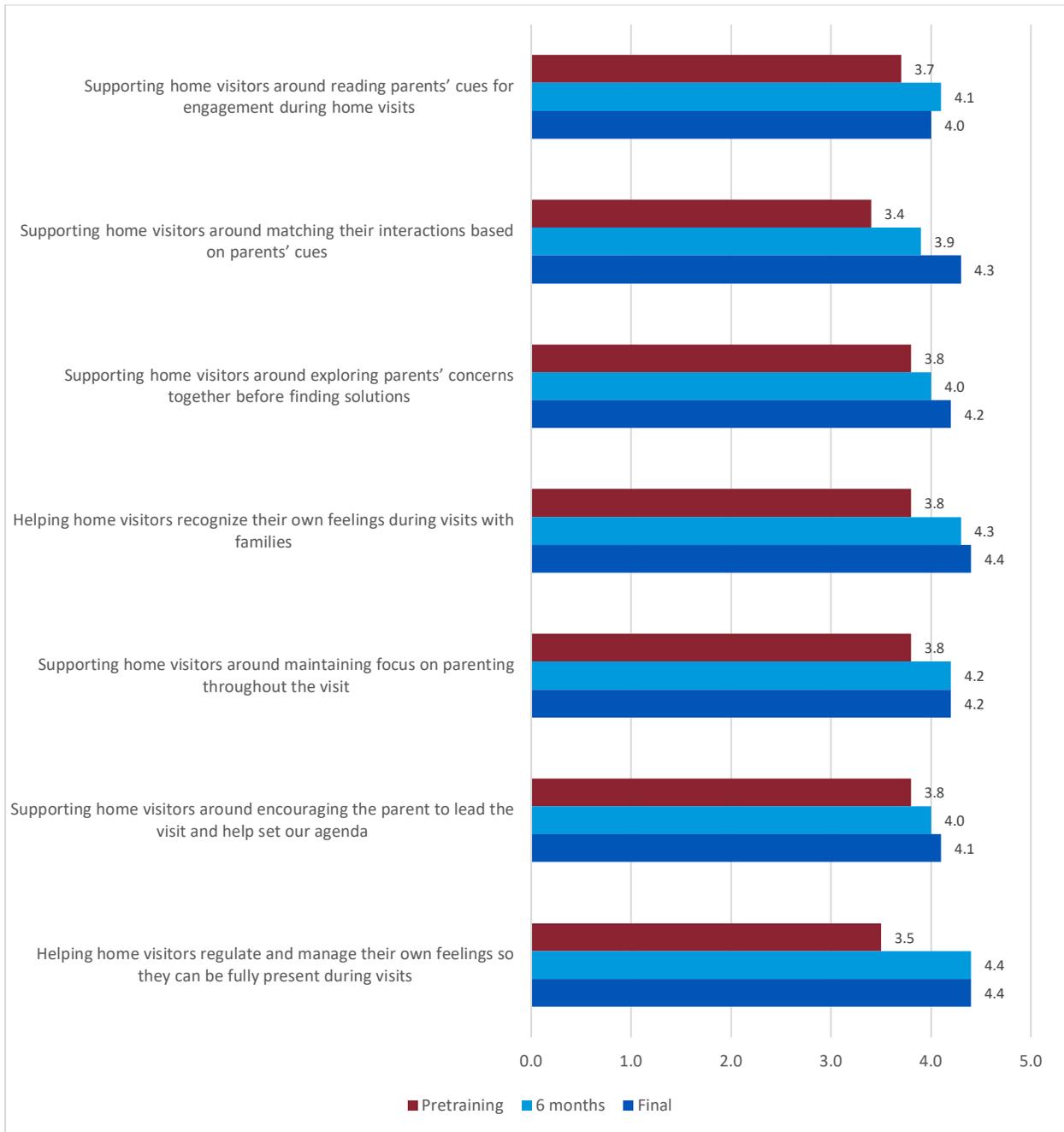
Supervisors also estimated the percentage of time they dedicated to supervising, home visiting and other duties. Across the three time points, supervisors dedicated the least amount of time to home visiting. At both pretraining and final, supervisors dedicated the majority of their time to supervising. The decreases in time dedicated to supervising were significant between pretraining and 6 months ($p < .001$) and between pretraining and final ($p < .05$).

Changes in Supervisors' Knowledge and Skills

At each of the three surveys, we asked supervisors to assess their skill level on seven indicators of skills in the FAN approach (see Figure 20). We found increases in skill level between pretraining and 6 months on all seven items. We found significant increases for “supporting home visitors around matching their interactions based on parents’ cues” ($p < .05$); “helping home visitors recognize their own feelings during visits with families” ($p < .05$); and “helping home visitors regulate and manage their own feelings so they can be fully present during visits” between pretraining and 6 months ($p < .01$).

For all three of these significant items, supervisors’ self-assessed ranking moved from the mid-to-high threes, or “somewhat skilled,” to the low-to-mid fours, or “skilled.” There were also significant increases between supervisors’ self-assessed scores between pretraining and final for “supporting home visitors around matching their interactions based on parents’ cues” ($p < .01$); “helping home visitors recognize their own feelings during visits with families” ($p < .05$); and “helping home visitors regulate and manage their own feelings so they can be fully present during visits” ($p < .01$). Similar to the changes between pretraining and 6 months, these three significant changes moved scores from the mid-to-high threes, or “somewhat skilled,” to the low-to-mid fours, or “skilled.”

Figure 20. Self-assessed FAN Skills of Supervisors over Time (N = 14)

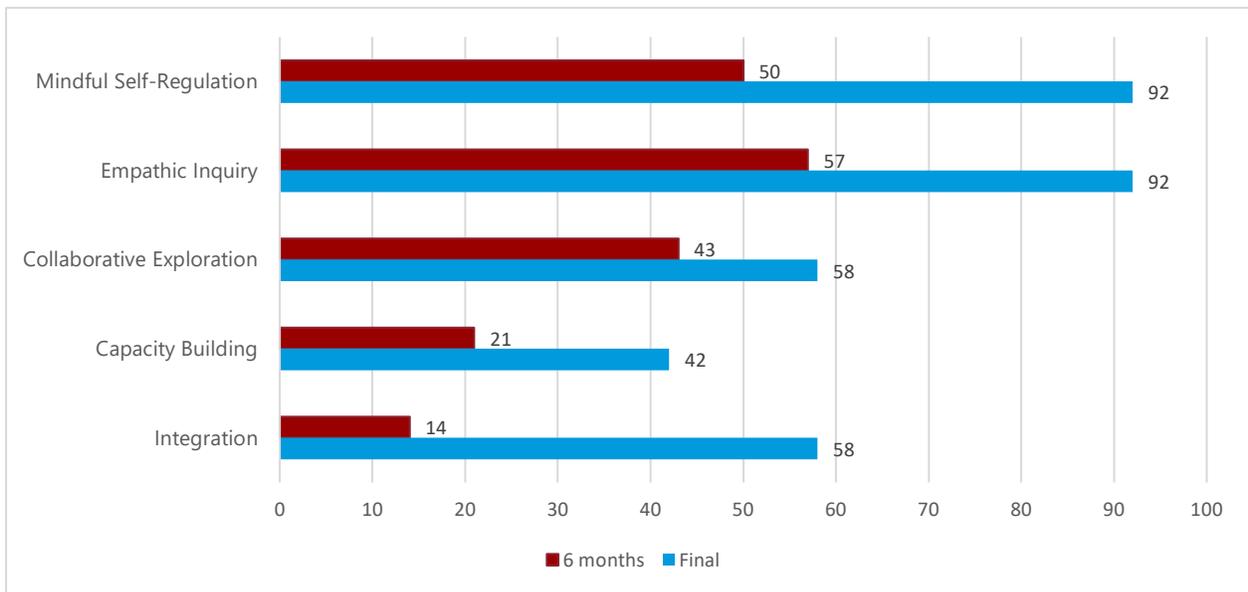


^a Rating scale ranged from 1 ("not all skilled") to 5 "very skilled."

Note: Paired sample t-tests indicate significant differences: for "Supporting home visitors around matching their interactions based on parents' cues" between pretraining and 6 months ($p < .05$), "Helping home visitors recognize their own feelings during visits with families" between pretraining and 6 months ($p < .05$), "Helping home visitors regulate and manage their own feelings so they can be fully present during visits" between pretraining and 6 months ($p < .01$), "Supporting home visitors around matching their interactions based on parents' cues" between pretraining and final ($p < 0.01$), "Helping home visitors recognize their own feelings during visits with families" between pretraining and final ($p < 0.05$), and "Helping home visitors regulate and manage their own feelings so they can be fully present during visits" between pretraining and final ($p < .01$).

Supervisors indicated that their understanding of the FAN approach increased over time. At 6 months, less than one-third (29%) reported that they understood the approach “very well” (as opposed to “somewhat well” or “not very well”). However, on the final survey, more than two-thirds (71%) of supervisors reported that they understood it “very well,” a significant increase ($p < .05$). As shown in Figure 21, there was also an increase in their comfort levels with each of the five core process between the two time points. These increases were significant for the following three processes: Empathic Inquiry ($p < .05$); Capacity Building ($p < .05$); and Integration ($p < .01$).

Figure 21. Percentage of Supervisors “Very Comfortable” with FAN Processes (N = 14)



Notes: Response scale ranged from 1, “Not at all comfortable” to 5, “Very comfortable.”

Paired sample t-tests indicate significant differences for “At this time, how well do you understand the FAN approach?” between 6 months and final ($p < .05$); “Comfort – Empathic Inquiry” between 6 months and final ($p < .05$); “Comfort – Capacity Building” between 6 months and final ($p < .05$); and “Comfort – Integration” between 6 months and final ($p < .01$).

At 6 months, just 7% of supervisors noted that they felt “very comfortable” leading FAN Review sessions with their home visitors, and half (50%) reported that their FAN Review sessions were different than the rest of the supervision sessions they provide. By the final survey, almost one-third (29%) of supervisors reported that they felt “very comfortable” leading FAN Review sessions, although this increase was not significant. However, only one-quarter (25%) felt that their FAN Review sessions were different than other supervision they provided. This could be because the FAN approach had become more embedded into supervision and supervisors no longer differentiated between types of supervision they provided to their home visitors.

Variations in Supervisor Skills by Program Model

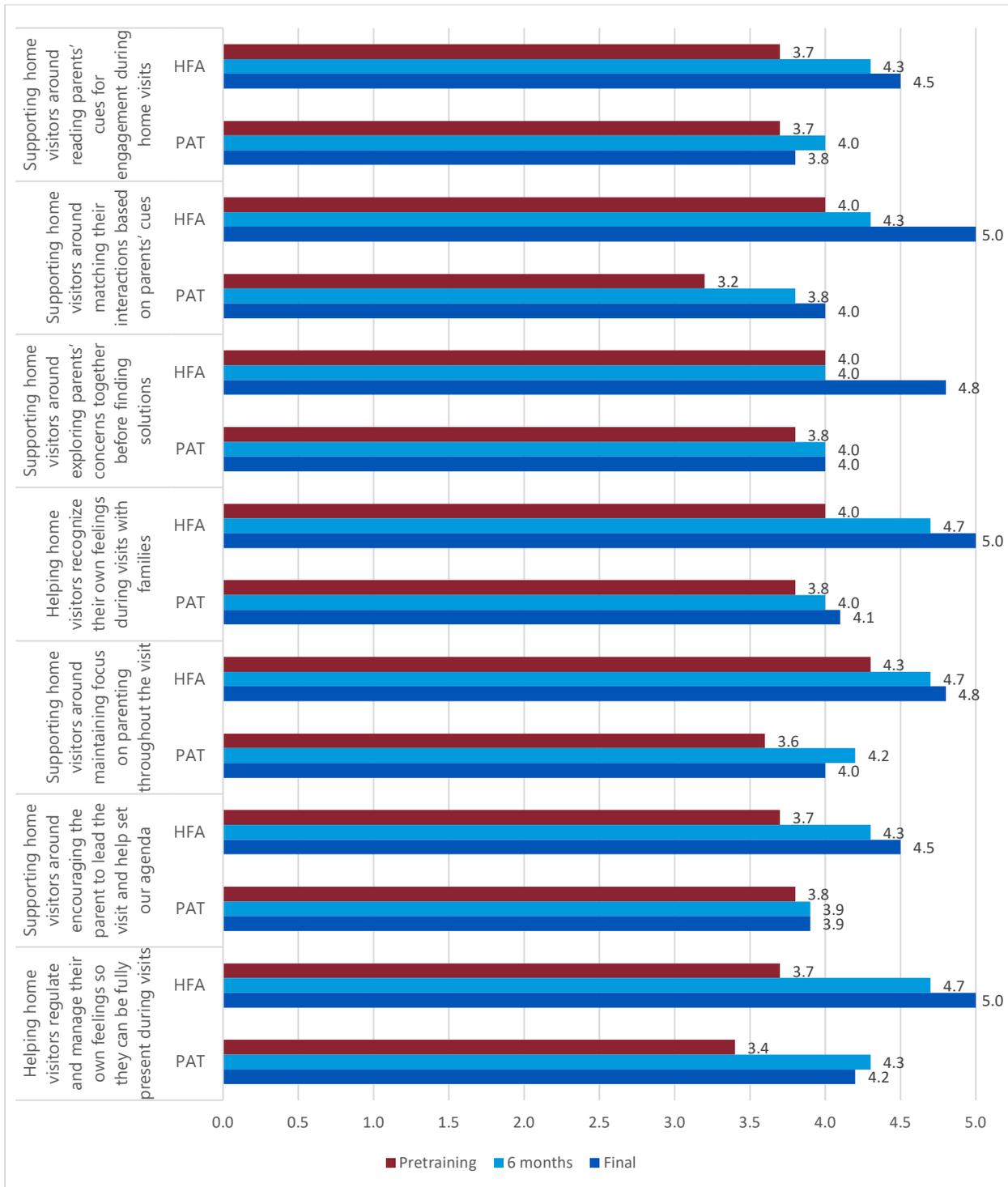
When asked to rate their skills on the seven indicators related to the core FAN processes, both HFA and PAT home visitors felt at least “skilled” on all six items, and their self-assessment of

their skills increased over time (see Figure 22). However, HFA supervisors tended to assess their skills as being slightly higher than PAT supervisors. We found one significant difference: at final, HFA supervisors felt significantly ($p < .05$) more skilled than PAT supervisors on “supporting home visitors around matching their interactions based on parents’ cues.” For PAT supervisors in particular, we noticed that their FAN skill self-assessments increased between pretraining and 6 months, although a few items decline at the final data collection point.

Supervisors’ understanding of the FAN approach was fairly similar for both HFA and PAT supervisors at 6 months and final. At 6 months, a greater proportion of both HFA and PAT supervisors felt that they understood the approach “fairly well.” By final, over two-thirds of both HFA (75%) and PAT (67%) supervisors felt that they understood it “very well.” In addition, at both time points, HFA supervisors were more likely than PAT supervisors to report being “very comfortable” with all five processes (see Figure 23).

No supervisor at 6 months reported that they felt “very comfortable” leading FAN Review sessions with their home visitors. At 6 months, half (50%) of HFA supervisors reported that their FAN Review sessions were different than the rest of the supervision sessions they provide while less than half (44%) of PAT supervisors felt their FAN Review sessions were different than the rest of their supervision session. By final, one-quarter (22%) of HFA supervisors and one-third (33%) of PAT supervisors reported that they felt “very comfortable” leading FAN Review sessions. With regard to how different from their FAN Review sessions were from other supervision they provided, half (50%) of HFA supervisions continued to see a difference but just less than one-quarter (22%) of PAT supervisors felt that their FAN Review Sessions were different than other supervision they provided. None of these differences were significant.

Figure 22. Self-assessed FAN Skills of Supervisors over Time by Program Model (N = 13)^a

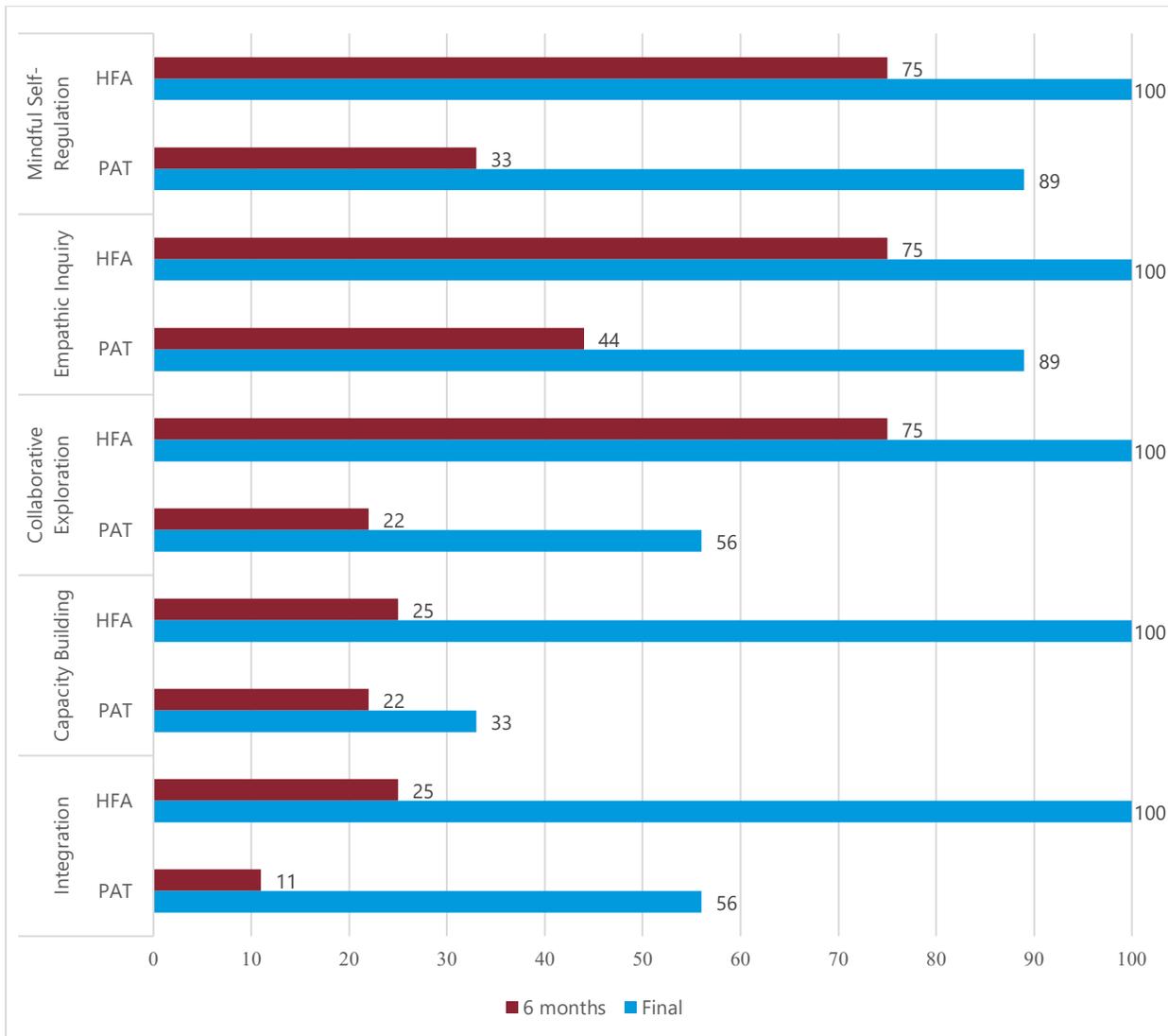


^a Rating scale ranged from 1, "not all skilled," to 5, "very skilled."

Notes: Sample sizes for HFA range from 3 to 4. Sample size for PAT is 9.

Paired sample t-tests indicate significant differences by program model for: "Supporting home visitors around matching their interactions based on parents' cues" at final ($p < .05$).

Figure 23. Percentage of Supervisors “Very Comfortable” with FAN Core Processes (N = 14)



Notes: Sample sizes for HFA ranged from 2 to 4. Sample size for PAT was 9.
 Response scale ranged from 1, “Not at all comfortable,” to 5, “Very comfortable.”
 Chi-square tests indicated no significant differences between HFA and PAT.

Changes in Supervisors’ Perspectives and Relationships

Mindfulness

Supervisors completed two of the subscales from the Five Facets of Mindfulness Questionnaire (FFMQ) at all three time points. On the first subscale, Act with Awareness, supervisors’ scores remained fairly consistent at all three time points in the low 30s, out of a possible high score of 40 (see Table 13). This indicates that supervisors reported rarely being distracted from their activities. On the second subscale from the FFMQ, Non-Reactivity to Inner Experience, supervisors’ scores again remained fairly consistent over the three time points, in the mid-20s

out of a possible high score of 35. Thus, supervisors fell between “sometimes” and “often” in terms of not reacting to their emotions.

Table 13. Supervisors’ Self-Assessment on the FFMQ Questionnaire over Time (N = 14)^a

	Pretraining ^b	6 months ^c	Final ^d
Act with Awareness subscale			
Mean (SD)	32.9 (5.55)	32.4 (5.23)	30.4 (6.31)
Range	25–40	24–40	18–38
Non-Reactivity to Inner Experience subscale			
Mean (SD)	24.4 (3.63)	25.4 (4.45)	26.4 (2.44)
Range	17–29	17–32	24–32

^a Responses on the Five Facets Mindfulness Questionnaire (FFMQ) are based on a 5-point scale: 1, “Never or very rarely true”; 2, “Rarely true”; 3, “Sometimes true”; 4, “Often true”; and 5, “Very often or always true.”

Note: Paired sample t-tests indicated no significant differences over time.

Supervisory Relationships

We asked supervisors about their impressions of the supervision they provide to their home visitors. The number of home visitors who supervisors supervised and the time spent in each supervision session remained consistent over time. However, we found that, over the course of the evaluation, the number of supervision sessions supervisors conducted per week decreased between pretraining and final ($p < .05$). At pretraining, supervisors completed a mean of 3.4 supervisory sessions per week, but by final this decreased to a mean of 2.7 sessions per week. Supervisors also noted a significant ($p < .05$) change in their impressions of whether supervision had changed since the start of FAN training. Using a 5-point scale ranging from 1, “not changed at all” to 5, “changed dramatically,” at 6 months supervisors had a mean score of 3.3 (“changed somewhat”) and by final, their mean score was 3.6 (“changed a lot.”)

We asked supervisors how well they felt they addressed typical issues that arise in supervision, such as administrative issues, program issues, clinical issues, and processing home visitors’ feelings/reactions to the work they are doing with families. Supervisors assessed their skills on a 5-point scale ranging from 1, “not at all” to 5, “very well.” They typically assessed themselves in the high 3s to low 4s on all four issues (“somewhat well” to “well”; see Table 14). We did find one significant ($p < .05$) increase between pretraining and final for “Processing home visitors’ feelings/reactions to their work with families,” which increased from a mean of 4.0 at pretraining to a mean of 4.4 at final.

Table 14. Supervisors' Views of Supervision over Time (N = 14)

Indicator	Pretraining^a	6 months^b	Final^c
Has supervision changed since FAN training (Mean, SD)		3.3 (0.87)	3.6 (0.67)
Not changed at all (%)	—	0	0
Changed a little (%)	—	14	0
Changed somewhat (%)	—	50	50
Changed a lot (%)	—	29	42
Changed drastically (%)	—	7	8
In supervision how well do you address:^a			
Administrative (filling out forms; mean (SD))	3.8 (0.97)	3.7 (1.27)	3.9 (1.26)
Program issues (agency policies; mean (SD))	4.0 (0.88)	3.7 (1.25)	3.6 (1.22)
Clinical issues (mean (SD))	3.7 (0.83)	4.1 (0.53)	4.0 (0.78)
Processing your home visitors own feelings/reactions to their work with families (mean (SD))	4.0 (0.68)	4.4 (0.65)	4.4 (0.63)
Primary way you provide supervision now (select all that apply)			
Regular individual supervision (%)	86	100	100
Regular group supervision (%)	36	43	36
Unscheduled supervision (%)	36	—	—
Unscheduled supervision in person (%)	—	57	57
Unscheduled supervision by phone (%)	—	14	21
Type of supervision you provide ^d (select all that apply)			
Administrative/monitoring (%)	86	50	57
Educational (%)	50	43	29
Reflective (%)	86	100	100
Clinical (%)	21	7	14
Other (%)	7	0	0

^a Response scale ranged from 1, "not at all well" to 5, "very well."

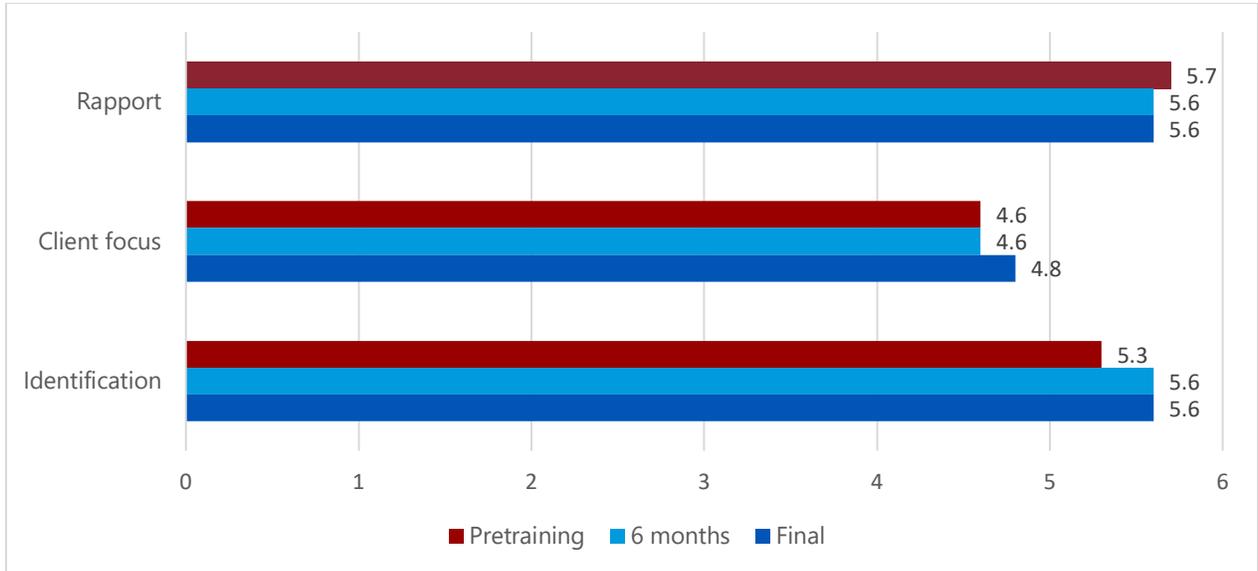
Note: Paired sample t-tests indicated significant differences for "Number of supervisions sessions per week" between pretraining and final ($p < .05$); "Processing your home visitors own feelings/reactions to the work they are doing with families" between pretraining and final ($p < .05$); and "Has supervision changed since FAN training" between 6 months and final ($p < .05$).

The Supervisory Working Alliance Inventory

Supervisors completed a standardized measure, Supervisory Working Alliance Inventory (SWAI), which allows supervisors to rate their relationship with their home visitors. They respond to questions using a 7-point scale ranging from 1, "never" to 7, "always." Three subscales are derived from the 23 items asked consistently over the course of the study: Rapport, which is how the supervisor perceives her relationship with her home visitors; Client Focus, which is how the supervisor interprets her home visitors' interest in and understanding of her families; and Identification, which refers to the extent to which supervisors believe home visitors identify with

the supervisors' goals and strategies for working with families. All three subscales varied little between the three time points (see Figure 24).

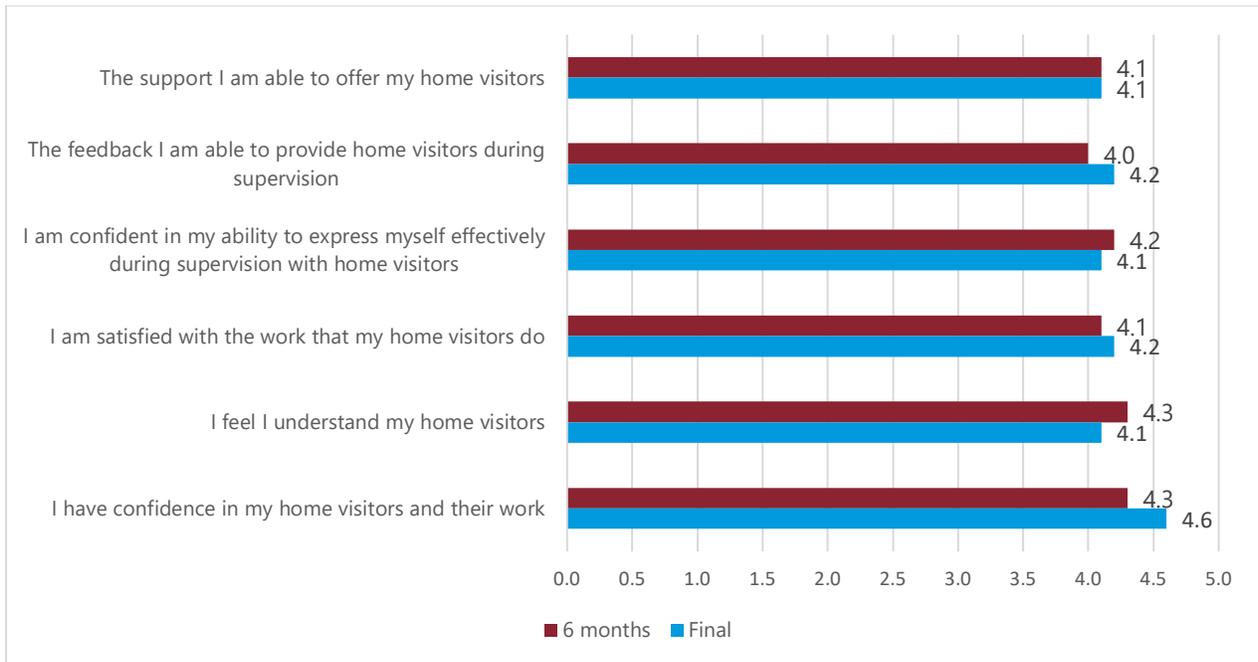
Figure 24. Supervisors' Supervisory Working Alliance Inventory (N = 14)^a



^a Response scale: 1, "Never"; 2, "Rarely"; 3, "Occasionally"; 4, "Sometimes"; 5, "Often"; 6, "Very often"; , and 7, "Always." Notes: "Rapport" refers to the supervisee's perception of support from the supervisor. "Client focus" refers to the supervisee's perception of the emphasis the supervisor placed on promoting the supervisee's understanding of the client. "Identification" refers to the extent to which supervisors believe home visitors identify with the supervisors' goals and strategies for working with families. Paired sample t-tests indicate no significant differences.

On the 6 months and final surveys, supervisors expressed high levels of satisfaction with the supervision they were able to provide home visitors and their sense of confidence in their work with families. Supervisors indicated that they "agreed" with a series of statements about their ability to communicate with and support their home visitors as well as the confidence that they have in their home visitors. The one item that saw the biggest increase between 6 months and final, while not significant, was "I have confidence in my home visitors and their work," which moved from a low "agree" (4.3) at 6 months to a high "agree" (4.6) at final (see Figure 25).

Figure 25. Supervisors' Satisfaction Levels (N = 14)^a



^a Based on a 5-point response scale, ranging from 1, "strongly disagree" to 5, "strongly agree.". These items were not included in the baseline survey.

Note: Paired sample t-tests indicated no significant differences over time.

Variations in Supervision Satisfaction by Program Model

There were no significant differences in supervisors' SWAI responses or their satisfaction with their supervision by program model—the samples were small and responses tended to be positive at every time point. At the same time, the responses of HFA supervisors to the items were marginally higher than those of PAT supervisors. We also noticed that HFA supervisors' level of satisfaction decreased slightly for "I feel I understand my home visitors" moving from 4.8 ("strongly agree") at 6 months to 4.0 ("agree") at final. PAT supervisors, however, remained consistent at "agree" (4.3 at 6 months and 4.1 at final). For the item "I have confidence in my home visitors and their work," HFA supervisors mean scores increased from 4.5 at 6 months to 5 at final, but PAT supervisors remained steady at 4.2 and 4.4 respectively.

Burnout and Job Satisfaction

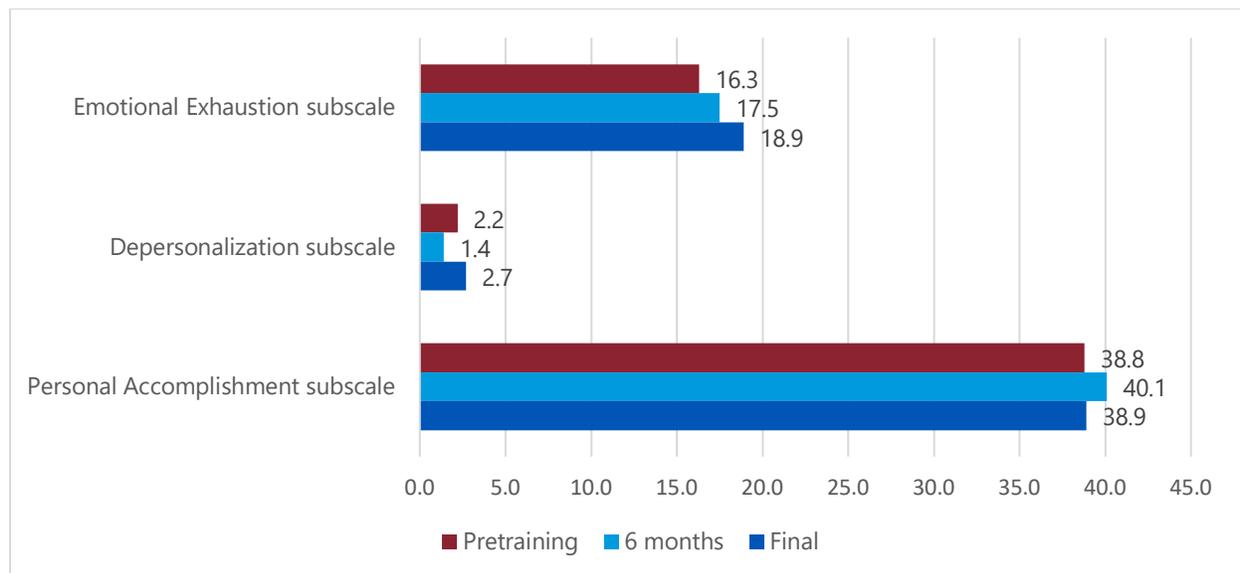
We also included a standardized measure of burnout called the Maslach Burnout Inventory (MBI). All of the items in the MBI are scored on a 7-point scale ranging from 0, "never" to 6, "every day." The Emotional Exhaustion subscale includes 9 items that specifically ask about feeling tired, drained, or finished as a result of one's work. Supervisors could have a score of 0 to 54 on this subscale, with 0 being the more desirable score. The supervisors in our sample had a fairly low mean score on the Emotional Exhaustion subscale at all three time points; however,

the scores increased slightly over time, from a mean score of 16 at pretraining, to 18 at 6 months, and to 19 at final (see Figure 26).

The Depersonalization subscale includes 5 items that ask about the supervisors' emotional investment in their clients. Supervisors could have a score of 0 to 30 on this subscale; 0 was the more desirable score. Over the three time points, supervisors in our sample had low, more desirable, scores, but we noticed a nonsignificant decrease in the scores between pretraining and 6 months, from 2 to 1. Scores increased slightly, to 3, at final.

The third subscale, Personal Accomplishment subscale, includes 8 items that assess the supervisors' perceived competence in their work. Scores could range from 0 to 48, with 48 being the more desirable score. Supervisors in our sample had fairly high and consistent scores (mean scores ranging from 39 to 40) on this subscale over the three time points.

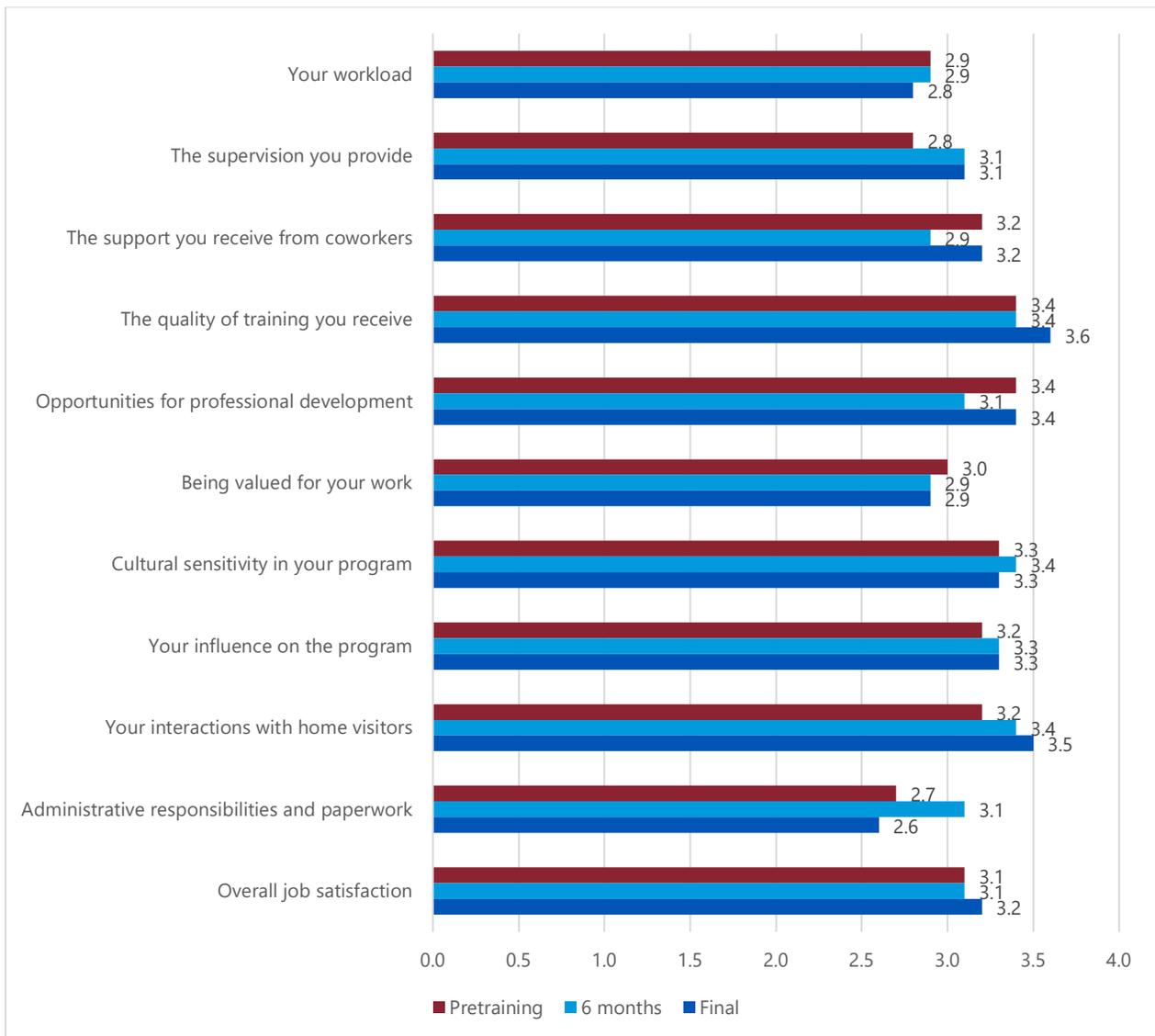
Figure 26. Supervisors' Scores on Maslach Burnout Inventory over Time (N= 14)^a



^a Responses are based on a 7-point scale ranging from "never," or 0 to "every day," or 6.
 Note: Paired sample t-tests indicated no significant differences.

We asked supervisors 12 questions about their satisfaction with their work and asked them to respond on a 4-point scale, ranging from 1, "very dissatisfied" to 4, "very satisfied." Supervisors were "satisfied" on all 12 items at all three time points. However, we did note a significant ($p < .05$) decline in satisfaction between 6 months and final for "Administrative responsibilities and paperwork"; mean scores went from 3.1 at 6 months to 2.6 at final (see Figure 27).

Figure 27. Supervisors' Job Satisfaction over Time (N = 14)^{a,b}



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

^b Paired sample t-tests indicate significant differences for "Administrative responsibilities and paperwork" between 6 months and final ($p < .05$).

Finally, on the two posttraining surveys we asked supervisors about the amount of supervision they themselves received. There was a nonsignificant increase in the percentage of supervisors responding that they received supervision "at least once a month." On the 6 months survey, almost one-third (31%) of supervisors reported receiving supervision either "less than once a month" or "never," but on the final survey, only 14% of supervisors reported receiving supervision this infrequently. Supervisors reported receiving their own supervision individually but some also noted that they received supervision as part of a group. Most said this was reflective supervision, with administrative supervision/monitoring occurring next most often.

In-Depth Look at Changes in Perspectives and Relationships

In analyzing the interviews with Wave 3, 4, and 5 supervisors, we found numerous examples of changes supervisors saw in their own behaviors, dispositions, and capacities—and those of their home visitors—since being introduced to the FAN approach. We discuss both in this section, beginning with changes supervisors perceived in themselves. Major themes that emerged from the supervisor interviews to describe these changes included the following:

- Being more self-aware
- Being more aware of others
- Being more reflective
- Improving boundaries
- Listening more and talking less
- Asking more open-ended questions
- Explaining less

These behaviors align well with the skills associated with the FAN core processes. As one would expect, in our analysis we found that these behaviors often overlapped, building on and reinforcing each other

Being More Self-Aware

One of the more common behavioral changes supervisors shared in their interviews was the notion that, as a result of the FAN training and using the FAN in their work, they became more self-aware. For example, one supervisor shared: “It’s almost like you have an eye inside your mind, like you’re watching yourself. It makes me aware. I think it makes you a better person, a better supervisor because it makes you aware of your discomfort, or your challenges, or things that you need to work at getting better at.”

Another supervisor talked about her history of taking care of other people, but not herself. Through the FAN training she realized she was “not very good with my feelings or allowing myself to have feelings.” She also allowed herself to “know that it’s okay to have feelings, know it’s okay to name your feelings, and know that it’s okay not to allow someone else to assign your feelings.” She came to appreciate that her feelings “have to go somewhere, and they have to manifest themselves somehow.” Indeed, through the FAN training process, one supervisor realized that she had never had the opportunity at work to reflect on her own feelings and their impact on her work:

In my 3 years on my job, that’s really the first time anyone has ever asked me about how it’s going or the impact of my work on me. No one’s really ever asked me those things. There never really was an opportunity to do anything with the feelings. I always knew I was having different ones, but no one ever really cared. That’s been a huge difference for me, but I think I’ve had to learn to talk about that stuff instead of just keeping it all in.

Other supervisors also commented that the FAN training helped them focus on their own feelings and their own situations, which impacts their work. One supervisor described it this way:

Work impacts you on such a personal level. There are things that we experience in this work that trigger emotions and trigger things from our past or our current belief systems. This training has shown us the importance of having that mindful self-regulation, being aware of those triggers that may impact the way we view, or judge, a family. If we aren't careful and if we can't regulate, those things can impact a family in a negative way and can inhibit them from moving forward.

Another supervisor talked about how validating it was for her to go through the FAN training. She shared that she had been labeled as the "touchy-feely" person at the office and that this process strengthened her view that "we should consider people's feelings and [the training] validated who I was as a supervisor."

Another supervisor shared, "It lets me realize, one, if I'm in feelings or where I'm at on the FAN; two, where they're at, if they're in feelings or if they're ready to move forward with this family." However, not every supervisor is comfortable being "in feelings." One of the supervisors acknowledged that she becomes uncomfortable asking questions about feelings, but she is aware of her own discomfort and plans to continue to work on how she can help herself be in feelings and explore and validate her supervisees' internal experiences. Other supervisors spoke about how the FAN training process afforded them with opportunities for additional support that they otherwise would not have had, such as meeting with other supervisors and learning how to conduct reflective supervision. This additional support helped them become more self-aware and cope with some of the struggles they encountered as supervisors.

Being able to recognize, understand, and regulate oneself are essential components of the Mindful Self-Regulation (MSR) process of the FAN approach. For example, one supervisor said that the FAN enabled her to calm herself and "use techniques to be able to focus, listen to staff, and not be judgmental," which allowed her to "think about things through a different lens." Another supervisor said that she realized that listening to music was an effective MSR technique for her and she was able to reduce the stress in her work day considerably. Being aware of those components and processes helped one supervisor realize that sometimes, right along with a home visitor, she would find herself getting worked up about a difficult family situation. Using calming processes such as self-talk or other MSR techniques, she could take a step back and refocus to "take the I out of it," and then "refrain more and contain" so that her home visitor could have the space that she needed in supervision to reflect on her work with the family.

Being More Aware of Others

In addition to becoming more aware of their own feelings and reactions, some supervisors recognized that, as they became more familiar with the FAN approach, they also became more aware of others. One supervisor expressed that by being more aware of herself, she found that she was "more enlightened to receive other people's information." Another supervisor explained

that with MSR techniques she didn't "have as many other things floating around in my head" and could therefore "get myself into a place where I'm really present for them." Being able to be attuned to others in this way facilitates the Empathic Inquiry core process, through which supervisors explore, recognize, and validate the supervisee's experience through verbal and nonverbal processes. One supervisor stated that being attuned to her staff's feelings has "completely shifted the way we interact with staff." She explained:

[Before the FAN] we talked about feelings, but I wasn't able to sit there and think: "Am I attuned to the home visitor? Are they attuned to the family? Why does this bother them in the visit? What do you think is going on? What do you think you should do?" I don't think there was a lot of thinking going on; it was a lot of, "Have you tried this?" and giving them suggestions for problem solving to go back and do with the families when the families weren't even ready to do that. The family may still have been in feelings or in thinking.

Another supervisor said that the [FAN] approach "has really helped me understand how it is they're feeling about themselves as professionals, and how it is that they're feeling about the families they work with, and really what my role is, and what kind of support they need. I think it's been really fundamental in my process of trying to be a good supervisor." Knowing what kind of support home visitors need is key for a supervisor.

One supervisor remarked, "It's helped me to be more mindful and more thoughtful about how I support staff." Most of the supervisors found that they were better listeners after the FAN training than they were before. They talked about slowing down, paying more attention as they interacted with people, and following cues. By being attuned to their home visitors, supervisors are better able to match their staff. For example, one supervisor said that, because of the FAN training, she can recognize when her staff is "in feelings" and can stay there until they are ready to move beyond feelings. She explained, "I didn't know that before [the FAN training]. Before I might have said, 'Oh well, da da da' and go right on to [talking about] the next person. Now, I'm reading her body language, or even what she is saying, better."

This notion of reading the home visitor's cues and language better seems to have resonated with a number of the supervisors and, at times, has impacted how they proceeded in their supervision. For example, a supervisor told a story of a supervision session in which she was discussing enrollments and assessments for new families. The home visitor said something that alerted the supervisor that the home visitor was feeling ambivalent about her work. Consequently, she stopped the administrative discussion they were having, "put everything on hold," and talked about what was on the home visitor's mind. Another supervisor said that now when she realizes one of her home visitors is in feelings she will ask about her MSR techniques. Through that discussion, they can reflect on their work and then move at their own pace to the appropriate FAN process.

Being More Reflective

Reflective supervision has long been recognized as good practice for home visiting programs. Several of the behaviors highlighted in the discussion above contribute to having a more reflective practice. Listening more, talking less, and asking more open-ended questions all foster the ability to be more reflective. By being more reflective through these strategies, supervisors reported that they learned more information about their home visitors' practice and about the families that they serve, while supporting the home visitors' practice. One supervisor said:

Before I felt like supervisions were reflective and I enjoyed them, but with that FAN tool you've delved so deep into one specific visit. I enjoy asking all the questions and getting a deeper understanding. When we talk about what's going on with this family, it's huge. I think when you get down to such a level, it sometimes really gives you a lot of insight and I like that.

Another supervisor echoed this idea, saying "I think there were a couple of times when I was completely overwhelmed, and the discussion of the FAN really helped me to see that I was not being reflective at all." She also spoke about the impact of the FAN approach's "shared common language" on supervision. She explained that having the FAN approach language enabled her to support her staff better as they tried to figure out client challenges. For example, she was able to reframe her support so she wasn't telling staff what to do, but rather exploring the FAN approach together. She said, "Instead of, 'I think you should do this,' it became '[The FAN approach] says this; where is she on the FAN?'" As a result, she found her staff were able to think more deeply about the families. Likewise, another supervisor acknowledged that prior to the FAN training she would sometimes find herself getting frustrated after having conversations with her staff. After learning and implementing new FAN approach strategies, she found herself to be less frustrated, a better communicator, and able to support her staff in "the way they should have been supported" since the program's opening.

Several others agreed that talking less, asking open-ended questions, and using the FAN tool has yielded deeper conversations and deeper levels of understanding about the families and the home visitors' work. For example, a supervisor recounted a session in which the home visitor was feeling like she and a mom were not getting anywhere. But by using the FAN tool, the home visitor realized that she and the mom were both in feelings, but different feelings, and she was able to see how much thinking she and the mom had actually done. The home visitor walked away from the supervision feeling validated about her work. She said:

I think it switched my personal expectation from how can I help them problem solve or make sure they feel good when they leave out of here, that we've accomplished something. Now it's meeting where they're at, validating, listening to what they're doing, affirming what they're doing and then leaving out of here even with difficult situations we have no control or can't solve it and asking them, this is what I learned from you today do you have any takeaways or anything? And they're like "I feel better and I just thought I didn't do anything. All I did was sit and let you vent and listen." That's what it's supposed to be.

Some of the supervisors talked about how they have intentionally incorporated the FAN's flow into their supervision. For example, one supervisor described how using the FAN in supervision "reinforces their work with the families." She begins her supervisions the same way the home visitors begin their home visits, by asking what it's been like to be a home visitor that week, what's most on their mind, and what's happening with them. Depending on their responses, she can either stay with what is happening with them personally or move toward client-specific or home visiting areas. She added:

It's a nice starting point, it honors their work, and it honors what they're doing. It allows them to share some of the successful things that they've done. They are able to think of unique ways to address things, and now that they've used the FAN process for a year, they are able to come back and say, "She said this and I said this, and it's amazing."

Supervisors also spoke about slowing down and giving the home visitors time to process their feelings and develop their own strategies. One supervisor said:

Sometimes you want to say something or do something, but the FAN taught us in a lot of ways to be more patient and not rush to get your answer, or rush them [home visitors] to get them to where you want them to be. It made you be more reflective or more thoughtful when you get to the meat of it. Maybe this is going on with this mom and you never realized it because you weren't taking the in-depth time and saying, "Well, you know, how, why do you feel this way?" so it's more exploring.

In this way, the elements of the Collaborative Exploration process allow the supervisor, together with the home visitor, to arrive at a deeper understanding of the issues. Another supervisor echoed those statements, explaining:

It's more discussion now. I ask, "Okay what kinds of things are you doing with this? How's that working for you?" As opposed to me saying, "Well you know you really need to get this and this done, so how are you able to get everything done that you need to get done?" It changes the way I ask things with staff and probably even with coworkers.

Indeed, one supervisor expressed that for her, "the most helpful [FAN core process] in supervision has been the collaborative exploration." She explained that the ability to explore what the home visitors have tried and discuss what has worked and what has not worked has been particularly helpful for her and her staff. She has used reflective language that she learned from the FAN to model reflection and exploration, and she has made a conscious effort to "stay quiet" and allow her staff to talk more and explore. She realized that she had shifted her approach from a teaching perspective to "a good dose of exploring" so that the home visitor was doing much more of the talking in supervision. She added that asking, "Can you identify a feeling mom had?" offers insight and advances the discussion. She has found these techniques helpful in trying to reframe thinking and getting staff to shift their practice. Some supervisors reported smaller changes, such as one who said she didn't see big differences, but was making "baby steps" to integrate the FAN into her practice and noticed that her "conversations flow differently."

Improving Boundaries

Some supervisors talked about developing better boundaries in terms of their time and responsibilities. For example, one supervisor said, "I can now say to my staff, 'Hold on, let me finish this line and then I will give you 100% of my attention.'" Another supervisor noticed that her improved emotional control resulted in her not jumping up and reacting to every email or call she received:

I've learned that I don't need to just jump and react to something that I get. I used to get an email and think, "Oh, I've got to get that right now." Or you know, my staff called and I've got to call them back just right now. I've learned to just kind of take it in, read through things a little better and just wait a little bit without responding so fast. That's helped me out a lot. About that time [one of my staff] said, "I've noticed that you're more calm with things and it makes me feel better." When I'm calm and don't jump over and overreact, I think my staff are calmer.

Establishing and keeping boundaries with the home visitors helps facilitate use of Capacity Building process of the FAN, where the supervisor contains herself while the home visitor sees multiple perspectives and builds her capacity to solve a problem. The idea that it is okay to set boundaries seemed to resonate with a number of supervisors. One supervisor said that by her taking a step back, "not jumping in," and either offering a few comments or asking reflective questions, her staff was able to form their own conclusions. Another supervisor said that through her work with the mental health consultants, she was able to see the benefit of, in her words, "backing off of the babysitting part" and not feeling badly about it. In turn, she saw improvements with a home visitor with whom she was having some struggles. Echoing that, another supervisor reflected on how working with the FAN trainer and mental health consultant helped her realize that she doesn't have to be able to answer everybody's questions: "I've noticed that they have to learn to be self-sufficient in their work and grow."

Another supervisor recounted that one of her staff came up to her after a FAN training to say "she noticed the difference in me and how I'm always there to support her, but I've helped her grow because she is able to answer her own questions." That demonstrates capacity building on the part of the supervisor and the staff member and is an example of the Integration core process. Along those lines, another supervisor commented that she felt that FAN "gave new meaning and permission to think differently." She became comfortable with the idea that certain aspects were not part of her job, but belonged to the home visitors. Through the FAN, she gave herself permission to act on those new thoughts and to explain to the home visitors: "It's not my job to do this. This is your job and I want to help you figure out how you can do it, because it's much more meaningful if it comes from you, from within, than for me to say something to you." She is trying a new approach, containing herself, and at the same time fostering capacity building within the home visitor while supporting her home visiting work. One supervisor put it very well when she said, "Part of the reason you're in this profession is because you care and you want to help and do, and then you realize that your 'doing' is listening, and they get to do the doing."

Perceived Changes in Home Visitors

Changes in Supervision

According to their supervisors, some home visitors appreciated and incorporated the FAN approach more than others. One supervisor noted that the level of change she saw in her supervision sessions was impacted by how much a home visitor had embraced the FAN approach. When she reflected on aspects of visits using the FAN approach with home visitors who were open to and utilized the FAN, the home visitors would make connections. In contrast, when she tried the same methods with staff who were reluctant to use the FAN, she got more of a “flat” response and staff did not seem to understand the FAN’s potential benefit for themselves or for their families. Another supervisor shared that “the FAN has been something that’s really re-energized [the] work” of her very experienced home visitors.

Some home visitors were accustomed to their supervisors instructing them on how to proceed in certain situations. Consequently, they had to get used to the supervisors’ behavioral changes in supervision as they incorporated the FAN approach. As one supervisor said, “They have to learn to anticipate that I want their input instead of just giving them my input.” Another supervisor explained:

I think it at first it was hard because if staff brought a situation to me they were really expecting me to figure out what was going on and right away say, “Oh maybe you should do this.” When I would use Collaborative Exploration and ask them, “What do you think is going on?”, they were a bit thrown off because they kind of wanted those suggestions. But I think during these months they’ve gotten used to not getting a straight answer.

Some of the programs were also less familiar with reflective supervision practices before FAN training. The introduction of the FAN in supervision took some getting used to for home visitors who were used to more administrative supervision. As one supervisor explained:

Before [FAN training] I just always started with, “Where do you want to start?” and let them make sure we cover their agenda. Now I use the FAN a lot during supervision. That was kind of new. Our staff was used to [being able to say], “I want to talk about this family and this is what is going on.” There was not a lot of feedback. They weren’t used to reflective questions that made them think a little bit deeply.

In another example, a supervisor described that her home visitors had gotten better at coming up with their own strategies and solutions during supervision:

They come in and say something like, “Mom needs to go there, but they don’t have money for gas.” I’d think, “We have gas cards we can hand out to help them with that.” But I’d look at the staff person and say, “Okay, so she needs to go there, what do you want to do? How do you want to handle this situation?” Instead of saying “Here, let me give you a gas card, tell them to use this.” Then they will toss out, “Okay, well let’s see, I got my gas cards here.”

Because if they come up with the answers themselves then it's not me telling them what to do all the time. They have the answers; they know what to do.

The supervisor also highlighted that the same holds true during their group and peer-to-peer supervision sessions. She might facilitate conversations, but the home visitors “posit the solutions on their own” and “will ask the questions that I've been asking [in individual supervision], which shows that parallel process.”

Using the FAN tool in supervision also helped some supervisors obtain more detailed information and clearer understandings of families' issues and home visitors' practices. For example, a supervisor explained that prior to the FAN training, one of her home visitors had approached supervision as just another task and “just ran through the list of clients really quick.” After the FAN training, this home visitor “would really tell me more detail about the visits and the interactions with the families. That's what happens when doing those tools.” Another supervisor reported that with the FAN tool, her staff talks more about their families and “they bring up things that they wouldn't have brought up unless I had really good questions to ask them.” Some supervisors also spoke about differences they saw in their staff's documentation. For example, a supervisor realized “this is all coming together” when she read a home visitor's notes that described a mother's actions and the home visitor's interpretation of the mother's cues as indicating that the mother was in feelings and not ready to continue with the topic at hand.

Finally, according to two different supervisors, the introduction of the FAN approach changed supervision so much that their staff no longer “dreaded” supervision. One supervisor reported that a home visitor told her that supervision had “really changed. She told me, ‘[The FAN approach] really has helped you as a supervisor. I don't *dread* supervision. It's fun, you're listening to me, I know I'm not going to be judged.’” Another supervisor commented that the FAN approach “really changed the interactions between me and my staff. It makes the situation comfortable, so it's something they look forward to. It's not something that they *dread* because of the way I used to do it.

Changes in Perspectives on Home Visiting

In addition to providing examples of changes they saw with their home visiting staff during supervision or other times at the office, the supervisors gave examples of how the FAN and the FAN training changed people's perspectives about the mission of home visiting and how to help families. In the view of one supervisor, the FAN approach “changed people's perspective on what our purpose was in home visiting. There was a perspective that our job was to come into the home and make these changes and achieve these outcomes, and that we needed to push these agendas on the family because we know this is what our funder's looking for.”

Another supervisor echoed the idea that the FAN training “changed what a home visit is supposed to be about” and “helped everyone evolve.” She compared the FAN training to a model-specific training in which a curriculum is taught and participants learn about certain

topics. Through the FAN training, her understanding of what could happen at home visits expanded. In her words, "It's not about bringing a handout. It's about making a connection and helping someone make a change in the way they think or the way their family might be in the future. I think that's a huge advantage if we can help each other evolve in that way."

These changing perspectives have helped the home visitors "guide their visits," and "provided different opportunities for working with families." As one supervisor put it, "The FAN has changed a lot of mindsets around here about how to work with families. How to explore [with] families, versus going in and wanting to just problem solve, or wanting to fix everything." Another supervisor also talked about the changes she has seen in her home visitors and how they set boundaries in their interactions with families: "In the past, our home visitors took all the work on themselves and it was their job to kind of tell parents what to do. Now, with the FAN, they're working through those processes with the families and helping the families really take ownership of their parenting."

This was evident at another program where a supervisor described changes she saw in home visitors when she observed visits. For example, she saw one of her home visitors, who readily incorporated the FAN into her work, move away from the "teacher-director model" and "struggle through the FAN and try to stop herself from giving too much information." Reflecting on the observed visit, the home visitor shared how difficult it was to let the parent do a lot of the talking. The supervisor said, "It's changed her whole perception that she's not so much of a teacher as she is a facilitator."

Along those lines, another supervisor noted that since the FAN training, her home visitors have been more positive as they "realize exactly how this can work and how it opens it up that conversation with the family and what's most important to the family. They're learning how to use, 'Give me three words to describe your baby,' to gauge how mom feels about the child." Another supervisor shared the impact the FAN approach had on one of her seasoned home visitors as follows:

She said she could not believe how much more enjoyable the home visits were with the [FAN approach]. She said, "I don't know what it is, other than the stress is off me to fix things." I thought that was really a testament of [the FAN approach] that she had learned that you can give people all kinds of suggestions, but unless they really get it on their own, or you encourage them and they buy into it, it's not going to do you any good.

However, such changes did not come easily for all programs or for all home visitors. One supervisor recounted a reflective supervision in which a home visitor—whom she described as "very comfortable in going in and telling them [the parents] what to do"—was speaking about the challenges she saw with a family with an overweight child: "[The home visitor] was telling the mom, 'Well, it's your responsibility. As a parent, you shouldn't buy these fatty foods,' and stuff like that. I was trying to ask her questions like, 'What do you think would be effective for mom to make a change because obviously she knows that her daughter is eating these unhealthy foods? What do you think would be effective to help her make that change?' I don't know if that

worked." Another supervisor faced similar issues with home visitors who saw themselves "as teachers for the families, rather than facilitators. They see their role as to give parents information and were not interested in offering smaller bits of information at a time."

Being More Self-Aware

The supervisors also shared examples of the home visitors adopting the various FAN core processes during their home visits. One supervisor highlighted an example of a home visitor using MSR as she checked her own emotions and was aware of her own body language and signals that she sent to a parent over a period of several months. In her supervisions, the home visitor explained that as she listened to a mom talk about her changing situation with the father of the baby, she was thinking, "I can't believe he's done this to her" or "I can't believe she said that," but outwardly she was aware of coming across as not judgmental. She was very aware of her own facial expressions, what she was saying, and how she was saying it. The supervisor validated the home visitor's work and recognized that there were many opportunities throughout the home visits that the home visitor could have jumped into doing, but she did not. Rather, her home visitor "continually met mom where she was, validated her feelings, and when she was ready to think about what her next step was, the home visitor was there with her." This exemplifies moving through the MSR, Empathic Inquiry, and Collaborative Exploration processes.

Another supervisor spoke about the adjustment process for her staff. She explained that it was a hard adjustment for them over the course of the training, but that they seem to have realized the benefit of making sure their needs are met during visits while also meeting the families' needs. She also noted that since the FAN training, in her daily work, she has seen her home visitors make better connections and use MSR.

Being More Aware of Others

One supervisor noted that her home visitors found that, by asking that initial question, "How have things been for you as a parent this week?" they are better able to "know where to go with the visit." It enables them to gauge how the parent has been doing with the baby in the past week and reveals clues as to if the parent is interested in specific topics or is ready to talk about a concern. A few supervisors spoke about how learning the FAN taught their home visitors the importance of recognizing when parents are in feelings and knowing when it's helpful to move forward or "stay in the moment" with a topic. For at least one supervisor, this was a new and eye-opening strategy: "It's given us that fresh approach in looking at our families. I think we've never really processed or thought about where they were having feelings before, or understood where we need to stop a subject with them, or gauge their reactions and their body language."

Another supervisor noted that using the FAN methods helped the home visitors be more respectful of the parents, which in turn led to the parents being more comfortable. For another program, a supervisor highlighted that for one of her home visitors the FAN approach resulted in her having higher levels of retention with her families than she had had in the past. The

supervisor said that she “can see how the training has impacted her [the home visitor]. The families are more attached to her, because she has this awareness of where the families are.”

Being More Reflective

Other supervisors also shared that their home visitors discussed changes they made within their practice that encouraged parents to arrive at their own strategies and answers, encompassing the FAN processes of Collaborative Exploration, Capacity Building, and Integration. The following is a representative excerpt from one of the supervisor interviews:

Before the FAN training, staff would say they were meeting a family where they were at, but they didn't truly know what that meant. They were just filling in and trying to fix things. Let's say a staffer went to a visit and found the client in tears because they couldn't pay next month's rent. My staff would have gone in and said, “Okay, did you call this place, did you do this, and did you do that?” and would have given them a list of things to do. Now, what I hear them saying is, “My client was really upset. They didn't have a way to pay the rent, so I asked them what they've done so far.” Then after they gave a list, it's like, “Okay, you've tried a lot of places, have you thought about...,” and then they might give them a few more ideas. Empower them and maybe ask if there is something the mom would like from the home visitor to help to make that happen? It's more about working together as a team and asking more questions. It's just the whole promise of the FAN, they're using it.

The use of the “three describing words” was another common element that supervisors discussed as a change in their home visitors. They initially had mixed responses to the strategy of asking mothers at the end of a visit to “choose three words to describe their child.” Some of the home visitors and families were reluctant and uncomfortable with the strategy and reported that their families did not know what to make of it, while others loved it. Supervisors reported on the growth they saw in both their home visitors and their families as they continued to use this strategy. As one supervisor said, “The questions were meaningful for them to reflect on their child.” Another supervisor said, “The three-word component is really good because, regardless of what happens, you know you can get the family to focus on their child.”

Improving Boundaries

In a sense, elements of the Collaborative Exploration and Capacity Building processes are part and parcel of home visitors establishing boundaries with their clients, which is something that some supervisors noted was happening more with their staff. In one example, a supervisor shared that she had a staff member who would be available on weekends and answer any question a parent had. The supervisor had concerns about the home visitors' life/work balance. Through the FAN processes, this home visitor discovered that “by the time Friday night rolled around into Monday a family has found the answer. She found out, like I did, that she doesn't always need to be right there because [the families] need to learn to grow.” This can be difficult for some home visitors. According to some supervisors, some home visitors identify “very much as a fixer.”

Enhancing Relationships with Parents

The supervisors also described situations in which they saw the benefit of the use of the FAN for the families in their programs. Some supervisors shared how the FAN approach impacted home visitors' work with fathers and younger parents. One supervisor shared:

The families realize we're not just there to shove education down their throat. We're there to really listen and care about what they think. The dads seem to have really bought into it. Maybe it's making them more aware. Maybe it's making the staff more aware to say to the dads, "Tell me what you're thinking." People like to be listened to.

According to another supervisor, one of her home visitors reported that her teens and young families "respond to the FAN method a lot better than going in and forcing information upon them." This home visitor said that with the FAN she was much more comfortable working with the younger clients. Prior to using the FAN approach, she had struggled with teen parents and "didn't want them on my caseload because they're so many generations behind [me] and they don't respond well."

Other supervisors also spoke about parents responding better to their home visitors with the FAN approach. For example, a supervisor talked about a client who would give "the cold shoulder" to her home visitor and "wasn't receptive" when the home visitor would present an activity. However, after employing the FAN approach, that same client became "one of her star parents." The home visitor shared with her supervisor that with the FAN she was now able to work with the client. The client is "not resistant to anything I suggest now. She's open to it. She wants to talk about it more."

Some supervisors also spoke about how parents seemed empowered by the FAN approach and took ownership of their accomplishments. In a previous example, a home visitor describe being mindful of her reactions as the parent described her changing relationship with the father of the baby. This home visitor used the FAN approach to support the mother as she drew her own conclusions and became confident enough to act on them. The supervisor emphasized her belief that this mother's change came about "because this home visitor met her where she was, went along this journey with her through these core processes, and never pushed her into a process that she wasn't ready for."

Not all families reacted positively to the introduction of the FAN approach, at least not at first. One supervisor said that she had heard from her home visitors about a few families who questioned why they were asking these new types of questions and equated the new structure with a counseling session. On the other hand, a few other families in the same program responded very well and told the home visitors that they loved how visits started now. Some of the parents at several programs came to appreciate the structure and routine that the FAN approach provided. They would let the home visitors know if they didn't ask them the arc questions or to name three words to describe their babies. One family even searched online for describing words and provided their home visitor with a printout.

Some families had a hard time giving three words to describe their baby. For example, one mom kept coming up with negative describing words, such as “brat” and “devil.” The home visitor reported being very uncomfortable, but worked with the supervisor to prepare for the next visits. Over time, by employing elements in the Empathic Inquiry and Collaborative Exploration processes, the descriptors for the baby became more positive. Another program had a similar experience with their younger moms, who sometimes would describe their child as “naughty” or “bad.” The supervisor recognized that it was hard for the home visitors not to respond, “Oh, but your baby’s not bad.” That program supervisor shared another example in which a mom wasn’t very engaged with the home visitor and would respond to the three words with something like, “He cries a lot.” However, using the FAN approach increased the interaction between the mom and the home visitor. According to the supervisor, the home visitor said, “She’s like a different girl. She’s more positive, uses different words, talks more.”

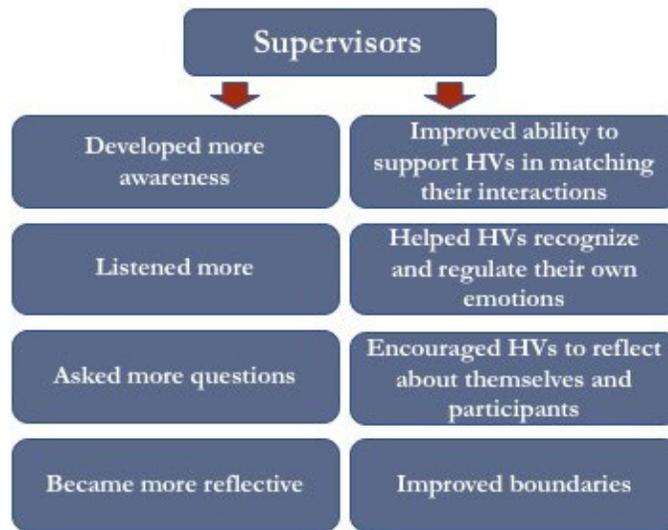
Chapter Summary

The analysis in this chapter focused on findings from the supervisor surveys and posttraining interviews that speak to changes in supervision, home visitors, families, and the supervisors themselves. Program supervisors assessed themselves significantly higher at the end of training than before training on three behaviors associated with the FAN core processes. Many of the program supervisors reported a change in themselves and in dynamics of their supervision with home visitors. They said that they were more aware of their own feelings and behaviors and those of their supervisees. After training, supervision included more discussion, became more collaborative, and did more to support home visitors in processing their emotional responses in their work with families. For example, supervisors indicated that when home visitors think they are introduce a new task or process with a family, they can support them using the process of Collaborative Exploration to understand the issues and concerns together.

Indeed, some home visitors told their supervisors that they no longer “dreaded” supervision as they had in the past. (Just the fact that supervisors were willing to share this kind of comment from their home visitors suggests an openness to other points of view and a willingness to change.) Figure 28 visually represents our main findings about supervision.

Some of the supervisors also spoke about their work and learning the FAN within the reality of the challenges and pressures their programs face, such as Illinois’s extended budget problems, staff turnover, and other stressors. Supervisors said they did not have the time necessary to process visits with the home visitor and document their efforts. For example, one supervisor said that her use of the FAN in her practice depended on the day because “sometimes it’s hard to take that time,” though she tries to be aware of it and follow up. Echoing the issue of not having enough time, another supervisor noted that though the FAN is “a good way to explore staff feelings and look at parallel processes between them [the family] and the home visitor,” she struggled with how to “succinctly capture and document all these components that we’ve gone over without spending another two hours to do it afterwards, which I don’t have, but also not interfere with the process of supervision at the same time.”

Figure 28. Improvements in Supervision



Likewise, another supervisor shared that though they still spend the majority of time talking about the clients, she makes sure to circle back to the home visitors' feelings at least once a month by asking how they feel, how their work is affecting them, and what they have done to manage their stress.

Variations by Training Method and Length

The previous three chapters presented findings about three waves of home visiting staff whose programs were identified as Wave 3, 4, or 5. Staff from these programs all attended a 2-day core training conducted by FAN trainers from Erikson Institute's Fussy Baby Network, which was held at Erikson Institute. Supervisors received a half-day of additional training on how to support their home visitors in learning the FAN approach. After the core training, home visitors and supervisors received 18 on-site training sessions with FAN trainers over a 9-month or 12-month period. Supervisors and mental health consultants also participated in "consultant and supervisor telephone calls" with FAN trainers once a month for the duration of the training.

Given the pressures on home visiting programs and limited time available for training, the CMTE also included a sixth wave (Wave 6) of home visitors in three PAT programs. These three programs participated in a shorter, 6 months training led primarily by their supervisors rather than the Erikson Fussy Baby Network FAN trainers, with support from a mental health consultant. All staff participated in the same 2-day core training as the staff in the other waves; a half-day "check-in" training around 3 months; and a third full day of core training at the end of training period. Home visitors received ongoing training and support from their supervisors and mental health consultants. Supervisors received monthly support from the Erikson trainers by telephone and support on site from the mental health consultant assigned to their program. Supervisors shared knowledge gained during the telephone calls with home visitors in supervision and in regular staff meetings. FAN trainers recommended that staff meet regularly about once a month for training, but did not otherwise monitor their activities. Consultants and supervisors in Wave 6 also participated in "consultant and supervisor telephone calls" with FAN trainers which occurred twice month for 6 months (1 individual call and 1 group call). Thus, the Wave 6 supervisors talked to the FAN trainers three times each month, or a total of 18 times.

The two samples of home visitors (Waves 3–5 and Wave 6) were similar; all were female and about two-thirds were white and about one-quarter were Hispanic. Most identified themselves as home visitors (as opposed to a Doula or another position). Wave 6 home visitors had slightly more formal education than the home visitors from Waves 3–5. Almost one-quarter of the Wave 6 home visitors had a Master's degree, compared to just 3% of the Waves 3–5 home visitors. The Waves 3–5 home visitors had about 2 more years of experience working with families of young children than the Wave 6 home visitors, and twice as many Waves 3–5 home visitors as Wave 6 home visitors had prior experience delivering home-based services to families. None of these differences were significant. See Table B-8 and Table B-9 in the Appendix for descriptive data on the 31 home visitors in Waves 3, 4, and 5 who completed pretraining, 6 months, and final surveys and the 13 Wave 6 home visitors who completed a pretraining and a final survey at 6

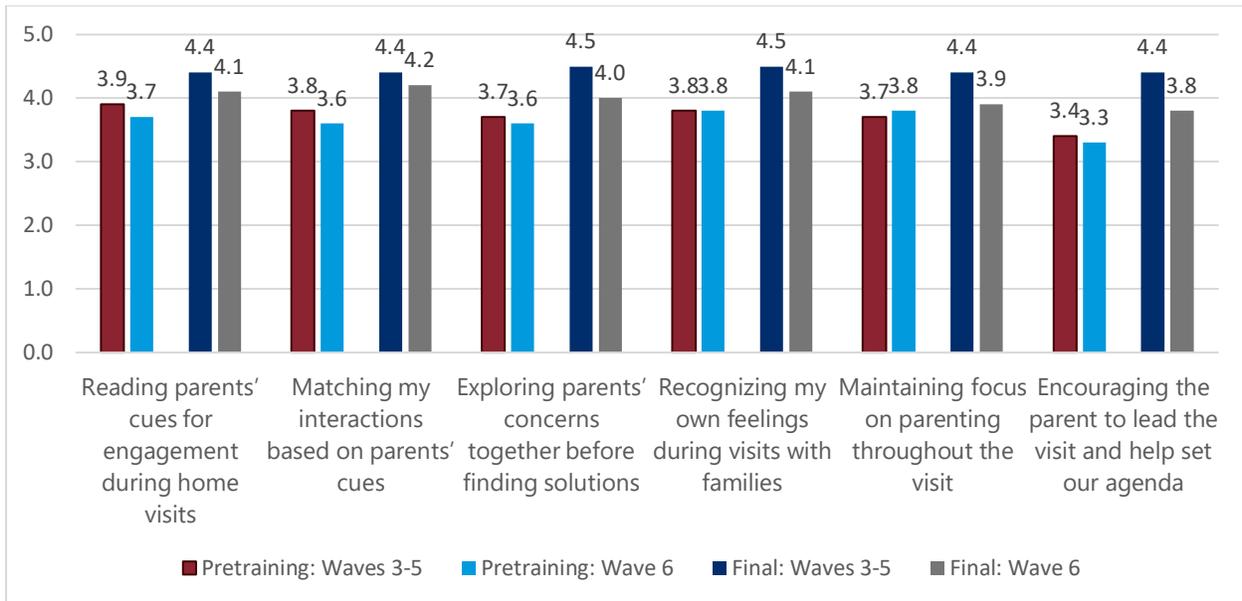
months. Eleven of the 13 Wave 6 home visitors also took part in individual interviews before and after the FAN training.

Comparing Changes in FAN Knowledge and Skills

The training method for Wave 6 staff covered the same amount of content about the FAN approach in their training, although in a shorter amount of time. Thus, the analysis compared the two groups on their baseline surveys and on their final surveys, which came a 9 or 12 months for Waves 3–5 staff and at 6 months for Wave 6 staff. When asked to assess themselves on six indicators that reflect use of the FAN approach before training and after training, staff in both groups rated themselves higher at the end of training than they did before the start of training (see Figure 29). Although home visitors from Waves 3–5 assessed themselves slightly higher on some of the indicators at pretraining, there were no significant differences between the two groups on their self-assessed baseline skills. However, at the end of training, the home visitors in Waves 3–5 assessed themselves higher than home visitors in Wave 6 on all of the indicators. These differences were significant for three of the indicators: exploring parents' concerns together before finding solutions, maintaining focus on parenting throughout the visit, and encouraging the parent to lead the visit and help set the agenda.

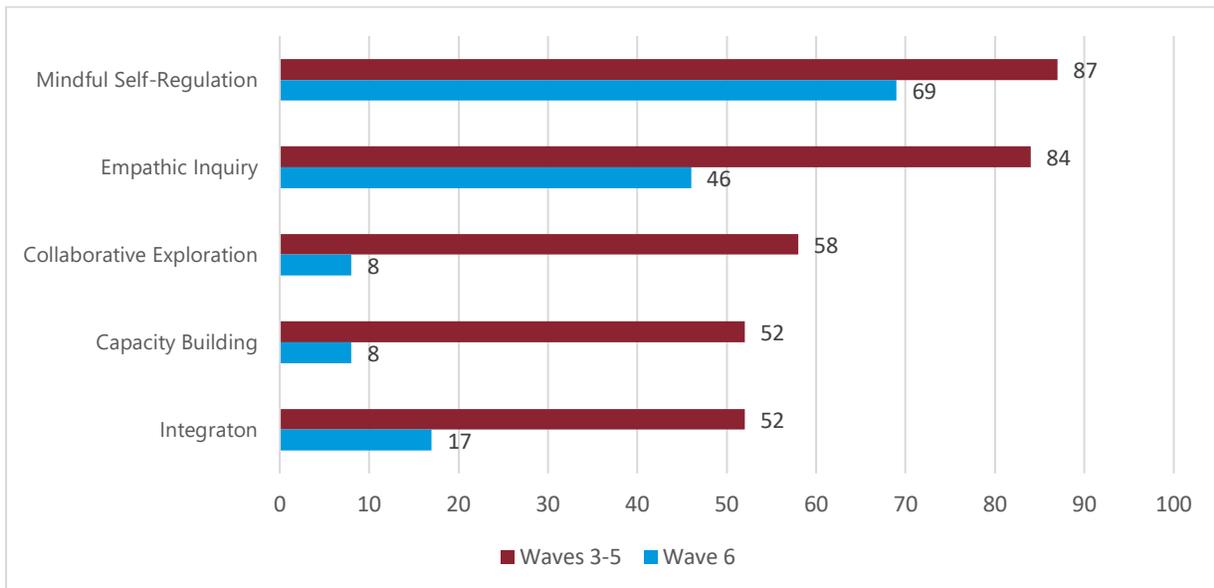
In addition, we found significant differences on a few items related to understanding and level of comfort in using the FAN approach. Specifically, we asked home visitors to assess how well they understood the FAN approach at the end of the training. Home visitors in Waves 3–5 were significantly ($p < .05$) more likely to respond "very well" (61%) than Wave 6 home visitors (15%). Additionally, home visitors' self-reported comfort level with the FAN core processes also differed by wave in that home visitors in Waves 3–5 were significantly more comfortable with four of the five core processes than Wave 6 home visitors (see Figure 30).

Figure 29. Self-assessed FAN Skills of Home Visitors before and after Training^a



^a Based on a 5-point scale: 1, "Not at all skilled"; 2, "A little skilled"; 3, "Somewhat skilled"; 4, "Skilled"; 5, "Very skilled." Note: One-way ANOVA tests indicated statistically significant differences for "Exploring parents' concerns together before finding solutions" at final ($p < .05$); "Maintaining focus on parenting throughout the visit" at final ($p < .05$); and "Encouraging the parent to lead the visit and help set our agenda" at final ($p < .01$).

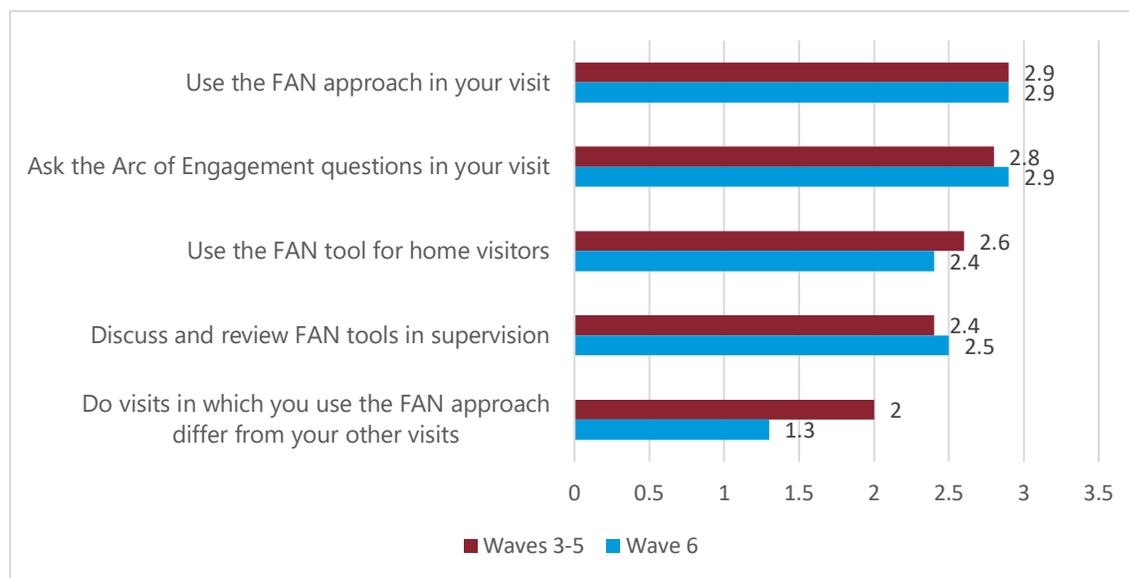
Figure 30. Percentage of Home Visitors "Very Comfortable" with FAN Core Processes at End of Training



^a Based on a response scale ranging from 1, "Not at all comfortable" to 5, "Very comfortable." Note: Chi-square tests indicated statistically significant differences for Comfort - Empathic Inquiry ($p < .05$); Comfort - Collaborative Exploration ($p < .01$); Comfort - Capacity Building ($p < .01$); Comfort - Integration ($p < .05$).

On the survey, the majority of home visitors in both groups reported “frequently” (as opposed to “occasionally”) using both the FAN approach and the Arc of Engagement questions in their home visits. This is generally consistent with the earlier discussion of findings from the qualitative interviews. Some home visitors had better experiences and felt more comfortable with the approach and questions than others. Most talked about using at least some parts of the suggested questions with their families. About half of each group of home visitors reported using and discussing the FAN tool for home visitors in their supervision sessions (see Figure 31). One notable, but not significant, difference was that about two-thirds of home visitors in Waves 3–5 reported using the FAN tool for home visitors while just one-third of Wave 6 home visitors said they used the tool.¹¹

Figure 31. Home Visitors’ Use of the FAN Approach at End of Training



^a Based on a 3-point response scale: 1, “Never”; 2, “Occasionally”; and 3, “Frequently.”

Note: Chi-square tests indicated statistically significant differences for “Do visits in which you use the FAN approach differ to your other visits?” ($p < .05$);

When asked which of the core processes home visitors wanted to develop further, over half of home visitors in both Waves 3–5 and in Wave 6 mentioned Collaborative Exploration, followed by Capacity Building (42% in Waves 3–5 and 31% in Wave 6) and Integration (29% in Waves 3–5 and 31 in Wave 6).

The qualitative data from interviews with the Wave 6 home visitors supported the findings of the quantitative analyses. They learned the FAN approach, including the five core processes, over the 6 months training period. However, at the end, they had not integrated it to the same extent

¹¹ Additional data from Wave 6 qualitative interviews is forthcoming. Data from a parallel CQI study conducted in conjunction with the implementation of the FAN training also suggested that use of the FAN Review tools varied from program to program. Although the purpose of the tools was to encourage reflection, researchers who led the CQI study concluded that the learning tools were not well understood or used consistently by the program staff and often were out in a superficial way.

as home visitors who received a longer period of training and more opportunities to practice the new FAN approach. Below, we discuss each of the core processes individually to show the differences that emerged when we compared pretraining and posttraining interviews.

Mindful-Self Regulation (MSR)

Similar to home visitors in the other waves, most Wave 6 home visitors seemed to have incorporated MSR strategies to monitor and manage their reactions in home visits. Both before and after the FAN training, home visitors seemed to be aware of their own emotions as well as the emotions of others during the home visits. However, in the pre-training interviews, home visitors tried to conceal their emotions without the benefit of mindfulness strategies to help them regulate and cope with their reactions. By contrast, after training 6 months later, many home visitors reported using MSR strategies and described circumstances in which they were actively regulating their emotions. For example, in a pretraining interview, a home visitor described a situation with a family that “was very hard on me at the beginning because I was new and it was new for me, seeing the pain was really painful. It was very [difficult to sleep] at night.” This home visitor was aware of her emotions but gave no indication that she was able to regulate her emotions in a mindful way. In her posttraining interview, this same home visitor told us, “Now that we have MSR, usually my favorite tool is grounding. I like to either think of my feet, my feet on the grass, or something that would keep me there. Again, stay focused. Or, I like looking at a fixed object. It keeps me there, present and focused clear.”

At the same time, home visitors in Wave 6 were more likely to report use of MSR strategies by naming the strategies they had learned rather than providing comprehensive descriptions of how they used them in their home visits. They also were less likely to indicate that they were aware of their physical reactions and responses to the home environments. Two of the 11 home visitors gave no evidence of being able to name MSR strategies or talked about using them.

Empathic Enquiry

In both the pre- and post-FAN training interviews, there was evidence of home visitors in Wave 6 “listening to parents attentively and with acceptance” to support how the parent feels about her child and herself as a parent. However, instances of Empathic Inquiry were more frequent in the posttraining interviews than in the pretraining sample of examples in which home visitors were taking an unhurried posture while listening to parents’ feelings.

In addition, we found evidence of home visitors “jumping in to provide parents with an answer or advice” instead of exploring parents’ feelings to understand their perspectives in both the pre and posttraining interviews. However, these instances were more likely to occur in the pretraining interviews. There were also more instances of home visitors jumping to conclusions about parents’ feelings; suppressing, avoiding, and normalizing feelings; and projecting their own feelings in the pretraining than in the posttraining interviews. In the following excerpt from a pretraining interview, a home visitor describes listening attentively to a parent but does not explore the parents’ feelings:

Well, if the parent is having a really difficult time [with the child], I offer different kinds of activities besides the regular activities for the visit. I'll bring extra puzzles or something and ask, "Would that be okay if I give so-and-so a puzzle?" Depending on the situation [I might say], "It seems like you've had a really difficult day. It's just not easy being a parent, is it?" They go something like, "Yeah, right." I say, "We all go through that" and try to get the parent to understand I'm not judging.

In her posttraining interview, this same home visitor still listened attentively to the mother but also reflected an unhurried posture and a willingness to explore the mother's feelings:

The FAN's really helped me as far as being more of a listener and trying to step back more and let the parents talk about what they think is important. I try to remember from the FAN about asking questions instead of saying "you look very tired," which I would have done [before the FAN]. I'll ask them, "Can you tell me more about that or help me to understand what's going on, or what happened this past week?" That way it's more open instead of me giving them a leading question, where they can talk and just keep talking, talking, talking, and then I'll say "Oh well thank you for helping me understand why." I try to keep focused on whatever issue is causing the most problem. And sometimes I just let them talk and talk, sometimes they just need to vent, and they just need somebody to talk to.'

Another difference between pre- and posttraining narratives was the presence in the post FAN's interviews of the use of one of the first set of questions in the Arc of Engagement. To illustrate, in a post-training interview, a home visitor told us:

Usually, at the beginning I ask how their week's gone, or depending on the visit before, maybe there was a discussion we had, or they were going to work on something. I would ask, "How has the tummy time gone this week? Did you give a lot of tummy time?" Or maybe, "How have you felt parenting your child this week?" So, you know, kind of that way is my opening.

As another home visitor stated, "I really like the whole approach. I mean, even just to have the opportunity to ask the parent a question how things have been for you as a mom, or as a woman. It just gives them a space that you care about me. Not necessarily about my baby but you care about me too. So I think that's very important."

On average, in the post-FAN interviews with Wave 6 home visitors, there was as much evidence of them "jumping in" as "not jumping in" to provide parents with answers or advice. Furthermore, although they were just as likely to explore parents' feelings as home visitors from other waves, Wave 6 home visitors provided proportionately fewer examples of Empathic Inquiry than other home visitors. These findings suggest that this core process was still in transition to being fully integrated into the practice of Wave 6 home visitors.

Collaborative Exploration

There were three major changes related to Collaborative Exploration that emerged when we compared home visitors' posture and strategy before and after the FAN training. First, most Wave 6 home visitors went from a visit that was typically structured around a curriculum to a visit structured around parents' concerns and perspectives. Comparing home visitors' narratives before and after the FAN training, the most striking change was home visitors' ability to adapt the FAN approach to the PAT model, prioritize the interests of parents, and let them lead their visits. In the pre-FAN training interviews, many home visitors indicated that they gave parents choices of topics or activities for their visits; in the post-FAN training interviews, home visitors appeared to ask parents to participate in the planning of the visit agenda and express their opinions more intentionally and frequently. For example, during her pretraining interview, a home visitor described a typical home visit this way:

We use the Parents as Teachers curriculum, so we're usually going off some planned activity that we're bringing, like working on stringing beads. We talk like, did they do that at all? Sometimes they might need to talk to you about what they did over the weekend or whatever. We try to keep that brief, but let them know that we're interested in them, too. Then we encourage the family to engage in whatever activity we brought out. We'll address whatever other topic we're doing that day, say potty training, but we can start talking about that while still playing with the child, once that's under way.

In her posttraining interview, the same home visitor indicated that she still uses the curriculum or plan to guide the visit, but showed more openness to deviating from the plan and less concern about keeping conversations about the parent's concern brief:

We do our planning guide. That doesn't always go according to plan, but I try to go in and initially see where the family is at. Kind of touch base with them, get settled in. And then I have my plan and sometimes the plan works and sometimes there's a different direction that the family needs to go that day. So then I sit back and let it go that way. If I'm able to get the things I had planned to do that day done, that's fine. But if not, because that's not where the parents at, I'm learning not to stress about that.

Second, home visitors provided more examples in which they were trying to "help parents find their own way" after the FAN training than before. In their posttraining interviews, home visitors more frequently described the use of strategies to understand parents' views, to think with parents about their problems and concern, and to elicit parents' theory of a problem. As illustrated below, in applying these strategies to try to understand and explore parents' view of the problem, home visitors were also much less likely to tell parents what to do or ask questions geared towards "fixing" their problems:

We encourage parents to find out [on their own]. . . to think of what they can come up with that will work well with their family and their schedule. Now if the child is having difficulty sleeping, [I might ask], "What do you currently do when your child goes to sleep?" as

opposed to asking “Well do you read your child a book at night?” If they are able to tell me their routine I can expand from that and ask more open-ended questions. We’re supposed to help them find their own solutions so that’s what I try to do.

A third change associated with Collaborative Exploration related to home visitors’ efforts to “see the baby mom sees.” This change typically was captured by comparing home visitors’ responses before and after the FAN training to the question, “How do you react when parents say negative things about their child?” The following excerpt from a posttraining interview illustrates a home visitor who does not avoid or try to normalize a parent’s negative feelings about a child but tries to understand the parent’s view:

I don’t dismiss their feelings depending on the situation. Obviously if it’s a situation that needs immediate attention, that would be different. But if it’s not something that’s abusive, I kind of follow what they’re saying and just ask some questions, seeing how things are going or trying to get to where they’re getting those feelings from. Then through the visits [I am] pointing out the positives, pointing out the connection and the interaction that they [mom and child] have together and the response of the child.

When engaging in Collaborative Exploration, Wave 6 home visitors also noted that they asked more questions than they did before the FAN training. As one home visitor said, “I used to give a lot of information before. Now I ask questions, I try to give relevant information.”

Overall, there were few differences in the use of Collaborative Exploration between the Wave 6 home visitors and those in Waves 3–5. One place where the two groups did seem to differ was in their use of the middle question of the Arc of Engagement, “Have we gotten to what you most wanted to talk about?” Wave 6 home visitors were less likely to use this question compared to their counterparts from previous waves. According to one home visitor, “I don’t know if it didn’t work well but I think some of the challenges was [to] remember to ask the middle question.” Furthermore, we noted that home visitors from previous waves provided more comprehensive narratives about the use of the strategies associated with Collaborative Exploration than home visitors in Wave 6. These findings suggest that after 6 months of training, home visitors were still establishing their FAN skills.

Capacity Building

Comparing home visitors’ narratives before and after the FAN training, we observed that home visitors were more inclined to “offer information addressing parents’ concern” after “exploring parents’ theory of the problem” or “tapping into parents’ knowledge.” This change may have been driven by the use of strategies associated with Collaborative Exploration, in which home visitors ask questions of parents to get their perspectives on a problem or concern. The following quote is an example, which also illustrates use of the “one drop of information” strategy, which is providing parents only a small amount of information at a time:

I usually tell them to tell me more about it and how they have worked with the child to address that situation. There is this mom who is going through the process of separation, and the child is very dis-regulated and cries a lot and is not sleeping well, and mom has concerns about her behavior. I ask more [questions], trying to understand how long the process or change has been, what mom has done. And when I notice the mom wants to know more, that's usually when I drop the information.

We also captured moderate evidence of home visitors highlighting positive parent moments and conveying the message "you have the ability to figure out on your own" in the posttraining interviews. This Capacity Building strategy, which was largely absent in the pretraining interviews, may be supported by home visitors use of strategies associated with Collaborative Exploration, which encourage parents to find their own way.

Again, similar to findings about the previous FAN core processes, home visitors in Wave 6 provided fewer and more modest or abbreviated narratives about the use of Capacity Building strategies compared with those of home visitors in previous waves. We also found less evidence in the narratives of both Wave 6 and Wave 5 home visitors of what are called "angel moments" (highlighting positive moments in a parent's interaction with the baby) compared to the Wave 3 and 4 home visitors, suggesting that this aspect of the FAN might be learned later.

Integration

Overall, there were only a few examples in the Wave 6 home visitor interviews of Integration, the process for building a parent's capacity to reflect on what she learned from a visit, how she sees her child, or a stressful experience in her life. At the same time, there were some differences between the pretraining and posttraining interviews with regard to Integration.

When interviewed before the FAN training, Wave 6 home visitors seemed less attuned to cues from the parents and their home environments than they were after training. They also seemed less inclined to provide opportunities for families to reflect on their child, parenting, or themselves. These practice changes in home visitors as a result of training seemed to be led by a gradual adoption of the components of the FAN approach—particularly Collaborative Exploration—which culminated in Integration. For instance, after the FAN training, home visitors were more capable of "seeing the child mom sees," an aspect of Collaborative Exploration. When home visitors engaged in Collaborative Exploration, they invited parents to reflect more about their child, their parenting, and themselves. In so doing, parents came to discover something new about their child or themselves. The following excerpt illustrates the process of Integration emerging from Collaborative Exploration:

The mother was complaining that maybe [the child's] fine motor skills were not where they were supposed to be. I said, "Okay, let's provide more skill activities and see where he is." She realized, finally, that he was totally developing age-appropriate fine motor skills. She was like, "Oh, he can do that. He can do that." She reflected [that] maybe she was not providing enough fine motor skills activities that would help him progress. She said, "I don't

really like playing those things. I like reading with him more so this is what I want to do and we play less with our hands, activities, you know." It was great to see that she was actually saying, "Maybe it's me too. I have to say that I don't like playing those things but I have to because this is the only way he can practice and get better at it."

The post-FAN training interviews most frequently captured the use of the Arc of Engagement questions associated with Integration: "If you were describe your child in three words today, what would they be?" and "What would you like to remember from our time together?" The following quote shows how home visitors' typically try to build parents' capacity to reflect on their children and their parenting.

I love the three words, "Give me three words, give me three words," and I'll make a little column on my PAT planning doc you know, this is the mom's word, this is the dad's word. In a perfect world one of these days I'll take these words and throw them into a word cloud and give it to them like on Mother's Day. . . . In some ways, [the FAN] is almost like a love-hate relationship. There's a lot of things that I know I'm missing, [like] the Integration piece. But I do look for those ah-ha moments, and I do look for "What's your takeaway? What do you want to take away with this [visit]?"

Comparing home visitors' interviews in Wave 6 with previous waves, we again noticed that, similar to the other FAN core processes, they provided limited information on using strategies associated with Integration.

Wave 6 Home Visitors' Self-Reported Changes in Practice

Based on the evidence of differences between practices before and after training, we concluded that, 6 months after the start of training, Wave 6 home visitors were still learning the FAN. The core processes were not as firmly established as they were in the other waves, which had longer training periods led by FAN trainers. In their posttraining interviews, most of the Wave 6 home visitors reported using components of the FAN approach but not as consistently as home visitors in other waves at a similar time point. Home visitors' assessments of their learning were consistent with our analysis. Most reported that they had become "more comfortable" with the concepts of the approach. However, more than half of the Wave 6 home visitors made statements such as "learning [the FAN] is a process," or there are still "a lot of rows to hoe." For example, one home visitor stated, "I'm still working on that [the FAN cores processes]. I'm definitely working on having more intention of sitting and waiting and asking reflective questions and moving from their thoughts and not my thoughts. It is still a work in progress with that." Another said, "That has been a shift and it's been a challenge for myself to really learn a new way to [do home visits]. The more comfortable [I am] and the more I understand, the better it'll be."

Home visitors also expressed the view that some processes were easier to learn and use than others. In the words of one home visitor, "Depending on the situation, I have a feeling that some

of the parts come more natural and there is always an opportunity to refine those other areas that might not come as natural." Another home visitor reflected on her learning:

I'm still learning the difference between an uncomfortable silence and a silence where they're just thinking. I found that myself when I was doing the FAN tool, and when I was being honest about it, there were certain things I wasn't pushing. Not necessarily that I had to push it, but it was a moment where I could match them and instead of leaving it right there I could have proceeded on to Collaboration. I didn't, at that moment, and it's like, "I got to get started on this, to get more aware of when I can use that kind of thinking skill."

When considering the changes in their practice after the FAN training, the Wave 6 home visitors typically emphasized the following: resisting the urge to fix, reading parents cues, and meeting parents where they are. "You're not there to solve it," one home visitor told us. "Before it was like, 'Okay, I had to solve this.' And try to solve it right then. Maybe they're not really ready to solve it." Another described how she had not only learned to read parents' cues and meet them where they are, but also had become more thoughtful herself in the process:

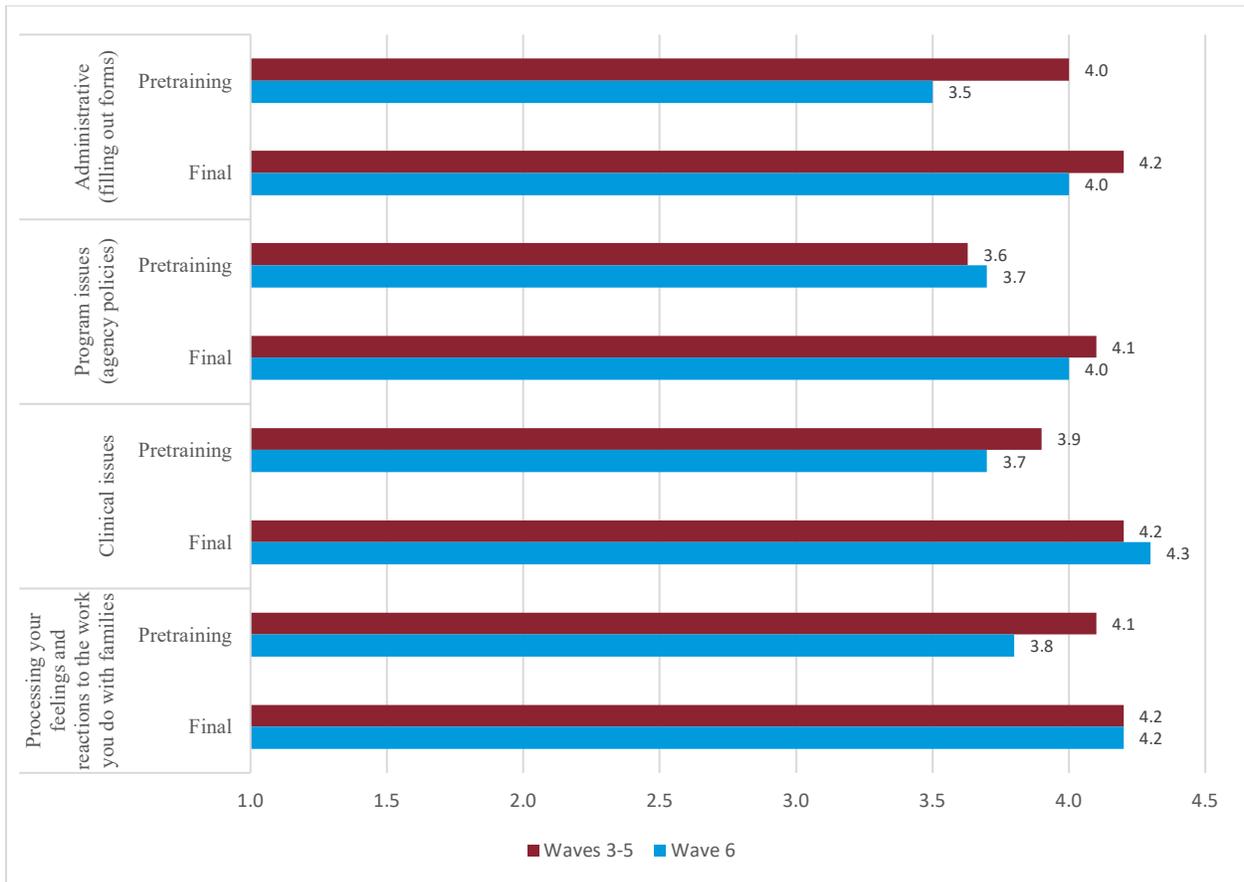
If it's something that's really precious that you can tell from their body language, and the tone, let them get it out. Then, usually it's some kind of [transition] question after I see that they're calm, the body language to lead it into getting the activity started. I would say from the beginning [the FAN] gave me the definitions, and the pieces, and even more after doing the tools a couple of times, and just realizing how much it made me think even more.

Furthermore, many home visitors appeared to have increased their awareness of what is happening during the visits as they implemented the FAN core process strategies, posture, and reflective responses. "I've become a better listener, although I have always thought I was a good listener," one home visitor said. "I have to pay attention. I can't hear unless I pay attention. I am more conscientious about it." However, some Wave 6 home visitors still found it challenging to learn to read and match parents' cues and to implement in practice. The same home visitor quoted above also noted that "sometimes you kind of know when they're in their feelings, but if they're thinking or still in their feelings sometimes I don't know. I can't explain it. I don't want to say doing because that's like moving over to the thinking. Are they in feelings or thinking?"

Changes in Supervision and Supervisory Relationships

Overall, there were no differences between home visitors' ratings of the quality of supervision on the pretraining survey and the final survey. Both groups at both time points assessed the quality as just under 4 or "very good" on a 5-point scale. We also asked both groups of home visitors at both pretraining and final to assess how well they addressed four topics in supervision: administrative issues (e.g., filling out forms), program issues (e.g., agency policies), clinical issues, and processing their own feelings and reactions to the work done with families (see Figure 32).

Figure 32. Home Visitors' Views of Supervision over Time^a



^a Response scale ranged from 1, "Not at all comfortable" to 5, "Very comfortable."

Notes: Sample size for Waves 3–5 ranged from 27–28 unless otherwise noted.

Sample size for Wave 6 is 12.

One-way ANOVA tests indicated no statistically significant differences.

Home visitors in both groups at both time points assessed these activities rather positively with scores around 4, or "fairly well" on a 5-point scale. Although no significant differences were found, home visitors in Waves 3–5 tended to be a bit more positive at both time points than Wave 6 home visitors. The only exception to this was program issues at pretraining, where Wave 6 home visitors assessed themselves slightly higher. Although no significant differences were found, home visitors in Waves 3–5 tended to be a bit more positive at both time points than Wave 6 home visitors. The only exception to this was program issues at pretraining, where Wave 6 home visitors assessed themselves slightly higher.

Use of the FAN in Supervision

When we surveyed home visitors about the changes in supervision that might have come with learning the FAN approach, we found very little difference between the Waves 3–5 and Wave 6 home visitors. The majority of both groups reported that they were either “fairly comfortable” or “very comfortable” in FAN Review sessions with their supervisor. (This may have as much, if not more, to do with the relationship with the supervisor than the FAN Review process itself.)

Home visitors also indicated which FAN processes they used most often in supervision. Home visitors in both groups noted Collaborative Exploration (77% of Waves 3–5 and 54% of Wave 6), Integration (55% of Waves 3–5 and 54% of Wave 6) and Mindful Self-Regulation (32% of Waves 3–5 and 54% of Wave 6). It is notable that half of those in Waves 3–5 either did not see a difference between their FAN Review sessions and other supervision or did not participate in FAN Review sessions (23% each). Also, 46% of Wave 6 home visitors did not see a difference between FAN Review sessions and other supervision they receive. Almost one-third of Waves 3–5 home visitors reported that supervision has changed either “a lot” (27%) or “drastically” (3%) since FAN training began and almost one-quarter (23%) of Wave 6 home visitors reported that supervision had changed “a lot.” See tables in Appendix B for more details about these findings.

In the analysis of the Wave 6 qualitative interviews, we were especially interested in the role of supervisors as trainers as well as changes in relationships between home visitors and supervisors. When we compared Wave 6 home visitors’ narratives of their experiences with supervision before and after training, we found that supervision before the training was typically task oriented. By contrast, after training, home visitors conveyed that supervision had changed to include, primarily, activities to help them learn and use the strategies and postures of the FAN approach. When asked in interviews about how supervision was conducted after training, home visitors described choosing two families with whom to practice using the FAN tools to guide the conversation. One home visitor said:

If we have a challenge with a particular family, the tool will be the FAN sheet to talk about where the family is and where we were and what the challenge is. That’s the piece that we’ll fill out and then we’ll make a copy and then [the] supervisor or whoever we meet with, that will be the paper that we’ll use to talk about whatever’s going on with the family.

Some visitors also indicated that supervisors would use supervision as an opportunity to elaborate on and provide more information about whatever core process was being discussed during team meetings or practiced on home visits. According to one home visitor:

So we would pick a specific core process to talk about during our team meeting and then it’s a little easier to go into reflective supervision and identify that core process like when you’re on a home visit. We also did a little thing during our team meetings. We called it *FANning in the field*, where we would share our experiences, our home visit experiences, and how we use the FAN and how to support each other as well, like if anyone had any ideas.

Only a few Wave 6 home visitors in their post-FAN interviews reported changes that show supervisors using strategies of the FAN approach during supervision. We have chosen stories from two home visitors to illustrate these changes.

Before training, one of the home visitors reported that supervision “mainly deals with families and we do get into some logistics of the program like how many visits have I had, we have to meet these goals. The more administrative tasks.” After training, her description indicated that supervision was more focused on understanding her perspective, encouraging her to lead the conversation, and helping her find her own solutions. The home visitor said, referring to her supervisor, “I think maybe she uses questions, now that I think about, when we’re talking about a family, she may have used some of the FAN to help me think about things. Like, ‘Well, how are you thinking about that? How did you feel at that time? Was the parent willing to start taking action?’”

The other home visitor also described supervision before training as primarily administrative, saying, “We take some time and we meet and we talk about things that we are working on, how things are with our numbers and things that we might be late, the things to do.” After training, she described her supervisor as listening more attentively, meeting the home visitor where she was, and trying to understand the home visitor’s theory of a problem before providing information.

She’s using the FAN herself more. So, pretty much she’s more open to explore how things have been for me. I feel like even though I might have a challenging situation, when she opened up the question like that it gives you a message like “I really care about what’s going on with you.” So, that’s better and also when she is able, I mean, to listen to what I said about the situation and she wants to know more about it. Like if she asks me the questions. And then as needed she gives me kind of like guidance or she’ll pour her own, I would say that that’s the drop of information that she gives me.

Finally, we observed a relationship between Wave 6 home visitors’ description of their supervision after the FAN trainings and their perceptions of changes in their home visiting practices. Home visitors who reported modest changes in their home visiting practices after the FAN training, also reported limited changes in the way that their supervisors conducted supervision. Conversely, home visitors who reported using the FAN approach more broadly in their home visiting practices reported more changes in supervision that reflected the FAN approach. Thus, it appears that home visitors who made more progress in learning and applying the approach had more invested supervisors. We also found some evidence that supervisors who had more than one role—for example, as an administrator of an agency—were less able to provide as much support to home visitor learning as supervisors whose only role in a program was as supervisor.

We noted that modest changes reported in supervision did not always mean that home visitors were not being supported in their learning. In one program, for instance, home visitors reported that supervision had only modestly changed after the FAN training because their supervisor was

“already very reflective.” We were able to verify these comments in our own analysis. According to the accounts of these home visitors in the pretraining interviews, supervision was already more reflective than that of other programs before training started.

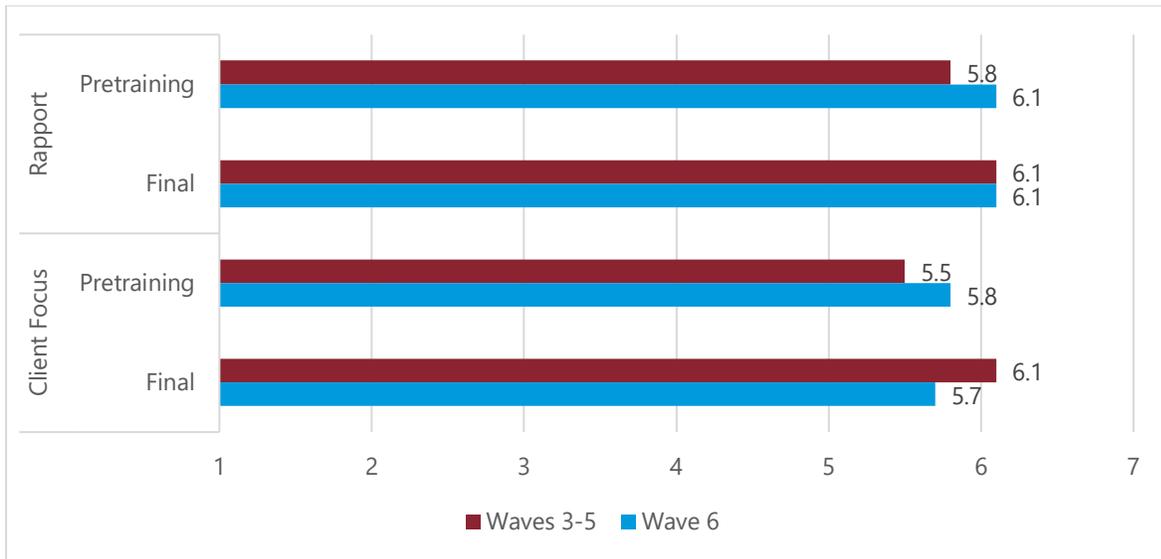
Supervisory Relationships

We included two standardized measures around supervision in the survey: Supervisor Working Alliance Inventory (SWAI) and the Reflective Supervision Rating Scale (RSRS). From the SWAI, we employed two subscales. The first, the Rapport subscale (the home visitor’s perception of the support received from their supervisor), has 12 indicators. The second, the Client Focus subscale (the home visitor’s perception of the emphasis their supervisor puts on the home visitor understanding their client) has 7 indicators. Both subscales are scored on a 7-point response scale ranging from 1, “never” to 7, “always.” A higher score is more desirable. The subscales are scored as a mean of the items included in the subscale.

On the pretraining and final surveys, no significant differences were found on the Rapport subscale between Waves 3–5 and Wave 6. We noted that home visitors in Waves 3–5 had slightly lower scores at pretraining than Wave 6 home visitors (see Figure 33). Finally, we asked each home visitor to complete the Reflective Supervision Rating Scale (RSRS) which has a 3-point rating scale ranging from 1, “rarely” to 3, “almost always.” The score is the sum of the 17 items included in the instrument and each home visitors’ score could range from 17 to 51; higher scores are more desirable. We did not find any significant differences between home visitors in Waves 3–5 and Wave 6 (see Figure 34). Home visitors in both groups scored in the mid-40s on both surveys. By final, both groups of home visitors had the same score, 6.1 on a 7-point scale. On the Client Focus subscale, again, there were no significant differences between the two groups at either time point. At pretraining, home visitors in Waves 3–5 scored slightly lower (5.5) than Wave 6 home visitors (5.8). At final, home visitors in Waves 3–5 increased their score to 6.1 while Wave 6 home visitors stayed consistent with their pretraining scores at 5.7.

Finally, we asked each home visitor to complete the Reflective Supervision Rating Scale (RSRS) which has a 3-point rating scale ranging from 1, “rarely” to 3, “almost always.” The score is the sum of the 17 items included in the instrument and each home visitors’ score could range from 17 to 51; higher scores are more desirable. We did not find any significant differences between home visitors in Waves 3–5 and Wave 6 (see Figure 34). Home visitors in both groups scored in the mid-40s on both surveys.

Figure 33. Supervisor Working Alliance Inventory^{a, b}



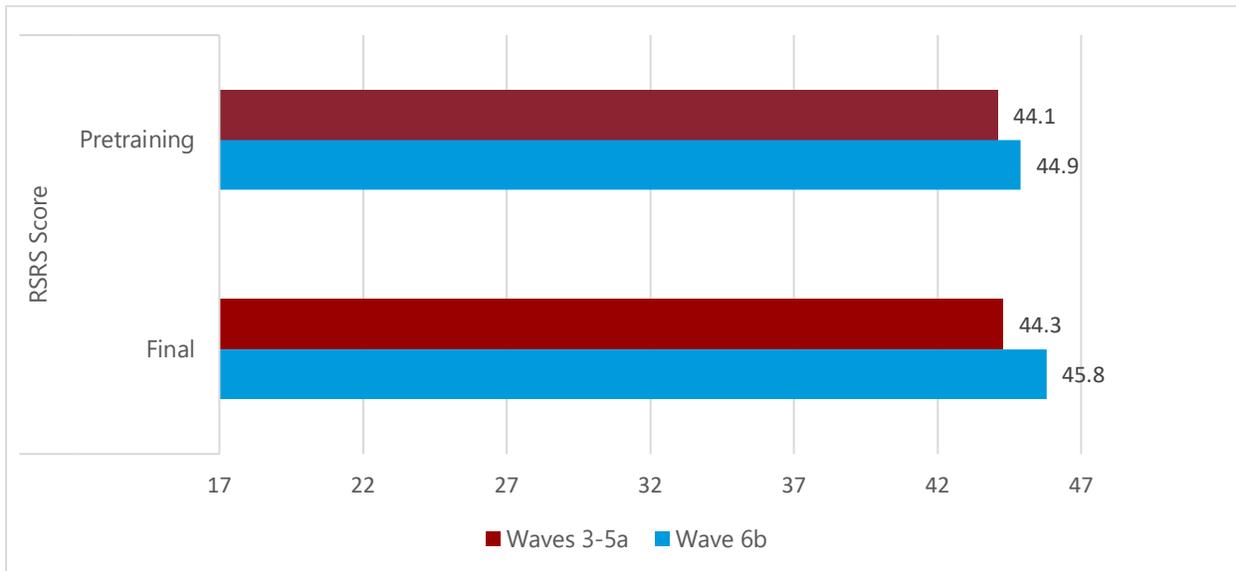
^a Response scale: 1, "Never"; 2, "Rarely"; 3, "Occasionally"; 4, "Sometimes"; 5, "Often"; 6, "Very often"; and 7, "Always."

^b "Rapport" refers to the supervisee's perception of support from the supervisor. "Client focus" refers to perception of the emphasis the supervisor placed on promoting the supervisee's understanding of the client.

Notes: Sample size for Waves 3–5 ranged from 27–28 and sample size for Wave 6 is 12 unless otherwise noted.

One-way ANOVA tests indicated no statistically significant differences.

Figure 34. Reflective Supervision Rating Scale^c



^a Sample sizes ranged from 27–31 unless otherwise noted.

^b Sample sizes ranged from 10–13 unless otherwise noted.

^c Response scale: 1, "Rarely"; 2, "Sometimes"; and 3, "Almost always."

Note: One-way ANOVA tests indicated no statistically significant differences.

Home Visitors' Views of FAN Trainers and Infant Mental Health Consultants

Because the Wave 6 home visitors received most of their training through their supervisors, they were not as engaged and familiar with the FAN trainers compared to home visitors in the other waves. However, they expressed positive views about the FAN training activities, materials, and the knowledge of the FAN trainers. A few home visitors highlighted the FAN training materials and activities, including the "FAN tool," which they found helpful to "come up with more questions and reflect on families and cases" and "understand more about where the parent is and where I am." Some home visitors also commented that trainers who provided the core training were "really well-trained" and "knowledgeable."

We did not elicit much qualitative information about the role of the infant mental health consultant in learning the FAN. When home visitors talked about supervision, they either indicated that the supervisor and mental health consultant played similar roles or that the consultant provided supplementary support or reflective supervision.

Other Changes in Home Visitors

Mindfulness

We administered two subscales of the Five Facets Mindfulness Questionnaire (FFMQ) before and after training to both groups of home visitors. For both subscales, higher scores indicate greater mindfulness. For the Non-Reactivity to Inner Experience subscale, we found a significant difference between the two groups before training. Home visitors in Waves 3–5 had significantly higher scores compared to Wave 6 home visitors. By the time of the final survey, the scores for this subscale had increased for both groups of home visitors (see Table 15). The score for the Wave 6 home visitors increased and were aligned with the Waves 3–5 home visitors' scores.

Table 15. Home Visitors' Assessment on the FFMQ over Time^a

	Waves 3–5 (<i>n</i> = 31)		Wave 6 (<i>n</i> = 13)	
	Pre	Final	Pre	Final
Act with Awareness subscale				
Mean (SD)	33.8 (5.18)	33.2 (7.33)	34.6 (3.75)	32.6 (6.10)
Range	20–40	8–40	29–40	24–40
Non-Reactivity to Inner Experience subscale				
Mean (SD)	26.4 (4.78)	27.4 (5.21)	22.3 (2.87)	28.4 (4.56)
Range	19–35	19–35	17–27	23–35

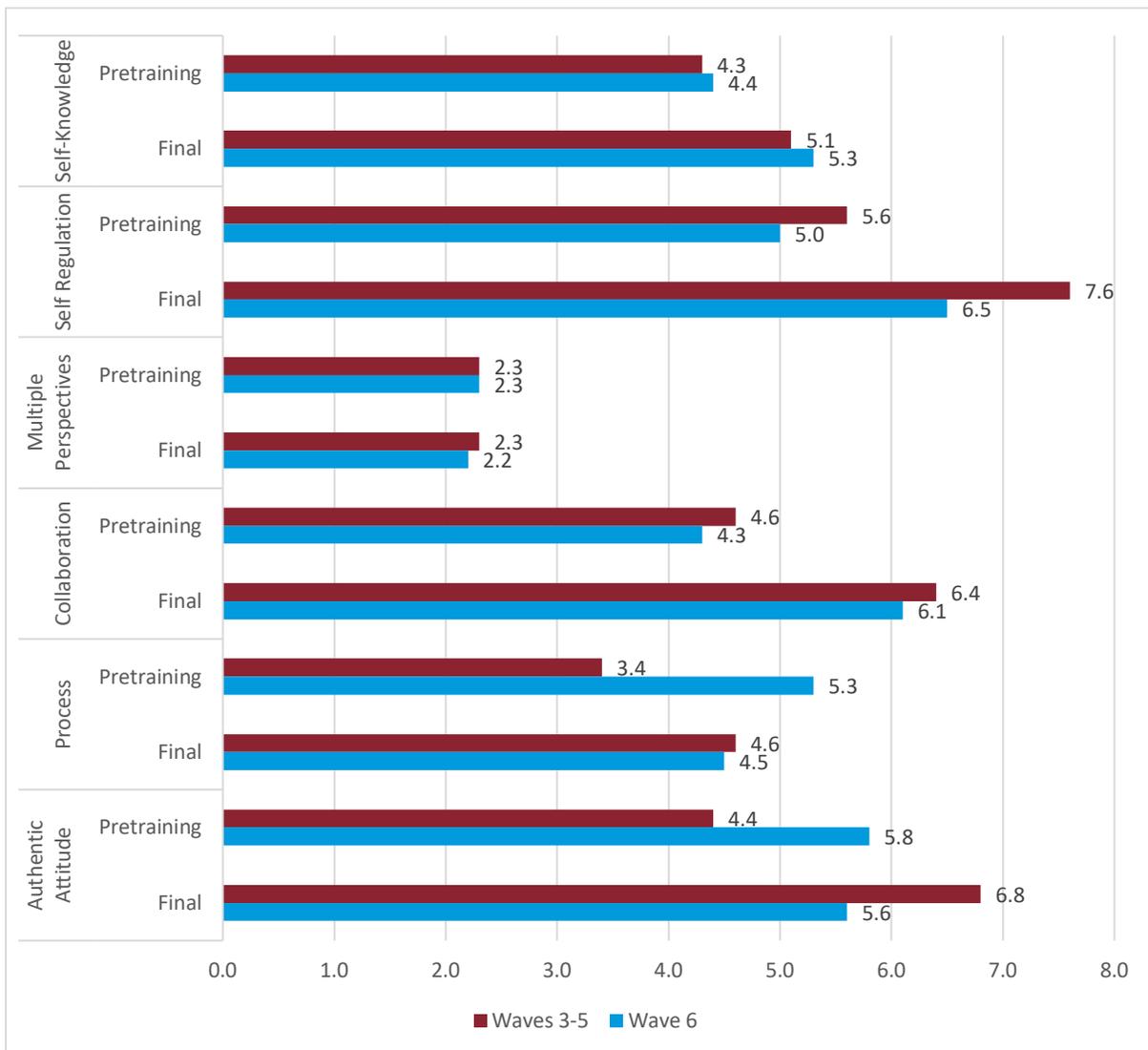
^a Based on a 5-point scale: 1="Never/very rarely true"; 2="Rarely true"; 3="Sometimes true"; 4="Often true"; and 5="Very often or always true."

Note: One-way ANOVA tests indicated statistically significant differences for the Non-Reactivity to Inner Experience subscale at pretraining ($p < .05$).

Reflective Capacity

Figure 35 presents mean scores for the 25 home visitors who completed the Provider Reflective Process Assessment Scales (PRPAS) before and after training. Both groups of home visitors showed improvement on three of the six domains between pretraining and final (Self-Knowledge, Self-Regulation, and Collaboration). However, for Process and Authentic Attitude, we found that the Wave 6 home visitors showed a nonsignificant decline in scores between pretraining and final, while the scores for Multiple Perspectives for both groups remained flat.

Figure 35. PRPAS Scores over Time^a



^a Sample size is 35 unless otherwise noted (25 in Waves 3–5 and 10 in Wave 6).

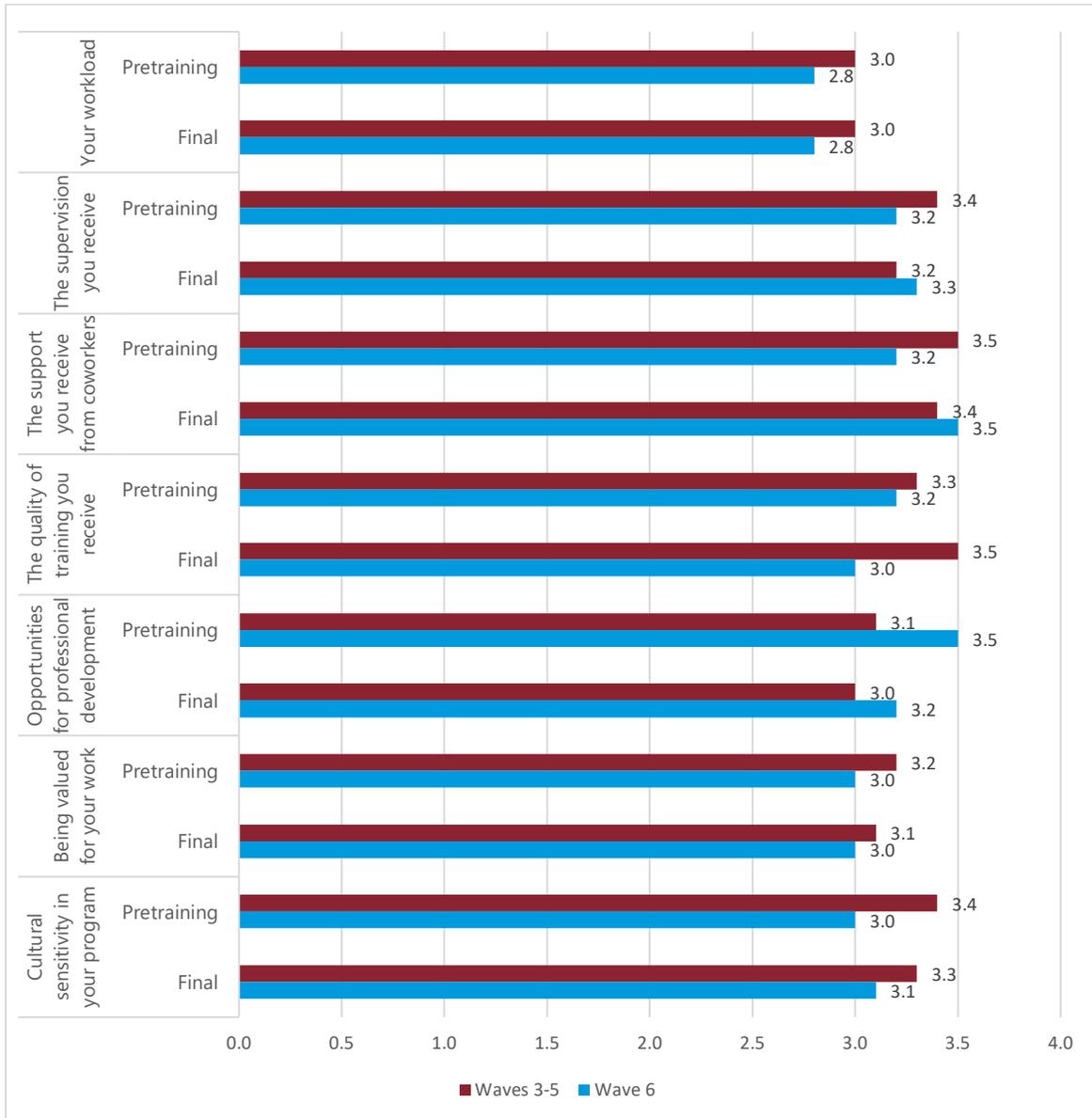
Notes: Score ranges for each domain are Self-Knowledge, 0–10; Self-Regulation, 0–15; Multiple Perspectives, 0–5; Collaboration, 0–15; Process, 1–10; and Authentic Attitude, 0–15.

One-way ANOVA tests indicated statistically significant differences for Process at pretraining ($p < .01$).

Job Satisfaction and Burnout

With regard to job satisfaction, we found just one significant difference ($p < .01$) in perceptions of the quality of training (see Figure 36). Home visiting staff in Waves 3–5 were somewhat more satisfied than Wave 6 home visitors, but it is not clear how the respondents interpreted this question, i.e., whether it reflects their perceptions of the FAN training or training in general.

Figure 36. Waves 3–5 and Wave 6 Home Visitors' Job Satisfaction over Time^{a,b}



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

^b Sample sizes for Waves 3–5 ranged from 17–39 and sample sizes for Wave 6 ranged from 12–13 unless otherwise noted. One-way ANOVA tests indicated statistically significant differences between Waves 3–5 and Wave 6 for "the quality of training you receive" on the final survey ($p < .01$).

Otherwise, except for “opportunities for professional development,” Waves 3–5 home visitors tended to have a higher degree of satisfaction than Wave 6 home visitors on all items at baseline and after training. A similar trend was seen in levels of satisfaction on the final survey.

In addition, there were no statistically significant differences between the two groups of home visitors on the three subscales on the Maslach Burnout Inventory (MBI). All of the items in the MBI are scored on a 7-point scale ranging from 0, or “never,” to 6, or “every day.” The Emotional Exhaustion subscale includes 9 items that specifically ask about feeling tired, drained, or finished as a result of one’s work. Home visitors could have a score of 0 to 54 on this subscale with 0 being the more desirable score. At pretraining, home visitors in both groups had fairly similar and fairly low scores (12.5 for Waves 3–5 and 12.9 for Wave 6). At final, home visitors in Waves 3–5 had a lower score (11.4) while the score for home visitors in Wave 6 was higher (14.3). There are a number of potential factors that could explain this difference. One might be that Wave 6 staff were at an earlier stage of learning and incorporating the FAN strategies into their practice, which was challenging for them.

The Depersonalization subscale includes 5 items to assess home visitors’ emotional investment in their clients. Home visitors could have a score of 0 to 30 on this subscale (0 was the more desirable score). At pretraining, both groups of home visitors had low scores: 1.3 for Waves 3–5 and 1.8 for Wave 6. At the end of the evaluation, both groups had lowered their scores.

The third subscale, the Personal Accomplishment subscale, includes 8 items that assess the home visitors’ perceived competence in their work. Scores could range from 0 to 48, with 48 being the more desirable score. Home visitors in our sample had fairly high scores (mean scores of 39.6–39.8) on this subscale at pretraining and scores increased (mean scores of 41.5–41.8) by the end of the evaluation, with no significant differences.

Other Professional Changes

Like home visitors in other waves, in their interviews, Wave 6 home visitors reported changes professionally, in parents’ willingness to disclose information, and in their supervision. They indicated that using the FAN approach improved their overall work performance because they felt more competent, their home visits were enhanced, and parents were disclosing more information. Several home visitors explained these changes as being a result of becoming more active listeners, less likely to jump in to solve problems for parents, and better facilitators of change in parents. To illustrate how the FAN has changed her professionally, one home visitor said, “Even though that I had felt in the past more empathetic to the needs of my families, it was kind of helped me recognize that yes, you care, you’re empathetic, but sometimes you don’t have to fish for them. You have to provide the tools for them to fish for themselves.” Feeling that home visits were becoming more relaxed, some Wave 6 home visitors perceived a positive impact of the FAN training on work stress and burnout. “I feel more relaxed,” one home visitor told us. “I know that it’s not necessarily my job to change their situation.” Another talked about being able to “sit back and let it go” when she is not able to get to the agenda she planned for a visit, adding that “I’m learning not to stress about that.” A third home visitor described feeling

more comfortable and at ease sitting with parents in their feelings. In her view, the FAN training helped her develop professionally but also remain calm during difficult visits:

It has made me even calmer with wherever I am or the person I'm talking to is in our dialoguing. The FAN has given me permission to sit there and that it's okay. In fact, it's better for the parent that they do sit there for a while and not for me to move them on but to move them on as I see them giving me cues to move them on. That's been huge for me.

Relationships with Parents

Again, Wave 6 home visitors believed that parents were sharing more information in their visits. For example, one home visitor reported that asking parents what they had noticed their babies doing “just brought out a lot more conversation and information from them. I have [a parent] who's very quiet, and asking these questions helps, she's talking more. 'Cause of the way I'm asking them, I'm getting information out of here, just communication.” Another home visitor talked about her initial interactions with a mother with whom “it was like me pulling information and it was like very difficult.” But, as she continued to use the approach and became comfortable with silence or only a nod from the mother—what she referred to as “empty space”—the mother was in time “able to open up her heart.”

In addition, some of the home visitors reported that, since introducing the FAN approach, parents were asking more questions and appearing to be more reflective. As one home visitor explained, the approach has had an impact on parents: “it really tries to focus on being parent led, and Parents as Teachers is more of a parent-led [curriculum], as opposed to be like us coming in and telling the parents what to do and how to do it, what they need to learn. It's more about helping them understand more of what they would like to do for their own family, what they think is important.”

At the same time, in contrast to their colleagues from previous waves, home visitors in Wave 6 did not mention improved relationships between themselves and parents. Home visitors' narratives about the impact of the FAN training on families were substantially more extensive in previous waves. Home visitors from previous waves indicated that the FAN training also had an impact on parents' emotional and social well-being, including increases in self-esteem, self-efficacy, and self-confidence. These changes in parents' experience were largely absent in the Wave 6 posttraining interviews.

Views of Wave 6 Supervisors and Infant Mental Health Consultants

Findings from interviews with Wave 6 supervisors and mental health consultants supported the findings related to practice change reported by home visitors. Similar to the reports of supervisors and consultants in the other waves, for instance, the Wave 6 supervisors most frequently reported that home visitors were more comfortable with parents' emotions and less likely to feel compelled to “fix” or solve problems for parents. In their view, learning to use the

FAN approach was a process that took time, and it took time for the home visitors to feel comfortable using it. For example, supervisors noticed that home visitors often forgot to add the middle Arc of the Visit question about whether the visit was getting to what the parent most wanted to talk about. In addition, they said that home visitors often could not perceive when parents were ready to move on from feelings or did not know how to help parents move when they were reading. The following quote from a Wave 6 supervisor illustrates this point:

When they first started using this approach, all of them are coming back saying, "The families are all stuck in feelings. They don't want to move into a different process." And now that they've become more comfortable and they're using the approach on a regular basis, they're starting to identify that the families are moving. And, I think that encouraged them more to continue doing it.

According to one Wave 6 supervisor, as home visitors began shifting their practice, they also began to change their understanding of their role. The supervisor said:

One of the things that I hear [the home visitors] say often is this relief, but also challenge of giving up this responsibility that they felt they had before to try to solve family challenges or situations, or having to feel like they were the expert. This title of parent educator, as we call our home visitors, comes with this great responsibility of feeling like you have to educate and you have to teach. What the FAN has helped them to do, but also it's been a part of the challenge, is that they are kind of becoming more mirrors to the families to either match them in their feelings or kind of gauge whether they're ready to explore some solutions. Or they have to have their listening ear on and really hear those cues from families to know what their next move is, as opposed to coming in with a plan, knowing what activity they're going to present to the parent to do with the child and what handouts they're going to give. It was a very clean-cut schedule, whereas now it becomes a little more ambiguous and it's really dependent on kind of where the mom or dad is at that time when they come in and the whole mindful self-regulation piece.

As with previous waves, Wave 6 supervisors also reported differences within their staff, based on their reflective capacity and other characteristics, in the pace of learning and use of the FAN approach. Although supervisors did not report opposition to using the FAN, they did find that some home visitors found it easier to adopt in their practice than others. Supervisors also noticed that home visitors were more comfortable managing parents' feelings and their own emotions with MSR strategies than they were in using Collaborative Exploration, Capacity Building, and Integration strategies. One supervisor told us,

People definitely became more comfortable with allowing families to talk about feelings. That was a huge one. I think that the exploration is something that people are working towards a little bit more and realizing that our agendas are just that. They're our agendas. We've got to be supportive to where families are and really more a partner than facilitator.

On the other hand, a mental health consultant said she did see some resistance to learning and using the FAN with two home visitors at one of the Wave 6 programs.

Overall, there was a sense that the process of learning and using the FAN for Wave 6 home visitors was similar to that of the earlier waves. However, because the training ended at 6 months, they were still in the process of learning and integrating the FAN into their practice. There was less change in home visitors' practices at the end of 6 months than there was after 9 or 12 months of training.

In terms of the impact on families, Wave 6 supervisors observed that parents were feeling less judged by their home visitors, more open to sharing their feelings, and more empowered by being encouraged to make their own decisions than in the past. According to one supervisor, as a result of the FAN training, "there definitely has been increased disclosures of information that otherwise would not have come out from the basic curriculum the staff was using. The staff became more comfortable with questioning and challenging parents a little bit more as opposed to just handing them the information." Another supervisor stated the following:

With the home visitors exploring with them how they are parenting [and] taking the time to ask what's working instead of giving the parents the answer, the parents are becoming more self-confident and able to solve those problems by talking through it. Some of the parents have even mentioned that to the home visitors. They're kind of having those ah-ha moments. And, some of the home visitors come back and say, "They're starting to give me ideas about what they want to talk about at the next visit." In one situation, the home visitor got there and the parent said, "I thought of the words to describe my child. I want to tell you, don't let me forget to tell you." They're thinking about the visits in between which is really what we try to encourage.

Chapter Summary

Program staff in Wave 6 received a shorter, 6 months training. Supervisors primarily led this training after receiving additional training in the FAN approach to supervision and monthly mentoring by telephone from FAN trainers. There were no significant differences between home visitors in Waves 3–5 and those in Wave 6 at baseline. However, at the end of training, the home visitors in Waves 3–5 assessed themselves higher than home visitors in Wave 6 on all of the FAN practice indicators. These differences were statistically significant for the following three indicators: exploring parents' concerns together before finding solutions, maintaining focus on parenting throughout the visit, and encouraging the parent to lead the visit and help set the agenda.

In addition, there were significant differences on a few items related to self-reported levels of understanding and comfort in using the FAN approach. For example, at the end of the training, 61% of home visitors in Waves 3–5 said they understood the approach "very well," compared to 15% of those in Wave 6. Home visitors in Waves 3–5 also reported being more comfortable with four of the five core processes than Wave 6 home visitors. The exception was Mindful Self-Regulation (MSR); home visitors in both groups reported being similarly comfortable with MSR, which might reflect the strong focus on this core process in the FAN training. This focus might also explain why there were no differences between the two groups on the FFMQ Non-reactivity

to Inner Experience subscale measure, which increased for both groups between the beginning and end of training.

In the analysis of data from the qualitative interviews, a recurrent observation was that Wave 6 home visitors provided fewer and more modest examples of changes they perceived in their practice as result of the FAN training than home visitors in Waves 3–5. Compared to Wave 6, home visitors in Waves 3–5 also provided examples of a wider set of FAN strategies they had incorporated into their practice. In addition, they perceived more changes in parents' experiences and capacities. Home visitors in Waves 3–5 reported improvements in parents' self-reflection, self-esteem, self-efficacy, and self-confidence whereas those in Wave 6 only perceived changes related to parents' ability to reflect on themselves and on their children.

Overall, these findings suggest that although the training content was similar for the two groups of home visitors, learning the FAN approach requires a longer learning period than the 6 months afforded to the Wave 6 staff. Home visitors in Wave 6 had fewer opportunities to learn, practice, and discuss the FAN approach with the same intensity as those in Waves 3–5 who received training over a longer period of time. At the same time, the findings suggest that, after the initial 2-day core training, supervisors are able to deliver the training to their home visitors with ongoing support from FAN trainers.

Summary and Conclusions

[The FAN approach] helps us to grow more in our profession, to express ourselves more, [and] to be present for the families.

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. A previous study showed positive impacts on home visitors' ability to engage parents in home visits after an 18-month training in the FAN approach. However, the length and intensity of the training was difficult for staff to manage with their other responsibilities. Thus, this study was conducted to see whether training in the FAN approach could be delivered effectively with a shorter training period. Results indicate that the condensed training in the FAN approach changed home visitors' ability to focus on parenting and collaborate with families and built their reflective capacity. Training also enhanced supervisors' ability to support home visitors. These findings were evident in both HFA and PAT program staff. Although the study indicated that staff could learn the FAN approach in a shorter period of time than the original 18-month period, the 9- or 12-month training period appeared to be somewhat more effective than a shorter, 6 month period. Additional positive outcomes were the growth in reflective capacity and reduced burnout of home visitors on standard measures. Below we highlight key findings from the study.

Key Findings

- Across Waves 3–5, home visitors in HFA and PAT programs learned the FAN approach and used it with families in their home visits. Home visitors felt most comfortable with Mindful Self-Regulation and Empathic Inquiry and most home visitors reported feeling “very comfortable” with these two processes by the end of the training. Over half of the home visitors reported feeling “very comfortable” with Collaborative Exploration, Capacity Building, and Integration. About half of home visitors still wanted to develop their skills in Collaborative Exploration and Capacity Building, and almost one-third wanted to improve their skills in Integration.
- Overall, home visitors in Wave 6 felt less comfortable with all of the core processes and reported less use of all aspects of the FAN approach than those in Waves 3–5. These findings appeared to reflect the shorter time for learning and practicing the FAN skills and applying them in their work with families and not the fact that they received most of their ongoing training from their supervisors rather than the FAN trainers.
- Consistent with findings from the 18-month training, home visitors who received the condensed training also became more aware of their emotions, more attentive to parents' cues, better able to focus on parenting, better able to encourage parents to lead visits, and better able to explore the concerns of parents. Because emotional awareness, focusing on parenting in visits, and facilitating parent-led visits significantly increased

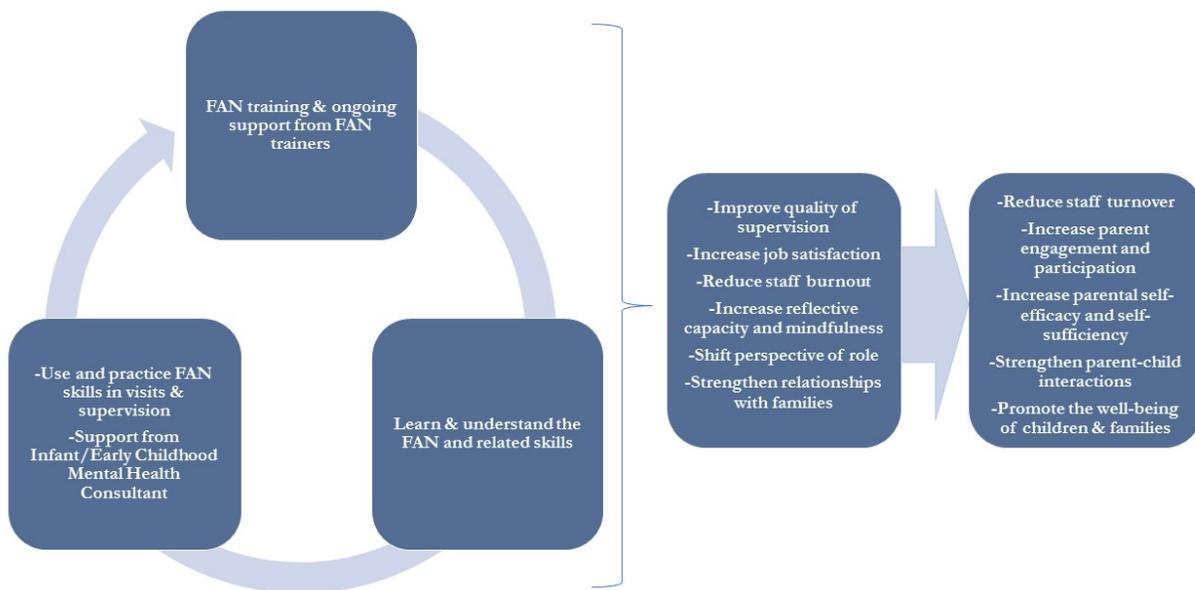
during the first 6 months of training, it seems that these are the skills that home visitors strengthen first during the course of the FAN training. Reading parent cues and matching interactions based on those cues and exploring parents' concerns together before finding solutions appear to take longer to learn and implement into home visitor practice, yet home visitors demonstrated these skills by the end of their 9- or 12-month training.

- During their visits with families, home visitors asked parents more questions and listened more. The types of questions they asked revolved around parenting and encouraged parents to reflect about themselves and their children. The home visitors themselves became more reflective as well. They developed more awareness of their emotions and learned emotion regulation strategies, allowing them to be present during visits. Using these skills also improved home visitors' ability to establish boundaries with families.
- In addition, after the FAN training, home visitors reported lower levels of burnout. Over time we found that home visitors' ratings of their depersonalization and emotional exhaustion decreased. This result aligns with their improved skills in recognizing their own feelings during visits and reading and matching parents' cues, allowing home visitors to be more engaged and empathic. Improved skills at emotion regulation also fosters more adaptive emotional responses and prevents both depersonalization and emotional exhaustion.
- Home visitors perceived the supervision they received as more reflective after the FAN training. Many home visitors described supervision sessions that included FAN strategies and components, which invite them to reflect on their feelings and concerns. These strategies include listening attentively, asking home visitors questions to understand and explore home visitors' theory of the problem or concern, and helping home visitors find their own solutions. Home visitors also reported significant pre-to-post increases in their perception of their supervisor's ability to improve their reflective capacity—showing them how to integrate emotion and reason into case analyses—and seeing their supervisor as both a teacher and a guide.
- Comparing FAN skills across home visiting models revealed few differences. Both HFA and PAT home visitors reported similar skill levels for all six of the FAN skills. Although HFA home visitors assessed their skills as better than PAT home visitors for some skills on the 6 months survey, there were no significant differences in their assessments on the final survey. At both time points, HFA home visitors were more likely to report being "very comfortable" with all five processes than were PAT home visitors. At 6 months, we found significant differences between HFA and PAT for Empathic Inquiry and Integration. These findings indicate that the staff in PAT programs may have taken a bit longer to develop their skills in the FAN approach but by the end of the training period, their skill levels were the same as those in the HFA staff.

- Program supervisors assessed themselves significantly higher at the end of training than before training on three behaviors associated with the FAN. They reported a change in themselves and in dynamics of their supervision with home visitors; increased awareness of their feelings and behaviors as well as those of their supervisees; and improvements in supervision to include more discussion and collaboration with home visitors. As supervisors developed their own reflective capacity and were more attentive to home visitors' needs and concerns, they were better able to support them in their work with families.

To bring all of our findings together, we offer a simple visual in Figure 37.

Figure 37. Draft Theory of Change for the FAN Training Evaluation Results



As shown in the figure, 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 an increase in reflective capacity and decreased burnout (emotional exhaustion) as well as a change in home visitors' understanding of their role. Supervisors improved their own reflective capacity and became more attentive to home visitors' needs and concerns and better able to support them. Long-term, these changes are expected to contribute to positive 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.

Study Strengths and Limitations

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 the study was sample attrition, largely because of staff turnover, which resulted in lower survey response rates over time. 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.¹²

In addition, quantitative measures of relationships—a central component of the FAN approach—are limited. Because relationships tend to be rated highly at baseline, they leave 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 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.

Conclusions and Implications

Findings from this study showed that home visitors representing two different home visiting programs improved in all FAN skill areas: encouraging parent-led visits, reading parents' cues for engagement, matching interactions based on these cues, maintaining a focus on parenting, exploring parents' concerns together, and encouraging parents to lead 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. Although parents were not part of this study, home visitors reported in interviews that the FAN training strengthened their 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.

This 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

¹² 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.

and consultants about cases and ask questions about the FAN specifically.¹³ The importance of supervisors in the implementation of the FAN approach suggests that prior to investing in training, efforts should be made to 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.

Finally, this study did not assess family or child outcomes. However, home visitors, supervisors, and consultants suggested that relationships with families improved as a result of the implementation of the FAN approach. Future studies should examine whether these changes in relationships and home visit dynamics improve family engagement and strengthen the parenting context for child development. 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. 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 as well as how flexibility can be built into programs to manage such changes.

¹³ Some supervisors also received support in sustaining use of the FAN from participating in quarterly Community of Practice meetings.

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Appendix A. Analytic Methods

As outlined in Figure 3, the Cross Model Training Evaluation (CMTE) included four waves of training and implementation, which differed by program model, length of training, and/or the structure of the training, and four waves of data collection with program staff. Below is a summary of data sources for the study. We analyzed and synthesized quantitative and qualitative data to address the research questions for the evaluation of the condensed, cross-model FAN training. The two types of analysis address issues from different vantage points and bring different kinds of information to address the evaluation questions. Generally, quantitative data (e.g., characteristics of participants and home visitors' knowledge, attitudes, and practices) provide a sound basis for addressing questions of frequency, incidence, and trends over the implementation of the FAN approach. Qualitative data typically provide deeper and more powerful explanations of knowledge, beliefs, experiences, and behaviors. Bringing the quantitative and qualitative analyses together in a comprehensive way to address the study questions can provide validation and generate more insightful and useful answers than either method on its own. In order to ensure the validity of both kinds of data, different teams of researchers were responsible for initially analyzing the quantitative and qualitative data. Subsequently, we began to look for convergences between the two types as well as areas where they could supplement each other.

Summary of Data Sources

- Home visitor survey over time (3 for Waves 3–5; 2 for Wave 6)
 - 1 pre training
 - 1 at 6 months post core training
 - 1 post training
- Supervisor survey over time (3 for Waves 3–5; 2 for Wave 6)
 - 1 pre training
 - 1 at 6 months post core training
 - 1 post training
- Home visitor interview (2)
 - 1 at pretraining
 - 1 at posttraining
 - 12 months (Waves 3 & 4)
 - 9 months (Wave 5)
 - 6 months (Wave 6)
- Supervisor interview (2)
 - 1 at pretraining
 - 1 at posttraining
 - 12 months (Waves 3 & 4)
 - 9 months (Wave 5)
 - 6 months (Wave 6)
- Consultant interview (1)

- 1 at post training
 - 12 months (Waves 3 & 4)
 - 9 months (Wave 5)
 - 6 months (Wave 6)
- Selected CQI program-level aggregate data shared by Loyola

Research Questions

Table A-1. Research Questions, Samples, and Measures

Research Question	Samples	Instruments & Measures
1. What changes in knowledge of the FAN and behavior (comfort in using the FAN and reflective practice) do staff report after receiving the condensed FAN training? Does program model influence learning and implementation of the FAN approach?	Home Visitors Supervisors	<ul style="list-style-type: none"> • Implementation survey • Interview • SWAI • FFMQ
2. What changes in potential outcomes do staff report after training? For example, do home visitors report increases in job satisfaction and self-efficacy after training (6 month to one year prior)? Do home visitors and supervisors who received condensed FAN training display increased levels of mindfulness compared to before the training?	Home Visitors Supervisors	<ul style="list-style-type: none"> • Implementation Survey • FFMQ • RSRS • Job satisfaction • Burnout
3. What are the characteristics of participants in the condensed FAN training that demonstrate positive outcomes (e.g., reflective capacity, job satisfaction, self-efficacy, mindfulness, emotional regulation, perspective taking, empathic listening, matching responses to parent’s cues)?	Home Visitors Supervisors Consultants	<ul style="list-style-type: none"> • Implementation Survey • Interview • Trainer FG
4. What are the characteristics of participants in the condensed FAN training that demonstrate no changes?	Home Visitors Supervisors Consultants	<ul style="list-style-type: none"> • Implementation Survey • Interview • Trainer FG
5. What elements (e.g., trainers’ presentations, FAN tools, supervisors’ trainings, reflective supervision, consultation sessions, and booster sessions) of the FAN Training are critical to facilitate learning about the FAN?	Home Visitors Supervisors Consultants	<ul style="list-style-type: none"> • Implementation Survey • Interview • Trainer FG
6. What site level, organizational characteristics (e.g., leadership of supervisors, working relationships between supervisors and home visitors, and staff turnover) facilitate and hinder implementation of the FAN?	Home Visitors Supervisors Consultants	<ul style="list-style-type: none"> • Implementation Survey • Interview • Trainer FG
7. Do home visitors who received the condensed FAN Training perceive increased knowledge and skills in outcomes related to reflective capacity in working with parents?	Home Visitors	<ul style="list-style-type: none"> • Implementation Survey • Interview
8. How does the perception of skill attainment compare between participants in long-term and condensed trainings and for participants across models?	Home Visitors Consultants Trainers	<ul style="list-style-type: none"> • Interview • PRPAS (Heller, 2017)
9. Do home visitors and supervisors who receive the condensed FAN training and supervisors who receive Supervisor FAN training perceive their working relationship together similarly? Do home visitors’ and supervisors’ perceptions of supervision improve following these trainings?	Home Visitors, Supervisors	<ul style="list-style-type: none"> • Implementation Interview • Survey • SWAI

10. Do supervisors who receive Supervisor FAN training (Wave 3) in addition to FAN training use more reflective behaviors in supervision than supervisors with FAN Training alone (Wave 1 and 2)?

Wave 1, 2, & 3
Supervisors

- RSRS
 - Interview
-

Table A-2. Waves, Program Models, and Training Structure

Wave/# Programs	Program Model Notes	Training Structure
3 (6)	<p>Three were HFA programs and 3 were dual HFA/PAT programs. Of the 3 dual HFA/PAT^{a14}:</p> <ul style="list-style-type: none"> • One used three models including PAT and HFA; PAT closed before FAN training ended, the other two closed after training ended. • One closed their HFA program down halfway through FAN training and the staff transitioned to PAT. • One is still PAT and HFA. 	<ul style="list-style-type: none"> • All in-person at the program • Training length: 12 months • Training frequency: 2x/month for first 6 months, then 1x/month for second 6 months (18 training sessions in all) • Consultant and supervisor call frequency: 1x/mo. for 12 months
4 (2)	PAT Community-based sites	<ul style="list-style-type: none"> • All in-person at the program • Training length: 12 months • Training frequency: 2x/month for first 6 months, then 1x/month for second 6 months (18 training sessions in all) • Consultant and supervisor call frequency: 1x/mo. for 12 months
5 (6)	<p>PAT</p> <ul style="list-style-type: none"> • All school district sites 	<ul style="list-style-type: none"> • All in-person at program (3 small programs were grouped together for training purposes) • Training length: 9 months • Training frequency: 2x/month for 9 months (18 training sessions total) • Consultant and supervisor call frequency: 1x/mo. for 9 months
6 (3)	PAT	<ul style="list-style-type: none"> • Type of Training: Only initial 2-day CORE and final 3rd CORE day in person, one midpoint “check in” training session was added later in the training (half day), the rest was by phone with supervisors ONLY • Training length: 6 months • Training frequency: Initial 2-day and then final 3rd Day • Consultant and supervisor call frequency: 2x/month for 6 months (1 individual call and 1 group call with trainers)

^a One HFA program uses the PAT curriculum, but we do not know if that program follows the HFA weighting and visit frequency or the PAT structure.

Analytic Approach for Quantitative Data

To assess the training and the implementation of the FAN in practice, we compared data collected from staff before the start of training and data collected at 2 time points (6 and either 9 or 12 months, depending on the wave) after the core training. The 6 months data collection allowed us to look for the gradual appearance of learning and use of the FAN approach as

training progressed. Because of differences in the types of programs that participated in each wave (HFA vs. PAT; community-based vs. school district) and the variation in length and delivery of training, we also examined group differences—although quantitative analyses of differences were limited by sample size. In addition, we recognized that implementation of the FAN training depends on individual and program/organization factors in addition to the training. Curriculum is one aspect. Another is staff support, including other ongoing training, supervision, stability of funding, etc. Information from staff, consultants, and trainers helped us understand the context for training and implementation and how the effects of supervisor-home visitor relationships and job satisfaction influence learning and application of the FAN.

To analyze the quantitative data, we used a variety of simple descriptive and inferential statistical techniques. We used quantitative analysis techniques to identify important relationships among factors in the logic model—including training and consultation activities and home visiting program context—that relate to successful implementation of the approach and practice changes for home visitors. For data collection points where the same instruments are administered, primary analyses were conducted by comparing the pre-training data on all outcomes at each data collection point separately. Reflective Capacity as measured by two scales (“Non-Reactivity to Inner Experience” and “Acting with Awareness”) of the Five Facets of Mindfulness Questionnaire (FFMQ; Baer et al., 2006) instrument was measured independently as an independent outcome. It was also analyzed as a potential effect on self-reported knowledge, behavior (e.g., as reflected in the PRPAS scores), and confidence (assessed by staff reports of their “comfort” in using the FAN processes). We examined differences in associations for different subgroups or contexts (e.g., HFA vs. PAT programs). Cross-tabulations with tests for statistical significance, such as chi-square and ANOVA, were used to examine differences between groups and determine whether those differences are statistically significant. We also used repeated t-tests and ANOVA to see whether changes over time are statistically significant.

In summary, we ran baseline descriptive statistics of all demographic variables (age, role, education, training, and experience), and measures of mindfulness (FFMQ), job satisfaction, burnout (MBI), and home visitor-supervisor relationships (SWAI) included in the survey for individual waves and for the aggregate of Waves 3–5. In some of the analyses, although we combined Waves 3–5 data, we included Wave as a variable, which served as a proxy for program model and setting for the program. Only Wave 3 included HFA sites and only Wave 4 included PAT community-based sites (vs. the school district sites in Wave 5).

We analyzed the Wave 6 data similarly to the data from the other waves. However, we treated Wave 6 data separately because of the differences in the training methods used with this set of programs and the small number of programs which experienced this training (see tables below). After conducting initial analyses of the Wave 6 data, we looked for any differences between Wave 6 and the other waves to determine if any further analyses were warranted.

Our ability to conduct the analyses described above and the likelihood of obtaining significant differences will be affected by our sample sizes. Tables A-3 and A-4 below show the number and percentage of home visitors responding to surveys by wave for each data collection time point.

We experienced staff turnover in all of the waves, but particularly in Wave 3 due to loss of funding in some of the HFA programs. We conducted analysis of staff attrition during the study period to make sure that the posttraining samples were comparable.

Table A-3. Number and Percentage of Home Visitors Responding to Surveys by Wave

Survey Time	Wave 3 (n = 43)		Wave 4 (n = 19)		Wave 5 (n = 37)		Total of Waves 3–5 (n = 99)		Wave 6 (n = 14)	
	n	%*	n	%*	n	%*	n	%*	n	%*
Pretraining	38	88	16	84	30	81	84	85	14	100
6 months post	29	67	12	63	21	57	62	63		
Final post	16	37	6	32	22	60	44	44	13	93

*Percentage of baseline sample

Table A-4. Number and Percentage of Same Home Visitors Responding to Surveys over Time

Survey Time	Wave 3 (n = 43)		Wave 4 (n = 19)		Wave 5 (n = 37)		Total of Waves 3–5 (n = 99)		Wave 6 (n = 14)	
	n	%*	n	%*	n	%*	n	%*	n	%*
Pre & 6 mos.	29	67	10	53	20	54	59	60		
Pre & Final	16	37	5	26	18	49	39	39	13	93
All three	15	35	3	16	13	35	31	31		

*Percentage of baseline sample

Analytic Approach for Qualitative Data

Qualitative data provided information on staff implementation of the FAN home visiting experiences (particularly the use of the FAN components), relationships between home visitors and supervisors, and perceptions of impacts of the FAN approach on families. In particular, we focused on the five FAN concepts that are the cornerstone of the FAN approach and looked for evidence that these concepts are being applied by home visitors in their work with parents.

To analyze interview data, we organized qualitative information by research question and coded it to describe understanding of the FAN concepts and strategies, training and implementation experiences, successes and challenges, lessons learned, and outcomes for home visitors and supervisors. Qualitative data provides detailed descriptions and explanations of phenomena to assess changes in home visitors and supervisors and their programs over time. It helps us understand how to replicate and improve the use of the FAN model in the future with other programs. We also looked for common themes and variations in perspectives and experiences across different types of respondents and programs. We used thematic analysis to search for patterns, exemplary events, key activities, practices, beliefs, goals, and processes in the interview transcripts related to the research questions.

Analyzing the qualitative data occurred through a simultaneous process of deduction and induction. Although we developed an initial list of concepts and themes based on the interview guide and, particularly, on the FAN core processes and other components, we also were attentive to new themes that emerged from the data. As additional data were collected over time, initial categories were revised and elaborated upon further. Our approach was partially based on the “grounded theory” approach to qualitative analysis (e.g., Glaser, 1965/1967; Miles, Huberman, & Saldana 2014; Morse, 1994; Patton, 2002), which builds theory based on a systematic approach to coding, usually termed “the constant comparative method.” We examined interview transcripts and summaries line by line to see what ideas and patterns the data reflected and developed codes for the data based on the ideas and patterns. As we identified concepts, we compared and contrasted them and grouped similar concepts together in categories.

In order to assess change, we compared staff responses to questions that were part of both the pretraining and posttraining interviews. These included a question about their typical home visits, a question about the nature of their supervision, and a request to describe a difficult or challenging case and how they handled the case. The last item was used to code the PRPAS measure of reflective capacity for home visitors. These narratives also were used to provide evidence of practice change as a result of training.

Qualitative Samples

Tables A-5 and A-6 show the number of home visitors and supervisors contributing qualitative data to the study. Because we are interested in change over time, we analyzed only data from staff who have both a pretraining and a posttraining interview. In addition, because of resource constraints, we reduced the sample to include only home visitors who completed at least the baseline and 6 months surveys. (We did include home visitors interviewed at baseline and at the end of the FAN training whose program provide home visiting primarily in Spanish.) As shown in Table A-5, across the four waves, there were a total of 59 home visitors and 25 supervisors who had both a pretraining and posttraining interview. Because the training model used for Wave 6 was considerably different than that used for the other waves, our initial analysis focused on Waves 3, 4, and 5, which included a total of 48 home visitors and 21 supervisors who were all interviewed twice. We analyzed data for Wave 6 separately and looked for similarities and differences in learning and implementation between staff in this wave and staff in the other waves.

Table A-5. Home Visitors Interviewed Before and After Training, by Wave^a

Sample	Wave 3 (12 months)	Wave 4 (12 months)	Wave 5 (9 months)	Wave 6 (6 months)	Total
Pretraining	42	18	34	14	108
Posttraining	24 ^b	10 ^c	25	11 ^d	70
Total (# to analyze)	66 (23)	28 (7)	59 (18)	25 (11)	178 (59)

^aEach wave had one home visitor who received training but declined to participate in the pretraining interview and was not interviewed post training. These individuals are not included in the table. In addition:

^bWave 3: 13 HVs (37%) left program, 4 declined to be interviewed, 1 not included because of layoff during training.

^cWave 4: 8 HVs (42%) left program.

^dWave 6: 1 HV (7%) left program; 3 HVs did not complete post interview

Table A-6. Supervisors Interviewed Before and After Training, by Wave

	Wave 3 (12 months)	Wave 4 (12 months)	Wave 5 (9 months)	Wave 6 (6 months)	Total
Pretraining	12	4	8	4	27
Posttraining	10 ^a	4	7	4*	25
Total (# to analyze)	22 (20)	8	16 (14)	6	52 (48)

^aWave 3: 2 (17%) Supervisors left program

The goal of the qualitative analysis was to capture the extent to which the FAN concepts and strategies are reflected in home visiting practice, with a focus on *how* home visitors deliver the program content rather than what content is delivered. We also recognized that the FAN training has the potential to affect both knowledge and behaviors (skills or practice; Guskey, 2000; Kirkpatrick, 1959). Thus, we examined both the extent to which home visitors demonstrate that they have *learned* the FAN concepts and the extent to which they have *used* the concepts. In addition, we looked at the experiences of staff with the training to see what worked well and what might need to be modified, as well as to see whether differences in training experiences explain any differences seen in the impacts of the training on practice. We also were interested in the extent to which programs, supervisors, trainers, and infant mental health consultants supported home visitors' learning and use of the FAN. Finally, we looked for differences in the qualitative data that might reflect the effect of program model (HFA vs. PAT) or other aspects of organizational climate that surfaced in the analysis of the survey data.

We conducted structural and content coding using codes developed from the FAN core concepts and strategies. These included the five core processes and the Arc of Engagement structure and questions, among others. We looked for evidence (or lack thereof) of these concepts and strategies in the pretraining and posttraining interviews but also were open to new themes that emerge from the data. In addition, following Freeman's (1996) approach, examine how respondents express their ideas (called "presentational" analysis) as well as the

content of what they say (“representational” analysis). This helped us to draw conclusions about how well the staff were able to integrate the FAN concepts into their practice.

Appendix B. Additional Data Tables

Table B-1. Baseline Characteristics of Home Visitors

Home Visitor Characteristics	Full Sample (<i>N</i> = 83) ^a	Full Sample Minus Subsample (<i>n</i> = 52)	Subsample Followed over Time (<i>n</i> = 31) ^b
Program Model, %			
Healthy Families America (HFA)	31	33	29
Parents as Teachers (PAT)	68	67	68
Baby Talk	1	0	3
Age, %			
20–29 years	19	22	13
30–39 years	26	33	16
40–49 years	26	27	26
50–59 years	23	10	42
60 years or older	6	8	3
Race and/or Ethnicity, %			
Black	14	18	7
White	58	55	61
Hispanic	26	25	29
Other	2	2	3
Role^{c,d}, %			
Home visitor	78	74	84
Doula	9	10	7
Home visitor and other (e.g., Doula or Supervisor)	14	14	10

^a Sample sizes ranged from 79–83 unless otherwise noted.

^b Sample sizes ranged from 29–31 unless otherwise noted.

^c The Spanish language version of the pretraining survey had an alternate question format for “The role of the home visitor” allowing the respondent to select all options that apply; Spanish language speakers could only select one option.

Note: Chi-square tests indicated statistically significant differences between the full sample and the subsample for Age ($p < .05$).

Table B-2. Education and Experience of Home Visitors at Baseline

Background Characteristic	Full Sample (N = 83)^a	Full Sample Minus Subsample (n = 52)	Subsample Followed over Time (n = 31)^b
Current level of education, %			
Some college; no degree	19	20	16
Associate's degree	21	27	13
Bachelor's degree	51	47	58
Master's degree	4	4	3
Other	6	2	10
Area of study, %			
Child development	9	6	13
Early childhood education/education	17	19	13
Psychology	17	17	16
Social work/social welfare	12	15	7
Other areas of study	16	13	23
Multiple areas of study	30	30	29
Currently enrolled in educational program, %			
Yes	13	14	13
Years working with families with young children			
Mean (SD)	10.5 (8.75)	9.2 (9.01)	12.4 (8.11)
Range, n	0–40	0–40	0.50–29
Prior experience delivering home-based services to families			
Yes, %	43	40	48
Years of experience delivering home based services to families^c			
	(n = 47)	(n = 18)	(n = 15)
Mean (SD)	6.9 (7.94)	7.4 (8.61)	6.3 (7.31)
Range, n	0–25	0–25	0.25–23
Caseload			
Mean (SD)	12.6 (7.03)	11.9 (7.29)	13.7 (6.58)
Range, n	0–40	0–40	2–27.25
Hours Worked			
Mean (SD)	38.4 (10.34)	38.6 (6.48)	38.2 (14.62)
Range, n	8–83	10–55	8–83

^a Sample sizes ranged from 75–80 unless otherwise noted.

^b Sample sizes ranged from 29–31 unless otherwise noted.

^c Means based on responses of those who reported have prior experience.

Chi-square tests indicated no statistically significant differences between the full sample and the subsample.

One-way ANOVA tests indicated no statistically significant differences between the full sample and the subsample.

Table B-3. Baseline Characteristics of Home Visitors included in the Qualitative Study

Home Visitor Characteristics	Qualitative Sample (N = 48) ^a
Program Model, %	
Healthy Families America (HFA)	35
Parents as Teachers (PAT)	63
Baby Talk	2
Age, %	
20–29 years	11
30–39 years	23
40–49 years	32
50–59 years	30
60 years or older	4
Race and/or Ethnicity, %	
Black	
White	13
Hispanic	57
Other	28
Role^b, %	
Home visitor	79
Doula	11
Home visitor and other (e.g., Doula or Supervisor)	11

^a Sample sizes ranged from 47–48 unless otherwise noted.

^b The Spanish language version of the pretraining survey had an alternate question format for the following item: The role of the home visitor allowing the respondent to select all options that apply; Spanish language speakers could only select one option.

Table B-4. Education and Experience of Home Visitors in the Qualitative Sample at Baseline

Background Characteristic	Qualitative Sample (N = 48)^a
Current level of education, %	
Some college; no degree	19
Associate's degree	26
Bachelor's degree	45
Master's degree	3
Other	6
Area of study, %	
Child development	13
Early childhood education/education	15
Psychology	13
Social work/social welfare	9
Other areas of study	20
Multiple areas of study	30
Currently enrolled in educational program, %	
Yes	17
Years working with families with young children	
Mean (SD)	11.7 (8.00)
Range, <i>n</i>	0–29
Prior experience delivering home-based services to families	
Yes, %	70
Years of experience delivering home based services to families^b	
Mean (SD)	(<i>n</i> = 20) 5.8 (6.81)
Range, <i>n</i>	0–25
Caseload	
Mean (SD)	13.0 (6.81)
Range, <i>n</i>	0–27.3
Hours Worked	
Mean (SD)	38.0 (12.12)
Range, <i>n</i>	8–83

^a Sample sizes ranged from 42–47 unless otherwise noted.

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

Table B-5. Correlations between Pretraining PRPAS Domains (N = 31)^a

	Self-Knowledge	Self-Regulation	Multiple Perspectives	Collaboration	Process	Authentic Attitude
Self-Knowledge		.667***	.321	.314	-.259	.349
Self-Regulation			.538**	.383	.113	.458*
Multiple Perspectives				.374	.257	.334
Collaboration					-.047	.702***
Process						.260
Authentic Attitude						

^a Pearson correlation coefficients are based on all home visitors in the subsample followed over time (N = 31). Correlations are significant at * $p < .05$, ** $p < .01$, or *** $p < .001$

Table B-6. Correlations between Posttraining PRPAS Domains (N = 31)^a

	Self-Knowledge	Self-Regulation	Multiple Perspectives	Collaboration	Process	Authentic Attitude
Self-Knowledge		.379	-.032	.357	.127	.357
Self-Regulation			.137	.537**	.364	.651***
Multiple Perspectives				.413*	.235	.205
Collaboration					.545**	.823***
Process						.539**
Authentic Attitude						

^a Pearson correlation coefficients are based on all home visitors in the subsample followed over time (N = 31). Correlations are significant at * $p < .05$, ** $p < .01$, or *** $p < .001$

Table B-7. Evidence of Practice Change in Home Visitors' Posttraining Interviews

FAN Theme/Process	Perceived Changes in Practice After Training
Listening with unhurried posture (Empathic Inquiry) and meeting clients where they are (Attunement)	[I was] getting in there and planning with them, making sure we get the developmental [assessments] done, all the paperwork that we get and just share the development with the moms. We would chit-chat with the moms but not really get down to see how they see the child. We just assumed, you know, that she saw the child the way we did, and that's totally wrong. Well, we have grown a lot with the implementation of FAN. We have learned to slow down and listen to moms. I think it's probably taking a little bit more time in our home visits, because we have so much other stuff to do on our home visits, but it seems to have better results when we start where the mom is at.
Listening with acceptance and unhurried (Empathic Inquiry) and helping parents find their own way (Collaborative Exploration)	I didn't really ask enough questions. Now I'm more of a good listener, because I'm listening and asking more questions. I think I'm helping them find the solutions more and maybe at a visit we don't get any further than just her being in her feelings. And letting that be.
Helping parents find their own way (Collaborative Exploration)	<p>I would say, like six months into the [FAN] thing that I really was just taking it in for my own benefit. I wasn't taking it in for the mom. The mom didn't ask me to bring it in. I just thought about it like well why am I bringing this in and she didn't ask me for it.</p> <p>[Now] because I am more open and really listen to them, and help them say this is your own thought and your own idea, that it actually strengthened our relationship as home visitor and mom. It gave more in depth words to what we had been seeing and doing.</p>
Trying to see the family or child parent sees and tries to understand parents' view of the problem or concern (Collaborative Exploration)	For example, when you asked the mother to describe her baby in 3 words. I didn't do that before. And, I realize that they also liked it a lot. Before, I told them [what to do] in an indirect manner, but it was not conscious. The training has helped us. It has helped me, personally, to get them to realize their own potential from their personal point of view. And, it has helped me appreciate these families and how to understand them from many points of view.
Resisting the urge to fix (Collaborative Exploration)	<p>I definitely didn't do that [explore with families]. I was always, "Oh! This is the problem and these are the solutions."</p> <p>With respect to not jumping in and solving everything, but rather giving the opportunity to the families, that definitely has changed completely.</p>
Parent lead (Collaborative Exploration), reading parents' cues, and meeting mom where she is at (Attunement)	I was always a person who wanted to fix and to help. [With] the FAN, I had to really sit back and not jump in and let the mom more lead the visit. I think you find yourself doing that with all the families, asking the questions and figuring out where they are in the FAN, or when is the right time to move, [and if] you have a mismatch between the family. I like the fact that I kind of do some of that repair.

Table B-7, cont'd

Listening with acceptance and addressing parents' concern at the moment (Collaborative Exploration)	I think sometimes it used to just be whatever we were supposed to do for the curriculum. Now judging by what they're thinking, what they're feeling, I find myself a lot of times not going by the curriculum that's in our packets, but finding something that's more up to date, or more centered on what that person has concerns about.
A drop of information (Capacity Building) and helping parents find their own way (Collaborative Exploration)	What I did struggle with, and I see a huge change in myself, is I would typically, pre-FAN, go in and try to just give mom the solutions. Whereas now, after FAN training, I try to give that drop of information to let mom come up with the solution, so it's not me figuring out her problems. I definitely think that that helps my participants and helps them to think, "Oh, you know what? I can figure some things out."

Table B-8. Baseline Characteristics of Waves 3–5 and Wave 6 Home Visitor Survey Samples

Home Visitor Characteristics	Waves 3–5 (n = 31)	Wave 6 (n = 13)
Program Model, %		
Healthy Families America (HFA)	29	0
Parents as Teachers (PAT)	68	100
Baby Talk	3	0
Age, %		
20–29 years	13	0
30–39 years	16	23
40–49 years	26	31
50 years or older	45	46
Race and/or Ethnicity, %		
Black	7	8
White	61	69
Native American	0	0
Hispanic	29	23
Other	3	0
Role^a, %		
Home visitor	84	85
Doula	7	0
Home visitor and other	10	0
Other	0	15

^a The English language survey allowed multiple responses; the Spanish language version allowed only one response. Note: One-way ANOVA and Chi-square tests indicated no statistically significant differences between the two groups.

Table B-9. Education and Experience of Waves 3-5 and Wave 6 Home Visitor Survey Samples

Background Characteristic	Waves 3–5 (<i>n</i> = 31)	Wave 6 (<i>n</i> = 13)
Current level of education, %		
Some college; no degree	16	8
Associate’s degree	13	8
Bachelor’s degree	58	62
Master’s degree	3	23
Other	10	0
Area of study, %		
Child development	13	17
Early childhood education/education	13	50
Psychology/social work/social welfare	23	0
Other areas of study	51	33
Years working with families with young children		
Mean (SD)	12.4 (8.11)	10.5 (7.24)
Range, <i>n</i>	0.5–29	2–25
Prior experience delivering home-based services to families		
Yes, %	48	23
If yes, years of experience delivering home-based services	(<i>n</i> = 15)	(<i>n</i> = 3)
Mean (SD)	6.3 (7.31)	6.7 (7.37)
Range, <i>n</i>	0.25–23	1–15
Caseload		
Mean (SD)	13.7 (6.58)	13.0 (6.15)
Range, <i>n</i>	2–27.3	3–24

Table B-10. Waves 3–5 and Wave 6 Home Visitors’ Knowledge and Use of FAN Approach at End of Training

Indicator	Waves 3–5 (n = 31)	Wave 6 (n = 13)
At this time, how well do you understand the FAN approach, %		
Somewhat well	0	8
Fairly well	39	77
Very well	61	15
At this time, how often do you...		
Use the FAN approach in your visit, %		
Occasionally	10	8
Frequently	90	92
Ask the Arc of Engagement questions in your visit, %		
Occasionally	20	8
Frequently	80	92
Use the FAN tool for home visitors, %		
Never	3	0
Occasionally	31	62
Frequently	66	39
Discuss and review FAN tools in supervision, %		
Never	10	0
Occasionally	38	46
Frequently	52	54
Do visits in which you use the FAN approach differ from your other visits, %		
FAN visits are very similar to my other visits	33	69
FAN visits are somewhat different than my other visits	30	31
FAN visits are very different than my other visits	37	0
Which FAN core processes do you feel “very comfortable” with?, %		
Mindful Self-Regulation	87	69
Empathic Inquiry	84	46
Collaborative Exploration	58	8
Capacity Building	52	8
Integration	52	17
Which FAN core processes do you feel you would like to further develop in your work with families? (select all that apply), %^a		
Mindful Self-Regulation	10	8
Empathic Inquiry	13	23
Collaborative Exploration	52	54
Capacity Building	42	31

Table B-10, cont'd

Integration	29	31
None	23	8

^a Because of the way in which this question was asked (select all that apply), percentages are based on the total number of home visitors who could have responded, which may under represent the sample.

Note: Chi-square tests indicated statistically significant differences for "At this time, how well do you understand the FAN approach" ($p < .05$); "Do visits in which you use the FAN approach differ to your other visits" ($p < .05$); Comfort - Empathic Inquiry ($p < .05$); Comfort - Collaborative Exploration ($p < .01$); Comfort - Capacity Building ($p < .01$); Comfort - Integration ($p < .05$).

Table B-11. Waves 3–5 and Wave 6 Home Visitors' Views of FAN Use in Supervision at End of Training

Indicator	Waves 3–5 (<i>n</i> = 31)	Wave 6 (<i>n</i> = 13)
At this time, what elements of the FAN do you use most in supervisor discussions with your supervisor, % (select all that apply)^{a, b}		
Mindful Self-Regulation	32	54
Empathic Inquiry	26	38
Collaborative Exploration (Thinking)	77	54
Capacity Building (Doing)	23	31
Integration (Reflecting)	55	54
At this time, how comfortable do you feel in FAN Review sessions with your supervisor, %		
A little comfortable	3	0
Somewhat comfortable	10	15
Fairly comfortable	39	54
Very comfortable	48	31
Are your FAN Review sessions different from the rest of the supervision sessions you receive, %		
No	23	46
Yes	55	54
I do not participate in FAN Review sessions	23	0
Since beginning FAN training, would you say the supervision you receive has..., %		
Not changed at all	10	8
Changed a little	23	8
Changed somewhat	37	62
Changed a lot	27	23
Changed drastically	3	0

^a The Spanish language survey does not include the option of select all of that apply for question about the elements of the FAN that are used most often in supervision. Spanish speakers select one option.

^b Because of the way in which this question was asked (select all that apply), percentages are based on the total number of home visitors who could have responded and thus may underrepresent the sample.

Note: Chi-square tests indicated no statistically significant differences.

Table B-12. Waves 3–5 and Wave 6 Home Visitors' Satisfaction^a over Time

	Waves 3-5 (n = 31)		Wave 6 ^c (n = 13)	
	Pretraining	Final	Pretraining	Final
Your workload	3.0 (0.80)	3.0 (0.56)	2.8 (0.60)	2.8 (0.44)
The supervision you receive	3.4 (0.72)	3.2 (0.64)	3.2 (0.38)	3.3 (0.48)
The support you receive from co-workers	3.5 (0.63)	3.4 (0.62)	3.2 (0.73)	3.5 (0.52)
The quality of training you receive	3.3 (0.69)	3.5 (0.57)	3.2 (0.44)	3.0 (0.41)
Opportunities for professional development	3.1 (0.70)	3.0 (0.72)	3.5 (0.52)	3.2 (0.44)
Being valued for your work	3.2 (0.65)	3.1 (0.88)	3.0 (0.58)	3.0 (0.41)
Cultural sensitivity in your program	3.4 (0.62)	3.3 (0.66)	3.0 (0.58)	3.1 (0.49)
Your relationships with families	3.4 (0.49)	—	3.3 (0.48)	—
Your ability to influence parent-child relationships	3.2 (0.64)	—	3.2 (0.38)	—
Maslach Burnout Inventory^d				
Emotional Exhaustion subscale	12.5 (10.53)	11.4 (10.78)	12.9 (12.69)	14.3 (10.25)
Depersonalization subscale	1.3 (2.82)	0.57 (1.72)	1.8 (3.80)	1.3 (1.70)
Personal accomplishment subscale	39.6 (9.18)	41.8 (9.71)	39.8 (9.12)	41.5 (4.46)

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

^b Responses are based on a 6-point scale: 0, "Never"; 1, "A few times a year"; 2, "Once a month or less"; 3, "A few times a month"; 4, "Once a week"; 5, "A few times a week"; and 6, "Every day."

Note: One-way ANOVA tests indicated statistically significant differences for "The quality of training you receive" at final ($p < .01$).

Table B-13. Wave 3–5 and Wave 6 PRPAS Scores over Time

PRPAS Domain	Waves 3–5 (<i>n</i> = 25)		Wave 6 (<i>n</i> = 10)	
	Pretraining	Final	Pretraining	Final
Self-Knowledge				
Mean (SD)	4.3 (1.90)	5.1 (2.21)	4.4 (1.63)	5.3 (1.21)
Range	1.5–8	1–9	3–8.5	3.5–7.5
Self-Regulation				
Mean (SD)	5.6 (1.95)	7.6 (2.67)	5.0 (3.29)	6.5 (1.91)
Range	2–10	3.5–13.5	0–12.5	3.5–10.5
Multiple Perspectives				
Mean (SD)	2.3 (0.95)	2.3 (0.90)	2.3 (1.16)	2.2 (0.54)
Range	1–3.5	1–4	0–4	1.5–3.0
Collaboration				
Mean (SD)	4.6 (2.32)	6.4 (2.42)	4.3 (1.49)	6.1 (1.52)
Range	0–11.5	2–11.5	2–6.5	3.5–8.25
Process				
Mean (SD)	3.4 (1.59)	4.6 (1.85)	5.3 (1.51)	4.5 (1.77)
Range	2–6.75	2–8.75	4–9	2–7.5
Authentic Attitude				
Mean (SD)	4.4 (2.52)	6.8 (2.96)	5.8 (2.24)	5.6 (2.61)
Range	0–9	2–12	2–9.5	2–9

Note: One-way ANOVA tests indicated statistically significant differences for Process at pretraining ($p < .01$).