

## Evaluation of the Fussy Baby Network® FAN Training: Developing Home Visitors' Skills

Julie Spielberger and Linda Gilkerson

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Policy research that benefits children, families, and their communities

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## Overview

- The FAN approach and training
- Research questions and design
- Key findings
- Evaluation challenges
- Implications

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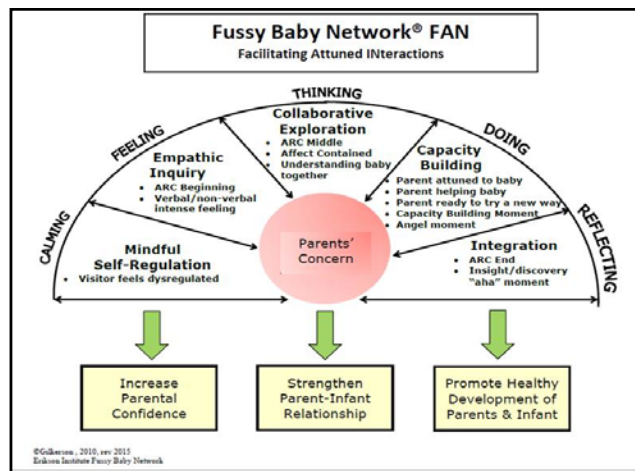
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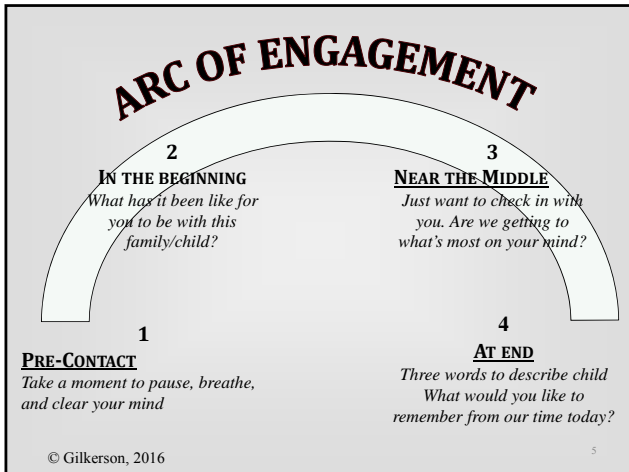
## FAN Theory of Change: Attunement

- Feeling connected and understood opens the space for change and increases the ability to see things in new ways.
- When HVs can read parents' cues and respond based on what they can use in the moment, they create connections and space for change.
- HVs also gain self-awareness and self-regulation skills so they can read and respond more appropriately to parents' cues.

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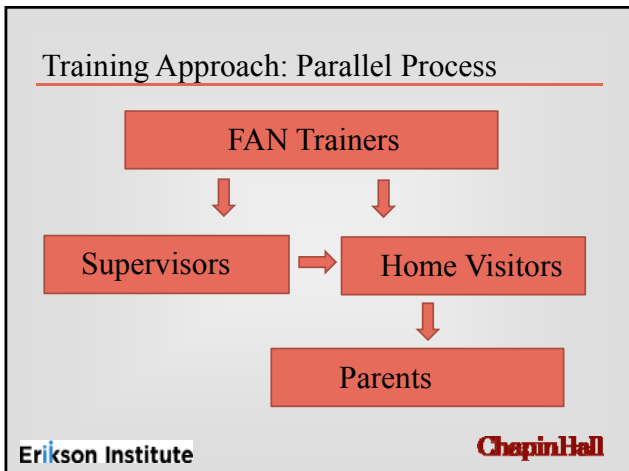


### Training Implementation

FAN training was provided to home visitors and supervisors in 9 credentialed HFA programs in IL over an 18-month period:

- Two-day core training
- 12 months of ongoing, on-site follow-up training twice a month and 6 months of monthly consultation
- On-site support from infant mental health and child development consultants

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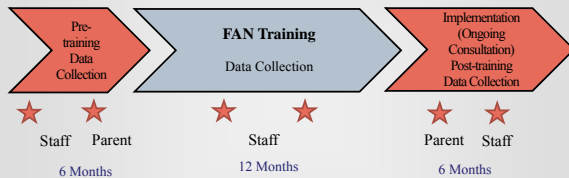


### Research Questions

- What is the effect of the FAN training on home visitors' practices?
- What are the effects of the FAN training on supervisors' work and relationships with home visitors?
- What are the effects of home visitors' use of the approach on their relationships with parents and measures of parental well-being?

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## Evaluation Design



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## Methods

- Staff
  - Semi-structured interviews or focus groups at 9 and 18 months after start of training
  - Surveys and standardized measures (SWI, WAI, and FFM) every 6 months
  - Analysis of change over time
- Parents
  - Semi-structured interviews at two time points
  - Surveys and standardized measures (MEQ, EPDS, and PSI-SF) at two time points
  - Analysis of differences between pre-training and post-training samples

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## Key Findings: Staff practice changes

- Home visitors learned and used the FAN approach. After training, they were...
  - More attentive to parents' cues
  - Better able to follow parents' lead
  - More able to listen to and explore concerns of parents
  - Better able to regulate their feelings during visits
- Many supervisors used the FAN in supervision
- Supervisors and consultants validated HVs' reports
- Quantitative and qualitative data were consistent

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## Key Findings: Parents' experiences

- Parent reports of relationships with their home visitors were positive before and after training (WAI).
- Parents' and home visitors' views of their relationship were more aligned after training than before.
- Parent reports suggested home visitors shifted from "doing for" to "doing with" or collaborating with parents to find solutions.

*"[My home visitor] tries to get me to answer my own question. ...She'll keep asking questions, and eventually I'll address my own concerns. I'll say, 'What, how did you do that?' ...[And] when I have concerns that I can't just get on the phone and call somebody, I can think in my mind, 'Okay, let's walk through this. Let's do what we do at our visits.' It's nice to have that idea in the back of my head that I can get through this on my own." (Parent in post-training sample)*

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### Convergence of Evidence from HVs and Parents

- Empathic Inquiry

- HV: *"We're not there to tell her what to do or fix her problem, so we've learned to ask 'Well, what you have you tried, what do you think works, what would you like to try?' They're always in the front seat, and should always feel like they're the expert in their lives."*
- Parent: *"I was talking to her about how I was struggling with my depression feelings. She listened and was very understanding about it. That's not something I like to talk about, and I felt comfortable talking to her. And the way that she responded with listening and being supportive was a really great thing."*

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### Convergence of Evidence from Home Visitors and Parents

- Collaborative Exploration

- HV: *"A 2-year-old just could not stop throwing tantrums. I was like, 'Why do you think she's doing this? What happens before these tantrums start?' They got to put it together without me pointing it out, and it was just really cool for the whole family. It all clicked with the mom and dad. Maybe they were more aware of it."*
- Parent: *"She usually tries to get me to answer my own question. She'll ask me questions, [and] I'm like, 'I know where you going with this.' She's like ... 'You know you just answered yourself?'"*

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### Convergence of Evidence from HVs and Parents

- Capacity-Building

- HV: *"She really wanted her baby to soothe herself during her naps and go to sleep on her own. When we were done talking and it was the baby's naptime, I said, 'Do you want to try it, now?' She didn't say 'yes' or 'no.' She got up, put the baby in the crib, turned off the lights, closed the door, and then we're still thinking/doing because the baby's not crying."*
- Mother: *"I was like, 'She has rashes, am I supposed to take her to the emergency [room]?' And then she was like, 'You know your baby more than me and anyone,' she said. 'If you think that they're severe or she's not herself, then take her.'"*

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### Convergence of Evidence from HVs and Parents

- Integration

- HV: *"It was really hard for me to sit there and not do anything for this baby that's fussing...How is she going to handle that? And so when she got the baby to stop crying, it was like this 'ah-ha,' moment...She was telling everybody in the parenting group. She was bragging about it."*
- Mother: *"She said, 'You calmed him down.' That was sort of an 'aha' moment for me. I don't have to always be so hard on myself. There's going to be different reasons he's going to cry. If you get him to be quiet even just for 5 minutes, it's OK."*

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### Key Findings: Parental Well-being Outcomes after 4 Months

- Maternal efficacy measured on the MEQ was significantly higher at Time 2 than at Time 1 in all groups.
- Maternal depression measured on the EPDS was modestly lower at Time 2 than at Time 1 in both the pre-training and post-training samples.
- Maternal stress measured on the PSI-SF was within a normal range in all groups. However, stress was modestly higher at Time 2 than at Time 1 in the post-training sample only.

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### Factors Impacting Learning and Use of FAN

- Support from program, supervisor, and consultants
- Staff previous experience and training
  - Younger, less experienced HVs tended to find it easier to adopt and implement the approach than older, more experienced staff
- Capacity of staff to engage in training
- Trainers' ability to be responsive to differences in staff and faithful to FAN principles and language
- Difficulty of core processes
  - HVs tended to find MSR and EI easier to learn and use

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### Study Challenges

- Choosing appropriate measures for collaboration and reflective practice
- Time available for data collection with parents vis-à-vis length of training
- Training and evaluation fatigue among program staff
- Staff turnover
- Program participant attrition

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### Implications and Next Steps

- FAN training can shift practice towards more collaboration between HVs and parents and more focus on parenting in visits
- A longer evaluation period is needed to show impacts on parents and children
- Trainers need support and time for reflection
- Additional research is needed to understand implementation in other home visiting programs
- Additional research is needed to understand the optimal and most scalable training period

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