

Facilitating Attuned Interactions (FAN)

An Innovation Station Promising Practice

Purpose: This document is intended to support MCH professionals to implement a practice found in Innovation Station. This resource provides the information needed to replicate the practice and is divided into two sections: the first section provides a high-level overview of the practice while the second section describes how to implement the practice. For additional information on any of the content provided below, please reach out to the practice contact located at the bottom of this document.

Section I: Practice Overview

Location:	Chicago/National	Title V/MCH Block Grant Measures Addressed
Category:	Promising	
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Practice Description

Many program providers struggle to bolster parent “buy-in” and engagement with family services, and therefore are unable to impact meaningful change in parent and child outcomes. The Facilitating Attuned Interactions (FAN) intervention aims to enhance the “attunement” between providers and parents and strengthen the provider-parent relationship. FAN’s overall goal is to improve parents’ engagement in maternal and child health services and in turn support their parenting capacity.

Supplemental materials, references, and figures are linked [here](#) and throughout the application.

Purpose

Overview

Erikson Institute is an independent institution of higher education committed to ensuring that all children have equitable opportunities to realize their potential. Recognized for its groundbreaking work in the field of early childhood, Erikson uniquely prepares child development, education, and social work leaders at the graduate level to improve the lives of young children and their families through innovative academic programs, applied research, knowledge creation and distribution, clinical and community services, and field-wide advocacy and influence on policy.

As part of Erikson's efforts to elevate professional practice and produce and disseminate approaches and tools informed by expert knowledge and research, Professor Linda Gilkerson developed a distinctive approach to family engagement and reflective practice called Facilitating Attuned Interactions, or FAN ([Figure 1](#)). The theory of change guiding the FAN is rooted in the construct of attunement: people need to feel connected and understood to be open to change (Siegel & Hartzell, 2003). FAN was originally developed as a core element of Erikson's Fussy Baby Network service program, a home-based, brief prevention program in Chicago that currently helps over 800 families each year who are struggling with their infants' crying, sleeping, or feeding during the first year of life (Gilkerson & Gray, 2014). However, the value of the FAN extends beyond infancy and now provides a conceptual framework and practical tool for strengthening relationships in a wide range of maternal and child health (MCH) settings in over 19 states including home visitation, health care, early intervention, child welfare, and early childhood mental health consultation.

To support dissemination and widescale replication of the FAN, Erikson's Fussy Baby Network offers training and implementation support to Fussy Baby Program sites that replicate the Fussy Baby Network service program (Gilkerson et al, 2012) and FAN sites that infuse the FAN into existing programs or larger systems of service ([Fussy Baby Network; Appendix A](#)).

FAN Approach

The FAN's underlying assumption is that when the MCH provider-parent relationship is strengthened, so too is the parent-child relationship. This concept of a "parallel process" is central to an infant mental health approach that guides the FAN. The FAN provides not only a conceptual model for increasing the attunement between the provider and the caregiver, but also a practical tool to operationalize attunement for MCH providers across sectors and settings. At the center of the FAN model ([Figure 1](#)) is the parents' "concern," that is: what brought them to seek services from the MCH system. The FAN provides a framework for understanding where a parent is in terms of their readiness to engage in behavior change. The FAN helps providers to match their content and approach to family engagement to the cues that the parent is showing in the moment and adjust and align their approach during the service encounter based on the parent's responses. When providers are more attuned—or better able to meet the parents where they are—MCH providers become better able to communicate with and support the parent in developing the skills and confidence that they need to care for their child's health and development.

A unique and important aspect of the FAN model, which is distinct from other approaches is that the FAN also acknowledges the MCH providers' internal experiences as they are engaged in their work with vulnerable children and families. This work often requires providers to have high levels of compassion, paired with an ability to maintain professional boundaries. When these traits and skills are out of balance, there is a higher risk for burn-out and compassion fatigue (Maslach & Goldberg, 1998) which can lead to high turnover. To address this, the FAN integrates mindfulness and self-regulation skills for the MCH provider to supplement the communication and alignment skills the FAN offers for parent engagement. In this way, the FAN promotes family-centered practice and supports the parents' own ability to care of their children, by helping providers become more mindful and intentional partners rather than rushing to solve parents' concerns for them.

The FAN consists of five core major processes or “wedges”: Calming (Mindful Self-Regulation), Feeling (Empathic Inquiry), Thinking (Collaborative Exploration), Doing (Capacity Building), and Reflecting (Integration) ([Figure 1](#)). As mentioned above, a unique part of FAN is the first wedge, Calming or Mindful Self-Regulation, which focuses on the provider’s reading of their own cues and developing the ability to track, regulate and understand his/her own reactions during the service encounter in order to stay calm and present for the family. The four remaining areas are focused on the provider reading the parent’s cues and shifting their communications to be in alignment with the parent as needed. Empathic Inquiry (Feeling) is the MCH provider providing emotional support when parents are expressing feelings; Collaborative Exploration (Thinking) is used when a parent’s feelings are more contained, and parents want to think together to understand the concern or make a plan; Capacity Building (Doing) is used by the MCH provider when parents are ready to learn new information or build skills. Integration (Reflecting) highlights and builds on parent’s insights about their child, their parenting or the concerns addressed.

MCH providers are experts at reading baby cues; FAN training prepares providers to be as adept at reading adult cues. FAN helps identify matches, mismatches, and make repairs during the interaction with caregivers. A match is when the parent and provider are in the same wedge on the FAN: for example, when a parent is expressing feelings and the provider offers emotional support. A mismatch is when the parent and provider are in different places. The most common mismatch occurs when a parent is in “Feelings” and the provider has moved too quickly to “Doing.” This can happen, for example, if a mother started a home visit by expressing their feelings about how upset she was about conflict with her partner the provider is ready to go over child development information from their evidence-based curriculum. Without the FAN, the home visitor might sense the parent was not engaged in the activity that she selected for the visit, but not have a framework to see that she and parent were in different places on the FAN. After FAN training, the provider would have a set of skills and words to notice and label this mis-attunement and then change her approach. If the provider misses this opportunity to shift and the parent disengages, the home visitor might use Mindful Self-Regulation to take a moment to reassess and reset; and then, seeing more clearly what is happening for the parent, offer a “repair” to the parent saying, “I think I jumped too fast with this handout and all my ideas. I’d really like to hear how you are feeling.”

In summary, the five core processes act as a guide for helping providers read parent’s cues: to understand how the parent is responding during their service encounter, where the MCH provider is in relation to the parent, and how to move towards greater attunement with the parent. A FAN trainer recently described the process this way, “The FAN is not to get parents to where you want them to be, but for you to meet them where they are.” The FAN theory of change posits that attunement, meeting parents where they are, will lead to more openness, more flexibility, and more growth. And that this in turn will lead to the maternal and child health and developmental outcomes that service providers and families are seeking.

ARC of Engagement

The FAN also offers a structure for service encounters called the ARC of Engagement ([Figure 2](#)). To create consistency and structure for the contact, the ARC of Engagement provides a defined beginning, middle check-in, and end for an encounter with the family. Additionally, the ARC includes a pre-visit and post-visit reflection for the provider to prepare for the contact and to process it afterwards. The Pre-Contact phase enables the provider to reflect on their current state (How am I? What do I need to do to be present?) and to create a personalized routine to bring

their attention to the present. For example, one home visitor's Pre-Contact routine started after she pulled up to the house and turned off the engine. She paused for a moment in the car and took a deep breath. She mindfully walked to the house. As she reached the door, she grounded herself by placing each foot firmly on the doorstep. Then, she knocked in the same way every time, saying to herself: "I'm here to listen." A pediatric resident developed a Pre-Contact routine that involved pausing outside the exam room, placing his hand on the doorknob, taking a deep breath and mentally counting backwards (5-4-3-2-1). Then, he opened the door to greet the child and parent. In his FAN Mentoring session, he described the purpose of the Pre-Contact routine this way: "If I didn't do this, I'd still be thinking about what I missed on the last patient. This way each patient is a new patient and gets their full 20 minutes."

After a greeting, the parent is invited to share their experience around parenting: "What's it been like for you to care for your child since we saw each other last?" Close to the middle of the service encounter, parents are asked a check-in question to promote collaboration and offer parents a chance to take the lead, "I'm wondering if we are getting to what's most on your mind today?" Interestingly, our evaluation data have shown that the mid-point question is the one that is most difficult for home visitors to implement; but it is the part of the ARC that physicians reported using more frequently and find very helpful. At the end of the service encounter, the parent is offered time to reflect on their child ("If you could describe your child today in three words, what would you say?") and on the meaning of the visit for them ("We have talked about many important things. I'm wondering if there is something that you would like to remember that would be helpful for you in the coming week?"). The questions can be adapted to the home visitor's style, program needs, and family's culture while maintaining the purpose. Several adaptations for the first question that maintain fidelity and respect provider and family diversity include, "What's mom time like for you?" "How's it been for you to take care of the kids?" or "Hey, what's dad life been like for you this week?" The last question might be, "What stood out for you from our time today?" or "What's your take-away today?" Physicians report using the question, "What was most important for you today?"

Following the service encounter with the caregiver, the provider takes a moment for the Post-Contact phase to reflect on the questions: "How am I now? What do I need to process, replenish, or contain so I can go forward with my day." The predictability of the ARC offers continuity and security for both the provider and the parent that can be especially important when families are stressed and/or contact is inconsistent. The provider pre-and post-reflections offer a built-in pause to reset and replenish; repeated multiple times during a day, these simple pause points promote self-regulation and create healthy boundaries within the whirlwind of clinical practice.

Practice Foundation

The theory of change guiding the FAN is rooted in the construct of attunement: people need to feel connected and understood to be open to change (Siegel & Hartzell, 2003). In addition to Papoušek's research on parental intuitive competence (Papoušek and Papoušek, 1987), the FAN is influenced by Zeanah's work on parental representations (Zeanah & Barton, 1989) as well as Winnicott's holding environment (Winnicott, 1960) and Stern's motherhood constellation (Stern, 1998), both of which stress the vulnerability of mothers during the early years and the necessity of a non-judgmental, safe, caring stance of those who support the mother. The empathic quality of the helping relationship for mothers and fathers is a critical element in the FAN approach. Prior to initiating the program, parents of fussy babies were invited to participate

in a focus group. They shared their experiences of emotional and physical distress and of receiving uninvited advice and criticism that resulted in isolation and withdrawal from their support system. They had lost confidence in themselves and their babies (Gilkerson, Gray, & Mork, 2005). “Anyone who listened, helped” was the refrain. It was abundantly clear that the FAN approach needed to be based on compassionate, caring listening and careful support for the parents’ sense of self. It was hoped that, through a parallel process (Pawl & St. John, 1998), the empathy shown to the parent, in moments of their distress, could be internalized and passed on to the baby by the parents. This philosophy has guided the FAN through its adaptations to services beyond infancy; attunement is a universal need in relationships, characterized by careful listening, trying to understand the needs, wishes, concerns of the other, and responding flexibly. The FAN reflects the value of “meeting people where they are,” and builds skills in the common factors that underlie effective interventions (Rosenzweig, 1936; Wompold, 2015).

Core Components

Erikson Institute offers a structured FAN Training program that has been developed and refined over the past eight years. FAN Training is manualized and has been field tested for dosage and outcome and shown to produce change in learners in the key FAN skills identified in the training (Spielberger, Burkhardt, Winje, Gouvea, & Barisik, 2016; Spielberger, Burkhardt, Winje, & Gouvea, 2018). FAN training in home visitation is typically team-based and includes supervisors and staff. The training is in cohorts of 3-5 teams, totaling 24-30 persons. **The full training has six components (see table in Practice Activities below); Level I, Level II and Day 3 are required components.**

Practice Activities

Core Component	Activities	Operational Details
Discovery Phase	FAN Manager and site leaders assess match of FAN with site needs	We engage with potential partners in a discovery phase of listening and learning about the goals, values, and directions of the organization/ system, sharing fully the principles and essential elements of the FAN, and determining together the fit with the organization/system.
Supervisor Orientation	FAN Trainer meets with home visiting or other organization supervisors	Prior to the training, the supervisors meet with the trainers in person, on video, or by phone to receive a preview of FAN training, learn the basic concepts, and receive support in preparing the team for training process.
Level I Core Training	2-day FAN training	The training focuses on the FAN theory of change, attunement process (match/mismatch/repair) and active practice with five core processes.
Level II Reflective Practice	6-month practice period	Home visitors use the FAN with families, complete 6 monthly FAN Reflection Tools (Appendix B), and review the tools in supervision with their supervisor who is mentored monthly by the FAN Trainer. The supervisors have a special session (usually during or after the Level 1 Core Training) to learn to how to use Mentor Guidelines (Appendix C) to guide the FAN reviews with their staff and to meet with their mentor.

		The FAN review sessions mirror the FAN using the ARC of Engagement and the attunement process.
Integration and Sustainability Planning (Day 3)	Follow-up meeting with training cohort	The cohort reconvenes for a day of consolidation, advanced content and team-based sustainability planning.
Team-Based Sustainability	Resources for FAN sustainability and continued use	Program directors receive on Day 3 a FAN Yearbook of 12 FAN Learning Activities that can be used monthly in team meetings to deepen the individual and team use of the FAN. In addition, programs can use these meetings to implement or monitor their own Sustainability Plans developed on Day 3.
Community of Practice	Gatherings to bring together supervisors and home visitors for continued learning	Meetings are held regionally on a quarterly or biannual basis. Erikson provides activities for the meetings that are led by the on-site FAN trainers or supervisors. The frequency and formats are tailored to the sites and resources available. For example, Healthy Families Massachusetts offers its Community of Practice on-line; Nebraska Center for Reflective Practice offers in-person sessions every six months.

Evidence of Effectiveness (e.g. Evaluation Data)

Summary

The FAN has been extensively evaluated and the results of these 10 evaluations are summarized in the FAN Evaluation Data Chart ([Appendix D](#)). Seven studies used mixed-methodology, two studies used a quasi-experimental design, and two studies used an exclusively qualitative methodology. Consistent with the FAN theory of change, the majority of the evaluations to date have sought to measure proximal changes (i.e., provider knowledge of the FAN; beliefs about family-centered practice; and the implementation of the ARC); in addition, evaluations have measured changes in reflective practice using a variety of reliable and valid tools across multiple sites and programs. Qualitative data have been gathered and analyzed to describe changes in home visitor and supervisor practices as well as the impact of the FAN training on more distal outcomes of parenting and parent-child interaction. Fewer studies have collected data on parenting efficacy and infant crying; and these tend to be for the Fussy Baby Network service programs.

Please refer to the FAN Evaluation Data Chart ([Appendix D](#)) for more detailed information on FAN outcomes and studies.

Findings

Results have consistently reported benefits for providers, parents, children and supervisors in addition to improved relationships between parent-child, provider-parent, and provider-supervisor. While not all of these studies found statistically significant positive outcomes, in some

cases due to small sample sizes, overall the major findings across the evaluation studies showed the following patterns:

- Child-level findings: less crying
- Parent-level findings: improved self-efficacy, confidence, maternal anxiety, adaptive coping strategies, and mixed findings on parenting stress and depression
- Parent-child level findings: greater attunement
- Provider-level findings: increased FAN skills, emotion regulation, reflective capacity, mindfulness, empathy, confidence, collaboration with parents, self-efficacy, improved services and support, and changed understanding of their role (i.e. less fixing more collaborating); less burnout; mixed findings on job satisfaction
- Supervisor level findings: increased FAN skills, job satisfaction, support, self-efficacy, mindfulness, confidence, less burnout, found training to be effective
- Provider-parent level findings: increased empathy and collaboration, attunement, greater use of parent-focused approaches and parent-lead sessions
- Supervisor-provider level findings: greater attunement, stronger relationship, more reflective supervision
- Other findings: FAN practice and outcomes depended on organizational factors, Qualitative data consistently demonstrate that the FAN provides home visitors and their supervisors with a vocabulary to describe complex inter-personal processes

Data show that FAN training is highly effective in increasing a broad array of MCH providers' knowledge of the core constructs, shifting attitudes about their role in supporting family-centered practice and promoting strategies to engage caregivers in services and supports. With intensive coaching, FAN implementation tools help deepen the FAN into MCH providers' practice and many report using the FAN in their personal lives as well as their professional work.

Across multiple studies, FAN trained providers are more collaborative, empathic and able to focus on the parent's priorities. These qualities apply whether the provider is a non-degreed family support specialist, nurse home visitor, pediatric resident, or early intervention therapist.

FAN-trained providers show significant increases in reflective capacity and reduced burnout (Spielberger, Burkhardt, Winje, & Gouvea, 2018; MacKinnon, 2019), showing greater self-regulation, collaboration, attention to process, and openness, curiosity and acceptance of client. Likewise, supervisors report they are more able to support home visitors around matching their interactions based on parents' cues and recognize and regulate their own feelings during visits. Supervisors are more able to manage their own emotions during supervision and talk less and use more open-ended questions. FAN may serve as a buffer for burnout, reducing emotional burden of the work and increasing role satisfaction.

As a result, parents have greater self-efficacy receiving support from a FAN-trained provider. Fewer studies have measured changes in the caregivers served.

An important feature of the evidence base for the FAN to date is that studies have been conducted on the impact of FAN training in home visitation, (Part C) early intervention, and pediatric residency training. Additional evaluation studies have documented the impact of the FAN in infant and early childhood mental health consultation and youth mentoring. Two studies funded through Maternal Infant and Early Childhood Home Visiting (M) have been completed by independent

evaluators in Illinois; and two more MIECHV-funded studies were conducted in Region X and District of Columbia. These studies will add to the existing evidence base: the one in Region X (Washington State, Oregon, Idaho, and Alaska) involves FAN training across 4 MIECHV state systems, and a second, in District of Columbia MIECHV, will provide rich data on reflective practice, reflective supervision, the quality of home visits and the impact of FAN implementation on retention in evidence-based home visiting services.

The most rigorous study of the FAN to date is currently being completed by the Georgetown University Center for Child and Human Development through an Innovation Grant under the MIECHV program. The study explicitly tests the FAN theory of change and uses a historical control group (prior to FAN implementation) to examine family retention in Healthy Families America and Parents as Teachers. Home visitors and their supervisors received 2 days of FAN training followed by reflective coaching and mentoring for 8-10 FAN practice sessions over the course of 10 months. Observational data on reflective supervision sessions were collected and analyzed by an independent research team, as was home visit data (coded for overall quality as well as home visitor and family engagement). The main outcome variable was the percentage of families who were retained in home visiting at 6 months post-enrollment. Data are currently being analyzed to examine changes in home visitor reflective practice as well as parent retention.

Replication

The Fussy Baby Network FAN has reached programs and state systems in 18 states plus the District of Columbia and has a FAN Trainer's Network of over 40 certified trainers. As a result, the FAN is now widely used in infant and early childhood programs and systems. Importantly, the FAN is now being incorporated into two national evidence-based home visiting models, Healthy Families America and Nurse-Family Partnership, to strengthen their approach to family engagement and reflective practice. FAN training is also approved by the Alliance for Advancement of Infant Mental Health towards its endorsement of infant/family service providers in 30 states.

Replication and Adaptation Across Disciplines

While maintaining the same structure, FAN training can be adapted for other disciplines outside of home visiting. For example, FAN training for pediatric residents includes a shorter, three-hour Level I Core Training but maintains the full 6 months of Level II Practice. The practice includes individual mentoring sessions with the Residency Program Director or designee, a booster training and a small group mentoring session. The residents complete a Reflection Tool each week and bring the tools for half-hour mentoring sessions held each month. While half-hour reflection sessions may seem too brief compared to the 1-1 1/2 hour supervision sessions for home visitors, our evaluation data have demonstrated that the residents and their mentors are able to use the same FAN review process with similar learning results. University of Nebraska Center for Children, Family and Law's Center for Reflective Practice have been leaders in using the FAN to train child welfare personnel including judges, attorneys, supervisors and caseworkers, CASA workers, and public guardians (Cole-Mossman, Crnkovich, Gendler, & Gilkerson, 2018). The three required elements of training are present; however, the trainers spend more time upfront offering reflective consultation before FAN training and typically provide Level II Mentoring in groups, using the trainer as the Level II Mentor rather than the program supervisor.

To infuse the FAN into larger systems, Erikson offers a FAN Train-the-Trainer Program. States or entities contract with Erikson to deliver customized training packages to support the programs. States identify training candidates (teams of 2 people) who are part of or affiliated with the state's system and who meet the criteria established by Erikson. The trainer candidates complete a rigorous program to achieve FAN trainer status and are then available to provide on-going training in the state. The Train-the-Trainer program has two components: (1) trainer candidates complete a Level I, Level II and Day 3 training as participants and then they (2) co-lead two cohorts through the required training sequence with their training partner (Orientation, Level I, Level II, Day 3). An Erikson Master Trainer provides intensive mentoring to the trainer candidates to prepare them to lead the training, on-site coaching and feedback for the two cohorts, and reflection and debriefing. All FAN trainers participate in the FAN Training National Network for professional development and networking. The group meets twice a year in person and maintains on-line contact. Erikson has provided Train-the-Trainer programs for home visiting systems in states of Illinois, Wisconsin, Massachusetts Healthy Families system, Maryland, Region X (Alaska, Oregon, Idaho, Washington), New Mexico and the District of Columbia.

Other FAN adaptations have been developed and are widely available.

- Supervisor FAN for home visiting, early childhood, child welfare, supervisors (Gilkerson & Heffron, 2016)
- Consultation FAN for Infant and Early Childhood Mental Health Consultants used in states of Arizona, Arkansas, Illinois Louisiana, and Minnesota (2020)
- Child Welfare FAN for judges, attorneys, supervisors and caseworkers, CASA workers, public guardians (Cole-Mossman, Crnkovich, Gendler, & Gilkerson, 2018).
- Group FAN for small group processes included in Supervisor and Consultation FAN training.
- Mentoring FAN for youth mentoring programs used in the US, India, and New Zealand (Pryce, Gilkerson, & Barry, 2018)

All FAN trainings are registered with Erikson. FAN trainers access the latest training materials through the Erikson website and return participant evaluations and Trainer Reflection Tools to Erikson for analysis and feedback.

Replication and Adaptation Across Cultures

In addition to adapting FAN for different disciplines, FAN has been adapted to different cultural contexts. Understanding how the FAN is adapted for different cultures is an ongoing, deeply growth promoting process. We see cultural responsiveness as an enduring part of the FAN, rather than a state to be achieved. One important step toward the goal of cultural responsiveness was the recognition that the FAN is a culture itself with its own values, beliefs, and cultural practices. The FAN is an explicit, rather than in implicit culture, with language, symbols, and rituals that express these beliefs and practices. The FAN beliefs include value of practicing from a grounding conceptual framework, primacy of attunement in relationship building and recognition of internal (felt) experience, self-awareness and intentional self-regulation, human capacity for growth and repair, and value for compassion and reflection. Our essential practices are Attunement (match/mismatch/repair using the FAN processes), ARC of Engagement to structure contacts, and Reflection, stepping back, even in the moment, to consider what you are experiencing and learn from this. Our trainers are aware of the FAN as a culture, that each person/program/system that we engage with is a carrier of their own cultural practices, and that

extent to which the FAN culture is a fit with the individuals, programs and systems worldviews affects the response to and implementation of the FAN. We have built in reflective processes to create cultural conversations and adaptations, as described below. All trainers have been trained in the Diversity-Informed Tenets for Work with Infants, Children, and Families. At the FAN National Meetings, we continually address cultural responsiveness to different communities and professional groups served. Here we provide examples of cultural adaptations that have been made for programs.

Alaska Native Home Visiting: In Region X we provided FAN training to Alaska Native home visitors in three programs that serve Alaska Native families in remote areas of the state. The trainers and model developer met by Zoom with supervisors to talk specifically about how the home visitors learned best and ways to adapt the training for a closer fit. We learned that the home visitors preferred doing hands-on activities, that an unhurried and thoughtful pace would be appreciated, and that some might not feel comfortable speaking in any large group of strangers. We also learned that relying on a graphic tool that home visitors could use to indicate the FAN processes as part of a conversation with their supervisor, was preferable to reliance on English printed text narrative when working with the Level 2 Tool. We were intentional about asking how to arrange the learning space and what foods to serve. The home visitors deeply appreciated being together for the training, as they live and work in very remote communities with unreliable telecommunication and lack of road access. The FAN approach of building the parent's capacity rather than doing for them was well understood and fully embraced by the home visitors and for some brought tears of relief at having this concept brought out into open discussion with supervisors present. Open discussion also addressed the tension between timeline demands of the home visiting models used and the need to work in a mindful and thoughtfully effective way. The visitors often expressed that they felt they were the only support person that their clients had outside of immediate family. Many of the families they serve struggle with addictions; the home visitors often internalized their role as the only one who could help. The FAN training opened conversation around the often previously unspoken topic of which actions are truly enabling and which are truly helpful. The FAN approach opened up communications around a clear and healthy mindset and offered specific skills in Collaborative Exploration and Capacity Building that reduced the heavy burden that these home visitors recognized they had placed on their own shoulders: to "fix the families." Interestingly, the adaptations made for the training itself were not needed as the group quickly warmed to one another and engaged actively in the large group sessions and moved along a pace similar to that of home visitors around the country. Evaluators described the training as "uplifting" for both the participants and the trainers.

Māori and Pacific Islanders Home Visiting: In New Zealand work has begun with Māori and Pacific Islands services serving families in the community via the universal WellChild and Tamariki Ora services, Home Visiting (Family Start) and Early Intervention. The FAN approach has engaged these services and has capacity to sit within their cultural practice. The FAN concept of attunement—feeling connected and understood—as the source of change is aligned with fundamental beliefs about how people grow and develop. The FAN approach uses a culturally valued mode of communication—storytelling; that is, listening deeply to another and letting them share their world. For the Pacific home visiting team, the FAN visual was an example of cultural dissonance; as one supervisor stated the minute she saw it, "It looks too Euro-American." Fans are prevalent across Pacific communities. This Team created their own circular FAN (shown below); their culture encompasses the FAN and is embodied in the materials used to make it. The

central symbol representing an individual has been changed. This development has the full endorsement of the model developer and support of the New Zealand trainers.



Section II: Practice Implementation

Internal Capacity

FAN training fits most readily in programs that seek to strengthen reflective practice, that are organizationally relatively stable, and have the “bandwidth” to take in new information. Support from leadership is essential to learning the FAN and to its sustainability over time.

Program directors and supervisors are involved in deciding to register for the training. Supervisors attend an orientation, Level I (2-day training) and Day 3 with their teams, and support their staff during their supervision sessions over the 6-month Level II Reflective Practice phase, while receiving monthly mentoring from a trainer. They spend approximately 3 ¼ days in orientation and training and 6 hours in monthly mentoring with trainer. Level II and ongoing support for FAN is embedded in regular supervisory functions.

Practitioners apply the FAN in their own work with families and complete a brief reflection tool once a month for 6 months. They review this tool in monthly meetings with their supervisor for six months. Practitioners spend 3 days in training and 1 ½ hours in completing reflective tools over 6 months. Use of FAN and ongoing support from supervisor embedded in regular practitioner/supervisor functions.

Supervisors and team develop a sustainability plan on Day 3 to fit the FAN into their ongoing team meetings, supervision, direct service, and documentation. The supervisor receives a FAN Yearbook at the end of training which includes 12 team activities—one per month for the year following training—to reinforce and deepen the use of the FAN in practice. In addition, programs

are encouraged to join a Community of Practice with other FAN trained programs on a quarterly to bi-annual basis to continue to develop FAN skills.

Collaboration/Partners

Partnership with Parents

Partnering with parents is at the core of the Fussy Baby Network FAN approach. Fussy Baby Network service program, where the FAN originated in Chicago, places parents at the center of decision-making around program eligibility and services. Program eligibility is parent-determined; that is, any parent seeking support around their baby's crying, feeding, or sleeping is eligible. Parents also determine the format for receiving the services (either through home visits or the telephone support through the Warmline) and intensity (e.g., number of visits and frequency) that best meet their needs. The same approach to parent self-determination is used in the other Fussy Baby service program sites in Denver, New Orleans, Oakland, Phoenix, and Seattle.

In applications of the FAN across all MCH sectors, parents' concerns are placed at the center of the FAN model ([Figure 1](#)) and multiple strategies are used to actively engage parents in the interaction. Through aligning with parent concerns and in partnership with parents, the approach aims to build on the parents' competence, confidence, and capacity to act on behalf of their child and family. It is assumed that parents bring an intuitive capacity to parent (Papoušek & Papoušek, 1987) and hold culturally-valued, parenting goals. Situational stressors, relational histories, trauma-exposure, systemic oppression, and lack of opportunity can hinder the expression of these parenting capacities. FAN explicitly trains providers to stay longer with parents in the hard places—to hold, validate and explore difficult emotions without rushing to reassure, fixing things for them, or offering solutions prematurely. Providers learn to build on what parents know and want for their child, using Collaborative Exploration questions such as, "What's your hunch? What have you tried? Has anything helped even a little bit? What does not work? What do other people who are important to you think? What might be a first step? What would it be like to try this new way?"

FAN-trained providers also approach information giving as a two-way interaction. Ideas are shared based on what parents want to know or need to know to meet their goals. Providers offer small amounts of information followed by an invitation for the parents to reflect on the meaning to them. For example, when introducing the concept of temperament, parents might be told, "Babies have personalities right from the start. What have you noticed about your baby?" Providers try to "say it in one breath," and then engage the parent. Thus, parents are co-creators of knowledge, helping to ensure its relevance to their baby and family.

Another feature of the FAN model that supports parenting self-efficacy and empowerment is how providers respond to moments when the child is distressed or shows a behavior that the parent is worried about. Rather than taking over or directing, FAN-trained providers acknowledge what is happening, affirm the parents' role, and then become a supportive presence, watching to see what might be helpful and offering just enough support so the parent is able to respond to their child's need.

FAN training results in MCH providers who are more prepared to partner with parents. One of the primary findings of two independent evaluations of the FAN in home visiting was the shift in how

home visitors saw their role, moving from “fixing” or “doing” to collaborating (Spielberger, Burkhardt, Winje, Gouvea, & Barisik, 2016; Spielberger, Burkhardt, Winje, & Gouvea, 2018). This same shift was identified for FAN-prepared early intervention providers who were originally trained, in the words of a therapist, “to go in and fix” and use a “watch-me approach.” Now, she reports that parents “really realize what they can do and problem solve” (Cosgrove, Gilkerson, Leviton, Mueller, Norris-Shortle, & Gouvea, 2019, p. 12). Providers increased their ability to explore parents’ concerns before finding solutions, maintain a focus on parenting throughout visit, and encourage the parent to lead and help set agenda (Spielberger, Burkhardt, Winje, Gouvea, & Barisik, 2016; Spielberger, Burkhardt, Winje, & Gouvea, 2018). This quote illustrates the shift for FAN-trained providers:

“We’re not there to tell her what to do or fix her problem, so we’ve learned to ask ‘Well, what 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 interviews conducted after training validated the shift in perspective toward parent-focused collaboration as illustrated in this quote,

“[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.” (Spielberger, Burkhardt, Winje, Gouvea, & Barisik, 2016).

As one home visitor reflected, the approach helps parents “be their own heroes.”

Partnerships with Facilitators

In addition to partnering with parents, we strive to ensure that FAN fits within the context of different systems and cultures.

- Organizational/Systems
 - The FAN works best when it helps an organization/system meet a valued goal or important priority. We engage with potential partners in a discovery phase of listening and learning about the goals, values, and directions of the organization/system, sharing fully the principles and essential elements of the FAN, and determining together the fit with the organization/system. For example, with Nurse-Family Partnership, the FAN addresses their desire to deepen the approach to reflective practice within the programs and within the supports available to the programs. For Healthy Families America, the FAN attunement process will be a valued addition to help home visitors use Healthy Families Integrated Strategies in a more individualized and flexible way. For Region X (Alaska, Oregon, Washington, Idaho), the need was to provide a grounding framework for trauma-informed practice.

- Programs

- Usually programs are offered FAN training as part of a larger systems initiative. The supervisor/director applies for the program to participate. The trainers then reach out to the program supervisor/director to provide detailed information on the FAN and FAN training, their important role in the process, and to support them in thinking about how to introduce the FAN to their staff. The outreach can be an in-person group orientation, a webinar or an individual call. The goal is to reassess the fit of the FAN with the program's goals, become aware of adaptations that might be needed and re-contract for the training process.

Practice Cost

Budget per Person			
Activity/Item	Brief Description	Quantity	Total
FAN Training	Discovery phase, Orientation, Level I (2-day training); Level II mentoring; Day 3; and Community of Practice Support	For one person	\$1,200/person

Budget per Cohort (30 participants including supervisors and team)			
Activity/Item	Brief Description	Quantity x cost/unit	Total
Training Planning and Coordination	2 days of training planning and coordination	2 x \$2,000	\$4,000
Level I FAN Training	2 Days of Core Training by master Trainers for up to 30 practitioners, including their supervisors	2 x \$8,000	\$16,000
Level II Mentoring	6 months of monthly phone mentoring to support supervisors	6 x \$250	\$1,500
Day 3	Final day of FAN training for practitioners and supervisors	1 x \$4,000	\$4,000
Community of Practice Consultation and Resources	Quarterly consultation for site leaders; curriculum resources and mentoring for 4 Community of Practice Convenings	4 x \$1,000	\$4,000
Training Materials	Participant binders and training materials	30 x \$50	\$1,500
Travel for Master Trainers	Hotel, airfare, ground transportation, per diem (2 trainers for Level 1 and 1 trainer for Day 3)	3 x \$1,000	\$3,000
Total Amount:			\$34,000

Practice Timeline

Practice Timeline				
Phase	Description of Activity	Date/Timeframe	# of hours needed to complete/ oversee activity	Person(s) Responsible
Planning/ Pre-implementation	Discovery Phase	3 months before training	2	Site leaders
	Orientation for Supervisor	1 month before training	1-3	Supervisor
Implementation	Level I Training	Training days	7 hrs including lunch break of 1 hour x 2 days= 14 hrs	Supervisor Team members
	Level I Reflective Practice	Monthly for 6 months after Level I	1 hour /month mentoring by trainer for supervisor =6 hrs	Supervisor
			1 ½ hrs over 6 months for practitioners to complete reflection tools	Team Member
		6 hours in regular supervision for supervisor and team member to review reflection tool	Supervisor and Team Member	
	Day 3	7 months after Level I	7 hrs including lunch break of 1 hour	Supervisor Team Member
Sustainability	Community of Practice	Monthly boosters in team meetings	½ hour/month	Supervisor Team Members
	Recommended but not required	Quarterly COP with other trained programs	1-3 hrs/quarter	Supervisor Team Members

Resources Provided

- [Gifts of the FAN](#)
- [FAN Information Sheet](#)
- [FAN as a foundation for trauma-informed practice](#)

- [FAN as a way to build reflective capacity in experienced home visitors](#)
- [FAN as a way to strengthen parent/professional relationships in early intervention](#)
- [FAN as a way to reduce judicial stress](#)
- [FAN as a way to increase collaboration in youth mentoring programs](#)

Lessons Learned

The FAN training process has evolved over the past years, relying on data collected through training and implementation to drive changes in the training and mentoring protocol. All FAN trainers use materials developed by the Erikson Institute and collect pre-/post-knowledge surveys that are developed and analyzed by the Erikson Institute. These data are then used to modify the training materials to increase the impact of the Level 1 Core Training. In the second MIECHV Innovation grant, a Continuous Quality Improvement (CQI) study was conducted by Loyola University. Across multiple trainings, 209 Trainer Reflection Tools, 202 Supervisor Mentoring Call logs, 761 Participant Feedback Forms, 38 Observations and 754 FAN Learning Tools were analyzed. Based on evidence from FAN Learning Tools, HVs integrated MSR and Empathic Inquiry into practice most consistently. This finding is also consistent with patterns from the other measures. Trainers focused on improving training related to Collaborative Exploration, Capacity Building, and Integration, which had lower rates. Based on feedback forms, HVs consistently rated themselves as engaged in the trainings and reported a variety of learning experiences. Observations and trainer logs supported this finding. Trainers changed curriculum and learning strategies to be site and context specific, increasing supervisor and consultant engagement in training, improving FAN integration within existing site curriculum (e.g., HFA, PAT) and cultural contexts, using active learning strategies and real-world FAN examples, mirroring the FAN in training. A participant stated that you experience the FAN in training rather than being taught the FAN. Factors that facilitated and inhibited FAN implementation included: stability of personnel and funding at sites, existing site curriculum (e.g., PAT), cultural differences between the FAN language/process and the site community, a lack of supervisor engagement with the process and following up with FAN questions and protocol during and outside of trainings, and staff perceptions that “the FAN just labels what I already do” or “this is just another professional development.”

Next Steps

Erikson continues to expand the adaptation of the FAN for helping professions with a goal to infuse the practice into systems of care serving young children, youth and families as well as into the professional preparation of social workers, nurses, early childhood education and early childhood special education specialists, lawyers, medical students and pediatric residents. Our primary delivery system is face-to-face training using a train-the-trainer approach. However, the FAN is taught successfully on-line through the American Osteopathic Association for continuing medical education credits to over 1,500 physicians. We will continue to evaluate the training approach and consider new platforms to expand access to the FAN.

Practice Contact Information

For more information about this practice, please contact:

- *Tori Graham*
- *312-893-7231*
- TGraham@erikson.edu