

References

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Appendix A

Fussy Baby National Network List

National Network Sites

A. Program Sites

Site	Institution/Agency	Type of Site	Dissemination Phase
Arizona (Phoenix)	Southwest Human Development	Program/Infusion	Full Implementation
California (East Bay)	Jewish Family & Children's Services	Program	Full Implementation
California (Oakland)	FBN Oakland, Children's Research Hospital & SEED Program	Program/Infusion	Full Implementation
Colorado (Denver)	FBN Colorado	Program/Infusion	Full Implementation
Illinois (Chicago)	Fussy Baby Chicago, Erikson Institute	Program	Innovation
Louisiana (New Orleans & Gulf Coast)	Tulane University School of Public Health and Tropical Medicine	Program	Innovation
Missouri (St. Louis)	Washington University St. Louis	Infusion	Exploration
Washington (Seattle)	Cooper House	Program	Full Implementation

B. Infusion Sites

Site	Institution/Agency	Type of Site	Dissemination Phase
Arkansas	University of Arkansas for Medical Sciences, Project Play	Infusion	Full Implementation
California (Oakland)	Another Road to Safety (ARS)	Infusion	Implementation
Kansas (Garden City)	Russel Child Development Center	Infusion	Full Implementation
Kansas (Topeka)	TARC, INC.	Infusion	Implementation
Georgia	Georgia Department of Early Care and Learning	Infusion	Exploration
Maryland	PACT, Kennedy Krieger Institute University of Maryland Department of Psychiatry, Taghi Modarressi Center for Infant Study	Infusion	Full Implementation
Massachusetts (Boston)	Jewish Family & Children's Service of Greater Boston (JFCS)	Infusion	Full Implementation
New Mexico	FOCUS Program, University of New	Infusion	Full Implementation

(Albuquerque)	Mexico Division of Development and Disability		
New Mexico (Taos)	Healthy System, First Steps	Infusion	Full Implementation
Washington (Spokane)	Partners with Families and Children	Infusion	Early Implementation
<i>International:</i>			
Israel (Jerusalem)	Mom 2 Mom Program	Infusion	Full Implementation

C. Systems Sites

Site	Institution/Agency	Type of Site	Dissemination Phase
Alaska	MIECHV	Systems	Full Implementation
District of Columbia	MIECHV	Systems	Implementation
National	Futures without Violence	Systems	Implementation
Healthy Families, Massachusetts	Children's Trust Fund	Systems	Full Implementation
National	ZERO TO THREE Healthy Steps	Systems	Implementation
Idaho	MIECHV	Systems	Full Implementation
Illinois	The Illinois Pregnant and Parenting Youth in Care Home Visiting (I-PPYC-HV)	Systems	Implementation
National	Infant Massage USA	Systems	Implementation
Maryland	Baltimore City Health Department	Systems	Adoption
Maryland	Child Welfare Agency	Systems	Adoption
Minnesota	University of Minnesota/ Minnesota Department of Mental Health	Systems	Exploration
Nebraska	Nebraska Resource Project for Vulnerable Young Children	Systems	Implementation
New Mexico	New Mexico Office of Child Development	Systems	Implementation

Oregon	MIECHV	Systems	Full Implementation
Illinois	University of Illinois, Chicago School of Medicine Pediatric Residency Program	Systems	Full Implementation
Illinois	John J Stroger, Jr Hospital Pediatric Residency Program	Systems	Implementation
Washington State	MIECHV	Systems	Full Implementation
Wisconsin	Wisconsin Department of Public Health	Systems	Full Implementation
<i>International:</i>			
New Zealand	Infant Mental Health Association Aotearoa of New Zealand (IMHAANZ)	Infusion	Implementation
Israel	Mom2Mom Program	Infusion	Full Implementation

Appendix B

FAN Reflective Learning Tool



Home Visitor	Supervisor	FAN TOOL # _____	Date reviewed with Supervisor
Select ONE: Tool filled out <i>before</i> supervision? <input type="checkbox"/>		Tool filled out <i>during</i> supervision? <input type="checkbox"/>	

1. To what degree do you feel you and the parent were on the same page during this visit?

5. Almost always	4. Often	3. Sometimes	2. A little	1. Rarely
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2. Mindful Self-Regulation

Did you use this core process?

YES	NO
-----	----

a) During this visit, did you feel that you could identify and regulate your thoughts/feelings?

5. Almost always	4. Often	3. Sometimes	2. A little	1. Rarely
------------------	----------	--------------	-------------	-----------

b) What were your two main feelings during this visit?

c) Name one strategy that helped you regulate during this visit.

d) How effective was this strategy for you? _____

3. Empathic Inquiry

Was the parent in feelings?

YES	NO
-----	----

a) **ARC Question:** Did you open your visit with "What has it been like for you to take care of your baby/child since we last met" or an alternative opening ARC question?" **YES NO** If yes, what was parent's response?

b) What cues or signals from the parent led you to use Empathic Inquiry?

c) Name the parent's two most noticeable feelings during this visit:

d) How was it for you to listen to the parent's feelings?

4. Collaborative Exploration

Was the parent ready to think with you?

YES	NO
-----	----

a) **ARC Question:** Did you ask the parent in the middle of the visit, "Have we gotten to what was most on your mind or alternate ARC Middle Question? **YES NO** If yes, what was the parent's response?"

b) What cues or signals from the parent led you to use Collaborative Exploration?

c) What was the parent's concern or area of focus? _____

d) What was it like for you to use collaborative exploration questions with the parent? _____

e) How did the parent's concern(s) or focus shift during the visit? _____

5. Capacity Building

Was the parent ready to learn or take action?

YES	NO
-----	----

a) What cues or signals showed you the parent was ready to hear information or do an activity?

b) Did you offer information in "one drop?" and explore it with the parent? **YES NO** Example:

c) Describe any Capacity Building Moments and/or Angel Moments and how you supported parents.

d) Were you able to highlight something that the parent did to help his/her child?

6. Integration

Did the parent have any "Ah ha" Moments/new insights?

YES	NO
-----	----

a) If yes, please describe: _____

b) Do you sense that a parent might integrate something as a result of your conversation?

c) Did it seem that the parent felt things were more understandable or manageable at the end of the visit?

5. Very much	4. A lot	3. Somewhat	2. A little	1. Not at all
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d) **ARC Questions:** What were the three words that the parent used to describe their baby?

e) **ARC Questions:** What did the parent want to remember from the visit?

7. In reflecting on this visit, how do you feel the FAN will inform your next visit with this family?

8. Reflecting on supervision, what will you take with you that will be helpful using the FAN moving forward?

9. What is your FAN goal for the next month? _____

Appendix C

Mentoring Guidelines



Level II Reflective Practice Mentor Guidelines

Step 1: Confirm the call in advance

- Email the director 2-5 days in advance to reconfirm the session and remind her/him to send you one Home Visitor Learning Tool and the Facilitator (supervisor) Review Tool that goes with it.

Step 2: Pre-Contact Routine

- Use your pre-contact routine to prepare yourself to be present for the review session

Step 3: Beginning ARC Question

- What was it like for you to support your staff in using the FAN this month?
 - Listen to the supervisor as she/he reflects on the experience with her staff

Step 4: Checking on Concerns

- Is there anything you want to be sure we talk about on this call?
 - If there is something pressing, go ahead and address it. If can wait, assure that you will get to it.

Step 5: Review of the Log

- Thank you for sending me the log. Let's take a minute to briefly talk about each of your home visitors How is X doing with the FAN?
 - Go over each person briefly, listening to see if the sessions are happening, if there are any concerns or *successes* to note. Watch the clock so you can be sure to get to the full review to come. Also listen for program issues that might be interfering with the supervisor/team's focus on the FAN.

Step 6: In-depth Review of FAN Learning Tool

- Let's look at the learning tool and your review. How was it for you to do this review with X. What stands out to you from the session?
 - Go over the Learning Tool, taking time to ask about each section and explore/reflect on responses. Some of this might have been covered in the discussion. If so, note that and keep moving. Comment on the Supervisor FAN Review Tool and explore any area that stands out. Be sure to let the supervisor know you have read it and appreciate his/her comments.

Step 7: Checking In

- How are we doing? Are we getting to what was most on your mind?
 - Mid-way or so, check-in. This might seem redundant given earlier check in. Use your judgment.

Step 8: Integration

- You've shared a lot and I appreciate your investment in this process. I want to give you a moment to reflect. What is something that you'd like to remember from our time that will be helpful for you this month? Is there anything that you would like for me to remember for us? If you were to describe in three words what it was like for you to support your team in learning the FAN this month what would you say? And last, if you were to describe where your team is in learning the FAN in three words, what words come to mind?
 - Take time for the supervisor to reflect and write down what she/he says for your notes!

Step 9: Documentation

- Complete the Mentor Log before you go on to the next part of your day!

Appendix D

Data Chart

Title	City/State	Year	Sample	Intervention	Methodology	Findings
Increasing Parenting Self-Efficacy: The Fussy Baby Network® Intervention	Chicago, Illinois	2006-2008	<ul style="list-style-type: none"> • Families (parent and infant) involved in Fussy Baby Network (FBN) intervention • Infants with high frequency crying behavior <p>Sample size:</p> <ul style="list-style-type: none"> • 38 mothers 	<ul style="list-style-type: none"> • FAN-informed home visiting for parents referred to Fussy Baby Network 	<p>Quasi-experiment (experimental and contrast group)</p> <ul style="list-style-type: none"> • Measures: <ul style="list-style-type: none"> • Crying Patterns Questionnaire (CPQ) • Maternal Self-Efficacy Questionnaire (MEQ) • Edinburgh Postnatal Depression Scale (EPDS) • Parenting Stress Index (PSI) 	<p>Experimental group:</p> <ul style="list-style-type: none"> • Improved infant crying (CPQ) • Improved maternal self-efficacy (MEQ)
TBEARS – Tulane Building Early Relationships Supports and Services: Supportive Home Visitation for Families Struggling with their Infant’s Behavior	New Orleans, Louisiana	2015-2018	<ul style="list-style-type: none"> • Families enrolled in a Fussy Baby Network home visiting affiliated programs • Mothers with mental health needs • Infants with high frequency crying and other concerns (sleep, eating, etc.) <p>Sample size:</p> <p>Quantitative</p> <ul style="list-style-type: none"> • 35 Mothers <p>Qualitative</p> <ul style="list-style-type: none"> • 18 Mothers 	<ul style="list-style-type: none"> • FAN informed home visiting • FAN Level I • FAN Level II 	<p>Mixed Methods Study</p> <ul style="list-style-type: none"> • Semi-structured interviews • Measures: <ul style="list-style-type: none"> • Maternal Self-Efficacy Questionnaire (MEQ) • Postpartum Bonding Instrument (PBI) • Karitane Parenting Confidence Scale • Generalized Anxiety Disorder (GAD) • Parenting Stress Index (PSI) • Postpartum Worry Scale (PWS) • Edinburgh Postnatal Depression (EPDS) 	<p>Mothers:</p> <ul style="list-style-type: none"> • Improved parenting self-efficacy (MEQ), parent child attunement (PBI), parenting confidence (Karitane), anxiety (GAD), stress (PSI), depression (EPDS) • Used adaptive coping strategies (Interview) • Perceived program to be effective (Interview)

Title	City/State	Year	Sample	Intervention	Methodology	Findings
Illinois MIECHV: Fussy Baby Advanced Training and Evaluation (Wave 1-2)	Illinois	2012-2015	Healthy Families Illinois (HFI) Programs Sample size: <ul style="list-style-type: none"> • 9 HFI Programs • 1 HFI Comparison • 12 Supervisors • 45 Home visitors • 217 Program participants 	<ul style="list-style-type: none"> • FAN Level I • 12 months of two times per month booster training • 6 months of monthly booster training • FAN Level II 	Quasi-experiment and Mixed Methods Study <ul style="list-style-type: none"> • Interviews and focus groups • Measures: • Program staff: <ul style="list-style-type: none"> • Supervisory Working Alliance Inventory (SWAI) • Five Facets of Mindfulness Questionnaire (FFMQ) • Use of FAN Survey • Program participants: <ul style="list-style-type: none"> • Parenting Stress Index- Short Form (PSI-SF) • Edinburgh Postnatal Depression Scale (EPDS) • Maternal Efficacy Questionnaire (MEQ) • Working Alliance Inventory (WAI) 	Home visitors: <ul style="list-style-type: none"> • Improved all FAN Skills: ability to read parent cues, match interactions to cues, explore parent concerns before finding solutions, recognize own feelings, maintain a focus on parenting, encourage parent to lead and help set agenda (Survey) • Improved emotional regulation (FFMQ) • HV shifted role from “Fixing” or “doing” to collaborating (Focus Group) • FAN practice depended on several factors: length of practice in field, program support, organizational demands, training experience (Interview/Focus Group) Program participants: : <ul style="list-style-type: none"> • Improved relationship: HV followed the participants lead more, more attuned relationship (interviews) • No change in working alliance (potentially because high baseline scores) (WAI) • Improved (but not significant) mental health(EPDS) and self-efficacy (MEQ) • Minimal increase: parenting stress (PSI) (potentially because of more awareness and acceptance of stress and more empathy and mindfulness of HV)

Title	City/State	Year	Sample	Intervention	Methodology	Findings
<p>Illinois MIECHV: Evaluation of the Fussy Baby Network Advanced Training: Final Report (Wave 3-6)</p>	<p>Illinois</p>	<p>2015-2016</p>	<p>Healthy Families Illinois (HFI) Programs, Parents as Teachers Programs, dual HFI/PAT programs</p> <p>Sample size: Follow-Up Study Programs</p> <ul style="list-style-type: none"> • 8 HFI • 17 Home visitors • 11 Supervisors <p>CMTE Programs</p> <ul style="list-style-type: none"> • 17 total • 3 HFI • 11 Parents as Teachers (PAT) • 3 dual HFI/PAT <p>Quantitative</p> <ul style="list-style-type: none"> • 31 Home visitors <p>Qualitative</p> <ul style="list-style-type: none"> • 48 Home visitors 	<ul style="list-style-type: none"> • FAN Level I • 6, 9, or 12 months of FAN booster trainings 	<p>Quasi-Experiment and Mixed Methods Study</p> <p>Follow-Up Study (FUS) 6 & 12 months after training</p> <ul style="list-style-type: none"> • Measures: <ul style="list-style-type: none"> ○ Supervisory Working Alliance Inventory (SWAI) ○ Reflective Supervision Rating Scale (RSRS) ○ Five Facets of Mindfulness Questionnaire (FFMQ) ○ Maslach Burnout Inventory (MBI) <p>Cross-Model Training Evaluation (CMTE)</p> <ul style="list-style-type: none"> • Measures & Data Collection: <ul style="list-style-type: none"> ○ Supervisory Working Alliance Inventory (SWAI) ○ Reflective Supervision Rating Scale (RSRS) ○ Five Facets of Mindfulness Questionnaire (FFMQ) ○ Maslach Burnout Inventory (MBI) ○ Provider Reflective Practice Assessment Scale (PRPAS) 	<p>Follow-Up Study: Program Staff</p> <ul style="list-style-type: none"> • Maintained FAN skills: match interactions to cues, explore parent concerns before finding solutions, recognize own feelings, encourage parent to lead and help set agenda (Survey) • Increased FAN skills: reading cues and maintain focus on parenting (Survey) • Maintained HV mindfulness (FFMQ) • Increased supervisor mindfulness (FFMQ) • Modest improved HV job satisfaction (survey) • Decreased HV burnout (decreased emotional exhaustion; increased self-efficacy (MBI) <p>Cross-Model Training Evaluation (CMTE) Study: Program Staff:</p> <ul style="list-style-type: none"> • Improved all FAN skills: ability to read parent cues, match interactions to cues, explore parent concerns before finding solutions, recognize own feelings, maintain a focus on parenting, encourage parent to lead and help set agenda (survey) • Improved HV Reflective Capacity: self-regulation, collaboration, process, authentic attitude(openness, curiosity, acceptance of client) (PRPAS)

FAN Evaluation Data Chart

Title	City/State	Year	Sample	Intervention	Methodology	Findings
					<ul style="list-style-type: none"> ○ Semi-Structured Interviews 	<ul style="list-style-type: none"> ● Decreased HV burnout (decreased emotional exhaustion and depersonalization (MBI)) ● No findings regarding job satisfaction and self-efficacy ● Program differences in findings: supervisors job satisfaction and burnout ● Outcomes depended on several factors: organizational differences ● Longer training (9-12 mos verses 6 mos) slightly more effective ● HFA program had slightly more positive FAN outcomes than PAT
<p>Executive Summary: Infusing the FAN in Healthy Families Massachusetts (HFM)</p>	Massachusetts	2016	<p>Health Families Massachusetts (HFM)</p> <ul style="list-style-type: none"> ● Home visitors ● Supervisors <p>Sample size:</p> <ul style="list-style-type: none"> ● 26 Programs 	<ul style="list-style-type: none"> ● FAN Level I ● 1 extra training day for supervisors ● FAN Level II ● 3rd Training Day 	<p>Mixed Methods Study</p> <ul style="list-style-type: none"> ● Measures: <ul style="list-style-type: none"> ○ FAN Survey ○ Interviews ○ Reflective Supervision Rating Scale (RSRS) ○ Kentucky Inventory of Mindfulness Skills (KIMS) 	<p>Home visitors:</p> <ul style="list-style-type: none"> ● Improved: FAN skills, mindfulness, job satisfaction, confidence, ability to support, perceived value of FAN, parent-led focus <p>Supervisors:</p> <ul style="list-style-type: none"> ● Improved: mindfulness, job satisfaction, confidence, ability to support, FAN skills, relationship with home visitors, help home visitors with role, perceived value in FAN and supervision
<p>Maryland LAUNCH: Final Evaluation Report Year 6</p>	Maryland	2016-2017	<p>Sample size:</p> <ul style="list-style-type: none"> ● 7 Directors/Supervisors ● 21 Home visitors ● 7 Consultants ● 16 Other 	<ul style="list-style-type: none"> ● FAN Level I (46) ● FAN Level II (5) 	<p>Mixed Methods Study</p> <ul style="list-style-type: none"> ● Measures: <ul style="list-style-type: none"> ○ Impact of Training and Technical Assistance (IOTTA) ○ FAN Knowledge Scale ● Focus Group 	<p>Home visitors:</p> <ul style="list-style-type: none"> ● Improved: understanding of practice and principles, practice in home visiting sessions, supervisor-mentee relationship and relationship with client, peer relationships, client involvement <ul style="list-style-type: none"> ● Other findings: <ul style="list-style-type: none"> ○ Perceived training as effective

Title	City/State	Year	Sample	Intervention	Methodology	Findings
						<ul style="list-style-type: none"> ○ FAN Coaching: effective, time intensive, reinforced use of FAN, provided practice “language” ○ Depending on the discipline (teaching/social work) different parts of FAN were easy/difficult to carry out ○ Need for FAN adaptations to use with other service populations
Building Professional Capacity for Strengthening Relationships in Early Intervention with Parents: The FAN Approach	Maryland	2014-2015	<ul style="list-style-type: none"> ● Speech language pathologists ● Physical therapists ● Occupational therapists Sample size: <ul style="list-style-type: none"> ● 5 Therapists 	<ul style="list-style-type: none"> ● FAN Level I ● FAN Level II with video feedback and reflection tools 	Qualitative Study <ul style="list-style-type: none"> ● Focus group 	Early Intervention Therapists: <ul style="list-style-type: none"> ● Improved: empathy, collaboration with families, work effectiveness, job satisfaction (focus group)
Fussy Baby Network: FAN (Facilitating Attuned Interactions) Training for Pediatric Residents	Chicago, Illinois	2015-2016	<ul style="list-style-type: none"> ● Pediatric residents and mentors ● Parents Sample size: <p>Quantitative</p> <ul style="list-style-type: none"> ● 27 Residents ● 223 Parents <p>Qualitative</p> <ul style="list-style-type: none"> ● 9 Residents 	<ul style="list-style-type: none"> ● FAN Level I ● FAN Level II 	Mixed Methods Study <ul style="list-style-type: none"> ● Measures: ● Residents: <ul style="list-style-type: none"> ○ Jefferson Scale of Physician Empathy (JPSE) ○ Kentucky Inventory of Mindfulness Skills (KIMS) ○ Interviews ● Parents: <ul style="list-style-type: none"> ○ Jefferson Scale of Patient Perceptions of Physician Empathy (JSPPE) ○ Consultation and Relational Empathy (CARE) Patient Feedback Measure 	Resident findings: <ul style="list-style-type: none"> ● Increased empathy (JPSE) ● Increased mindfulness (KIMS) ● Positive change on way practice medicine: more empathic, more able to understand family needs; “get to the bottom” of a family’s worries, collaborate to find solutions, better able to process own emotions and respond to benefit family (interview) ● Meets a training need missing from medical education (interview) Parent findings: <ul style="list-style-type: none"> ● Increased (not significant) perception of empathy (high at baseline) (JSPPE)

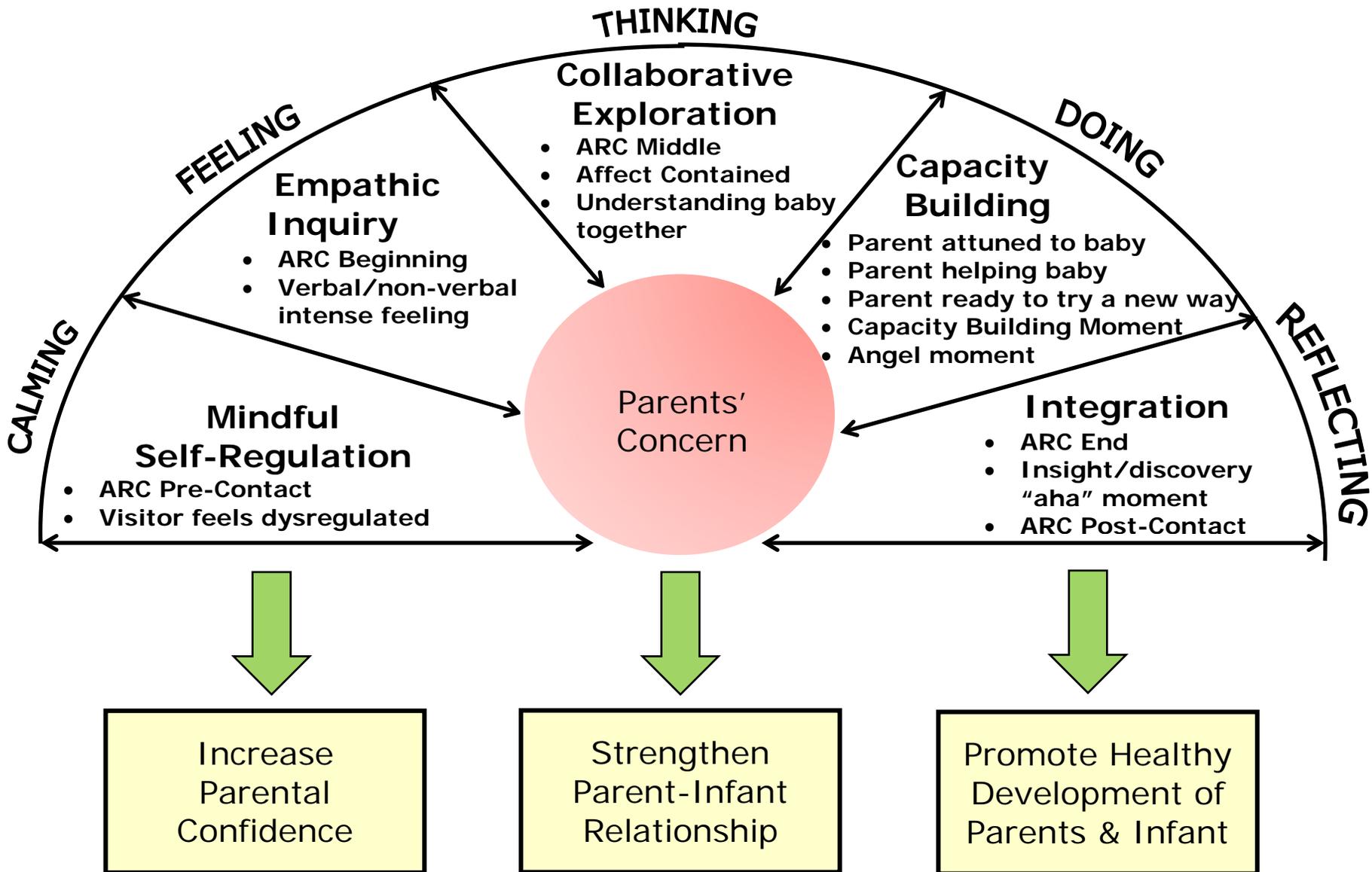
Title	City/State	Year	Sample	Intervention	Methodology	Findings
<p>The Mentoring FAN: A Promising Approach to Enhancing Attunement within the Mentoring System</p>	<p>Cities in the Midwest and Southwest</p>	<p>2015</p>	<p>Mentoring programs</p> <ul style="list-style-type: none"> • Mentor Support Specialists <p>Sample size: Quantitative</p> <ul style="list-style-type: none"> • 28 Mentor staff <p>Qualitative</p> <ul style="list-style-type: none"> • 15 Mentor staff 	<ul style="list-style-type: none"> • FAN Level I • FAN Level II 	<p>Mixed Methods Study</p> <ul style="list-style-type: none"> • Measures: <ul style="list-style-type: none"> ○ Interpersonal Reactivity Index (IRI) ○ Empathy Quotient Scale (EQ-8) ○ 15-item Mindful Attention Awareness Scale (MAAS) • Semi-structured interviews 	<ul style="list-style-type: none"> • Increased (not significant) relational empathy and communication (CARE) <p>Mentor Support Specialists:</p> <ul style="list-style-type: none"> • Improved interpersonal reactivity (IRI) empathy (not significant), attunement, relationship with supervisor, ability to support
<p>Young Adult Early Childhood Home Visitors’ Perceptions of FAN (Facilitating Attuned Interactions) and Its Potential Protection to Burnout</p>	<p>Massachusetts</p>	<p>2019</p>	<p>Facilitating Attuned Interactions training</p> <ul style="list-style-type: none"> • Home visitors • Supervisors <p>Sample size:</p> <ul style="list-style-type: none"> • 5 Home visitors • 3 Supervisors 	<ul style="list-style-type: none"> • FAN Level I • FAN Level II • 3rd Training Day 	<p>Qualitative Study</p> <ul style="list-style-type: none"> • Case Study Interviews • FAN Reflection Tools 	<p>Home visitors:</p> <ul style="list-style-type: none"> • Improved: confidence, self-regulation, reflectiveness, decreased burnout, attunement with families/supervisors/peers (interviews) • Other findings regarding the FAN: provides structure, practice “language”, importance of peer to peer supports

Figure 1

Fussy Baby Network FAN

Fussy Baby Network® FAN

Facilitating Attuned Interactions

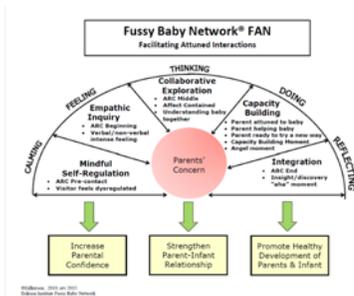


FAN Pocket Guide

ARC OF ENGAGEMENT:

- Pre:** How am I? *What do I need to do to be fully present?*
- Begin:** What's it been like *for you* to take care of your baby these past few _____?
- Middle:** Have we gotten to what you *most wanted* to talk about?
- End:** If you were to describe baby in *three words* today, what would they be?
What would you like to *remember* from our time together?
- Post:** *How am I now? What do I need to repair or replenish?*

MOVE on the FAN where the Caregiver needs you to go—Matching/Attunement Process



- Observing** – What does the Caregiver need now?
- Offering** – Which process will match what the Caregiver is showing me?
- Checking** – Is this working?
- Re-attune** – Moving on the FAN based on Caregiver's response or my response (MSR)

MINDFUL SELF-REGULATION: Be Fully Present

- **Awareness** of self (regulation/dysregulation); **Balance:** Strategies to bring awareness to the present; **Connection:** Reading the cues and decide where to move on FAN

EMPATHIC INQUIRY: “What has it been like for you?”

- Listen with acceptance
- Amplify positive feelings
- Accept, validate, explore, and/or contain negative feelings
- Validate and explore both sides of ambivalence

COLLABORATIVE EXPLORATION: “Let’s think about this together”

- SEE THE BABY THE CAREGIVER SEES: Tell me more ...
- What do you think might be causing the concern?
- What have you tried? What helps, even a little? What does not help? Why might that be?
- How do you know things are going well? When things are getting harder?
- What are the views of other people who are important to you?
- How ready do you feel to start?
- What first steps might you take?
- What would it feel like (be like) for you to try these new ways?

CAPACITY BUILDING: “Support during action”

- MAGIC QUESTION: What’s your hunch?
- WATCH FOR and HIGHLIGHT what caregivers are already doing to help
- OFFER A DROP OF INFORMATION AND EXPLORE: Say it in one breath
- FUSSY BABY/CAPACITY BUILDING MOMENTS:
 - **Acknowledge:** “This is the cry you were telling me about”.
 - **Affirm:** “Please feel free to do whatever you need to do?”
 - **Support:** “I’m here with you.”
- ANGEL MOMENTS: Protect/reflect affect when emotional connection is made

INTEGRATION: Building a Coherent Narrative

- Watch for and validate caregiver’s discoveries/Ah-ha moments
- What would you like to hold on to/remember from our visit? Three words.

Figure 2

ARC of Engagement

ARC OF ENGAGEMENT

Near the middle

I just want to check in with you. Are we getting to what is most on your mind today?

In the beginning

What has it been like for you to take care of your child since ____?

At the end

Three words
I'm wondering if there was something that you would like to remember from our time together today?

Before the contact

How am I?
What do I need to do to be fully present?

After the contact

How am I now?
What do I need to do to repair and/or replenish?