Young Adult Early Childhood Home Visitors’ Perceptions of FAN (Facilitating Attuned Interactions) and Its Potential Protection to Burnout

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Young Adult Early Childhood Home Visitors’ Perceptions of FAN (Facilitating Attuned Interactions) and Its Potential Protection to Burnout

A Dissertation Presented

by

LEE MACKINNON

Submitted to the Graduate School of the University of Massachusetts Amherst in partial fulfillment of the requirements for the degree of

DOCTOR OF PHILOSOPHY

February 2019

College of Education
Young Adult Early Childhood Home Visitors’ Perceptions of FAN (Facilitating Attuned Interactions) and Its Potential Protection to Burnout

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By
LEE MACKINNON

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DEDICATION

For Ian and Emma, my best teachers, and Bill who persevered along with me.

I couldn't have done it without you.
ACKNOWLEDGEMENTS

I would like to thank my advisor, Claire Hamilton, for the many years of guidance in this process. Thanks also to my committee members, Sharon Rallis and David Buchanan, who supported opportunities to extend my learning beyond the classroom, informing not only my scholarship but also my professional life. Thanks too to Susan Hawes who shared valuable information about research design. I offer a special thank you to Kevin Nugent who helped me begin this journey.

My colleagues at the Children’s Trust, especially Meg Manning, gave invaluable support and insight into the Healthy Families Massachusetts network and the initiation of FAN. Linda Gilkerson, from the Erikson Institute, shared her research and wisdom freely and I am thankful for her support and encouragement along the way.

Finally, I offer thanks and gratitude to the home visitors and supervisors who participated in this project and shared their experiences and perceptions. They are truly changing lives every day.
ABSTRACT

YOUNG ADULT EARLY CHILDHOOD HOME VISITORS’ PERCEPTIONS OF FAN (FACILITATING ATTUNED INTERACTIONS) AND ITS POTENTIAL PROTECTION TO BURNOUT

FEBRUARY 2019

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This qualitative study investigated the experience of young adult early childhood home visitors in the training and implementation of a family engagement tool, Facilitating Attuned Interactions (FAN) (Gilkerson, 2015). Using Interpretative Phenomenological Analysis, the case study explored how 5 home visitors, who were under 30 years of age, viewed their training and use of FAN in three components of their work: reflection, family engagement, and supervision. In-depth interviews with the home visitors were the primary method of data collection with review of reflection tools and interviews with 3 supervisors serving to contextualize the data. A major finding was that FAN provided a shared language and structure that helped participants feel confident, build reflective capacity, and forge connections to families, supervisors and peers. Participant descriptions of their experience with FAN included elements corresponding to protective factors to burnout including increased confidence, self-calming techniques, bounded relationships with clients, social connection, and reflective supervision.
Additional findings included the importance of peer to peer support in the learning and implementation of FAN and the importance of meeting high performance standards that led to home visitor feelings of competence and confidence. Findings indicated that early in their learning process, some home visitors felt incorporating the tool added to job stress. Only after trying FAN with families, participating in scaffolding experiences with supervisors, and completing 10 self-reflection/learning tools over 8 months did they identify the value of FAN language and structure to their work. Training home visitors in this approach may be especially relevant for young and/or inexperienced staff who rely on the FAN structures and prompts to conduct difficult conversations, maintain professional boundaries, utilize self-calming techniques, and reflect on their own reactions as well as those of their clients. As the field recognizes the need to keep a consistent and competent workforce to provide continuous and effective work with families, training home visitors in FAN is an intervention worthy of consideration. Helping early childhood home visitors to integrate FAN into their practice may be one way to help them be more attuned and reflective, and ultimately more satisfied with their work.
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CHAPTER 1

INTRODUCTION

This study sought to investigate the experience of young adult early childhood home visitors in the training and implementation of a new family engagement tool, Facilitating Attuned Interactions (FAN) (Gilkerson, 2015). The purpose of this case study was to explore with 5 home visitors, who were under 30 years of age and who completed a 6-month training program in FAN, how they viewed their training as well as their use of FAN in three components of their work: Reflection, family engagement, and supervision.

FAN is a tool intended to promote reflective practice and to support attuned interactions with families. It provides a concrete representation of attunement and self-regulation, as well as a common language and tangible illustration of abstract ideas for home visitors and supervisors to share (Gilkerson, 2015).

FAN is beginning to receive recognition as an approach that federally approved home visiting program models may consider incorporating. Some states are using the federal dollars earmarked for exploration of promising approaches to incorporate FAN into existing evidence based home visiting models (Erikson, 2015; U.S. Department of Health and Human Services, 2018, May 30).

Problem Statement

Research shows that the relationship that early childhood home visitors forge with participants is key to service delivery. Establishment of a trusting, bounded relationship is not unlike the therapeutic alliance between clinical practitioners and clients. Home
visitors, however, are often paraprofessionals not trained in therapeutic techniques. Facing complicated families, who may have stressful life experiences similar to their own, they can become avoidant or over-involved with families, both of which are associated with job strain and burnout.

Federal regulations and national home visiting model standards direct programs to hire home visitors who can meet the cultural needs of families served (Azzi-Lessing, 2011). For programs serving young parents, such as Healthy Families Massachusetts (HFM), young home visitors provide one element of homophily that may encourage client trust (Wasik, 1993). This intent coupled with the realities of home visitor salaries and paraprofessional status influence the hiring pool for home visiting programs serving young parents.

Research indicates that young home visitors are more at risk for burnout than older ones. This is problematic for programs facing an entry-level hiring pool and the desire to hire young staff to work with young parents. High rates of home visitor burnout and turnover threaten program quality since disruption in services is associated with client attrition, as well as added stress for employees left working in under-staffed programs.

**Gaps in Research**

As more communities adopt home visiting as a strategy to help overburdened families, it becomes increasingly important to understand the strengths and challenges of home visitation. Research has focused primarily on the experience of families who receive home visiting services. Studies that articulate the perspectives of home visitors themselves on their work with families are limited (Harden, Denmark, &Saul, 2010).
Furthermore, few studies look at the factors that affect home visitor effectiveness and employment longevity, particularly for young workers (Lee, Esaki, Kim, Greene, Kirkland, & Mitchell-Herzfeld, 2013). Examination of how use of FAN affects young home visitor perception of their relationships with families, reflective practice, and experience with supervision has the potential to provide valuable information to home visiting programs looking to promote home visitor job satisfaction and reduce burnout and turnover.

Research Questions

Through a better understanding of how young adult home visitors perceive the learning and usefulness of FAN in development of their reflective capacity, attuned engagement with families, and experience in supervision, home visiting programs and policy developers may be able to make more informed decisions on how to implement FAN with young home visitors to protect against their burnout. The first research question set a foundation to explore the home visitors’ perceptions of their 6-month training in FAN and helped identify the supports they perceived they needed in order to learn and use the tool. The following three questions explored how they perceived the usefulness of FAN in 3 key areas of their work: reflection, family engagement, and supervision. The final question referred to data analysis and explored how their perceptions related to indicators of protective and/or risk factors to burnout. The following research questions were addressed:

I. How do research participants perceive the 6-month introductory training on FAN?
   • What do they perceive that they needed in order to learn the tool?
   • How do they perceive the training met those needs?
   • What do they perceive that they still need in order to use the tool?
II. How do research participants perceive the role of FAN in their reflective practice?
   • How do they use the tool to examine their own reactions to clients?
   • How does it feel for them to examine their emotional reactions through FAN?

III. How do research participants perceive the usefulness of FAN in building attuned relationships with clients?
   • What do they perceive that they generally need to do in order to feel attuned to clients?
   • How do they perceive their use of FAN as it relates to these factors?
   • How do they perceive the value of attunement with clients in feeling personally successful on the job?

IV. How do research participants perceive the usefulness of FAN in supervision sessions?
   • What issues do they perceive are the most important to talk about in supervision sessions?
   • How do they perceive the use of FAN in supervision as it relates to these issues?
   • What factors do they perceive help them feel comfortable talking with their supervisor in supervision sessions?
   • How do they perceive the use of FAN in supervision as it relates to these factors?
   • How does it feel for them to share in supervision their emotional reactions to clients?

V. In what ways are young home visitors’ experiences with FAN, including their training, associated with risk and protective factors to burnout?

**Research Approach**

In order to best answer the research questions, I used a qualitative case study research design. This allowed me to examine how the participants interpreted their experience, rather than looking at cause and effect or prediction. In this study the process under investigation was the experience of young home visitors learning a new tool, FAN, and implementing it in 3 components of their work: reflection, family engagement, and supervision. The sample was 5 young (under 30 years old) Healthy Families Massachusetts home visitors who had participated in a 6-month long FAN training
program. In-depth interviews with the home visitors were the primary method of data collection, with review of the Learning/Reflective tools they completed during the 6-month training period and interviews with 3 supervisors serving to contextualize the data. I utilized Interpretative Phenomenological Analysis (IPA) to analyze the data.

**Significance**

This qualitative study may be seen as a starting point for further investigation into the usefulness of FAN to young home visitors and the effects it may have on job satisfaction and retention. My analysis of participant experiences looked for the existence of risk or protective factors to burnout in order to understand the potential value of the tool in promoting home visitor job satisfaction and longevity. Further research may be able to build on these findings to look at home visitor experience in a broader context with additional variables, such as culture, client characteristics, or educational background/experience of home visitors.

This research also laid a foundation to explore practice issues, particularly the training of home visitors. Understanding the details of what worked or did not work for the participants in the FAN training and how integration of the FAN affected their work experience can inform future home visitor training initiatives. The description from this qualitative study will hopefully provide valuable direction on how to best support young home visitors with the demands of the work and provide useful data to inform decisions on the potential of using FAN as tool to provide protective factors to burnout and turnover.
CHAPTER 2
THEORETICAL FRAMEWORK

Introduction

Early childhood home visiting is increasingly recognized as a promising intervention to support multi-stressed families and their young children. Focusing largely on prevention, these programs aim to prevent child abuse and neglect and to promote healthy child development and school readiness (Azzi-Lessing, 2011; Astuto & Allen, 2009; Howard & Brooks-Gunn, 2009). With a growing understanding of the importance of the early years of life to subsequent development, school achievement and lifelong health, communities in all states have adopted some type of voluntary home visiting program (Burrell, McFarlane, Tandon, Fuddy & Duggan, 2009; National Home Visiting Resource Center, 2017).

Much of the present growth in early childhood home visiting stemmed from its inclusion in the Patient Protection and Affordable Care Act of 2010 (Michalopoulos et al., 2015). Reauthorized in February 2018 for 5 more years, the federal home visiting initiative, known as Maternal, Infant, and Early Childhood Health Home Visiting (MIECHV), targets communities with the highest rates of infant mortality, children living in poverty, low-weight births, and teen births. The number of federally-funded programs has more than doubled since the start of the program in 2010, reaching 83,841 families. Evidence-based home visiting models now exist in all U.S states (National Home Visiting Resource Center, 2018). Participants in these home visiting programs exhibit an assortment of needs, including depression, health problems, and domestic violence (Michalopoulos et al., 2015). The home visitors providing services to these multi-
stressed families come from a range of backgrounds, with many of the federally-funded models relying on paraprofessional home visitors who have limited training or education in helping professions. Typically they are recruited from the communities in which they work and share racial, linguistic and cultural backgrounds with their participants (Avelar et al., 2014).

**Home Visitor-Parent (HV-P) Relationship**

The relationship that home visitors forge with parents is key to delivery of services. The establishment of a trusting relationship is strongly related to the level of family involvement and the benefits parents gain from home visiting services (Astuto & Allen, 2009; Azzi-Lessing, 2011; Barak, Spielberger, & Gitlow, 2014; Brookes, Summers, Thornburg, Ispa, & Lane, 2006; Sharp, Ispa, Thornburg, & Lane, 2003). As clients experience greater trust with home visitors, they report sharing more information. This deepens the ability of home visiting programs to address the multi-faceted issues common to over-burdened families (Jacobs et al., 2016).

While not professionally trained therapists, home visitors establish relationships with parents that contain therapeutic elements common in the fields of counseling and therapy (Fields, 1992). Unlike therapists and counselors who are trained in how to create a healthy alliance with clients, however, home visitors are often paraprofessionals, with no professional experience in therapeutic techniques. Without training on how to establish healthy, bounded relationships with clients, home visitors do not have the expertise to use the HV-P relationship to protect and build their own sense of self and positive self-regard that trained therapists experience (Miller & Stiver, 1997). They can become avoidant or over-involved with families, both of which are associated with job
strain and burnout (Barak et al., 2014). High rates of home visitor turnover create
disruption in services and are associated with client attrition, thereby threatening program
quality (Lee et al., 2013; Sharp et al., 2003).

**Importance of Dyadic Relationship**

The relationship between home visitor and parent is at the heart of early
childhood home visiting and may be considered the change agent in the work (Olds &
Kitzman, 1990). This dyadic relationship provides the means of service delivery and
influences the quality of the intervention and the enrollment and retention of participants
(Barak et al., 2014). The formation of the HV-P relationship reflects tenets of infant
mental health and is similar to the working alliance found in social work and
psychotherapeutic theory (Olds & Kitzman, 1990).

Infant Mental Health (IMH) is a multi-disciplined field that considers the healthy
social and emotional development of children from birth to 3 years in the context of their
families (Brandt, 2013). Dyadic reciprocal exchange and intimate patterns of interactions
with important people in their lives contribute to children’s overall development and set a
template for relationships throughout the lifespan (Brazelton, 1992; Tronick, 2003).

The emphasis on dyadic relationship extends beyond the parent and child to the
IMH provider-parent relationship. Much of the knowledge base on the importance of the
provider-parent dyad in shaping the relationship between parent and child comes from
empirical evidence in early intervention programs (Shonkoff & Phillips, 2000). Co-
creative processes that occur in the context of dyadic relationships change states of
consciousness for the individuals involved. This phenomenon is true in the provider-
parent relationship just as it is in the parent-infant relationship (Tronick, 2003).
Practitioners forge alliances with parents and seek to understand the family’s system of care so as to scaffold the process of building strong parent-child relationships (Barnard, Morisset, & Spieker, 1993; Berlin, O’Neal, & Brooks-Gunn, 1998; Brandt, 2013; Korfmacher et al., 2008). These alliances are critical to the work. Infant mental health leader, Jeree Pawl’s 1998 book title, *How You Are Is as Important as What You Do*..., conveys a concept embraced in IMH principles, that emotional connection with families is just as important as content delivered (Korfmacher et al., 2008; Pawl & St. John, 1998).

Early childhood home visitors differ from therapists in that they are expected to focus on explicit actions and behaviors of the parents rather than their underlying feelings. They are charged to recruit families and offer general forms of social support. In therapy clients initiate services for help with particular concerns (Kormacher et al., 2008). Despite these differences the centrality of the relationship is present in both, and it is useful to consider the ways in which the HV-P relationship parallels components of the clinical psychotherapist-client relationship.

Through the dyadic relationship, the home visitor, like the therapist, expresses unconditional positive regard, warmth, empathy and authenticity (Borden, 2009). Both can cultivate trust with others by utilizing relationship-building techniques, such as expressing empathy, listening without preconceived ideas, holding conflicting ideas, and using gentle inquiry (Heffron, Ivins, & Weston, 2005). Countertransference, broadly described as emotional responses on the part of a provider toward or about a client, is a factor for all practitioners who work with families of infants and toddlers, whether they are paraprofessional home visitors or trained psychotherapists. Just as parents of infants
and toddlers re-experience their own preverbal early experiences so too do practitioners who focus on the parent-child relationship in their work. The provider’s emotional responses require continued attempts at self-monitoring and self-awareness (Fields, 1992). For home visitors, addressing implicit, underlying thoughts and feelings is not a common part of their practice with families. To do so, however, could offer complementary interventions that both guide positive parent-infant interactions and enrich home visiting practice for home visitors (Brandt, 2013; Kormacher et al., 2008).

Bordin’s (1979) theory of the working alliance provides a useful framework to understand engagement in the HV-P relationship. The working alliance consists of provider-client agreement on desired goals, acceptance of what steps are required to reach the goals, and mutual trust and acceptance (Brookes et al., 2006). Based in psychoanalytic theory the concept of working alliance extends into many settings including teacher/student, community action leader/group member and to some degree parent and child (Bordin, 1979). The nature of this dyadic relationship involves reciprocal effects that influence engagement by both parties (Brookes et al., 2006). Home visitors, like therapists in dyadic relationships with clients, experience shared effects. The engagement of home visitors affects (and is affected by) the engagement of parents, and the quality of the home visitor–parent relationship affects (and is affected by) the engagement of both parties (Brookes et al., 2006; Roggman, Boyce, Cook, & Jump, 2001).

**Effects of Dyadic Relationship on the Practitioner**

Through the dyadic relationship, providers who engage in reflective process gain self-knowledge and positive self-regard while helping clients accomplish growth and
change (Miller & Stiver, 1997). In psychoanalytic theory, empathic attunement, defined as verbal and non-verbal understanding of the client’s emotional state and difficulties, drives the therapeutic process. This process of attunement enhances client feelings of being heard and understood, while compelling providers to deal with their own feelings at the same time. The provider and client enter a reflective space in which both experience emotional dysregulation. Through training providers are able to tolerate the feelings expressed by their clients, as well as the internal feelings that may be aroused within themselves. Just as the dyad provides the client with increased ability to regulate emotion, the provider too gains further understanding of self-narratives and relational patterns and integrates them into better understanding and knowledge of self (Ginot, 2009).

Psychodynamic and psychoanalytic theory states that in relationship-based interventions, the use of self for both practitioner and client is the mechanism through which information, knowledge and support are shared. It refers to the ability of providers to be aware of their own thoughts and feelings and how that experience influences the judgments, wishes, and fears they bring to clinical situations. Reflective practice, an aspect of psychodynamic theory, involves using self-knowledge to observe oneself and consider what is happening internally while simultaneously attending to what is happening between self and others (Heffron et al., 2005). This is especially important for anyone working with infants, toddlers, and their families. Working with parents and parent-child interactions evokes complex feelings in practitioners (Fenichel, 1992). Through reflection, exploration, and processing thoughts and feelings, providers are not only able to facilitate the clients’ abilities to integrate experience and to construct new
conceptions of self, they are able to become more aware of their own selves (Borden, 2009; Fenichel, 1992). Reflective practice allows providers to recognize their individual strengths and challenges, identify aspects of the work that may be personally troubling, and acknowledge that no single individual can meet all the demands of clients (Fenichel, 1992).

Relational-cultural theory (RCT) provides a conceptual framework to understand the process of the dyadic relationship and its effects on the practitioner from any discipline. Developed at the Stone Center at Wellesley College this theory was founded on feminist principles and traditionally looked at women and their relational experiences. According to RCT, connections between people provide healing and growth, not only in the therapeutic relationship but across domains “from school to workplace to home” (Miller & Stiver, 1997, p. 3). For helping professionals, the provider-client relationship involves reciprocal connection. Rather than stressing neutrality or professional distance, RCT stresses the importance of the practitioner being emotionally present in the relationship with clients. This relationship includes a high degree of mutuality, and the provider must be aware of and manage her own emotional responses while attending to the needs of the client. As the connection deepens, both client and practitioner experience greater self-knowledge and an increased sense of worth. It is hypothesized that when helping professionals disconnect from the helping dyad, participants are less likely to expose vulnerabilities and to make positive change (Miller & Stiver, 1997).

**Challenges for Home Visitors in the HV-P Relationship**

Home visitors face challenges in the formation of sustainable, connected relationships with parents. Challenges stem from: contextual realities of the families
served, that often include substance use, violence, or lack of fundamental resources; limited relational skills on the part of some visitors, due to personal history, personality, or lack of training; and limited attention to self-calming and reflective skills that trained therapists use to promote positive self-regard when faced with emotionally charged and stressful situations of clients.

The families participating in home visiting often have complicated life situations. The federal home visiting initiative targets communities with the highest rates of infant mortality, children living in poverty, low-weight births, and teen births. Mothers participating in these home visiting programs exhibit many needs, including depression, health problems, intimate partner violence, and more than three quarters have no more than a high school diploma (Office of Planning and Research Evaluation, 2015). Research shows that home visitors often do not feel supported in how to address these issues with families (Jones et al., 2010).

In addition to the difficult and complex family issues for parents that may overwhelm home visitors in their attempts to build connections, home visitor relationship-building skills are also important to consider (LeCroy & Whitaker, 2005). Bronfenbrenner and Ceci’s (1994) bioecological theory of development views human experience as the product of reciprocal paths of influence between individual characteristics and the surrounding social, cultural, political, historical and economic context. When home visitors have challenges in relationship-building skills due to their own personal history or personality, exposure to client trauma may further compromise their abilities to form healthy relationships with clients (Sharp et al., 2003). Without the training to buffer the effects of exposure to secondary trauma, they may feel
overwhelmed when trying to connect with families who exhibit multiple challenges (Burrell et al., 2013). The stress of working with under resourced families, who often have traumatic life experiences similar to their own, interacts with home visitors’ personal characteristics to shape HV-P relationship.

Attachment histories are also present in the formation of the HV-P relationship. Just as clients bring their attachment representations to the HV-P relationship, so too do home visitors. According to attachment theory adult attachment representations influence interpersonal relationships, including parenting, friendships, and romantic relationships. For professionals, whose work is relational, adult attachment representations color their work style. Professionals with secure attachment classifications are more capable of balancing objectivity and empathy in case management, whereas those with insecure attachment histories may become overly dismissive or enmeshed with clients (Hiles et al., 2013).

Any helping professional working with families of infants and toddlers faces strong emotional reactions (Field, 1992). A major psychological shift in the transition to parenthood is the reawakening of the unconscious, preverbal experiences parents have from their own early histories. These preverbal issues influence the relationship between the parent and infant and often parallel issues experienced between the parent and home visitor (Bertacchi & Coplon, 1992). Just as parents of infants and toddlers re-experience their own early experiences so do practitioners, such as home visitors, who work with them. Home visitors experience the same countertransference issues as trained psychotherapists working with families of infants and toddlers, but few home visitors
receive the same training to reflect on their reactions and protect their emotional vulnerabilities (Field, 1992).

While home visitor attachment histories and personalities cannot be changed by simply learning techniques to build healthy dyadic relationships, home visitors may benefit from the development of self-calming skills, used by therapists, to help them cope with demands of their jobs when they become dysregulated during emotionally charged visits. With greater skills in building buffered dyadic relationships, home visitors may be able to gain the increased self-knowledge and self-worth that RCT theory describes as practitioner outcomes in healthy dyadic relationships (Miller & Stiver, 1997). Better understanding of how to cope with parental feelings while building relationships with families could enrich home visiting practice for all parties (Brandt, 2013; Kormacher et al., 2008).

**Benefits of Reflective Supervision**

The supervisory relationship can provide important support to home visitors’ abilities to develop connections with participants and maintain relationships over time. The opportunity to regularly step back from the intensity of the work and share what they are observing and doing allows home visitors to gain a broader perspective and clearer vision, as well as draw on insights from a more experienced mentor (Siegel & Shahmoon-Shanok, 2016). The practice of reflective supervision helps home visitors recognize their reactions and to clarify boundaries of intervention. Through reflection and examination of feelings, the supervisor helps supervisees gain perspective that protects them from over-involvement with families or avoidance of tough issues and ultimate burnout (Bertacchi & Coplon, 1992).
Supervisors who cultivate a relationship with supervisees that includes examination of self and reflective practice increase supervisees’ own recognition of their individual strengths and challenges. This approach helps supervisees identify aspects of the work that may be triggering reactions from their own past and helps them accept that they cannot fix all participant problems (Fenichel, 1992). These techniques include seeing the point of view of another, learning to slow down and value the process of listening without completing a plan, holding conflicting ideas without pushing for a particular outcome, and using gentle inquiry (Heffron et al., 2005). When supervisees experience this type of encounter in supervision their own thinking may expand and they are better able to see new information (Bertacchi & Coplon, 1992).

Reflective supervision uses parallel process, which describes the effects of relationship on other relationships (Heffron et al., 2005; Shonkoff & Phillips, 2000). Supervisors model the sensitive listening, exploration of issues, tolerance for strong emotion, and the ability to hold competing tensions that are important components of effective work with families. Supervisees master these skills through their own experience of these clinical processes and are more able to practice these skills in their work with clients (Fenichel, 1992; Heffron et al., 2005). Through the parallel process supervisees are then able to model these skills in the provider-client relationship and cultivate these same skills in their clients to use with their children (Berlin et al., 1998; Heffron et al., 2005). Winnicott (1949) describes the similarity of the provider-client relationship and the mother-infant relationship. Based on this theory, as the parent learns relational skills through experience with the home visitor, she is more able to transfer
these skills to other relationships, including her infant. The ultimate beneficiary is the baby.

**FAN (Facilitating Attuned Interactions)**

FAN (Facilitating Attuned Interactions) is a tool developed by the Erikson Institute in 2010 with the overall purpose to promote reflective practice and to support attuned interactions with clients for practitioners from a range of backgrounds working with families in relationship-based work. Based on Stern’s (1999) theory of attunement to parental experience, the tool encourages practitioners to see the baby the parent sees and to track their own emotions as well as those of the client. The overarching goals of FAN are to increase parental competence, enhance child development, and strengthen the relationship between parent and child (Gilkerson, 2016).

The FAN approach anchors three fundamental aspects of home visiting. First, it is a conceptual model and practical tool for engaging and relating to clients. It guides the home visitor to recognize and address parental urgent concerns in order to strengthen interaction and parental capacity. Second, by promoting reflection and self-calming techniques, it helps the home visitor stay focused on the parent, even when the parent is dysregulated and situations are chaotic. Third, FAN provides a parallel structure to supervision in which supervisors apply the approach to supervisees and coach them in the development of self-reflection and confidence (Gilkerson, 2015).

FAN provides practical tools for family engagement that support home visitors and other practitioners as they focus on parental concerns, read parents’ engagement cues, and match interactions to parental needs in the moment. FAN is based on the construct that when parents feel understood and connected with the provider they feel
more cohesive, less anxious, and more confident in their parenting (Gilkerson et al., 2012) The graphic representation of the tool resembles a fan divided into 5 wedges, each wedge corresponding to a core intervention process. Home visitors are taught to read parent engagement cues and concerns and match their intervention accordingly. See Figure 2.1.

Figure 2.1. Home Visitor FAN Approach
Source: Copyright Gilkerson 2010  Erikson Institute Fussy Baby Network

This approach includes cultivating self-calming techniques for home visitors to use when presented with stressful client situations as well as learning the Arc of
Engagement, a series of questions that are used to guide the flow of the visit (Gilkerson & Gray, 2014). The Arc of Engagement illustrates a strategy to stimulate collaboration, attunement and reflection at different parts of the visit by providing the home visitor language to ask for client input and a structure for the interaction within the visit. See Figure 2.2.

_Figure 2.2. FAN Arc of Engagement_
_Source: Copyright Gilkerson 2010  Erikson Institute Fussy Baby Network_

Developers of FAN suggest that the tool may also be used by supervisors to anchor their reflective practice with supervisees. It provides a schemata that home visitors can use in supervision to describe interactions with participants and their own emotional reactions during visits. The tool may also be used by supervisors themselves to frame the supervision and encourages them to stay with feelings raised by the
supervisee rather than take over or provide quick reassurance. As a tool guiding reflection, it may act to hold both the supervisor and supervisee in this important place (Heffron et al., unpublished).

While FAN concepts are not new, it is a new tool that organizes family engagement strategies within a framework that may be more accessible to practitioners not trained in relationship building skills. FAN provides a concrete representation of abstract processes to help providers across disciplines access attunement with participants (Gilkerson, 2015). FAN core processes include mindful self-calming on the part of the practitioner, empathy, collaborative exploration of possible solutions, capacity building, and integration (Gilkerson & Gray, 2014). These closely parallel the core concepts of reflective practice that are defined as seeing another’s point of view, learning to slow down and value the process of listening without completing a preconceived action, holding conflicting ideas without pushing for a particular outcome, and using “gentle inquiry” (Heffron et al., 2005, p. 331).

The theory of change guiding FAN comes from the work of Daniel and Nadia Stern (L. Gilkerson, personal communication, May 19, 2016). Stern’s psychoanalytic theory of the “benign grandmother fantasy” (Stern, 1995, p. 34) describes the wish of new mothers to be surrounded by more experienced, caring women who create a holding environment to encourage, validate, and psychologically support them in the discovery of maternal behaviors. Knowing the imagined baby the mother has in mind is critical to forming a therapeutic alliance. The mother navigates between the wished-for baby and the feared baby, who may be sickly or overly demanding, as well as her own fears of how she will be as a mother. Influenced by her own mother as well as other mothers in her
life, the social environment plays a large role in how she defines herself and her baby in her transition to parenthood. Helping professionals play an important role by providing a holding environment, meeting the mother where she is, validating her experiences, encouraging her and giving her confidence. This positive therapeutic alliance, or attunement, helps the mother align her vision to the reality of her baby and promotes attachment and bonding (Stern, 1999).

FAN encourages home visitors to slow down the helping process when working with families by recognizing parent cues and matching responses to their concerns, rather than leading with preconceived concerns and solutions. The goal is to support families in their own choices, rather than providing directives or advice (Gilkerson, 2015). FAN emphasizes the need for providers to enhance parental feelings of self-efficacy rather than provide short term solutions to problems (Heffron et al., unpublished). For overly stressed families, feelings of self-efficacy are often fragile and can have negative effects on the goals they set for themselves and their children, as well as their coping strategies with adversities. FAN is intended to guide home visitors to promote feelings of efficacy in families by exploring families’ ideas and reflecting on past successful actions before engaging in mutual problem solving. In so doing, the visitor helps participants reflect and recognize their own skills as opposed to the home visitor taking on an advocacy role and solving problems for them (Gilkerson & Gray, 2014).

This approach is based in social cognitive theory that explains the cultivation of positive self-efficacy beliefs as almost exclusively responsible for motivation and performance (Bandura, 2011). The belief in one’s capability to exercise control over life events influences the choices one makes, how long one will persevere in face of
difficulties, amount of stress experienced in taxing environments, and depression. The more capable people judge themselves, the higher the goals they set and the more likely they are to meet them (Bandura, 2011). By helping families gain self-efficacy home visitors help participants initiate long term change in parenting behaviors.

A key process in FAN for home visitors is a reminder to use self-calming techniques when becoming dysregulated in order to become more attuned to parental cues (Gilkerson, 2015). The development of self-calming techniques closely aligns with use of self-awareness described in social work and psychoanalytic theories. It refers to the ability of providers to be aware of their own thoughts and feelings and how that experience influences the judgments, wishes, and fears they bring to their work with families (Bertacchi & Coplon, 1992; Heffron et al., unpublished; Miller & Stiver, 1997). Reflective practice involves using self-knowledge to observe oneself and consider what is happening internally while simultaneously attending to what is happening between self and others (Eggbeer, Fenichel, Pawl, Shanok, & Williamson, 1994; Heffron et al., 2005).

FAN concepts are not new to psycho-social theories of dyadic work, but as a new tool in the field, FAN concretizes both the process of relationship building with families and reflection on the engagement. If effective, it could potentially help home visitors cope with the challenge of engaging in relationship-based work without prior professional training on how to build a healthy dyadic relationship. Home visitors (and their supervisors) may find that anchoring their practice with FAN helps home visitors more readily deepen the HV-P relationship while protecting their own vulnerabilities and enhancing satisfaction with the work.
CHAPTER 3
LITERATURE REVIEW

Background

As a service model in the United States, the first large scale home visiting models grew from charity organizations of the late 19th century. In the 1890’s more than 4000 volunteer upper class women were visiting impoverished women and families in their homes to provide moral and behavioral guidance on how to care for their children (Weiss, 1993). Initially home visiting was designed to provide only guiding friendships to impoverished families whose economic status was blamed on character flaws rather than limited access to jobs or health care. Debates about coercion and ethical dilemmas in home visitation led progressive charity organizations to include social advocacy and links to better services and jobs as part of the work of the visitors, duties that have continued to be an important part of contemporary home visitation services (Weiss, 1993).

While never disappearing, home visiting services resurfaced much more extensively in the 1960’s War on Poverty as a means to address a wide range of developmental challenges for children living in poverty (Astuto & Allen, 2009). Seeking to ameliorate the cognitive, social and physical developmental challenges associated with economic deprivation, home visiting models proliferated and the role of the home visitor became more diversified. Rather than focusing solely on health education, early childhood home visitors were trained to teach parents how to use their home environment to interact with young children in order to promote optimal development and prepare them for early childhood education (Weiss, 1993). The early 1990’s saw development of
a number of soon-to-be national home-based programs, including Healthy Start, Healthy Families America, Even Start, and David Olds’ Nurse Family Partnership (Astuto & Allen, 2009). The goals of these programs were primarily preventative in nature, seeking to promote healthy prenatal/child development and school readiness, and to prevent child maltreatment (Gomby, Larson, Lewit, & Behrman, 1993). The role of the home visitor thus became ever more diversified, incorporating advocacy, parent education, and family support in efforts to prevent child abuse and neglect (Astuto & Allen, 2009).

The term “home visiting” encompasses initiatives that vary on a number of variables including goals, length of program, population served, home visitor qualifications, and frequency of visits. Some home visiting initiatives are stand-alone programs, others are coupled with group experiences and services with other professionals (Weiss, 1993). Despite the variance, all home visits offer unique features that set them apart from office- or center-based programs. Bringing services to a family in their home facilitates reaching isolated families who have difficulty attending programming due to a number of barriers including transportation, culture, language, child care, and emotional/psychological issues. Review of multiple evaluation studies of early intervention programs, including the Infant Health and Development Program and Hawaii Healthy Start, finds that home visitors can obtain a holistic view of the child and family and tailor interventions that best suit individual circumstances by working in the family’s home (Berlin et al., 1998). While no systematic data exist comparing effectiveness of service delivery location, receiving services in their own home can set a more informal tone for families than office-based meetings. The less formal setting and accommodation to families’ logistical needs can help participants feel comfortable and
more in control, especially important for those who may not have had positive experiences with social services in the past (Weiss, 1993). Additionally, presence in the home may allow home visitors to more readily gain insight into families’ culture and to build interventions respectful of individual and cultural differences (Astuto & Allen, 2009).

Early childhood home visiting models are typically voluntary programs that do not mandate participation of families who may be at risk for child maltreatment. The presence of home visitors in homes, however, provides a surveillance effect meaning that increased observations in homes can result in higher rates of reported child abuse and neglect. From a prevention standpoint, this phenomenon may be seen as a positive effect of home visiting in the identification of child abuse that may go unnoticed in more isolated families (Jacobs et al., 2016).

Concurrent to the unique benefits of home visitation are challenges that may vary based on geographic and program type. In some areas, home visitors may need to go into high crime neighborhoods to meet families. They generally operate on their own, without the immediate support of a supervisor and do not have frequent contact with co-workers or peers, which may lead to feelings of isolation. The relational aspect of the work and the intensity of the issues facing families may make it difficult for home visitors to focus on child development and parenting while families are faced with the stark demands of basic needs. Additionally, home visitors, who are part of the communities they serve or who have experienced similar life circumstances, run the risk of over-identification and over-involvement. They must be careful to not create dependence while building
relationships with participants and to balance program objectives with family-initiated goals (Weiss, 1993).

Despite challenges of the work, home visiting is regarded as an effective way to help high risk families and is seen as important component in a comprehensive, high quality early childhood system (Adirim & Supplee, 2013). Through the Patient Protection and Affordable Care Act, the federal government made a national commitment to expand and improve state administered home visitation starting in 2010 by creating the Maternal Infant Early Childhood Home Visiting (MIECHV) program (Adirim & Supplee, 2013). In February 2018 Congress re-authorized MIECHV for an additional 5 years.

MIECHV differs from many other federal programs in several important ways. First, while the federal government has established the indicators used to identify at-risk communities, states have the ability to define their own target populations. These factors include high concentrations of premature birth and infant mortality, poverty, crime, pregnant women under 21 years of age, high rates of high school dropouts, substance use, and violence. In addition they may choose particular locales in which to focus home visitation programming (Adirim & Supplee, 2013).

Second, states are allowed to select among a set of 17 evidence-based models that meet Department of Health and Human Services criteria for effectiveness. The Home Visiting Evidence of Effectiveness (HomVEE) program, through the Administration for Children and Families, was initiated in 2009 to review home visiting research literature to assess the effectiveness of models serving families with children, starting in pregnancy through 5 years of age (Sama-Miller et al., 2017). Models that use home visiting services as supplements to center based services were not included. Consideration was limited to
models that sought to improve outcomes in eight domains including child health, child development and school readiness, family economic self-sufficiency, referrals, maternal health, positive parenting practice, reduction in child abuse and neglect, and reduction in family violence and crime (Avellar et al., 2016) In order to meet the Department of Health and Human Services criteria as an evidence based model, multiple factors were considered, including demonstration of favorable, statistically significant effects in two of the designated domains, specific design standards, participation of multiple research teams from different institutions, and inclusion of results in a peer reviewed journal (U.S. Department of Health and Human Services, 2016). Seventeen models were approved to become the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program administered by Health Resources and Services Administration (HRSA). All of the endorsed home visiting programs are voluntary, locally managed, and focus on reducing child maltreatment and enhancing birth outcomes, promotion of school readiness, and development of parental self-sufficiency (U.S. Department of Health and Human Services, 2018, May 30). States select one or more models best suited to meet the needs of families in their high-risk communities. Common models selected by states include Nurse Family Partnership, Healthy Families America, Parents as Teachers and Early Head Start (U.S. Department of Health and Human Services, 2018, May 30). In addition, states must commit to continuing their initial investment in home visiting and to use the federal funds to extend those services. States often contract with community agencies to provide the services with fidelity to one or more of the federally-approved models, thus creating a partnership between federal, state and local players (Adirim & Supplee, 2013; Avelar et al., 2014; Jacobs et al., 2016).
Third, the funding is two-fold. At least 75% of funding going to states is reserved for funding one or more of the approved models described above. In addition, the legislation allows up to 25% of funds to be used to support continued innovation by funding promising approaches that could be integrated into different models, and rigorous evaluation of those approaches (Adirim & Supplee, 2013). Facilitating Attuned Interactions (FAN), is one such promising approach currently being evaluated in a MIECHV-funded multi-year evaluation in Illinois (Gilkerson, 2015).

MIECHV has more than doubled since the start of the program, with the number of families served growing to 156,000 families in all U.S states in 2017 (U. S. Department of Health and Human Services, 2018, May 30). The Administration for Children and the Health Resources and Services Administration (HRSA) reported early evaluation findings of the MIECHV program to Congress in 2015. A final report on the effects of the home visiting initiative on families and children is due in fall 2018. The early report states that the home visiting models most frequently chosen by states are Early Head Start- Home Based Option, Healthy Families America, Nurse-Family Partnership, and Parents as Teachers. As intended, states are targeting counties with high rates of poverty, child maltreatment, and premature birth. Mothers participating in the home visiting programs exhibit many needs, including depression, health problems, intimate partner violence, and more than three quarters have no more than a high school diploma (U. S. Department of Health and Human Services, 2016). The most recent national data show that 98 percent of MIECHV programs demonstrated improvement in at least 4 of 6 benchmark areas including maternal and newborn health, child injuries and maltreatment, school readiness, crime or domestic violence, family economic self-
sufficiency, and service coordination and referrals to other community resources (U. S. Department of Health and Human Services, 2018, May 30).

While there is a wide variation in the level of risk for poor childhood outcomes in the families who participate in home visiting services, most models target the presence of maternal depression, substance use, and domestic violence, especially if they co-occur, as major threats to the healthy development of young children (Azzi-Lessing, 2011). Statistics reveal that families who participate in home visiting services are commonly living in poverty and/or experience English as a second language (Astuto & Allen, 2009). Participating families thus can present complicated and chaotic life situations, involving physical and mental health issues, immigration or refugee status, limited access to resources, and isolation. Research points to the importance of intervening early to reduce these threats to the healthy development of young children and the importance of home visiting programs to have the capacity to address these issues (Carter, Garrity-Rokous, Chazan-Cohen, Little & Briggs-Gowan, 2001; Howard & Brooks-Gunn, 2009; Westbrook & Harden, 2010).

While home visitors for the 17 evidence-based MIECHV models range from paraprofessionals who do not have degrees or formal training in professional service to staff with some college education to nurses, many programs utilize paraprofessionals from the community in which they work (Avellar et al., 2014; Kormacher et al., 2008). Paraprofessional home visitors are often of the same racial, linguistic and cultural background as their participants, and often have faced similar personal histories (Kormacher et al., 2008). In Massachusetts, Healthy Families home visiting programs target young parents and strive to hire young home visitors, some of whom are young
parents themselves, in order to create rapport with clients. This shared background may hasten the establishment of trust from families and facilitates community linkages and referrals, but it poses important considerations to prepare home visitors for the complexity of the work (Wasik, 1993). Comprehensive training and reflective supervision are necessary to support home visitors’ abilities to form productive and respectful relationships with participants, especially those at higher level of risk, such as young home visitors, or those working with families who are difficult to engage (Azzi-Lessing, 2011; Barak, Nissly, & Levin, 2001; Wasik, 1993).

While MIECHV home visitor training requirements vary by home visiting model, the majority of evidenced-based home visitors receive training in screening for parental substance use, depression, domestic violence, and child developmental milestones (Wachino & Macrae, 2016). Analysis of the 8 most evaluated models of the 17 approved by HRSA reveals one model with a prerequisite of public health nurse training. The others rely heavily on paraprofessionals who have at most some college coursework upon hire. Across the various program models, new home visitors receive foundational training in the model as well as training in a range of content areas, such as child development, responsive parenting techniques, pregnancy, and health and safety issues (Astuto & Allen, 2009).

Most home visiting models, including the 17 federally approved models, cite the importance of the home visitor-parent (HV-P) relationship, yet they are often vague about guidelines on how to do so. Home visitors typically must determine on their own how to balance the needs of families with program requirements and how to establish healthy boundaries (Barak et al., 2014). Supervision may provide little guidance on building
relationships with families. Clearly this poses many challenges for HVs as found by the Home Visiting Applied Research Collaborative (HARC), established in 2012 by HRSA to inform policy through home visiting research. In a recent HARC research brief on family engagement, a mixed methods study with 116 home visitors from 40 different home visiting programs found that 42% of home visitors struggled to form healthy relationships with participants. While 73% receive regular individual supervision, over half responded that supervision rarely or only sometimes focused on parent engagement (Home Visiting Applied Research Collaborative, 2016, October 25).

The nature of their jobs requires home visitors to have relationship skills and critical judgment that are similar to those placed upon individuals with higher degrees and training who work in clinical settings, such as counseling centers, health care settings, and school guidance offices. Their work that involves face-to-face exposure to the myriad of issues facing under-resourced families and the development of children may in fact demand more of home visitors than clinicians working in traditional, more buffered settings (Wasik, 1993). New home visitors, especially, can become overwhelmed with the complexities of their clients’ lives. The challenge of performing clinical-like work without prior professional training speaks to the need for helping home visitors build healthy and bounded relationships with participants while taking care of their own vulnerabilities. The ability to self-calm and accept co-regulation as a strategy in working with families is an important skill for them to develop (Wechsler, 2016).

**Home Visitor-Parent (HV-P) Relationship**

All HRSA-approved models profess the use of trained home visitors to deliver health promotion and support for child development by building strong positive
relationships with under-resourced families, who present situations of trauma, chronic stress, and relational challenges (Wachino & Macrae, 2016). The home visitor-parent (HV-P) relationship acts as a pipeline for delivery of services. A number of studies have illustrated that the quality of the HV-P relationship is strongly related to the level of family involvement and the benefits they gain from home visiting services (Assi-Lessing, 2011; Astuto & Allen, 2009; Barak et al., 2014; Brookes et al., 2006; Sharp et al., 2003). As clients experience greater trust with home visitors, they report sharing more information. This relationship may be considered a “therapeutic alliance” (Olds & Kitzman, 1990, p. 109) that is key to the program’s ability to support child and adult development. The critical HV-P relationship deepens the ability of the program to address the multi-faceted issues common to over-burdened families receiving home visiting services (Jacobs et al., 2016). The stability of the relationship appears to be especially important to families in poverty according to a Health and Human Services report on Early Head Start which found that home visiting must be frequent and regular to be effective for families living in poverty (Love et al., 2002).

The challenges home visitors face are reflected in the turnover in the field. Home visitor turnover affects family engagement and outcomes and is becoming increasingly recognized by program developers as an area of concern. In a review of evaluations of Nurse Family Partnership home visiting model and Early Head Start, Azzi-Lessing (2011) found that retention of home visitors is critical to building and maintaining relationships with families and providing continuity of service. Longitudinal evaluation of Healthy Families Massachusetts found that home visitor turnover is associated with participants dropping out of the program. Participants cited that their relationship with
the particular home visitor, not with the program, is what drove their participation. They
did not want to work to re-establish a relationship with someone else (Jacobs et al.,
2015). In Massachusetts turnover is an area of concern with training records revealing
that approximately 22% of the 250 Healthy Families Massachusetts home visiting staff
turned over in 2017 (Personal conversation, Meg Manning, HFM Training Coordinator,
May 2, 2018).

**Home Visitor Burnout**

While not discounting institutional and cultural factors (e.g., low salaries and low
social prestige) that lead to home visitor turnover, consideration of their prolonged
exposure to emotional and relational job stressors is critical to understanding their
relationship to the work. Burnout, as defined by Maslach in her groundbreaking research,
is exhaustion, cynicism and inefficiency due to chronic emotional and interpersonal
stresses on the job. According to the model, burnout can be particularly prevalent in
work involving service, caregiving, and teaching where workers often put others’ needs
first and do whatever is necessary to help a client, student, or patient (Maslach &

In a longitudinal study of 179 home visitors across 20 home visiting sites, Lee et
al., (2013) found that home visiting stresses are associated with burnout, characterized by
decreased job satisfaction, a desire to leave the job, and psychological and somatic
symptoms. Data from the Maslach Burnout Inventory and supervisory support
questionnaire reveal that burnout affects the quality of relationships home visitors
develop with families and the amount of time spent with them in home visits (Lee et al.,
2013).
The limited research on home visitor experience has found that even though home visitors are generally satisfied with their roles and responsibilities with families they report increasing levels of emotional exhaustion over time and a high level of depressive symptoms (Gill, Greenberg, Moon, & Margraf, 2007). Workload pressure has been identified as a source of considerable strain in human service professions (Lee et al., 2013). In attempts to meet clients’ needs and build the HV-P relationship, home visitors find that their efforts to be available and accessible become difficult to sustain. They adapt to parents’ specific needs in ways that may not be part of program models. Texting and cell phone use, for example, are often preferred methods of communication by participants, yet pull on home visitor time and are often not documented or considered part of model fidelity. Home visitors cite that paperwork takes them away from relationship building, which they consider essential to the work, and they feel overburdened with meeting documentation needs dictated by model developers and funders (Barak et al., 2014).

**Age and Burnout**

Research suggests that young workers in psychosocial fields, such as early childhood home visiting, are significantly more at risk for job burnout than older workers are. Numerous studies have found that young workers experience higher rates of job stress, intent to leave, and ultimate resignation from their jobs (Boyas, Wind, & Ruiz, 2015; Hamama, 2012). Lee et al., (2013) found that age was a predictor of burnout for home visitors in a child maltreatment prevention program with younger visitors scoring higher on burnout scales than their older co-workers. Meta-analysis of 25 articles concerning the relationship of demographic variables and turnover or intention to leave
among human service workers revealed that being young is a statistically significant predictor to leaving or intending to leave (Barak et al., 2001).

The reasons for this phenomenon are not clearly understood. Younger workers may not have developed sufficient coping skills to deal with the stress of their jobs or they may not have learned how to set appropriate boundaries to take care of themselves in the face of client trauma (Boyas et al., 2015; Hollaway & Wallinga, 1990; Leiter, 1990). In addition to less experience and competence in coping with job demands young home visitors may have access to more job opportunities in a youth-oriented workplace and greater flexibility (Barak et al., 2001). The field therefore needs to consider how to support these young visitors and reduce burnout in order to protect the continuity of the HV-P relationship, the backbone of the service.

**Protective Factors to Home Visitor Burnout**

Beyond recognizing the deleterious effects of home visitor burnout, limited research has looked at how to reduce or prevent it (Lee et al., 2013). Studies that examine home visitor performance, as well as research on similar social service professions, reveal protective factors to home visitor burnout. These factors include the quality of the HV-P relationship, home visitor feelings of confidence and competence in the job, a sense of agency and empowerment on the part of home visitors, and supportive supervision and peer support (Lee et al., 2013).

Enhancing the relationship between the home visitor and participant may result in more satisfaction on both parts and help protect home visitors from burnout. Brookes et al., (2006) in two independent qualitative studies of Early Head Start programs found that the nature of the HV-P relationship offers reciprocal effects. Home visitor and participant
feelings for each other are linked and bi-directional. Appreciation for each other, mutual trust, and mutual confidence are linked to more time spent in visits and ultimately more positive emotionality (Sharp et al., 2003). The engagement of home visitors affects (and is affected by) the engagement of parents, and the quality of the home visitor–parent relationship affects (and is affected by) the engagement of both parties (Brookes et al., 2006; Roggman et al., 2001).

Qualitative study, conducted by Barak et al., (2014), of 85 home visitors across program models revealed that home visitors themselves put a premium on their relationship with parents and cite it as essential to their work, as discussed earlier. Home visitor personality traits correlate to quality of the relationship they build with participants and their ability to build attuned relationships. Consistent with Bronfenbrenner’s ecological model of human relationships and the bi-directional influence between individual characteristics and social, cultural, historical, and economic context, home visitor emotionality is related to how successfully they engage with participants. Sharp et al., (2003) use of the Multidimensional Personality Questionnaire and the Working Alliance Inventory with 5 home visitors and 39 Early Head Start mothers revealed that home visitor negative emotionality is inversely related to the time spent in visits. The less negative emotionality home visitors feel the more time they spend in visits with families. Home visitors who feel negatively working with a participant may find the family’s difficult life circumstances overwhelming. They wittingly or unwittingly shorten visits or reduce frequency in efforts to avoid upsetting themselves (Sharp et al., 2003). Interpersonal characteristics of the home visitor may thus reduce family engagement, which may in turn further weaken the HV-P relationship.
and reduce home visitor feelings of efficacy (Wagner, Spiker, Linn, Gerlach-Downie, & Hernandez, 2003).

Relational skills is an important factor that influences the ease with which home visitors establish and maintain relationships with families. Wagner et al., (2000) conducted a randomized control trial, combined with qualitative data, with 667 families participating in Parents as Teachers to look at family and home visitor characteristics that contributed to positive HV-P relationships. Visitors who were “tuned in” to families, and listened to their expressed needs and feedback, had greater success with family engagement, despite a range of family characteristics and needs (Wagner et al., 2000, p. 48) Supporting home visitors to build attuned relationships with participants increases family engagement, giving participants more opportunity to meet program goals, thus enhancing home visitor feelings of competency, a protective factor to burnout (Azzi-Lessing, 2011; Lee et al., 2013).

One factor affecting the relational skills of home visitors is their attachment history. Home visitor relationship security influences the ability and comfort levels of home visitors to establish relationships with families while addressing sensitive issues. Korfmacher, Adam, Ogawa, and Egeland (1997) found that home visitors who exhibited secure attachment were not strongly influenced by the attachment organization of clients. Those with more insecure attachment were more likely to act reciprocally on clients’ attachment styles resulting in more preoccupied or dismissive behavior with participants. In a longitudinal study of 62 home visitors high relationship anxiety was associated with burnout. High relationship avoidance was negatively correlated with number of years as a home visitor and job satisfaction (Burrell et al., 2009). An explanation may be that home
Visitors with high relationship anxiety desire closeness and become overly involved with families leading to burnout. Those with relationship avoidance may have greater difficulty forming relationships with families, thus leading to dissatisfaction with the job and intentions to leave (Burrell et al., 2009). Home visit completion rate, the number of visits completed during a designated time frame, is one common standard by which home visitor performance is measured. Rates can fall short of model expectations based on the quality of the personal relationship and therapeutic alliance between the home visitor and client (Sharp et al., 2003). This operates as a double whammy for the home visitor who may feel burnout based on unsatisfying relationships with participants as well as a low home visit completion rate that further fuels their feelings of incompetency.

While home visitor relationship security is not a factor that can be easily changed at the workplace, the use of coping strategies can be taught so that home visitors may feel more competent in the job and less overwhelmed by work pressure, important factors that protect against burnout (Lee et al., 2013). In Anderson’s (2000) study of coping strategies of 151 child protective services home visitors, 62% scored in the high range of emotional exhaustion on the Maslach Burnout Inventory, considered by many researchers to be the major factor in burnout. In this study protective factors for workers took the form of active coping strategies, rather than avoidant coping strategies. Active coping strategies that involved problem solving and utilizing social support lessened feelings of depersonalization and heightened sense of personal accomplishment and competence. Passive coping skills that included problem avoidance or social withdrawal diminished sense of personal accomplishment. The researchers indicted that the most important implication in the study may be that for those working in a highly charged emotional
environment, talking about emotions at work is the most effective way to prevent and address emotional exhaustion (Anderson, 2000).

Control over work has been identified in a number of work settings as a protective factor to burnout (Lee et al., 2013). When home visitors feel empowered with a sense of agency and efficacy, they experience less emotional exhaustion and lower rates of burnout (Lee et al., 2013). Satisfied home visitors have confidence in dealing with families that stems from a belief that their skill as a home visitor makes a difference in families’ lives (Wagner et al., 2000). This sense of competency and confidence acts as a buffer to the stress of the workload (Boyas, Wind, & Kang, 2012).

Given the emphasis on parent empowerment and self-sufficiency, which is a goal in many home visiting models, home visitors may be particularly sensitive to organizational factors that limit their own feelings of empowerment. Guitierrez, GlenMaye, and DeLois (1995) emphasize that empowerment-based practices within social work organizations support workers’ abilities to share their power and cultivate empowerment in clients. Home visitor empowerment thus helps visitors move families towards self-sufficiency and power. This achievement of program goals helps visitors feel more competent, an important protection against burnout (Lee et al., 2013).

Social capital in the form of workplace relationships makes a difference to home visiting burnout. Boyas et al., (2012) analysis of 209 child protection home visitors, job stress, burnout, and intent to leave work found that informal and formal methods of support, both from peers and supervisors, are key elements helping home visitors, particularly young visitors, cope with job stress. Young home visitors have higher levels of burnout than older workers, perhaps because they have not developed the coping skills
needed to deal with stressful direct care situations in ways that older workers have (Lee et al., 2013). Supervisory support, including active listening and promotion of discussion, is key to help young workers cope with job stress and is often tied to greater feelings of agency (Azzi-Lessing, 2011; Boyas et al., 2012; Gibbs, 2001).

While important to helping home visitors work effectively with families, reflective supervision, which encourages visitors to reflect on their relationships with participants and their own ensuing emotions, can act as a protective factor to burnout. In her review of 20 Nurse Family Partnership and Early Head Start evaluations, including 3 studies using experimental design, Azzi-Lessing (2011) concluded that reflective supervision is essential for retention of home visitors, which in turn is critical to building and maintaining relationships with families and providing continuity of service. Gibbs’ (2001) qualitative study of 21 Australian child protection workers revealed that those who stayed in the job felt that their relationship with their supervisor was significant and that feeling validated in their work provided them with some capacity to cope with the job’s challenges.

Reflective supervision is particularly important to providing protection against burnout for young home visitors. In a study of 126 social workers working directly with children, supervisor support contributed significantly to decrease in burnout characteristics for young social workers as measured by Maslach burnout inventory (Hamama, 2012). Studies find that when young home visitors experience greater confidence and self-esteem, they feel more skilled in solving problems and more protected in their own vulnerabilities dealing with trauma. When they feel their supervisors are willing to listen to work-related problems and cultivate trust, they are
more likely to remain in their jobs (Barak et al., 2001).

**FAN (Facilitating Attuned Interactions)**

FAN (Facilitating Attuned Interactions) had its beginnings in the Fussy Baby Network in Chicago, a family support program for parents struggling with babies with excessive crying. Grounded in the framework of infant mental health, the FAN emphasizes attunement to what clients show they are most in need of in the moment and matches intervention strategies to what they can most use. It is a practical tool intended to help practitioners who work in relationship-based programs focus on the needs of clients while being aware of their own emotional reactions (Gilkerson et al., 2012). Evaluation of the Fussy Baby Network found that parents who received services from FAN-trained home visitors showed statistically significant improvement in maternal depression, parenting stress, and self-efficacy over parents who did not receive the same services (Erikson, 2015).

Professionals from a range of disciplines, including pediatric medical residents, workers from youth mentoring programs, family shelter workers, and early childhood home visitors, have started to integrate FAN into their family engagement activities. Several recent studies across professions have demonstrated correlation of FAN use with attuned client interactions and an increase in emotional regulation by practitioners. Pediatric residents at University of Illinois and University of Chicago using FAN in patient interactions demonstrated statistically significant increases on the Jefferson Scale of Physician Empathy indicating increased ability to understand patients’ emotional needs and a belief that taking on the perspective of patients is important to clinical outcomes. After integrating FAN into their work, medical residents and early childhood
mental consultants all show significant gains in measures of mindfulness and the ability to recognize their own emotional state while attending to others in the moment (Gilkerson, 2016; Shivers, 2015).

In home visiting, FAN addresses 3 fundamental aspects of the work: creating attuned relationships with clients, developing reflective capacity of home visitors, and supporting reflective supervision. FAN tries to provide a conceptual model and practical tool for home visitors to engage with and relate to clients by recognizing and addressing parental urgent concerns. It also promotes home visitor reflection and self-calming techniques designed to help the home visitor stay focused on the parent, even when the emotional climate in the family feels overwhelming. Finally FAN includes training supervisors to apply the approach with supervisees to foster development of home visitor reflective capacity and confidence in their work with families (Gilkerson, 2015).

Specifically, FAN is a tool intended to help home visitors identify parental cues and to remind them to regulate their own emotional state when confronted with stressful situations from participants. It provides a concrete representation of attunement and self-regulation, as well as a common language and tangible illustration of abstract ideas for home visitors and supervisors to share (Gilkerson, 2015). Its intent is to help the visitor match the participant’s state in much the same way caregivers are encouraged to match the state of their child, reading cues and providing a holding environment for whatever is most pressing before moving into problem solving or information sharing. It focuses on the process of engagement with participants rather than problem solving (Gilkerson, 2015).
In addition to focusing on engagement with families, the tool is used to structure reflective supervision sessions in which the supervisor uses the FAN tool with home visitors to focus on the reflective process and models implementation of how to use the tool with families. Home visitors are thus recipients of the approach in their weekly supervision sessions as well as agents utilizing the tool with their participants (Gilkerson et al., 2012).

FAN itself is not a home visiting model, for models stipulate target population, staffing patterns and qualifications, curriculum, desired outcomes, etc. Rather it is a framework that can be integrated into home visiting models. It is beginning to receive recognition as an approach that federally approved home visiting models may consider incorporating. Some states are using the 25% MIECHV dollars earmarked for exploration of promising approaches to incorporate FAN into existing evidence based home visiting models. A MIECHV-sponsored evaluation of 9 Healthy Family America home visiting programs in Illinois is in process. Cross-model evaluation of use of FAN in Healthy Families America, Parents as Teachers, and Early Head Start in Illinois is underway with data collection continuing through September 2017 (Erikson Institute, 2015). Healthy Families America is looking closely at the experience of states beginning to infuse FAN into their HFA programs. In the future, model requirements and guidelines may shift to promote FAN, or elements of FAN, as a way to enhance reflective practice and family engagement skills for home visitors and supervisors (Personal conversation, Kate Whitaker, National Director of Training and Professional Development, HFA, May 2, 2016).
To date research on FAN in home visiting has been limited and has not focused on the experience of home visitors, especially young home visitors who are at greatest risk of burnout. FAN theoretically could provide protective factors to burnout identified in the literature. These factors include attuned relationships with clients, reflective practice, and supportive supervision. My study addresses research questions based on a recent implementation of FAN in Massachusetts and provides data on home visitor experiences that are important for the field to consider when developing innovative home visiting practices that may protect young home visitors in the future.

**Massachusetts Home Visiting Initiative and FAN**

In 2010 Massachusetts Executive Office of Health and Human Services and Executive Office of Education conducted a statewide needs assessment to identify at-risk communities across the state with the greatest need for home visiting services. The needs assessment also identified the quality and capacity of existing home visiting programs and identified gaps in service (Executive Office of Health and Human Services, 2016). Federal MIECHV funds were used to form the Massachusetts Home Visiting Initiative (MHVI) designed to increase the capacity of 3 evidence based models approved by HRSA already in place in the Commonwealth. The models include Early Head Start, Parents as Teachers, and Healthy Families America (Executive Office of Health and Human Services, 2016). Expansion of services included supporting growth of home visiting in areas that met federal standards for designation as at-risk communities. With different eligibility guidelines and slightly different goals the three models were selected to match needs identified in individual communities. Head Start (EHS) is two-generational model that promotes healthy relationships and continuity to enhance the
development of infants and toddlers while strengthening families. EHS home visiting outcomes center on parental change, including reduced parental stress, participation in school or job training programs, enhanced positive parent-child Interactions, and increased use of goal setting (U.S. Department of Health and Human Services, 2018, June 1). Parents as Teachers (PAT) model focuses on parent education and family support to enhance parent-child Interactions, development of parenting skills, and family well-being. PAT curriculum includes a focus on school readiness for young children (Parents as Teachers, 2018). Healthy Families America is grounded in the belief that early nurturing relationships are foundational to healthy development throughout the life span. HFA goals include reducing child maltreatment, improving parent-child interactions and children’s social emotional well-being, and promotion of child health and development (Healthy Families America, 2018). Healthy Families is the largest and only statewide home visiting program in Massachusetts with services available in every town. Unlike the other 2 programs that serve parents of any age, Healthy Families Massachusetts serves only young, first time parents under 21 years of age (Children’s Trust, 2016). This emphasis on young parents and the desire to hire young home visitors to work with them is a driving factor in my decision to focus on young home visitors in this research.

In spring 2016, Massachusetts implemented a statewide initiative to infuse a practical tool for home visitors to use when engaging parents in Healthy Families, the statewide universal home visiting program for first-time, young parents. FAN was seen as a way to facilitate training for home visitors in reflective practice techniques. Healthy
Families Massachusetts contracted with FAN developers to train home visitors and supervisors in the tool.

**Gaps in Home Visitor/FAN Research**

As more communities adopt home visiting as a strategy to help overburdened families, it becomes increasingly important to understand the strengths and challenges of home visitation, yet there is little research on the factors that affect home visitor effectiveness and employment longevity. Research on home visitor workforce issues has included only a small number of studies looking at home visitor burnout (Lee et al., 2013). Likewise research on the FAN, a tool for practitioners intended to help them address parental concerns by matching intervention processes to parental cues, has focused primarily on family outcomes. In interventions where home visitors utilize the FAN approach, mothers demonstrate lower levels of depression, stronger beliefs in their own ability to parent well, and lower stress, indicated by statistical improvement on the Maternal Self-Efficacy Scale, Edinburgh Postnatal Depression Scale, and Parental Stress Index-Short Form (Gilkerson, Burkhardt, & Hans, 2015). There are limited published data on the effects of utilizing the FAN on home visitor experience. Research that examines how use of this tool affects home visitor perception of their relationships with families, reflective practice, and experience with supervision could provide valuable information to home visiting programs looking to promote home visitor job satisfaction and reduce burnout and turnover.

**Research Questions and Conceptual Framework**

In summary, the relationship that home visitors forge with participants is key to delivery of services. It requires establishment of a trusting, bounded relationship, not
unlike the therapeutic alliance between clinical therapists and clients. Facing complicated families, who often have stressful life experiences similar to their own, home visitors are often paraprofessionals not trained in therapeutic techniques. They can become avoidant or over-involved with families, both of which are associated with job strain and burnout. The risk for burnout is particularly high for young home visitors (Barak et al., 2001). High rates of home visitor turnover threaten program quality since disruption in services is associated with participant attrition. The literature on workplace burnout suggests that protective factors to home visitor burnout include positive emotionality in the HV-P relationship, home visitor feelings of job confidence and competence, home visitor feelings of agency and empowerment in their work, and supportive supervision. The central question this research addressed was how the FAN, a tool intended for home visitors to use in engaging families, shapes young home visitor experience and whether it provides any of these protective factors to their burnout.

Prior to FAN training, HFM home visitors learned of the theoretical importance of the HV-P relationship in foundational training. They did not, however, have a concrete tool to guide attuned family engagement nor a focused technique to attend to their own emotional regulation. In addition, national data suggest they may not have been receiving guidance in supervision on how to develop healthy relationships with families (Home Visiting Applied Research Collaborative, 2016).

The purpose of this case study was to explore with 5 home visitors, who were under 30 years of age and who had completed a 6-month training program in FAN, how they viewed their training as well as their use of FAN in 3 components of their work,
namely reflection, family engagement, and supervision. Analysis considered how their experience related to risk and protective factors to burnout. The questions were:

I. How do research participants perceive the 6-month introductory training on FAN?
   a. What do they perceive that they needed in order to learn the tool?
   b. How do they perceive the training met those needs?
   c. What do they perceive that they still need in order to use the tool?

II. How do research participants perceive the role of FAN in their reflective practice?
   a. How do they use the tool to examine their own reactions to clients?
   b. How does it feel for them to examine their emotional reactions through FAN?

III. How do research participants perceive the usefulness of FAN in building attuned relationships with clients?
   a. What do they perceive that they generally need to do in order to feel attuned to clients?
   b. How do they perceive their use of FAN as it relates to these factors?
   c. How do they perceive the value of attunement with clients in feeling personally successful on the job?

IV. How do research participants perceive the usefulness of FAN in supervision sessions?
   a. What issues do they perceive are the most important to talk about in supervision sessions?
   b. How do they perceive the use of FAN in supervision as it relates to these issues?
   c. What factors do they perceive help them feel comfortable talking with their supervisor in supervision sessions?
   d. How do they perceive the use of FAN in supervision as it relates to these factors?
   e. How does it feel for them to share in supervision their emotional reactions to clients?

V. In what ways are young home visitors’ experiences with FAN, including their training, associated with risk and protective factors to burnout?

Review of the literature as well as my own experience contributed to development of the conceptual framework for the design and analysis of the study. The framework organized the findings as well as served as the basis for analysis and interpretation in an
ongoing way (Bloomberg & Volpe, 2012). Each category of the conceptual framework stemmed from the research questions. The first question sought to explore the participant experience with their FAN training, what they perceived as helpful in learning the tool and what they continued to need in the future to further their understanding. The category used to capture participant responses was “Perceptions of What Contributed to Learning FAN.” The second research question sought to explore how participants perceived FAN in their reflective practice including their reactions to clients as well as their own emotional state. The category for these responses was “Perceptions of FAN in Reflective Practice.” The third research question was intended to explore participant use of FAN in creating relationships with clients, including attunement, boundaries, and definitions of success. Responses to this question were categorized by “Perceptions of FAN in Forming Client Relationships.” The fourth question examined participant experience with FAN in supervision, including its relationship to discussion of essential topics, home visitor comfort, and sharing of emotional experience. Responses to this question were categorized under “Perceptions of FAN in Supervision.” The final question attempted to examine participant responses to see if the experiences of participants utilizing FAN were associated with any risk or protective factors to burnout mentioned in the literature. The category was entitled “FAN and Risk and Protective Factors to Burnout.” Additional information on the conceptual framework is included in discussion of data analysis in Chapter 4.
CHAPTER 4
METHODOLOGY

Introduction

This chapter describes the research methodology supporting this study and includes: discussion of researcher reflexivity, rationale for qualitative research design, case study approach, description of the study sample, data collection methods, data analysis, and trustworthiness of the study.

Researcher Reflexivity

Through my work in the field of early childhood for 25 years with both center-based child care, parent education activities, and home visiting programs. I have developed a strong interest in the condition of front line early childhood staff. They often receive low pay, have little social recognition of the work they provide, and their voice and experiences are often lacking in the early childhood literature. I have had a longtime interest in their professional development and training and professionalization of the field, an interest that drives this research.

Currently I am the Home Visitation Training Specialist at the Children’s Trust analyzing training needs, developing curriculum, and providing training for early childhood home visitors across Massachusetts. I sit on the Massachusetts Home Visiting Initiative (MHVI) Training Committee, which looks at home visitor competencies and training needs across the federally-funded home visiting models in the state and advises the Massachusetts Department of Public Health about allocation of federal MIECHV dollars.
On a macro level, my job at the Children’s Trust provided me with exposure to policy makers and researchers involved in the expansion of early childhood home visiting across the country as a result of the federal initiative. With an understanding of some of the complexities and challenges in the field, I was exposed to new home visiting initiatives, such as FAN, that were just starting to be evaluated and studied, offering fertile territory to explore in my own research. My interest in FAN as a possible way to strengthen protective factors to burnout came from national concern that turnover and burnout in home visitors are detrimental to families and children, and to the professional development of the workers themselves.

My employment at the Children’s Trust provided advantages and disadvantages for this research project. I had access to contacts for outreach to potential research participants, informants, and material documents. I also had the benefit of being a familiar person to Healthy Families home visiting staff, potential participants, across the state. The fact that many had met me as a trainer cast me as a trustworthy entity and facilitated access and trust. At the same time, as I will discuss, participants could have interpreted my role as wielding some type of power, influencing their desire to please me.

Through my work, I had been exposed to FAN in a number of ways. I had early contact with Linda Gilkerson, developer of FAN, from the Erikson Institute. I had read a number of her articles describing FAN, and in November 2015 I visited Milwaukee to observe her statewide training of Wisconsin home visiting staff. I was part of the Massachusetts FAN implementation team, supporting Erikson Institute to train Healthy Families Massachusetts staff across the state starting in spring 2016, with the final training in November of that year. I participated in technical assistance calls with the Erikson
Institute and attended the Massachusetts trainings provided by their staff. After this initial roll out I became one of 6 certified FAN trainers in Massachusetts responsible for training new HFM staff in the tool as they came on board.

Such familiarity with the tool had its advantages. I understood the specifics of the model and had direct access to the developer to better understand its intended uses and theoretical underpinnings. I had access to unpublished evaluation studies and articles in review. I was able to see that research to date had focused on the experience of families who have been involved with home visitors using FAN, but little had looked at the effects of FAN on home visitor experience. I had both a theoretical understanding of the tool and a critical eye, recognizing that academic theory did not always jive with realities in the field. Finally, my experience with FAN helped me in conducting interviews with both home visitors and supervisors. In interviews, I understood the subtleties of their descriptions and could probe their experiences more deeply since I was familiar with their training and intended use of the tool.

Familiarity also brought the need for caution. My employment at the Children’s Trust could have conveyed a power imbalance. I needed to emphasize to participants that I was involved in this study as an independent researcher, not a representative of the Children’s Trust. My experiences that give me insight into the work of home visitors and my role in supporting the development of FAN for home visiting in Massachusetts inevitably brought bias to my research design and interpretation of findings. I needed to be aware of the bias and assumptions I brought to the research. Assumptions that I held at the beginning of this study included:
• Using FAN in their work with families would help home visitors become aware of their own feelings, as well as their clients’ feelings. This assumption was based on the premise that the FAN approach started with home visitors taking the time to reflect on their own feelings as they attempted to read parental cues. Anecdotal reports from other states that have implemented FAN supported this assumption.

• Young home visitors were especially at risk for burnout and that FAN would be particularly helpful in meeting their needs. This assumption was based on the literature on social service and home visitor workforce burnout and the literature on reflective supervision.

• Home visitors would notice a change in their supervision sessions after implementation of FAN. This assumption was based on the FAN requirement that supervisors organize at least one supervision session each month to review and reflect on FAN with each home visitor. These sessions by definition would involve looking at emotional states of families and home visitors.

While being transparent with my assumptions, I needed to be rigorous in my analysis of data to capture the subtleties of home visitor experiences with FAN. Participant validation, research memos, and connection to my dissertation chair were essential to help me to address my subjectivity and strengthen the validity of the research.

Rationale for Qualitative Research Design

The research questions were best explored through a qualitative study, which Merriam (2009) describes as research that examines how people interpret their situations,
rather than looking at cause and effect or prediction. I selected qualitative methods because I was seeking to understand the perceived experience of home visitors as they integrated a new tool, FAN, into their practice. With an emphasis on description and understanding the perceived meaning of experience, qualitative research was a good fit to explore the perceptions of home visitors in their experience with FAN training and in the use of FAN in three components of their work: reflection, family engagement, and supervision. Qualitative research allowed me to gain an understanding of their view, given the constraints of my own subjectivity (Bloomberg & Volpe, 2012; Merriam, 2009).

This qualitative study may be seen as a jumping off point for further investigation into the usefulness of FAN to young home visitors and the effects it may have on job satisfaction and retention. Rich description of home visitor perception provided deep understanding that lays a foundation for further research. By addressing the research questions the study supported understanding young home visitor perceptions within a particular set of conditions at a particular point in time. By looking generally at their experiences and perceptions of learning and implementation of FAN, the study sought to identify possible relationship to risk and protective factors to burnout. Further research may be able to build on these findings to look at home visitor experience in a broader context with additional variables, such as culture, client characteristics, or educational background.

This research also lays a foundation to explore practice issues, particularly training of home visitors. Understanding the details of what worked or did not work for them in the FAN training and how integration of the FAN has affected their work
experience can inform future training initiatives. Professional development and support of young home visitors must be a priority in the field in order to stabilize the work force and provide continuous service to families. The rich description from this qualitative study hopefully provided valuable direction on how to best support young home visitors with the demands of the work and provide useful data to inform decisions on using FAN as tool to provide protective factors to burnout and turnover.

Rationale for Case Study Approach

Rossman and Rallis (2012) describe the case study method as in-depth exploration that increases understanding of a complex set of events. Merriam (2009) identifies qualitative case study as an ideal way to understand a situation and the meaning those involved attach to it. This strategy aligned with this study’s focus on the home visitor experience in learning FAN and home visitor perception of the usefulness of the new tool in their work. Case study is set apart from other forms of qualitative research by focusing on a defined unit of study (Merriam, 2009). In this research the process under investigation was the experience of young home visitors learning a new tool, FAN, and implementing it in 3 components of their work: reflection, family engagement, and supervision. The sample was 5 young (under 30 years old) Healthy Families Massachusetts home visitors who had participated in a 6-month long FAN training program. The case was bounded by the home visitors themselves who started introductory FAN training in spring, 2016 and who had been utilizing the tool with families and in supervision for at least 12 months. Through case study, the research looked at the individual home visitors’ perceptions of the effectiveness of the FAN training and their perceptions of the usefulness of FAN in their work. Using
phenomenological analysis, I approached the text of each interview with an open mind to examine patterns in the experience of each home visitor (Rossman & Rallis, 2012; Smith, Flowers, & Larkin, 2009). I created codes that described these patterns and assigned these to align with my conceptual framework (See Appendix A).

I coded passages of text into categories for each home visitor before conducting the subsequent interview. After completion of coding all five interviews, I looked for emergent patterns across cases. Working inductively and iteratively, I clustered patterns into themes, while also noting instances of opposing themes. After completing this process for participant interviews, I followed the same steps for each home visitor’s 8 Learning and Reflection Tools that had been collected at the time of interview. Finally, I completed, coded, and analyzed the supervisor contextual interviews in the same way. As a means of ensuring credibility for the study, during my analysis, I shared emerging findings with the home visitor participants to correct or extend. Figure 4.1 illustrates the timeline of these steps.

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Figure 4.1. Timeline for Data Analysis

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The Research Population

Selection of the research participants was purposeful. With a focus on identifying participants who can provide the greatest information about their experience, purposeful sampling supports the intent of qualitative research to develop deep description of the phenomenon being studied rather than provide representativeness that can be used to generalize to other contexts. According to Stake (1995) the primary goal of purposeful sampling is to select research participants who can provide the most information to help gain insight and understanding of experience and to provide rich data. In qualitative research using Interpretive Phenomenological Analysis (IPA), the research approach of this study, participants were selected based on their ability to represent a particular perspective on an experience rather than their ability to represent a particular population (Smith et al., 2009). I identified participants who worked in programs that had a high degree of fidelity to FAN in order to gain as much understanding as I could about the experience of learning and using FAN in response to the research questions. Within the high fidelity programs, I used a homogenous sampling strategy to select individuals who were similar in age, number of years in their respective programs, and number of years working in the field of home visiting. Homogenous sampling with regard to discernable factors in the phenomenon being studied allows analysis to examine intricate patterns of convergence and divergence that arise within a bounded group. As an iterative process, further studies may build upon the findings of a particular homogenous sample by increasing the variables to gradually build an understanding of wider populations (Smith et al., 2009). In my research, homogeneity focused on home visitor age, number of years
with their program, and number of years working in the field of home visiting to define the boundaries of the sample. By limiting variability in these factors that shape home visitors’ experiences, the subtleties of their different perceptions and experiences with FAN were highlighted.

Eligibility for participating in the study was based on successful completion of the 6-month FAN training as created by the FAN developers. The training for home visitors consisted of 2 initial days totaling 12 contact hours to orient them to the tool and provide basic information and practice. Afterwards every month for 6 months home visitors completed a Home Visitor Learning Tool requiring them to reflect on application of the approach with one particular family. In one supervision session per month they reviewed the tool with their supervisor and discussed their progress and/or challenges in applying the approach. They also experienced being recipients of the FAN as their supervisors instituted it in supervision. Home visitors completed a Self-Reflection Tool at the beginning of the 6-month period and again at the end of the 6 months to analyze how comfortable they felt with the tool and how they were integrating it into their practice. At the end of the 6 months a third day of training, lasting 6 hours, brought the trainees together again to share their experiences and review any questions or concerns they had in using FAN. Supervisors attended these same 3 days of FAN training with their staff, In addition they received a preliminary day of training, 6 hours in length, introducing them to FAN concepts and orienting them to the role of FAN in supervision. During the 6-month training period they received monthly individual programmatic calls with FAN mentors from the training to clarify particular questions they had as well as monthly
group phone calls with colleagues from other programs to explore FAN implementation with FAN mentors.

Consultation with the Children’s Trust (CT) HFM technical assistance staff who were familiar with the HFM programs helped me identify HFM programs that had demonstrated a commitment to integrating FAN with fidelity. They indicated that 8 Healthy Families programs, out of 24 across the state, were most committed to using the tool.

I sent an introductory email to the HFM directors of those 8 programs describing the study and asking them to share the information with young home visitors, under 30 years of age, in their program as well as supervisors who supervise young home visitors. I requested that eligible participants would need to have completed the 6-month FAN training described above. With eligibility criteria filtered through program directors, interested home visitors and supervisors were invited to contact me to learn more about the study. I received immediate replies from 3 of the program directors, wishing me well but stating that they did not currently have any home visitors under 30 years of age on their staff. An additional program director replied that she did not know if they had any home visitors who were under 30 years of age. Later I did receive a response from one of her visitors who was eligible. With no official tracking of home visitor age, records indicated that the 5 eligible programs had a combined total of 39 home visitors of all ages. Informal conversation with research participants revealed that the 5 programs combined had approximately 9 home visitors under 30 years of age.

I initially heard from 7 home visitors. After initial email correspondence, I scheduled and conducted follow up phone conversations with potential participants. Two
of the potential participants were disqualified. One was 31 years old, the other left her position before we were able to schedule an interview.

I identified 5 young home visitor participants based on the following criteria:

• All participants were under 30 years old
• All participants completed the 6-month-long FAN training, including completion of 3 training days, 2 FAN Reflection Tools and 8 FAN Learning Tools
• All participants expressed to managers their commitment to use FAN in their work during the prior 6 months and repeated this commitment in the introductory phone call
• All participants expressed a desire to talk about their experiences with FAN and agreed to participate in the study in the introductory phone call
• All agreed to share copies of their Learning and Reflection tools that they had completed as part of the 6-month learning process

Identification of 5 qualified participants met the proposed sample size of my phenomenological case study. In determining sample size, I drew on guidance from Rossman and Rallis (2012) who emphasize that ideal sample size depends on many factors including conceptual framework, time constraints, and research questions. Smith et al., (2009) report that a target sample size of 3 to 6 participants should provide sufficient information to draw meaningful points of commonality and difference for Interpretative Phenomenological Analysis but not too large to provide overwhelming quantities of data. I determined that using 5 participants would be possible given my
time constraints, while providing enough data to answer the research questions. After identifying the 5 participants I ended active recruitment.

In order to gain a broader perspective on home visitor experience, I wanted to conduct semi-structured interviews with 3 supervisors in order to enrich the contextual description. Supervisors were an intricate part of the FAN learning process for home visitors. They held a close-up and on-going view of the experiences of home visitors as they learned and implemented FAN over time. During supervision sessions they reviewed FAN reflection tools and learning tools completed by home visitors on target families. They coached home visitors by reviewing cases and sharing ideas on how to use FAN more effectively. In this way they were valuable informants to describe the experiences of home visitors from a perspective outside the home visitors’ self-perceptions.

I heard from 3 supervisors who responded to my outreach memo to the 8 program directors. All 3 met the following criteria for selection:

- All had experience supervising young home visitors, under 30 years of age, and had coached at least one young home visitor for at least 6 months as they learned the tool
- All had completed the 6-month-long FAN training
- All came from programs identified by CT HFM technical assistance staff as maintaining strong fidelity to the model as evidenced in review of program records and conversations with contract managers
- All expressed a desire to talk about their observations of young home visitors learning and utilizing FAN and agreed to participate in the study in the introductory phone call
Two of the supervisors were from the same programs as 2 of the home visitors in the sample but they were not their current supervisors. This was intentional in order to gain as many perspectives as possible and to promote openness in home visitor sharing.

Once I had identified that the 3 supervisors met the criteria, I curtailed further outreach. I had met the number identified in my proposal in accordance with the reasons cited above for sample size. Because the study focused on home visitor experience and perceptions, with supervisors providing only context, I sought to de-emphasize supervisor experience by collecting data from a smaller sample than home visitor sample size.

Because I am a staff person at the Children’s Trust, I was aware that some participants could perceive that I had potential power over them and it could affect their decision to participate. The introductory phone conversation and the informed consent agreement specified that my role was a trainer and curriculum developer for the Children’s Trust and that I had no role in funding decisions or contractual arrangements with programs. Their participation would in no way affect those relationships. As a researcher, I operated completely independently of my employer. Their responses would only be accessible to me and would be kept confidential.

Data Collection

Interviews

Interviews were the primary method for data collection in this study. Interviews had the potential to provide the thick description necessary to address the research questions. As a fundamental method in qualitative research, interviews can provide information on how people interpret events and experiences that researchers cannot
observe. These experiences include feelings and thoughts. Interviews can also be key to providing information to events that happened in the past (Merriam, 2009).

Data collection and analysis happen simultaneously in qualitative research, and the process for interviewing home visitors and supervisors was iterative. Data collection sessions informed subsequent sessions by providing themes and patterns discovered through the process of interviews (Merriam, 2009). Because home visitor interviews were primary, with supervisor interviews intended to help contextualize the home visitor data, I began data collection with interviews with each of the 5 home visitors before beginning the supervisor interviews. I reviewed data as I progressed in the study to stimulate analytic thinking about what I was hearing and seeing from participants as I talked to them. The 5 female home visitors, all with pseudonyms, ranged in age from 23 to 29. Two of the 5 had bachelor’s degrees in unrelated fields. I created Participant Summary Forms to create a profile of each participant allowing me to see patterns more easily (See Appendix B).

My initial contact with the home visitors involved individual phone calls, 30 minutes in length, designed, not to generate data but to explain the project, confirm home visitor age and experience, schedule in-person interviews, and start to build trust. Following Stake’s (1995, p. 59) recommendation for a “quiet entry,” the phone conversations with home visitors allowed me to cultivate relationships with the participants before actual data collection began in the face-to-face interviews.

Guided interviews with the 5 young home visitors explored how they viewed their training in FAN over the 6-month period and their use of it in 3 components of their work: reflection, family engagement, and supervision. Open-ended questions, aligned
with the research questions, were used to stimulate conversation, followed up with further requests for them to elaborate on answers (See Appendix C). The interviews with home visitors were 1 to 1.5 hours in length and took place in locations convenient to participants, including their offices and community space. Semi-structured interviews included questions that were flexible to promote natural conversation and an opportunity for participants to share individual perspectives. Broad questions allowed me to listen to participant responses and generate a line of inquiry with participants that maximized their opportunity to provide rich details in their own voice. Interview records were direct transcripts of recorded conversations. Later during data analysis, after gathering data from learning/reflection tools and supervisors, I shared my ideas with home visitors through email and asked for their comments, including corrections or extensions, to gain input into my summaries and to triangulate my conclusions. Description of their feedback occurs later in this chapter.

The interviews with supervisors provided a valuable alternative perspective on home visitor experience with FAN. Exploring a phenomenon from multiple perspectives can help develop a more detailed and comprehensive understanding of the phenomenon being studied (Smith et al., 2009). Supervisor questions were essentially the same as those I asked the home visitors and were mapped on to the interview questions for home visitors to capture supervisor observation of young home visitors and their experience with FAN (see Appendix C). The study included one interview with each of 3 supervisors who have supported young home visitors in implementation of the new tool. Interviews were 1 to 1½ hours in length and took place in supervisors’ offices.
Material Culture

I analyzed two types of documents to provide triangulation and an objective source of information about the experience of home visitors and FAN. The documents included review of:

- 2 FAN Self-Reflection Tools completed by each of the 5 home visitors in preparation for supervision sessions that presented home visitors’ reflections on their experience learning FAN right after initial training and again at the end of 6 months. It provided me with reflections that spanned a time frame prior to my interviews and deepened description of their experience (See Appendix E).

- 6 FAN Learning Tools completed by each of the 5 home visitors in preparation for supervision sessions that allowed me to see how home visitors monthly described their use of the tool with target families over a six-month period of time. Analysis of the documents helped with understanding their use and feelings about the tool over time. These reflection tools provided additional meaning to the perspectives home visitors share in interviews (See Appendix F).

Not developed for research purposes, the completed tools were grounded in the real world and gave me additional perspectives on the components of FAN and the experiences of home visitors (Merriam, 2009). Unlike the interviews that asked home visitors to describe their experiences with FAN training and implementation after the fact, their completed reflection and learning tools tracked their experience in the moment over a 6-month period. They reflected their thinking and reflections in real time, and thus offered contrast with retrospective accounts given during interviews.
Data Analysis

Merriam (2009) describes data analysis in qualitative research to be recursive and ongoing, which began as I started to gather data. I utilized Interpretative Phenomenological Analysis (IPA) to analyze the data. IPA is a qualitative research approach that is used to examine how people interpret their experience. It involves detailed examination of a particular case using a relatively homogenous sample so that convergence and divergence in experience can be examined in detail (Smith et al., 2009). In this study, the homogenous sample included young home visitors who were utilizing FAN in programs identified as high fidelity programs to the approach. My intent was to examine the details of their experience without distraction of differential utilization rates or challenges to implementing FAN. My goal was to examine their experiences with FAN within their successful learning and utilization in order to focus on how using FAN affected their connection to clients, reflective practice and experience in supervision.

Analysis of the data was rooted in my conceptual framework. The framework was a “working tool” (Bloomberg & Volpe, 2012, p. 96) to organize the findings as well as serve as the basis for analysis and interpretation. The conceptual framework helped to synthesize data by guiding my decisions to add, delete or combine the descriptors under each category. In this way the conceptual framework was continuously refined as analysis deepened and acted as a working model that guided the process throughout.

Figure 4.2 illustrates the final version of the conceptual framework. In this model, the inputs to FAN learning are derived from the literature and answers to the research questions. FAN language and structure are identified as major vehicles that led participants to implementation of FAN. All of the participants recognized that FAN
language and structure helped them build relationships with clients and enhanced their reflective capacity; however, 3 participants had this experience only after initially experiencing FAN as a stressor. The process of learning FAN itself contributes to professional identity and confidence. FAN implementation contributes to connection to peers, clients and supervisors, as well as enhanced reflective capacity and confidence.

**Figure 4.2. Conceptual Framework**

The coding process was designed to provide an analytic description of data that minimized influence of prior assumptions. The codes identified segments of data relevant to my study as defined by my conceptual framework. I tried to be flexible with my categories, starting with categories suggested by the conceptual framework but open to change as I examined patterns throughout data analysis. I attempted to avoid coding text using predetermined categories based on what I expected to find (Bloomberg & Volpe, 2012). Rather I tried to let the participants’ voices in the interviews (and the
Learning/Reflection tools) guide my interpretations and to remain open to the unexpected. My intent was to use the same coding process across all data sources. I gathered data in the following order: home visitor interviews, review of home visitor Reflection and Learning tools, supervisor interviews (see Figure 3.1 for timeline).

Data analysis started with each home visitor interview based on the assumption that the perceptions of the subjects themselves were at the heart of the research and should receive my attention before any other patterns could skew my view. The semi-structured interview questions for the subject interviews stemmed from the research questions. As with all data sources, I followed the following steps in analysis of the home visitor interviews:

1. Reviewed each piece of data, attempting to identify patterns of responses that captured individuals’ experiences. I broke data into units that were as small as possible and able to stand alone without relying on meaning from other information. Preliminary notes and questions were recorded to help make sense of what the data were revealing. I created a participant summary form on each participant to organize initial impressions.

2. Utilized Descriptive Coding, as defined by Saldaña (2016), to use words and short phrases to identify topics. This method focused on what was talked about in the data as opposed to merely abbreviating or summarizing the content. This approach allowed me to begin the process of organizing data to capture an understanding of the subjects’ experiences in relation to the research questions. I used the computer software program, NVIVO, to sort, and code quotations.

3. Created data summary tables for each research question and each data source, as recommended in Bloomberg and Volpe (2012). In this way I was able to summarize the data by tracking the types and quantity of participant responses as they related to the research questions and to highlight emergence of new patterns. As part of the iterative process the new patterns informed the creation of new coding descriptors. I also wrote an analytic memo table for each participant.

4. Identified emergent themes from the descriptive coding. This type of categorization by themes or “theming the data” (Saldaña, 2016, p. 199) fits
with the goal of phenomenological research that aims to understand the meaning of participants’ experience.

5. Searched for connections across patterns and developed super-ordinate and subordinate thematic categories by combining individual patterns together. Noted any seemingly oppositional relationships that appeared between themes.

6. After going through the above process for each piece of data for one participant, I progressed to the next case and followed the same steps.

7. Measured themes across cases to identify trends and patterns. I recorded these themes in the Data Summary Tables.

8. Placed data that had been coded as significant but did not fit into the emergent categories into the category labelled “ambivalent.” Once the coding was completed these data were either placed into new categories, discarded as irrelevant to answering the research questions, or were saved to be examined during the analysis phase to see if they supported additional alternative explanations to the phenomenon.

9. Contacted participants to share summaries of their interviews and ask for changes or extensions.

After analyzing each home visitor transcript, I analyzed the Learning/Reflection tools for each home visitor following the same steps above, in order to gain a fuller description of each home visitor experience and create a deep understanding of the range of perceptions and experience under study (Bloomberg & Volpe, 2012; Merriam, 2009). The tools provided a good source of data because the participants had completed the tools over the 6-month training period of FAN. While the tools primarily focused on client engagement, they afforded an opportunity to see participant expression in real time rather than retrospectively as in the interviews. I analyzed questions on the Learning and Self Reflection tools that were the most relevant to the research questions of this study (See Appendix E for Reflection Tool and Appendix F for Learning Tool). On the Learning Tools I focused on responses to the following questions:

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3b. Feelings during the visit
3c. Mindfulness strategies used
3d. Effectiveness of self-calming strategies
4d. How it felt to listen to client’s feelings
8. Plan to use FAN on next visit
9. Experience with supervisor as FAN mentor

On the Self-Reflection Tools I focused on responses to the following sections:

- Techniques for self calming - strengths and growth areas
- Helpfulness of FAN to work with clients

I then wrote a document summary form for each tool to use as an organizing guide for general ideas before classifying data into units. In addition to creating richer data, drawing from these multiple data sources to examine the same issue was a way to triangulate the data and helped establish the validity of this study (Rossman & Rallis, 2012).

After analysis of each participant’s interview and Learning/Reflection tools, I analyzed interviews with supervisors, following the steps outlined above. The semi-structured interview questions for the supervisor interviews were essentially the same as those for the home visitors, stemming from the research questions and adjusted only to accommodate the role of the interviewees. I analyzed the supervisors’ interview transcripts for content, language use, and possible range of meanings and emergent themes. Data from supervisor interviews were used to provide context to the patterns that emerged for each home visitor case.

Building on emergent insights from each data source, including home visitor interviews, Learning/Reflection tools, and supervisor interviews, I looked for recurring themes that cut across the data (Merriam, 2009). I wrote periodic memos throughout the process about my insights, questions that were arising for me, and apparent themes and
connections. According to Rossman and Rallis (2012) writing these memos encourages new directions and creativity in analysis.

Finally, as I analyzed the data, I emailed each participant and shared my interpretations of the interviews and asked them to make changes or additions to my summaries as they saw fit. I heard back from 4 of the 5 home visitors. Employment records at the Children’s Trust show that the one home visitor who did not respond was still employed in the same position she held at the time of interview. One responding participant was no longer in her home visiting role due to a geographic move and a plan to begin graduate school, which she had foreshadowed to me in our interview. The 4 respondents supported my initial findings by agreeing with my summaries of their input. As such they did not offer additional data for analysis, but they did confirm my understanding of their experiences.

**Trustworthiness**

The qualitative researcher must strive to create description and analyses that legitimately represent the phenomenon being studied. Criteria for evaluating trustworthiness include validity, dependability, confirmability, and transferability (Bloomberg & Volpe, 2012).

To establish validity, I triangulated data sources as well as data collection methods in order to provide thick description. Triangulation was established through recorded interviews with home visitors and review of documents, including Home Visitor FAN Reflection Tools and Home Visitor FAN Learning Tools for each home visitor. Interviews and the written tools from 5 different young home visitors allowed comparison of their self-described experiences at different points in time. This document
review offered objective data that exist outside of the research context to provide stability to the process (Merriam, 2009). Interviews with 3 supervisors, who supervised young home visitors, provided an alternate perspective, beyond home visitor self-report, to further reveal patterns from which to draw inferences.

To establish dependability and to ensure that the results were consistent with the data gathered, I wrote periodic memos to organize my thoughts and questions. I followed a table format for analytic memos on each participant interview that included emergent findings, thoughts, interpretations to pursue, and themes (Rossman & Rallis, 2009). Research memos allowed me to think reflexively about my role as researcher and the biases and assumptions I brought to the project.

Confirmability was the goal of sharing emergent findings with interviewees to check my initial interpretations with the speakers’ intended meanings. Once I had identified key ideas from the data sources, I emailed each home visitor participant a list of the key findings I drew from her interview. I asked each one to make corrections or additions as she saw fit. The 4 home visitors who responded confirmed that the summary outlines of their interviews and the major themes that I had identified in my data analysis correctly described their experiences. All of them thanked me for including them in the study. One specifically remarked that the summary outline continued to capture her experience with FAN. One who had moved to another geographic location in preparation for graduate school and was no longer a home visitor, remarked that she was continuing to use FAN in her current family support job.

Transferability, rather than generalizability, is often the goal of qualitative research. It is often not about generalizing from the specific, as in quantitative research,
but rather about providing insight to determine if processes in one setting might be possible in another (Merriam, 2009). In this research, hopefully thick description and rich contextual information about home visitor experience with FAN provided a realistic picture of the phenomenon so that others can judge the relevance of the findings to their own situations.
CHAPTER 5

FINDINGS

Introduction

Through this study I investigated the experience of young adult early childhood home visitors during their training and implementation of FAN with an interest in exploring how learning and implementation of the tool affected their reflective practice, engagement with families, and experience with supervision. In addition, I wanted to explore how their perceptions related to indicators of risk and protective factors to burnout. I anticipated that a better understanding of the phenomenon of home visitor learning and implementation of FAN, as well as understanding its possible relationship to burnout, could inform policy makers on the potential value of training home visitors on the tool. By better understanding the experiences of home visitors utilizing FAN, policy developers may be able to make more informed decisions on training and implementation of the tool with young staff and possible improvements to home visitor work experience.

This chapter presents the findings from in-depth interviews with 5 young adult home visitors, as well as a review of the participants’ 8 Learning/Reflection tools completed as part of their 6-month FAN training process. Interviews with 3 supervisors provided contextual information. Data were coded and organized into themes and ultimately clustered into super-ordinate themes to provide over-arching description of the phenomenon being studied. In this chapter the findings are first organized by the super-ordinate themes to provide a broad overview of the phenomenon. Findings that directly address the research questions are presented in Appendix G to provide thick description.
of the participants’ experience and illustrate the fundamental findings that led to the larger themes. The chapter includes the following sections:

- Participants
- Coding
- Themes
- Super-Ordinate Themes
- Findings - Research Questions
- Summary

**Participants**

I began data collection with interviews with each of the 5 home visitors and reviewed data as I progressed in the study to stimulate analysis about what I was learning from participants as I talked to them. As suggested in Dale et al. (2012) I created Participant Summary Forms to create a profile of each participant after the interview, thus allowing me to see patterns more easily (See Appendix B). In participant recruitment, I screened for program fidelity to FAN, as determined by the Children’s Trust technical assistance team, and participant age, under 30 years old. The final ages ranged from 23 to 29 with 2 participants aged 25, 2 aged 29, and 1 aged 23. In the course of the interviews, participants self-identified additional characteristics. While not directly relevant to the research questions, the following participant characteristics provided interesting context:

- 1 participant was a parent and former Healthy Families client
- 2 participants had bachelor’s degrees and 1 was working on her associate’s degree
- Length of employment as a home visitor ranged from 2 to 3 years, with no one working in the home visiting field before their current job
• 1 participant was planning to move to a new geographic area in preparation for graduate school and planned to leave her current job several months after the interview. (At follow up this had occurred.)

Coding

My first-stage coding for the IPA was Descriptive Coding, as defined by Saldaña (2016). I used words and short phrases to identify topics in the participants’ answers to the interview questions, as well as to the data provided by the Learning/Reflection tools. This allowed me to begin the process of organizing data to capture an understanding of the participants’ experiences in learning FAN and implementing it in 3 components of their work: reflection, family engagement, and supervision.

As described in Chapter 3, the coding process was designed to provide an analytic description of data that minimized influence of prior assumptions across all data sources, including home visitor interviews, Learning/Reflection tools, and supervisor interviews. Initial codes were based on the conceptual framework and in this way grew from answers to the interview questions (See Appendix A). I sought to divide the text into meaningful units. In keeping with IPA analysis protocols, I tried to capture in my initial coding the participants’ experiences in their learning and implementation of FAN and group their statements into themes of meaning (Bloomberg & Volpe, 2012). My goal was to denote what each participant emphasized as she described her experience with FAN in both the interview questions and the Learning/Reflection tools completed by each participant during the 6-month training period. Codes encompassed phrases and comments that described participant experience including relationships, processes,
values, events, successes, and challenges. Supervisor interviews were coded in a similar fashion and were used to provide contextual data to home visitor experience.

Because participant interview questions and supervisor interview questions stemmed from the study research questions, initial codes for the interviews were similar. Data gained from the interviews mapped on to the research questions to reveal rich detail about home visitor experience with FAN. Codes for the Learning/Reflection Tools were more divergent given that the questions on the tools, determined by FAN developers, focused on utilization of the tool and development of skills, with only some of the questions relevant to the purpose of this study. These questions provided valuable data, however, by presenting in real time participant reflections on their learning and utilizing FAN with families during the 6-month FAN training period.

**Themes**

With the use of NVIVO, I ran queries to identify passages with recurring codes that could be combined together into themes. By categorizing chunks of data into themes, I was able to organize repeating ideas into manageable wholes (Saldaña, 2016). Rossman and Rallis (2012) describe this process of generating themes as a means of deepening analysis, or making sense of the data. I organized the data into data summary tables for participant interviews and Learning/Reflection tools (see Appendix H). The emergent categories included: peer to peer support, use of prompts and graphics/tools, flexibility with implementation, time needed, professional development, self-knowledge, client reflection, self-regulation, relatedness, client attunement, success/progress with clients, limitations, not fixing the situation, FAN words and structure, client choices and values, individualized supervision, supervisor caring/support, emotional release, and
initial feelings of burden with learning the tool. My next step was to organize emergent themes into clusters of themes based on my interpretations and continuous analysis of the data. Drawing on the IPA analytic process as described by Smith et al., (2009), I used “abstraction” (p. 96) to identify patterns between emergent themes and grouped them together at a higher level to create super-ordinate themes. Creating super-ordinate themes as defined by Smith et al. (2009) as “putting like with like and developing a new name for the cluster” (p. 96). The process involved the interaction of participant data and my interpretive analysis.

The themes that emerged provided the basis upon which to build deeper understanding of the phenomenon. Saldaña (2016) describes “themeing the data” (p. 200) as combining emergent themes in later analysis to identify explanations, causes, and/ or conclusions. My goal was to utilize thick description/quotations from the interviews and Learning/Reflection Tools to illustrate the experiences of the home visitors and to connect these experiences to larger phenomena. Supervisor interviews were used to provide context to the conclusions I was making.

Table 1 illustrates this process of using the research questions and overall patterns and connections from the data and combining them into higher order themes. Table 2 breaks down the development of super-ordinate themes by individual interviews.

Table 1  
*Development of super-ordinate themes*

<table>
<thead>
<tr>
<th>Super-Ordinate Themes*</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. FAN worked for the participants because it provided a <strong>structure and language</strong> that they could utilize to support their attunement with clients, gain a better understanding of reflective practice and access predictable reflective supervision. The ability of the FAN structure and language to support their work persuaded even those with initial reluctance to embrace it.</td>
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</tbody>
</table>
2. FAN utilization and training supported a range of social connection opportunities for home visitors including peer to peer support, attuned relationships with clients, and supportive relationships with supervisors.

3. FAN utilization and training contributed to raising home visitor confidence by helping them establish attuned relationships with clients, as well as offering them a professional development path to learn and master high level skills over an extended period of time.

4. FAN utilization and training supported the development of home visitor reflective capacity by supporting emotional self-regulation, mindfulness, adoption of clear boundaries, and reflection on the experience of self and clients.

<table>
<thead>
<tr>
<th>Research Question</th>
<th>Emergent Pattern from data sources</th>
<th>Thematic Cluster</th>
<th>*Super Ordinate Theme (abbreviated)</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1 How do research participants perceive the 6-month introductory training on FAN?</td>
<td>Peer to peer support, Prompts &amp; graphics Tools, Flexibility with implementing FAN, Learned from Supervisor, Time to Learn, Initial burden of FAN Reluctance to add to workload, Professional Dev</td>
<td>Peers Mastery, Mastery Skills, Agency, Supervisor support Mastery, Mastery, Initial overload</td>
<td>Connection Confidence, Confidence Structure/Language, Confidence Structure/Language, Connection Confidence Structure/Language, Confidence Structure/Language, Structure/Language</td>
</tr>
<tr>
<td>#2 How do research participants perceive the role of FAN in their reflective practice?</td>
<td>Self knowledge, Reflection on clients, Self regulation</td>
<td>Identifying own state of mind, Identifying others’ state of mind, Mindfulness</td>
<td>Reflective Capacity Structure/Language, Reflective Capacity Structure/Language, Reflective Capacity Structure/Language</td>
</tr>
<tr>
<td>#3 How do research participants perceive the usefulness of FAN in building attuned relationships with clients?</td>
<td>Relatedness, FAN builds attunement with client = Success, Progress with client =success, Knows limitations</td>
<td>Empathy, Mastery Skills, Mastery Skills</td>
<td>Reflective Capacity, Confidence Structure/Language, Confidence Structure/Language, Reflective Capacity Structure/Language</td>
</tr>
<tr>
<td>#4</td>
<td>How do research participants perceive the usefulness of FAN in supervision sessions?</td>
<td>Address client issues</td>
<td>Skill building Mastery</td>
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<td>Individualized</td>
<td>Reflective supervision</td>
<td>Connection</td>
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<td>Caring</td>
<td>Supportive</td>
<td>Connection</td>
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<td>Advice</td>
<td>Skill building</td>
<td>Confidence</td>
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<td></td>
<td>Non-judgmental/praise</td>
<td>Validation Mastery</td>
<td>Confidence</td>
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<td></td>
<td>Release emotions</td>
<td>Identifying own feelings</td>
<td>Reflective Capacity Structure/Language Connection</td>
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<td></td>
<td>Knows limitations Can't fix everything</td>
<td>Boundaries</td>
<td>Reflective Capacity Structure/Language</td>
</tr>
<tr>
<td></td>
<td>Examine client choices, values, reasons</td>
<td>Reflect on client</td>
<td>Reflective capacity Structure/Language</td>
</tr>
</tbody>
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<tr>
<th>#5</th>
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<td>Competence/Pride with FAN</td>
<td>Mastery</td>
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<tr>
<td></td>
<td>Competence with clients</td>
<td>Skills Mastery</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>Knows limitations Can’t fix everything</td>
<td>Boundaries</td>
<td>Reflective Capacity Structure/Language</td>
<td></td>
</tr>
</tbody>
</table>

|    | Examine client choices, values, reasons                                                                                           | Reflect on client | Reflective capacity Structure/Language |

Table 2

*Development of super-ordinate themes through individual participant interviews*

Super-Ordinate Themes*:

1. FAN worked for the participants because it provided a structure and language that they could utilize to support their attunement with clients, gain a better understanding of reflective practice and access predictable reflective supervision. The ability of the FAN structure and language to support their work persuaded even those with initial reluctance to embrace it.
2. FAN utilization and training supported a range of social connection opportunities for home visitors including peer to peer support, attuned relationships with clients, and supportive relationships with supervisors.

3. FAN utilization and training contributed to raising home visitor confidence by helping them establish attuned relationships with clients, as well as offering them a professional development path to learn and master high level skills over an extended period of time.

4. FAN utilization and training supported the development of home visitor reflective capacity by supporting emotional self-regulation, mindfulness, adoption of clear boundaries, and reflection on the experience of self and clients.

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<td>Mastery Skills</td>
<td>Confidence Structure/Language</td>
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<tr>
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<td>Flexibility with implementing FAN</td>
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<td>Supervisor support Mastery</td>
<td>Connection Confidence Structure/Language</td>
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<td></td>
<td>Professional Dev</td>
<td>Professional Identity</td>
<td>Confidence</td>
</tr>
<tr>
<td>#2 How do research participants perceive the role of FAN in their reflective practice?</td>
<td>Self knowledge</td>
<td>Identifying own state of mind</td>
<td>Reflective Capacity Structure/Language</td>
</tr>
<tr>
<td></td>
<td>Reflection on clients</td>
<td>Identifying others’ state of mind Empathy</td>
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<td>Mindfulness</td>
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</tr>
<tr>
<td>#3 How do research participants perceive the usefulness of FAN in building attuned</td>
<td>Relatedness</td>
<td>Empathy</td>
<td>Reflective Capacity</td>
</tr>
<tr>
<td></td>
<td>FAN builds attunement with client = Success</td>
<td>Mastery Skills</td>
<td>Confidence Structure/Language</td>
</tr>
<tr>
<td>Relationship with clients?</td>
<td>Progress with client = success</td>
<td>Mastery Skills</td>
<td>Confidence</td>
</tr>
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<tr>
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<tr>
<td>Can’t fix everything</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Not personalizing</td>
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</table>

**#4**  
How do research participants perceive the usefulness of FAN in supervision sessions?

<table>
<thead>
<tr>
<th>Address client issues</th>
<th>Skill building Mastery</th>
<th>Confidence Structure/Language</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individualized</td>
<td>Reflective supervision</td>
<td>Connection</td>
</tr>
<tr>
<td>Caring</td>
<td>Supportive</td>
<td>Connection</td>
</tr>
<tr>
<td>Advice</td>
<td>Skill building Mastery</td>
<td>Confidence</td>
</tr>
<tr>
<td>Non-judgmental/praise</td>
<td>Validation Mastery</td>
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</tr>
<tr>
<td>Release emotions</td>
<td>Identifying own feelings Trust with supervisor</td>
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</tr>
<tr>
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<td></td>
<td></td>
</tr>
<tr>
<td>Examine client choices, values, reasons</td>
<td>Reflect on client</td>
<td>Reflective capacity Structure/Language</td>
</tr>
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</table>

**#5**  
In what ways are young home visitors’ experiences with FAN, including their training, associated with risk and protective factors to burnout?

<table>
<thead>
<tr>
<th>Flexibility</th>
<th>Agency</th>
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<tbody>
<tr>
<td>Peer to Peer support</td>
<td>Peers</td>
<td>Mastery</td>
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<td>Workplace support</td>
<td>Connection</td>
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<td>Competence with clients</td>
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**Amy**

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<td>Supervisor support Mastery</td>
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<table>
<thead>
<tr>
<th>#2</th>
<th>How do research participants perceive the role of FAN in their reflective practice?</th>
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</thead>
<tbody>
<tr>
<td>Self knowledge</td>
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<tr>
<td>Reflection on clients</td>
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<tr>
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<tr>
<th>#3</th>
<th>How do research participants perceive the usefulness of FAN in building attuned relationships with clients?</th>
</tr>
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<tbody>
<tr>
<td>Relatedness</td>
<td>Empathy</td>
</tr>
<tr>
<td>FAN builds attunement with client = Success</td>
<td>Mastery Skills</td>
</tr>
<tr>
<td>Progress with client = success</td>
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</tr>
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experiences with FAN, including their training, associated with risk and protective factors to burnout?

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<th>Workplace support</th>
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Marianne

### Research Question

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<td></td>
<td>Professional Dev</td>
<td>Professional Identity</td>
</tr>
</tbody>
</table>

| **#2** How do research participants perceive the role of FAN in their reflective practice? | Self knowledge | Identifying own state of mind | Reflective Capacity Structure/Language |
| Reflection on clients | Identifying others’ state of mind Empathy | Reflective Capacity Structure/Language |
| Self regulation | Mindfulness | Reflective Capacity Structure/Language |

| **#3** How do research participants perceive the usefulness of FAN in building attuned relationships with clients? | Relatedness | Empathy | Reflective Capacity |
| FAN builds attunement with client = Success | Mastery Skills | Confidence Structure/Language |
| Progress with client = success | Mastery Skills | Confidence |
| Knows limitations Can’t fix everything Not personalizing | Boundaries | Reflective Capacity Structure/Language |

<p>| <strong>#4</strong> How do research participants perceive | Address client issues | Skill building Mastery | Confidence Structure/Language |
| Caring | Supportive | Connection |</p>
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<td>Reflective Supervision</td>
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**Olivia**

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#3
How do research participants perceive the usefulness of FAN in building attuned relationships with clients?

- Relatedness
- FAN builds attunement with client = Success
- Progress with client = Success
- Knows limitations Can’t fix everything Not personalizing

<table>
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<tr>
<th>Structure/Language</th>
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<th>Confidence</th>
<th>Mastery Skills</th>
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<td>Empathy</td>
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#4
How do research participants perceive the usefulness of FAN in supervision sessions?

- Individualized Reflective supervision
- Caring Supportive Connection
- Non-judgmental/praise Validation Mastery
- Release emotions Identifying own feelings Trust with supervisor
- Knows limitations Can’t fix everything Boundaries
- Examine client choices, values, reasons Reflect on client

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</tr>
<tr>
<td>Connection</td>
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#5
In what ways are young home visitors’ experiences with FAN, including their training, associated with risk and protective factors to burnout?

- Flexibility Agency Confidence
- Peer to Peer support Peers Mastery Connection
- Supervisor support Workplace support Connection
- Competence with clients Skills Mastery Confidence
- Competence/Pride with FAN Mastery Confidence
- Knows limitations Can’t fix everything Boundaries

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**Renée**

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<tr>
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</table>
Super-Ordinate Themes

The dominant findings from this study can be examined through the 4 superordinate themes:

1. FAN worked for the participants because it provided a structure and language that they could utilize to support their attunement with clients, gain a better understanding of reflective practice and access predictable reflective supervision. The ability of the FAN structure and language to support their work persuaded even those with initial reluctance to embrace it.
2. FAN utilization and training supported a range of social connection opportunities for home visitors including peer to peer support, attuned relationships with clients, and supportive relationships with supervisors.
3. FAN utilization and training contributed to raising home visitor confidence by helping them establish attuned relationships with clients, as well as offering them a professional development path to learn and master high level skills over an extended period of time.
4. FAN utilization and training supported the development of home visitor reflective capacity by supporting emotional self-regulation, mindfulness, adoption of clear boundaries, and reflection on the experience of self and clients.

The following analysis explores these 4 themes with supporting data from the study:

1. **FAN worked for the participants because it provided a structure and language that they could utilize to support their attunement with clients, gain a better understanding of reflective practice and access predictable reflective supervision. The ability of the FAN structure and language to support their work persuaded even those with initial reluctance to embrace it.**

Learning and integrating FAN into practice was a longtime investment, lasting throughout the 6-month long training process and beyond. All of the participants described that completing FAN learning activities took time over an extended period.

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<th>Competence with clients</th>
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<th>Confidence</th>
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Participants expressed the need for sufficient time to practice and problem solve in the following ways. Amy described, “Looking back at my [Reflection and Learning] tools… I can see how it changed over the [6 month] time period.” Similarly Allison shared, “It definitely takes six months to really … process this information and practice it.”

All of the supervisors reinforced the idea that the training period needed to be as long as it was and the built-in supervisor support was essential to helping home visitors learn FAN. One supervisor illustrated this point when she said, “As long as I did it [FAN] with them… it was kind of like light bulbs lighting in terms of an understanding of it … but too complex for them to do alone for a long time….It took awhile. I would say over six months and maybe we're just getting to that point now.”

Importantly, participants described the need for adequate time to master the structure and language of FAN and it was only after seeing how the approach made them more accomplished at their work that they could appreciate the effort. Three of the participants reported that early in the process of learning the tool, engaging in the training activities created stress and added to their feeling overwhelmed with their work demands. When reflecting on the training process and their learning of FAN, 3 research participants shared that initially they were worried that FAN was yet one more job responsibility that they would need to take on, when they were already feeling overwhelmed with work load. The relevance of FAN demands to their work was not evident to these participants in the beginning and they felt resentful. The following statement described the phenomenon:

We all thought that it [FAN] was just like a pilot thing at first. So we were like, "Alright. We'll try it out. It's going to go away. It will be fine." Then when we found out it was going to stay. "You've got to be kidding me. Like
one more thing we've got to do." I'm like, "I don't have time for this. There is enough paperwork." I was just completely overwhelmed with it. (Olivia)

As their learning progressed and the participants started using FAN in their work with families, all 3 stated that its usefulness had been worth the initial burden of adding one more task to their work load. Once they understood that the FAN structure and language supported their work rather than adding to it, they embraced it. When asked if she thought she would be using FAN in a year, the same participant who described her initial frustration above replied, “I think I will now. Now that I've just kind of seen the whole picture of it …I can't see me doing visits without it. It just makes more sense.”

Included in the FAN structure are the Learning/Reflection tools completed by the participants as part of the 6-month training period. These tools provided a way to review the process of implementing FAN and provided a concrete platform to analyze interactions with the client. The following participant illustrated the realization that utilizing FAN tools were useful despite the effort required to learn them:

“These tools are so helpful…It kind of just gives us something to go back to… I'm someone that has to put things down on paper….It really helps, although it's something else to do, but it's helpful. (Renée)

The FAN model allows some flexibility in structure and language but stipulates that the general structure of the visit and intent of the questions must remain true to the model. Tweaking the language and structure to make FAN their own appeared to facilitate home visitor agency. By forgoing strict verbatim adherence to FAN language, which home visitors seemed to feel constrained by, it appeared that utilizing the structure to support their own style and wording gave them a sense of integrity and ownership. One participant represented this phenomenon when she said:
I feel like that's the way it [FAN] works the best, because when it's so specific and cookie-cutter, I feel like it just feels fake. If you kind of just make it your own and be patient with it and make it natural, and don't worry about how it's written on paper, it works, and your participants feel comfortable, and they open up…. I know the Arc questions are supposed to structure your visit and kind of give you a flow, but I had to flip them, a couple of them. (Marianne)

In the contextual supervisor interviews, 2 of the 3 supervisors reported that they support staff to make changes to the tool to fit their own style. One supervisor represented this view when described her advice to home visitors learning FAN:

I think the biggest advice that I could give anybody is to do what feels comfortable to you, not really go based on- “I have this paper that I need to follow in this order and I want to make sure I follow it verbatim”- because then it becomes scripted.

The extent to how much latitude home visitors have with the approach is not specified in the FAN literature and may hold important considerations for future research on the extent of FAN flexibility while maintaining fidelity to the approach. (See Chapter 5 for recommendations for future research.)

The concrete nature of FAN, with its structure and questions, links nicely to the use of mnemonic devices and concrete strategies in the training and implementation of FAN. All of the participants who described needing support to remember the implementation details of FAN described the use of devices created by themselves or their co-workers that helped them remember the components. Amy described how her co-worker developed a system to write the questions on the back of their paperwork. “Those were my coworker's ideas. She updated this form, and now with every visit I can document right there what the FAN questions are.”
All of the supervisors described their home visitors relying on mnemonic devices to prompt their correct use of FAN in visits. One supervisor illustrated this when she described observing one of her home visitors use FAN in a visit:

I was doing a home visit observation and she went through the FAN process flawlessly and I was like, “Oh my god. I was so impressed,” and she was like, “You didn’t even know that I actually had a cheat sheet keeping me on task with the questions.”

In addition, participants saw the Learning/Reflection tools as helpful teaching aids to learning FAN structure and remarked that they were important in learning the approach. Among the comments were those by a participant who gave the following advice to anyone starting to learn FAN:

Use the tools. They're there for a reason…. Work on the tool before you go on the visit and afterwards. I would read the tool, kind of fill out what I thought it was going to be like, like how I thought we were going to get into each wedge, and then do it right after a visit. (Amy)

The language and structure of FAN increased participant abilities to connect to clients in attuned ways. They all reported that FAN gave them language and structure that provided opportunities for clients to share more deeply with them. All of the participants cited that FAN gave them the necessary verbiage to use to promote client sharing and to more fully understand client needs. Allison described this phenomenon when she said, “If I had to really think of FAN and summarize it in a really short sentence, it would be, ‘How to ask effective questions for maximum impact.’”

Participants shared that FAN structured the interaction so that they could stimulate conversation that was helpful to building attunement. One described it in the following way:

I think the FAN helped with some of my participants at the time that it was harder to get them to talk…. Some are very shy and very reserved…. I feel like
that's really when the FAN helps, because I can pull out those questions, and I can really get, most times, not every time, but often to get them to reflect on themselves…. It allows them to pinpoint what's going on, so that it isn't just this long, drawn out venting session. (Marianne)

All of the supervisors stated that the home visitors used the language of FAN to deepen their knowledge and understanding of clients. One supervisor explained, “They use the language… It's good to have the language….And get them [clients] sort of talking about those feelings.”

Participants cited that they also relied on FAN structure and language to establish clear boundaries with clients as they built the HV-P relationship. One participant described the phenomenon in the following way:

[FAN] helps to remind them [clients] that you're not their friend. As a professional, they treat you a little bit more like a professional. The best thing about FAN is the language-without a doubt….I know I just have trouble with saying, "I'm not your friend." FAN gives you that language…. FAN has definitely helped with that language of bringing everything back to why I'm there, which is as your parenting coach. (Amy)

FAN provides structure to supervision that gave a consistent framework that supported home visitors to benefit from sessions with their supervisors. All of the participants shared that FAN provided a structure to supervision that supported consistent discussion of clients. One participant described the usefulness of FAN in supervision in the following way:

I feel like the FAN helps structure supervision just like it structures our home visits. It makes sure that we're discussing our participants and seeing where we're at with our participants and what we're talking about. (Marianne)

Participants shared that when supervisors used the FAN approach in supervision, the session felt personalized and focused on them. They expressed how the structure of FAN questions ensured that the supervision met their individual needs and concerns:
Especially the [FAN] Arc questions: “Is there anything else you wanted to talk about?” “What are you going to take away?” “How has it been for you?” They really put that focus on you. I think it's just nice to have that time to just, "Okay, I don't have to think about anything. It's about me right now. Nobody else matters.” (Olivia)

In addition, FAN structure and language enhanced supervision by providing opportunities for participants to share and monitor their feelings. They described that when supervisors used the same Arc questions participants used with clients, the result was similar. Participants felt supported and listened to without judgment and shared more openly with their supervisors. This phenomenon made supervision a satisfying process, even when participants were ambivalent at the beginning. One participant described her feelings when she was asked what it was like when her supervisor asked her the FAN Arc questions:

I always hate it, and then I always love it…. I’m really more grounded. It’s like going to the gym…. I’ve never really loved the gym and I always hate it, and then you walk out and it’s like, “Wow, this is like, ‘I’m really great.’” (Allison)

The language and structure of FAN supported the participants in building attuned relationships with clients, build their reflective practice skills and draw more deeply on supervision to support their work. For 3 participants the benefits of FAN were not apparent from the beginning and they felt resentful about adding one more work requirement to their practice. In time, however, all acknowledged that once they recognized the value of the structure and language to their work the initial investment of time and work had been worth the effort.

2. **FAN utilization and training supported a range of social connection opportunities for home visitors including peer to peer support, attuned relationships with clients, and supportive relationships with supervisors.**
A major finding of this study was that FAN provided a range of opportunities for increased social connection for home visitors. All of the participants indicated that learning FAN with their peers was an important part of their gaining mastery with the tool. This connection occurred through cross program contact in statewide training opportunities, as well as within programs where team members helped each other learn the tool. This help took the form of developing and sharing mnemonic devices, as illustrated above, as well as group discussions that encouraged sharing of tips and experiences. As one participant described:

I definitely like that we had everyone in my team, along with other teams with us, so it was a huge conversation.... Having other people there and making more of a conversation really helped me to envision how I could use it and have some other inputs as how they thought they understood it. That helped me understand it better. (Renée)

When addressing utilization of FAN with clients, all of the research participants cited that FAN helped them develop attuned relationships with clients. These relationships kept them focused on client-defined needs and choices. They all reported that FAN gave them language and structure that provided opportunities for clients to share more deeply with them. All of the research participants reported that feeling attuned with clients made them feel successful on the job by making them feel needed/appreciated and able to provide support leading to client progress. Olivia described this phenomenon when she said, “Deeper conversations [with clients] make me feel like I'm not wasting my time using [FAN]. But also validating for me, like I'm doing my job…. It's just great.”

In addition to connection with peers and clients, all research participants reported that FAN both required and enhanced supportive relationships with supervisors. The
participants shared that supportive supervisory relationships enhanced their ability to learn the tool. In addition, FAN structured supervision sessions to enhance connection between supervisors and supervisees. All of the research participants reported that the issues that helped them feel comfortable talking to their supervisors in supervision sessions were a personalized approach, show of caring and approval by supervisor, and non-judgmental attitude of supervisor. Four of the 5 research participants cited that FAN promoted these factors by providing an individualized, personalized structure based on supervisee input and capacity and supervisor encouragement of home visitors to share their feelings without fear of judgment. One participant described it this way:

I think the big piece is the validating part..... So if I say, "Well, I've been frustrated because blah, blah, blah." And she comes back with, "So, it seems like this is really affecting you," and is able to really hear what I'm saying like, "Yeah somebody does care." I think it's just nice to know. I feel I am not in this alone.... It's nice to just have someone else who is there and gets it and who is there to support me. (Olivia)

3. **FAN utilization and training contributed to raising home visitor confidence by helping them establish attuned relationships with clients, as well as offering them a professional development path to learn and master high level skills over an extended period of time.**

A third primary finding of the study was that utilizing FAN in their work with the families and the actual learning of the tool itself contributed to higher levels of confidence for the research participants. In their work with families, all of them cited that the FAN language and structure helped them build closer connections with families. Through these relationships, clients shared more deeply with home visitors and participated fully in program activities such as goal setting. All of the participants reported feeling pride in their work and increased confidence in their skills when clients demonstrated growth that stemmed from their work with them. As Marianne described,
“It [FAN] made me feel like I was able to offer her something. It made me feel like I did my job, I did what I was there to do, and I was there to support her.”

In addition to building home visitor confidence in working with families, the actual learning of FAN provided opportunities for enhanced feelings of competence and confidence. Mastery of the tool itself led to feelings of competence as illustrated in the following statement:

I think that I have integrated it really well in my work…. I know I use the language in my documents sometimes without thinking about, "Oh, I'm talking about FAN right now." (Amy)

Supervisors also described the pride exhibited by home visitors when they successfully utilized FAN. One supervisor described observing a home visitor skillfully using FAN with a client and her resulting pride:

It was just really neat to just see that seamless opportunity for the process to work and her being so proud…. She was so impressed with herself that she was impressing me and then I was impressed that she was able to, like I said, seamlessly just go through the process and have a wonderful visit and she left happy.

In addition, the flexibility to shape parts of the tool to meet their individual style corresponded to high levels of agency. As Allison described, “…[It] is really understanding that the FAN is a guide and not a prescription, so you follow it the way that fits your personality.”

Three of the 5 participants reported that going through the FAN training and mastering the approach were associated with a sense of professional development and pride. Participation in a prioritized, statewide initiative that involved months of training and focus provided a sense of career development and identity that was different from
their usual one-off training experiences. As one participant illustrated, “It felt pretty cool to be able to be a part of such a shift in the program.”

4. **FAN utilization and training supported the development of home visitor reflective capacity by promoting emotional self-regulation, mindfulness, adoption of clear boundaries, and reflection on the experience of self and clients.**

All of the research participants cited that FAN was useful by providing a structure to analyze and understand clients as well as providing reminders for mindfulness and techniques for self-regulation. All of the participants described how FAN helped them identify their own reactions to clients and increased their self-knowledge. Renée described, “It [FAN] just puts it in my mind more to identify feelings. ‘I'm feeling angry right now, therefore there's something that's bothering me, and I need to figure out what that is, why that is, and how to put that to rest.’”

Supervisors corroborated this phenomenon by describing the increase in reflective capacity experienced by home visitors after learning FAN. One described this experience for one of her visitors. “Now she's realized that there's so many other sides to stories and so many things that we don't know…. The FAN has just opened that window much further for her.”

Home visitors, through the interviews and their Learning/Reflection tools, reported that FAN provided reminders for mindfulness and techniques for self-calming. The FAN training presented examples of calming strategies and encouraged trainees to practice techniques that worked for them. Marianne described, “Being mindful and taking deep breaths and calming myself down through harder, frustrating situations…. FAN does come into play in that aspect with mindful self-regulation.”
The 3 supervisors gave strong endorsement that FAN provided self-calming techniques that their supervisees were using in their practice. One supervisor described her conversation with a home visitor that illustrated how she had used FAN to regulate her emotions in order to proceed with her work day:

She said, “I had to really go to my car, keep myself from crying.” She just said she thought about her own children and how she could never do that to her own children and how could this person even have that mindset. She just said, “I just had to use it [FAN] and close my eyes, and just sit for a minute, to bring myself down.” She said after about five, ten minutes she turned her music on, let it go and proceeded to go to her next visit.

All of the participants reported that the use of FAN in supervision supported the opportunity to reflect upon clients and a chance to examine their own role in future interventions. All reported that sharing their emotional reactions to clients in supervision sessions made them feel relieved/unburdened. An example of feeling unburdened through conversation with a supervisor was:

It's a huge help. I'm able to ... just open up and be like, "I'm so frustrated, because this happened and I don't feel like I do this well." She would either give me really good suggestions or we'll talk about it together about what we can do for the next visit. Or she'll say, "No, that was fine. You did what you had to. You couldn't do anything more. Just keep doing what you're doing." So, it does help to kind of clear my mind and lead me in the right direction. (Renée)

In addition, 4 of the 5 participants reported that sharing their emotional reactions to clients with supervisors helped them set boundaries with clients and helped them reflect on appropriate actions to take with families.

**Findings- Research Questions**

Answers to the research questions provided a foundation upon which the superordinate themes, described above, were developed. This study had multiple research questions that guided data collection and provided thick description of home visitor
experience with FAN. This was accomplished through the voices of the home visitors themselves in interviews and from their Learning/Reflection tools. Contextual information provided by the supervisor interviews was added to augment the discussion. Findings to the research questions provided the basis for analysis that resulted in identification of the super-ordinate themes (See Appendix G). The goal is that the reader may enter the reality of the home visitors in their experience with FAN so as to understand the complexities of the experience.

**Summary**

This chapter presented the findings of the study intended to examine home visitor perceptions of the training and implementation of FAN and its effects on their reflective process, family engagement, and supervision. The chapter was organized by the super-ordinate themes with specific findings to the research questions attached in Appendix G. Typical of qualitative research, extensive quotations from participants were used to provide thick description with the goal of providing a realistic picture of the phenomenon. The goal was to describe participant experience fully so that others might judge the relevance of the findings to their own situations.

The answers to the research questions in Appendix G and the over-arching themes presented in this chapter provided the foundation to the analysis and interpretations. By integrating them into the literature and prior research, conclusions can be drawn about future study, training recommendations for young adult home visitors, and discussion of possible policy decisions regarding early childhood home visiting and FAN.
CHAPTER 6
CONCLUSIONS AND RECOMMENDATIONS

The overall goal of this study was to explore the experience of young adult home visitors in the training and implementation of a new approach for working with parents known as FAN. The home visitors worked in the Healthy Families Massachusetts (HFM) home visiting program that targets young parents whose children are at risk for child abuse and neglect. The study sought to capture the perceptions of young home visitors working in HFM programs implementing FAN with high fidelity. The qualitative study aimed to examine their experience with FAN in 3 components of their work including reflection, family engagement and supervision. An additional goal was to identify risk and protective factors to burnout associated with their training and implementation of FAN.

FAN is a tool intended to promote reflective practice and to support interactions with families. Developers of the tool claim that FAN helps parents with their urgent concerns in the moment and builds their long-term confidence in their capacity as parents (Gilkerson & Gray, 2014). It is based on the concept of attunement, defined as the ability of the home visitor or other practitioner to engage with parents in ways that build connection, thus helping parents feel understood and more open to behavioral changes that support their child’s development. FAN provides a concrete structure of the attunement process as well as specific questions, known as Arc questions, that structure the flow of the visit. It provides a common language for home visitors and supervisors to share in their discussion of client concerns and home visitor reactions (Gilkerson, 2015).
The tool is designed to help practitioners from a range of disciplines read parent engagement cues and concerns and match their interventions accordingly, while recognizing and controlling their own emotional reactions (Gilkerson & Gray, 2014).

Findings from in-depth interviews with 5 young adult home visitors, as well as a review of their Learning/Reflection tools completed as part of their 6-month FAN training process, reveal super-ordinate themes that describe the phenomenon being studied. The conclusions of the study stem from these themes and are thus presented in the following way: Social Connection, Home Visitor Confidence, Reflective Capacity, and Relevance to Burnout. I developed a model to trace my findings, interpretations and conclusions to check for consistency (see Appendix I). Given that early childhood home visiting depends on the HV-P relationship, research supporting the conclusions is drawn from the literature on dyadic relationships in early childhood and therapeutic interventions, as well as research on reflective practice and burnout. A common thread running through the conclusions is that the structure and language of FAN seemingly act to concretize abstract concepts and practices and make them more accessible to home visitors thus deepening their capacity for the work. Following the conclusions, this chapter discusses limitations of the study and recommendations for further research, practice and policy.

Conclusions

Social Connection.

A major finding of the study was that participants identified a range of social connection opportunities connected to their FAN training and utilization. These opportunities for participants included attuned relationships with clients, relationships
with supervisors, and connection with peers. In each instance participants shared that the FAN structure provided a framework for them to engage with others.

Participants shared that FAN structured the interaction in home visits and stimulated client engagement in ways that were helpful to building attunement. One participant in reflecting on her use of FAN’s questions described the creation of collaboration and attunement in the following way:

She [Mom] has very bad anxiety so she doesn't want to leave her house to go to a new doctor. So I just kind of say, "What do you want to do about it?" "Well nothing at this point." "Well, what do you think that you should do about it?" "Well I know that I need to …." So then we'll write it down and make a list. “What do you need to do first?” …. She knows what she needs to do when the time comes and she feels okay to be able to do something. So we've made the first step in calling MassHealth.

(Olivia)

The participant went on to say:

Instead of just offering all this advice…I feel like I am being useful. I feel like I am doing something good…. I can kind of see in her, that she feels validated.

(Olivia)

It may be that FAN helped create Bordin’s (1979) working alliance for these participants. The working alliance consists of provider-client agreement on desired goals, acceptance of what steps are required to reach the goals, and mutual trust and acceptance (Brookes et al., 2006). The literature describes how this attuned engagement is bi-directional and the quality of the home visitor–parent relationship affects (and is affected by) the engagement of both parties (Brookes et al., 2006; Roggman et al., 2001). FAN may enhance the creation of the working alliance in the HV-P relationship by helping home visitors unearth clients’ concerns and reflections, thus helping home visitors and clients alike feel successful and engaged in the process. When home visitors address implicit, underlying thoughts and feelings as part of their work with families, they are able to offer interventions that both guide positive parent-infant interactions and enrich home visiting practice for home visitors (Brandt, 2013; Kormacher et al., 2008).
As the participant described above, with the help of FAN to stimulate client engagement, home visitors may be more able to engage themselves, and feel validated and useful in their work.

Participants in the study shared in their interviews that the FAN Arc questions gave them the literal words to explore client feelings and reflections and to handle complicated situations. The Arc questions are prescribed questions asked at the beginning, middle, and end of an interaction to support collaborative partnership with the client (Gilkerson et al., 2012). All the participants expressed in their interviews that FAN gave them the words and structure to help maintain boundaries, whether it was explaining to a teen mother that they could not be her friend or accepting without judgment a choice a family was making that contradicted values held by the home visitor. They used the FAN structure to help them stay attuned with client concerns without becoming overinvolved or overwhelmed. In the words of one participant:

That’s how FAN has really helped me, because before I was doing so much for them, and it was draining and then I was like worn out. It’s really helped me to take a lot of self care and it’s so easy now, where I don’t have to be constantly drained or overworked …. This doing part is really asking the parent to come up with their own solutions, and then offering just a few bits and pieces to enhance that. (Allison)

Perhaps while more experienced workers can develop their own strategies to use in such situations, these young participants expressed appreciation for having the tool to scaffold the interactions.

The literature states that maintaining such bounded relationships is important to home visitor mental health. Many families served in home visiting programs present a variety of problems including poverty, violence, and substance use. Without the training to buffer the effects of exposure to secondary trauma, home visitors may feel
overwhelmed when trying to connect with families who exhibit multiple challenges (Burrell et al., 2013). The participants in this study described FAN as providing a structure to lean on and to protect them from over-involvement. As Olivia described, “When I left, I left it there.”

In addition to structuring connection with clients, participants described how FAN helped structure supportive relationships with supervisors. A major finding of this study was that supervision was key to home visitor learning and implementation of FAN. This happened in supervision sessions through reflective exercises and supervisor modeling use of FAN with clients by using it with supervisees. Utilizing FAN with home visitors in supervision is part of the FAN training offered by FAN developers. By experiencing FAN in supervision participants shared that they could see FAN exemplified, as well as experience a parallel process to their clients. Marianne described, “I feel like the FAN helps structure supervision just like it structures our home visits.”

This phenomenon of experiencing FAN described by the participants in this study illustrates the phenomenon of parallel process, identified in the literature as an important part of reflective supervision. The process is described as the phenomenon in which supervisors model the sensitive listening, exploration of issues, tolerance for strong emotion, and the ability to hold competing tensions that are important components of effective work with families. Supervisees master these skills through their own experience of these clinical processes and are more able to practice these skills in their work with clients (Fenichel, 1992; Heffron et al., 2005).

In addition to experiencing a parallel process with clients, participants described how the use of FAN Arc questions and framework by supervisors encouraged them to
share their emotional reactions to the work. When asked how she handles the
“frustrating” feelings she had just described, Olivia responded, “I talk to my
supervisor…. I just have to talk about it. I can't sit with it and even if there's nothing I can
do, as long as I am processing what happened, I am usually okay.” Participants described
feeling relieved to share their feelings in a safe, supportive environment. In addition, they
expressed gratitude for the one-on-one, individualized support, which perhaps provided a
counter balance to the isolating and stressful nature of their work.

The participants described supervision sessions as predictable and consistent and
included an opportunity to reflect and process the work with a supportive supervisor. As
one participant explained:

Because the best way I learn things is by literally hearing myself talk about it. For
an example, this situation…. I didn’t really understand how much it affected me
until I had to talk about it with FAN…because I was being able to reflect about
the process. (Allison)

The supervision sessions based on FAN described in the study correlate to the
Siegel & Shahmoon-Shanok (2016) description of reflective supervision by offering
home visitors the opportunity to regularly step back from the intensity of the work and
share what they are observing and doing. By doing this they gain a broader perspective
and clearer vision, as well as draw on insights from a more experienced leader. Home
visitors recognize their reactions and clarify boundaries of intervention. By scaffolding
reflection and examination of feelings, the supervisor helps supervisees gain perspective
that protects them from over-involvement with families or avoidance of tough issues
(Bertacchi & Coplon, 1992). Participant perceptions of FAN supervision are similar to
the elements of reflective supervision as described by Fenichel (1992). This type of
supervision includes examination of self and increases supervisees’ own recognition of
their individual strengths and challenges. It helps them identify aspects of the work that may be triggering reactions from their own past and helps them accept that they cannot fix all participant problems (Fenichel, 1992). When supervisees experience this type of encounter in supervision their own thinking may expand and they are better able to see new information (Bertacchi & Coplon, 1992).

An interesting issue to explore is the necessity of the FAN structure as a support for reflective supervision. This study did not examine supervisor practice, yet participants described supervisors using FAN in supervision to shape sessions that were consistent, predictable, and contain elements of reflective supervision. One may question whether elements of reflective supervision would have occurred independently of FAN. The findings reveal mixed messages on this. When talking about their experience in supervision, all of the participants voiced positive experiences with their current FAN supervision. One participant, however, shared that:

She[supervisor] kind of used FAN before FAN was implemented. Her personality was just kind of like FAN. So I think the [Arc] questions made it change, but the way that she showed concern and the way that she validated feelings and everything were the same. (Olivia)

Similarly, another said:

I don't think it's [FAN’s] changed it [supervision] (pause) that much. Because I guess with my supervisor, that was like intuitive to her….I think the structure is kind of the same. Just the language is a little different. (Renée)

Another participant, however, said, “I think FAN has helped [supervision]…I feel like FAN has just made things easier.”

The different experiences may possibly be explained by differing skill levels of the supervisors themselves. Supervisors come with a range of skills as illustrated by federal research on home visiting practice that shows discrepancies in supervision
approach (Home Visiting Applied Research Collaborative, 2016). Supervisors may rely on FAN in differing degrees to guide their supervision. In this study, one supervisor explained that FAN provides important guidance when feeling ‘insecure as a supervisor.’” In addition, supervisors provided context that FAN strengthened their supervision, even if they already had reflective skills. As one described, “Even though [before FAN] my supervisions were looked at as reflective, I think…the FAN process makes sure that I’m hearing them [supervisees], being empathetic to whatever is that they had to deal with.” For supervisors who are inexperienced or who need to address difficult situations, FAN may provide a helpful structure by providing a schemata that supports the tenets of reflective supervision. In this way FAN may strengthen the supervisory experience for home visitors by structuring consistent supervision sessions that contain basic elements of reflective supervision, perhaps even when supervisors are not well versed in this process beforehand. If this is true, disparities in supervisor skills may be smoothed out by the use of FAN and its ability to scaffold elements of reflective supervision to the benefit of supervisees.

Another area of social connection described by participants was the connection they made with peers in their programs and across the state during the FAN learning period. One participant described this peer-to-peer connection in the following way:

“I feel like it [FAN] made everyone feel like we're all in this together, like this is all something we all have to learn…. We could all bounce ideas off of each other. (Marianne)

Each participant described the value of sharing tips and techniques with co-workers and learning from each other. Wechsler (2017) in an analysis of development of the home visiting workforce stipulates that consistent and repeated learning opportunities with
peers are important to counterbalance the isolation often felt by home visitors in their work. In addition peer to peer sharing of ideas provides opportunities for home visitors to enhance their own skills while giving them a sense of agency to develop solutions to share with others.

Reflective Practice/Reflective Capacity.

Reflective capacity refers to the ability to be aware on one’s own thoughts and feelings and to reflect on how these may affect one’s behaviors and responses in relating with others. The field of infant mental health espouses that reflection is especially important for professionals who work with families of infants and toddlers, for reflective capacity may help them understand the developing child, the parents, and the parent-child relationship. The ultimate goal is to use reflective practice to develop effective interventions to support positive outcomes (Tomlin, Wetherston, & Pavkov, 2014).

A major finding of this study was that participants reported that FAN utilization and training supported the development of their reflective capacity by supporting self-calming techniques, mindfulness, adoption of clear boundaries, and reflection on the experience of self and clients. All of the participants shared that they found the concrete devices and structure of FAN helpful. It may be that the distinct structure of FAN concretizes theoretical processes and scaffolds the development of reflective practice for home visitors. The steps that they practice to achieve emotional balance, the FAN Arc questions that shape the structure of each visit, and the FAN graphic that helps them map attunement with clients all provide specific, almost prescriptive, steps that emphasize reflective practice. In the words of one participant, FAN met a need for operationalization of theory:
So having those vocabulary words, like having those words and that structure helped us understand why we were succeeding at things we were succeeding at and why we weren’t succeeding at things we weren’t. I think we could understand our successes a lot better. FAN helped us to understand. (Allison)

Young home visitors in particular may need this external, intentional support to their internal processes because they may not yet have the life experience that fosters perspective-taking and practice in self-reflection. Diamond and Aspinwall (2003) describe emotional self-regulation over the lifespan and as a process influenced by changing contexts and situations. When faced with chaotic and/or traumatic client situations home visitors with limited work experience coping with such situations may not have developed techniques to modulate their own reactive feelings. FAN may help them develop this reflective capacity.

The literature is clear about the value of reflective practice to practitioners, just as the subjects in this study shared the value of their expanding reflective capacity. As Bordin (2010) describes, through reflection, exploration, and processing thoughts and feelings, providers are able to facilitate the clients’ abilities to integrate experience and to construct new conceptions of self, while becoming more aware of their own selves. Reflective practice involves using self-knowledge to observe oneself and consider what is happening internally while simultaneously attending to what is happening between self and others (Heffron, Ivins, & Weston, 2005).

The participants in this study cited that an increase in reflective process did indeed help them feel successful in their work. In the words of one research participant:

I think implementing FAN [is] not just so much for my participants but using it for me too…. Previously I left [the visit] and shut that off…. Now I stop and I think, "Okay, well how did you feel about that? What do you think that you could have done and what are you going to do?" And just implementing it [FAN] to myself and then that goes into that self-reflection part…. I feel validated.
In this example FAN guides the home visitor’s ability to name her own feelings as separate from those of the client, and therefore facilitates her ability to attune to the client’s concerns while maintaining clear boundaries, as defined by role. By helping home visitors build reflective capacity, FAN may help them gain the increased self-knowledge and self-worth that relational-cultural theory describes as positive practitioner outcomes in healthy dyadic relationships (Miller & Stiver, 1997). Through an increase in reflective capacity they may be able to reflect on their reactions and protect their emotional vulnerabilities, similar to the process trained psychotherapists use (Field, 1992). With guidance on what to say and on how to structure the visit as well as support in reflecting on their own internal states, it may be that home visitors using FAN are supported to understand client motivation, separate from their own, and can thus support client-initiated choices and change. This process would align with Fields’ (1992) conclusion that providers’ emotional responses require continued attempts at self-monitoring and self-awareness in order for the professional dyadic relationship to be healthy for all parties.

All of the participants reported using the self-calming techniques they practiced as part of their FAN training. One participant described these techniques, called FAN Mindful Self-Regulation (MSR) strategies, when she said:

I guess being mindful and taking deep breaths and calming myself down through harder, frustrating situations…. being able to just take a step back and breathe through the situation myself and do the FAN MSR…. I walked away from the visit and I took a deep breath and I was like, "Okay," and then I went on. I have to just let it go. At that point there is nothing more than I can do in that moment. I have done everything that I needed to do, that I could do. (Marianne)
Wechsler (2016) describes the risks for emotional overload experienced by home visitors, especially those new to the work, who face chaotic environments, often alone. The ability to self calm is essential in facing emotional situations without becoming emotionally undone. FAN is not the only way to learn and practice mindfulness moments for the purpose of dealing with strong emotional reactions to client choices and situations, but the approach scaffolds the development of calming techniques. These strategies are reinforced in the Learning and Reflection Tools as well as the FAN structure for supervision that furthers home visitor experience with these techniques. The FAN training process requires home visitors to identify specific activities that help them achieve emotional balance when working with families and then asks them to practice the techniques and share them with supervisors. While visitors may develop mindfulness techniques in varying degrees on their own, FAN concretizes and standardizes strategies and gives a common language and focus so that supervisors and co-workers can reinforce the practice in each other.

**Home Visitor Confidence.**

A major theme to emerge from the findings was that FAN utilization and training contributed to raising home visitor confidence by helping them feel successful through building attuned relationships with clients. In addition participants shared that FAN training and implementation gave them the opportunity to learn and master high level skills over an extended period of time, indicative of offering them a professional development path.
As described earlier in this chapter, participants cited that FAN helped them create attuned relationships with their clients and understand more fully the complexity of their lives. As one participant explained:

I like that relationship building…. I think it [FAN] just helps you, helps make that process a little bit more smooth ….If you just ask those questions, then you kind of put those events (pause) structure them a little bit more smoothly. Whereas, without it, you’ll be kind of like, “Ugh.” Like it looks really chaotic, and this gives everybody just this underlying wholeness while things change all the time. (Allison)

Visitors who are attuned to families and listen to their expressed needs and feedback have greater success with family engagement, despite a range of family characteristics and needs (Wagner et al., 2000). A number of studies have illustrated that an attuned HV-P relationship is strongly related to the level of family involvement and the benefits families gain from home visiting services (Assi-Lessing, 2011; Astuto & Allen, 2009; Barak, Spielberger, & Gitlow, 2014; Brookes, Summers, Thornburg, Ispa, & Lane, 2006; Sharp, Ispa, Thornburg, & Lane, 2003). With attuned HV-P relationships leading to increased client engagement and successful completion of program goals, home visitors gain increased feelings of competency (Azzi-Lessing, 2011; Lee et al., 2013). In addition Miller and Stiver (1997) found that when the connection deepens between client and practitioner, not only does the client feel valued but the practitioner experiences an increased sense of worth as well.

Another source of confidence for the participants was pride in their ability as a home visitor to positively affect families’ lives. When asked what she liked best about her job, one participant replied, “I think just being able to go home at night knowing that I am making a difference.” When pressed further she explained her success with families is connected to her use of FAN. “I love that I make a difference and making that
difference has to do with FAN. I don't think of it as a separate thing, it's just part of what I do.” Another participant echoed the perception that prior to implementation of FAN she was not as effective in her work:

Whereas before it was kind of hit and miss, like, “Oh, that worked. I don’t know why it worked.” Now I’m like, “Oh, I know why that worked. Let’s see if I can redo that for another family. (Allison)

The literature supports the concept that home visitor confidence is related to the belief that they are able to make a difference in their clients’ lives. The confidence of home visitors to effectively engage families and continuously work towards program goals, even when change is slow, comes in part from their belief that they are benefiting families (Wagner et al., 2000).

An unexpected finding of the study is that mastery of FAN itself heightens home visitor feelings of competence. Participants commented on the lengthy process it took to learn the approach and the feelings of success they felt when they realized they had successfully integrated it into their practice. In the words of one supervisor observing a home visitor using FAN on a home visit, “It was just really neat to just see that seamless opportunity for the process to work and her being so proud.” Another supervisor described, “Even a veteran staff for example will just be so proud that they were able to have a FAN moment.”

The FAN training for these participants was a statewide initiative that involved significant investment of resources, including out-of-state trainers and a 6-month training period with required follow up in regular supervision sessions. This differed from the one-off, more locally based trainings the home visitors were used to receiving. While some of the participants expressed initially feeling overwhelmed by the extensive
learning process, follow up, and practice, others expressed initially feeling some excitement and awe to be a part of the cohort. Ultimately, they all came to see it as a worthwhile effort and one to be proud of. As one participant described, “I love…what I've learned and it's helped make me into the home visitor I am.”

Parallels may exist between early childhood home visitor confidence and learning and the research on professional development for early childhood teachers, another group that struggles with low professional recognition and compensation. Confidence is an essential element of teachers’ sense of professionalism and stems from a strong knowledge base and a collegial network empowered with agency (Nolan & Molla, 2017). The FAN training and learning process may have functioned as a source of professional capital. It may have provided an opportunity for the participants to broaden their knowledge base as part of a larger network, focused on developing learning FAN strategies and sharing experiences, thus giving them increased confidence in the work they do. Ultimately this sense of confidence and affiliation may help them feel more of a professional identity.

**Relevance to Burnout.**

Burnout, according to Maslach’s foundational model, is a chronic response that can come from prolonged emotional and interpersonal job stress. It involves an individual response to chronic workplace stressors that are embedded in social relationships and includes one’s conception of self and others. Burnout can be particularly prevalent in work involving service, caregiving, and teaching where the norm may be to put others’ needs first and to do whatever is necessary to help a client, student, or patient. Working at a job with constant emotional tension and unrealistic expectations puts workers at risk for
burnout (Maslach & Goldberg, 1998).

A multidimensional model of burnout cites the key components to be emotional exhaustion, depersonalization, and feelings of ineffectiveness and failure (Maslach & Goldberg, 1998). Research on prevention of burnout finds that interventions should focus on reducing emotional exhaustion, prevention of depersonalization, and enhancing one’s sense of accomplishment. The goal of prevention strategies is not so much to change workplace stressors but to change how individuals respond to them. Such strategies include new perceptions of one’s job role, social support at work, sharing of emotional feelings, feelings of competence, and self analysis (Maslach & Goldberg 1998). Each of these burnout prevention strategies was reflected in findings from this study and are explained in detail below.

First, participants revealed that FAN helped them understand the parameters in their role as a home visitor, particularly giving them clearer boundaries to help clarify job responsibilities and work balance. They perceived that FAN helped them create clear boundaries with clients and limited their feelings that they were responsible for solving all problems. As one participant expressed:

Here's all of these emotions and instead of jumping in, I was able to take a step back and just listen and acknowledge that I understood what they were saying and offer some kind of insight and then when I left, I left it there. (Olivia)

When home visitors use FAN to shift their focus from trying to fix their clients’ problems to accepting client choices they may in fact be reinterpreting their role and reducing expectations. They may thus see themselves as facilitators rather than saviors and are more able to leave the stress of being all-knowing behind. They are freed from the disappointment that can come when clients make choices that differ from their values.
Because FAN focuses on attunement to clients rather than fixing problems, home visitors may feel relieved of the stress that they must become all-knowing and omnipotent. Formation of healthy, bounded HV-P relationships can be an important protective factor by limiting the over-involvement with families associated with job strain and burnout (Barak et al., 2014).

Second, FAN created opportunities for social connection at work, through peer to peer learning and support and connection to supervisors. Participants shared that FAN’s structure and promotion of a common language and strategies helped them connect with each other and their supervisors. They described the value of social connection to their supervisors and co-workers as essential to their learning of FAN as well as their feeling validated in their work.

This social connection may not only have helped with learning and implementing the approach but also it also may have provided the social capital in the form of workplace relationships that acts as a protective factor to burnout. Boyas et al., (2012) found that informal and formal methods of support, both from peers and supervisors, are key elements helping home visitors, particularly young visitors, cope with job stress. Supervisory support, including active listening and promotion of discussion, is important to helping young workers cope with job stress and is often tied to greater feelings of agency (Azzi-Lessing, 2011; Boyas et al., 2012; Gibbs, 2001).

Third, participants cited that FAN provided a structure to share emotional reactions at work even when those emotions may have been negative. FAN structured supervision to encourage them to reflect on themselves and their clients and provided opportunities for sharing emotions. Supervisors concurred that supervision sessions
provided opportunities for home visitors to vent their feelings. One participant in this study captured her use of FAN to understand and express her emotions to her supervisor when she said, “It’s so important for my mental health and my work…. It’s just really having a person listen to you and taking care of you…. it’s really good to just leave it at the table sometimes.”

Hamama (2012) found that supervisor support contributed significantly to decrease in burnout characteristics for young social workers as measured by Maslach burnout inventory. Studies find that when young home visitors feel their supervisors are willing to listen to work-related problems, they are more likely to remain in their jobs (Barak et al., 2001; Hamma, 2012). Anderson (2000) found that talking about emotions at work is the most effective way to prevent and address emotional exhaustion, especially for those working in a highly charged emotional environment.

Fourth, FAN enhanced participant feelings of job competence and confidence, important protective factors to burnout that buffer the stress of the workload (Boyas et al., 2012; Maslach & Goldberg, 1998). By guiding home visitors to establish attuned relationships with clients and raising their confidence that they are actually making a difference, FAN may act as a protective factor to their burning out. This correlates to findings in the literature that state that supporting home visitors to build attuned relationships with participants increases family engagement, giving clients more opportunity to meet program goals, thus enhancing home visitor feelings of competency (Azzi-Lessing, 2011; Lee et al., 2013).

Participants in the study described their use of FAN to create attuned relationships with clients, and their confidence that stemmed from their abilities to help families and to
meet program goals. Participants credited FAN as an effective tool to help them build attunement with clients and through that attunement they were able to support positive client outcomes. In describing her role as helper, one participant said, “I think what keeps me going the most is such the yearning to keep helping… I think that every step of the way is helpful, gratifying, and very rewarding to see, to be a part of that, and to be the effector of that.”

Participants described that learning and mastering FAN itself gave them a sense of pride and accomplishment. Mastery of FAN may have heightened feelings of competence for the participants by providing an opportunity to develop long term learning and a sense of professional identity with a cohort of peers across the state. One participant cited, “This is a big process, and I feel like the FAN and the Arc are such a big deal… I didn't realize how big of a deal until the first day, but now (pause) also, I want to be better in it.”

For participants in this study, learning a new approach that received significant statewide attention and resources was different from the one-off training opportunities they had experienced in the past. Coming together over 6 months with their own team and colleagues across the state elevated the experience to a new level. A one participant described, “I'm taking the skills that I have and affecting somebody else with them. And then I'm learning constantly.” FAN may have provided a learning experience beyond training, more in line with professional development that extends into the future. Pride in doing something important and doing it well is an important protective factor according to Maslich’s foundational research on burnout (Maslach & Goldberg, 1998).
Finally, a major finding of this study that maps on to Maslach’s burnout model is that participants increased their self-analysis and embraced the self-calming strategies presented in the FAN training, utilizing them to regulate their feelings, especially when presented with challenging client situations. They experienced self-calming strategies in the FAN training and reinforced these practices in the Learning/Reflection tools, as well as supervisor modeling of mindfulness techniques. FAN may help home visitors by teaching them strategies, similar to those used by therapists, to help them cope with demands of their jobs when they become dysregulated during emotionally charged visits.

The development of self-calming techniques closely aligns with use of self-awareness described in social work and psychoanalytic theories. It refers to the ability of providers to be aware of their own thoughts and feelings and how that experience influences the judgments, wishes, and fears they bring to their work with families (Bertacchi & Coplon, 1992; Heffron et al., unpublished; Miller & Stiver, 1997). Increased self-knowledge helps individuals understand their individual risk of burnout and supports them to change work habits that are less likely to lead to it (Maslach & Goldberg, 1998). Research shows that mindfulness components such as focused attention, self-awareness and self-compassion buffer the effects of burnout on health and human service professionals as well as teachers facing high stress situations (Abenavoli, Jennings, Greenberg, Harris, & Katz, 2013; Klusmann, Kunter, Trautwein, Lüdtke, & Baumert, 2008).

In addition to mapping on to Maslach’s model of burnout, findings of this study reveal how FAN supports the practice of reflective supervision, which research has shown to be a protective factor to burnout for home visitors. Participant
perceptions of their experience with FAN parallel basic elements of reflective supervision described in the literature. These factors include reflecting on self and clients, sharing emotional reactions to clients and the work, help in monitoring reactions, and building healthy bounded relationships with clients (Tomlin, Weatherston, & Pavkov, 2014). Reflective supervision is essential for retention of home visitors according to Azzi-Lessing (2011) review of 20 Nurse Family Partnership and Early Head Start evaluations.

A separate finding of the study was that home visitors who felt overwhelmed in the early stages of learning FAN perceived that they already had too many responsibilities and adding more tasks was too much. As one participant described, “With all the other paperwork and stuff that we have to do during home visits, sometimes the FAN kind of got lost.” Another similarly described her reaction when feeling overwhelmed with paperwork. She said when FAN was first presented, “I was just completely overwhelmed with it.” Only when they perceived that FAN structure and language made their job easier and heightened their feelings of competency did they see it as a positive addition to their work load.

Barak et al. (2014) finds that paperwork takes home visitors away from relationship building, which they consider essential to their work, when they feel overburdened with meeting documentation needs dictated by model developers and funders. It is important to prepare home visitors that learning FAN is a time-consuming effort and to support them as much as possible in the process, including making accommodations in their other productivity requirements during the learning process. If support is not present and FAN is perceived as a yet another documentation task to add to an already overfull workload, it may indeed add to home visitor stress and function as a
risk factor to burnout while losing its potential to make home visiting practice more reflective and attuned.

**Overall Conclusions.**

FAN may provide a template that makes high quality home visiting practices, such as attunement, working alliance, and reflective supervision, accessible. This may be especially relevant to young and/or inexperienced staff who rely on the FAN structures and prompts to conduct difficult conversations, maintain professional boundaries, utilize self-calming techniques, and reflect on their own reactions as well as those of their clients. Participant descriptions of their experience with FAN included elements that correspond to some important protective factors to burnout including increased confidence, self-calming techniques, bounded relationships with clients, social connection, and reflective supervision.

Learning FAN does come with caveats however. As one participant shared, she avoided using FAN for months because she did not see the benefits. Only when she saw how the language and structure deepened her practice did she embrace it:

So, with the Arc questions, I very recently started implementing those. I won’t lie. I was like, “These questions are dumb. They are not going to make a difference. I'm not doing them.” So, maybe about a month, maybe two months ago, I started actually using them in each visit, and the answers I get are so much more detailed… So it opens up this whole other conversation that we wouldn't have had if I hadn't asked that question. (Olivia)

When home visitors perceive the approach as task-driven and focused on “doing” FAN rather than seeing it as an overall approach they run the risk of focusing on completion of the prompts as the goal rather than seeing FAN as a process to support them in their work. If they perceive documentation of the Arc questions or filling out the Learning and Reflection tools as the goal, they miss the opportunity to integrate the FAN
approach as a support to deepen their work with families, coworkers, supervisors and ultimately themselves. Seeing FAN as one more task to complete in an already overburdened work schedule may contribute to workplace stress and ultimate burnout, and home visitors will miss out on its potential to offer protective factors. Helping home visitors understand that FAN is a reflective approach to integrate into practice, rather than a way to check off to-do boxes, will be important for any program or system implementing it.

**Limitations of the Study**

Several limitations of the study design merit mention. First involves the selection of participants based on age. The study aimed to examine the experience of young adult home visitors as they learned and implemented a new intervention tool with families. The reason to focus on young adult visitors was two-fold. One was the fact that the Healthy Families Massachusetts program focuses on first-time parents under 20 years of age. The concept of homophily, the tendency for people to bond with those most like them, may often drive the use of the paraprofessionals who come from the communities they serve, sharing common experiences and perspectives. My expectation was that I would find a number of potential participants who were very close in age to the clients they served. The second reason I focused on young adult visitors was the higher rates of burnout among young child welfare workers noted in the literature. Staff turnover can be detrimental to client retention and I wanted to examine potential protective and risk factors to burnout for a group that has such influence on program outcomes.

During the recruitment of participants, I found that in fact some managers did not know the exact ages of the home visitors working there. Selection was thus left up to the
self-selection of respondents. The ages of the home visitors who ended up participating in the study ranged from 23 to 29, all meeting the cut-off of being under 30 years old, but not as close in age to the client population as I was expecting. The characteristic that they did share, however, was that this job was their first experience in this type of work and their job tenure at the time of interviews was similar, 1.5 to 3 years. The experiences they described may thus have stemmed more from their lack of experience in the field than it did from their age and concurrent developmental stage.

A second limitation of the study was my professional experience in the FAN project, independent of this research. My role as a Children’s Trust employee and my involvement with bringing the initiative to Massachusetts shaped my connections to the participants and their experiences. While this role did allow me to understood the subtleties of the tool, references to program details, and their roles, hence supporting me to engage with participants on a conversant level in the interviews, it also served as a limitation. My employment at the Children’s Trust may have conveyed a power imbalance despite explaining to participants that I acted as independent researcher, not a representative of the Children’s Trust. My professional experiences as a trainer of home visitors and my role in supporting the development of FAN for home visiting in Massachusetts inevitably brought bias to my research design and interpretation of findings, especially since I was involved in dialogue with other state leaders who had implemented FAN in their states. A final consideration is the investment of resources, including money and time, that the state of Massachusetts expended in developing this program. While not benefitting from that in any way, I was involved as part of the
implementation team and no doubt brought my hopes to my independent research that this project had been worthwhile for the state to undertake.

Finally, the study was limited by my research questions that focused on the experience of home visitors from high performing programs only. My intent was to learn about the experience of home visitors from programs that were implementing FAN with fidelity as determined by the quality assurance team of their funder. By default I examined the experience of participants who were successfully implementing the approach. I was not determining whether FAN was working for them but rather exploring how FAN was working for them. Evaluation of the initiative statewide, including under- and over-performing programs, and the effects of FAN on family outcomes and home visitor performance in general are topics not looked at in this study and remain for future research to address.

Recommendations

The findings of this study lead to a variety of recommendations in both research and policy. The recommendations presented below include recommendations for further research, recommendations for FAN training, recommendations for professional development of home visitors, and recommendations for early childhood home visiting in general.

Further Research.

The goal of this study was to examine the specific experience of 5 young adult home visitors learning a new client engagement approach and to focus on the home visitor experience rather than the more common focus on family outcomes. The phenomenological case study method was a useful way to learn about the participants’
perceptions of their experience learning and implementing FAN. The findings point to
the need for future research to consider a number of factors including the length of time
being studied, the experience of supervisors, the particular home visiting model, and the
flexibility of FAN to fit individual style of home visitors.

This study captured a point in time in the experience of the participants, namely
13-15 months after their initial 6-month FAN training began. The approach was still
relatively new at the time of interviews. As home visitors gain more experience in the
field, it would be important to track their experience over time by implementing
longitudinal studies. A pre- and post-analysis could follow home visitor perceptions of
FAN elements before they are trained and as they become more experienced. Important
factors to examine include how they attune to clients and cultivate reflective practice over
time as well as consideration of how FAN becomes integrated, or not, into their
approach. Participants in this study were both young and inexperienced. Future research
could tease out the factor of experience to examine the perceptions of older home visitors
who may be new to the field.

This study looked at the experience of home visitors, with supervisors only
providing contextual information. Findings did reveal however that supervisors had a
major role in home visitor experience – both in learning and implementing the tool as
well as creating supervision sessions that modeled the approach. Future research on the
experience of supervisors with FAN could reveal important data concerning how they
perceive the role of FAN in their practice of reflective supervision. Additional research
could examine how the experiences of veteran supervisors compare to those who are less
experienced with reflective practice. Research on supervisor experience with FAN could trace supervisor perceptions on their role as mentors with the approach.

Participants in this study were bound by age and affiliation with high fidelity Healthy Families programs. As explained above, a limitation of the study was that inexperience in the field might have been a truer measure than age in looking at their common experiences with FAN. Selection of participants for future research should consider the experiences of participants with alternate qualifications such as length of time in the field and participation in programs that have not embraced FAN with fidelity. An additional factor to consider includes home visitor relationship building skills including relationship security that research has shown to influence home visitor behavior with clients (Burrell et al., 2009; Korfmacher et al., 1997). Finally it is important to study the experience of home visitors in other national home visiting models, such as Parents as Teachers or Family Nurse Partnership, to see if differences exist.

An important area for future research and evaluation to examine is how flexible the FAN approach can be to individual home visitor style while maintaining its integrity. The participants shared that they often re-worded the Arc questions and used them in various points of the visit rather than following the progression outlined by FAN. It would be important for future research to monitor how individual implementation style affects client engagement and to clarify what necessary prescriptions to home visitors should be maintained in order for FAN to remain effective for clients. A related area to study would be the experience of home visitors who are required to adhere to the approach with stricter parameters. Research could examine the perceptions of home
visitors who are not able to individualize the questions and could follow their experience having to conform more rigidly to the structure and questions FAN provides.

**FAN Training.**

Findings from this study provide some guidance for programs instituting FAN training. The following recommendations apply to individual programs as well home visiting networks considering offering FAN training to their staff.

This study supports previous work that highlights the value of peer to peer support in enhancing home visitor job experience (Lee et al., 2013). As part of FAN training, programs and/or networks should create and highlight opportunities for home visitors to learn from each other. This may include program structures such as team meetings or regional gatherings or home visitor support networks where peers can share tips and techniques for implementing FAN. The participants all described the value of learning and sharing the FAN training process with co-workers in their program as well as across the state.

A second recommendation is to promote supervisors in their important role as FAN mentors. It is important to cultivate supervisor understanding of FAN before rolling out the training to home visitors. As described by the participants and echoed by the supervisors, supervisor support is valuable, not only in mentoring the approach with clients but also in modeling the approach with supervisees in supervision sessions. Supervisors’ experience with integrating FAN may help them guide home visitors to see it as an approach to support their practice rather than one more action they need to document in an already over-full workload. A separate supervisor training with time to
utilize the approach in supervision before home visitors are trained would allow supervisors to gain foundational skills before they have to be the experts.

A final recommendation for the training is that trainers should emphasize that FAN contains elements of practice that trainees may already be doing. This is in line with participant observations and may help reduce feelings of being overwhelmed by the mandate to incorporate something new. By emphasizing that FAN is a structure with cues and guidelines to support them in building relationships with clients and supervisors, home visitors may not feel the stress of having to learn one more thing but see FAN as a support right from the beginning. They may sooner be able to see it as providing the language and structure to help them with their existing responsibilities and may more readily incorporate it into their practice.

Related to this is consideration of how elements of FAN might be transmitted to home visitor practice without engaging in a full FAN training initiative by utilizing existing staff knowledge and strengths to cultivate elements of FAN approach. Some networks may not be able to afford the significant expense in time and resources required to institute FAN as developed. Creators of the approach acknowledge that while FAN provides a concrete representation of abstract processes to help providers across disciplines access attunement with participants, the FAN strategies are not new. (Gilkerson, 2015). Some participants in this study recognized that their supervisors were using FAN-like processes in reflective supervision before FAN training began. Participants too had some theoretical understanding of these concepts prior to FAN training but struggled with accessibility. One participant described:

Because before, I was trying to do these things, but I didn’t understand what they were. I was like, “Oh, I did something. It worked, but I don’t know what it really
was.”… So I was doing something without knowing that I was doing FAN. (Allison)

FAN provided the scaffolding through its structure and language that guided them to access these concepts intentionally.

More cost effective alternatives include initiatives that use existing knowledge of staff to reinforce these concepts. Utilizing supervisors as the transmitters of reflective practice skills to inexperienced home visitors would reduce expenditures of time and resources. Supervisors who are already versed in reflective practice could provide the scaffolding to shape home visitor practice and in this way streamline the training process. Resources could be stretched by focusing training and support on supervisors who are not trained in reflective practice to strengthen their reflective supervision skills and prepare them to guide home visitors to extend these concepts into their work with families. Similarly, rather than offer a broad based training initiative that may be redundant for some staff, focusing FAN or reflective practice training on young or inexperienced home visitors who are most in need of support to create bounded HV-P relationships and reflective capacity would be cost effective.

**Home Visitor Professional Development.**

The findings from this study offer insight into the professional development of home visitors. Participants shared that the FAN training offered a high profile, comprehensive experience that involved learning over time, multiple check points to assess learning, and mastery of defined skills. They felt challenged by the demands and accomplished when they met them. Recommendations for professional development of home visitors build upon these experiences.
First, training opportunities should be offered within a framework of professional development and not seen as one-off opportunities to practice specific skills. In order to cultivate a sense of professional identity, training should help trainees feel part of a larger cohort and see their learning within a context of overall developments in the field. Participants in this study noted the importance of adjusting FAN structure and language to fit their individual style and practice. While research on FAN will need to determine how much latitude is possible and still retain effectiveness, this type of individualization is important in a professional development context. It supports cultivating internal agency and pride in work, important qualities in professionalism, without relying on external prescriptive formulas that may stem more from following directions than developing a reflective, flexible mindset for independent problem solving.

Second, training needs to include more than a single instance of teaching and extend beyond superficial exposure. Participants themselves noted that learning FAN takes time. Training may include reflection activities, homework assignments, meetings with mentors and peers, and supervisory check-ins to extend the learning and help home visitors integrate it into practice. It is important to include assessment and reflection as part of the training process. Opportunities to see growth and mastery can give home visitors a sense of their own professional identity.

Finally, expectations should be high. Participants described having a sense of pride when they felt that they had mastered the demands of FAN. In order to build an internal sense of competency for home visitors working in a field that is under-resourced and under-compensated, professional development requirements should be realistically
challenging. Trainees should feel that their success in meeting the demands is valued by programs, funders, and leaders in the field.

**The Home Visiting Field.**

The results suggest that FAN provides a structure that helps participants feel confident, build reflective capacity, and forge connections to clients, supervisors and peers. In doing so it provided protective factors to burnout as well as in some cases adding to participant stress during the learning process until participants recognized how it was helping them in their work. As the field recognizes the need to keep a steady and competent workforce to provide continuous and effective work with families, training home visitors in FAN is one intervention worthy of consideration. More research on the effects of FAN on home visitors is needed. These findings however suggest that the experience of the participants indicated movement in a positive direction. They repeatedly shared relying on FAN language and structure to give them guidance with communication, role clarification, and maintaining appropriate boundaries with clients. Helping home visitors to integrate FAN into their practice may be one way to help them be more attuned and reflective, and ultimately more satisfied with their work.

**Final Conclusion**

At the beginning of this study I anticipated that FAN would be an effective approach for the home visitors I was interviewing, particularly given that they were young and had no prior experience working with multi-stressed families. The literature and my professional observations noted the high rates of turnover for home visitors and their lack of preparation for maintaining healthy bounded relationships with clients. I anticipated that FAN might give them some of the skills utilized by trained therapists to
engage in meaningful HV-P relationships without becoming overwhelmed with the trauma experienced by many of the families they serve.

The data I collected and analyzed largely confirmed these expectations overall but also highlighted some of the contextual factors that mediate the effectiveness of this approach. Participants shared that once they experienced the usefulness of the FAN structure and language in their work with families they embraced the approach, despite a lengthy learning process and additional paperwork. They found that anchoring their practice with FAN helped deepen the HV-P relationship, made them feel more competent in their work, and strengthened their reflective capacity with clients and in supervision. A number of the effects they described are identified in the literature as protective factors to burnout, namely increased competence and confidence, clearer boundaries to help clarify job responsibilities, mindfulness and stress reduction techniques, and social connection at work including connections to peers and supervisors.

This research is important to the field for it supports many of the benefits FAN espouses to provide to home visitors and other professionals working in relationship-based programs with families. Participants in this study shared that FAN helped them focus on the needs of clients while being aware of their own emotional reactions, just as the FAN literature suggests (Gilkerson et al., 2012). The intent of FAN is to provide a concrete representation of attunement and self-regulation, as well as a common language and tangible illustration of abstract ideas for home visitors and supervisors to share (Gilkerson, 2015). The experiences of the participants in this study support this claim and in fact identified the value of FAN language and structure as a major super-ordinate theme.
The findings suggest that FAN is an important approach for the field to continue to evaluate and consider as early childhood home visiting grows. FAN’s ability to cultivate a common language and structure to scaffold enhanced reflective practice was an essential part of the participant experience in this study and holds promise for helping others in the field deepen their practice. This may be especially true for home visitors who are, as these participants were, young or new to the work and have little practice in developing their own systems to help them maintain reflective bounded relationships with multi-stressed clients.

In addition to supporting the stated value of FAN this study reveals some unanticipated results that may provide important information to the field. The first is the value that the participants placed on peer-to-peer learning. Early in their interviews, each participant, without being asked, enthusiastically described the value of this phenomenon. During the training period and implementation of FAN they appreciated the input and support of peers and felt that their learning was enhanced when they shared experiences with others. This has implications that extend beyond the learning and training of FAN. Integrating peer support into all types of training and professional development opportunities may help reduce the isolation of home visitors who work primarily alone, help develop a professional identity for the field, and provide opportunities to share insights and strategies that can only be fully developed by those doing the work. Opportunities for peer to peer learning should be strengthened on the agency level through peer mentoring and teamwork activities, as well as on the systems level where home visitors can come together in regional settings to share ideas and strategies across programs and across home visiting models. Home visitors from such programs as
Healthy Families, Parents as Teachers, Early Head Start and others could benefit from sharing experiences, approaches, and general support with each other and thus strengthen the field overall.

A second incidental finding is the pride participants felt in meeting the rigorous demands of the FAN training itself and in participating in a large-scale initiative that was presented as an innovation in the field. This finding too has implications that extend beyond FAN training. As the field of home visiting grows and the need to retain a highly competent and committed workforce is recognized, efforts to professionalize the field must intensify. Findings from this study indicate that maintaining high expectations in high profile professional development opportunities helps home visitors feel increased competence and confidence, two protective factors to burnout. They start to see themselves as part of a larger field and may start to identify themselves as professionals with increased commitment to quality performance and job satisfaction.

An additional contribution of this study to the field is its examination of the effects of FAN on home visitor experience through the lens of burnout, a context for viewing FAN not seen before in the literature. Research on home visitor burnout in general has been limited and research on FAN and burnout has been virtually nonexistent. As the field grapples with the problem of home visitor turnover and burnout, this small study may help others generate questions to pursue in further research.

Finally, this study contributes to the field by presenting the voices of home visitors themselves. Preserving their perceptions and descriptions adds to a body of knowledge that allows readers to enter into the reality of those who work with parents and children in their homes and understand more fully their experience of working to
support child development and family function. The participants in this study openly
shared their perceptions and I am grateful for all they taught me. I humbly hope that I was
able to capture some of their experiences for others to share.
APPENDIX A
CODING SCHEME

1. Experience of 6-Month Introductory FAN Training

   **Prompts** Use of prompts and mnemonic devices
   
   **Prof Dev** Experience the training as professional development
   
   **Practice** Takes time to practice/learn approach
   
   **Peer to Peer** Support from colleagues in own program and others
   
   **Learning** Supervisor mentorship
   
   **Flexibility** Change FAN words and structure to fit own style

2. Role of FAN in Reflective Practice

   **Self Regulation** Use of FAN self-calming techniques
   
   **Self Knowledge** Recognition of own feelings through FAN strategies
   
   **Reflecting on Clients** Recognition of client feelings and perspectives thorough FAN questions and structure

3. Use of FAN to Build Attuned Relationships with Clients

   **Attuned Relationships** Description of attunement to clients
   
   **Structure** Use of FAN structure in building relationships with clients
   
   **Words** Use of FAN words in building relationships with clients
   
   **Questions** Use of FAN Use of Arc questions in building relationships with clients
   
   **Visit** Use of FAN during visits with clients
   
   **FAN and Attunement** Use of FAN to meet clients’ issues without judgment or advice
Success from Attunement  Definition of attuned relationships as being successful in job

Relatedness  Personal experience related to client experience

Progress  Client Progress

Open  Readiness of clients for change

4. Use of FAN in Supervision

Issues  Important issues in supervision

FAN and Issues  FAN and issues in supervision

Emotional Reactions  Talking about emotions in supervision

Comfort in Supervision  Identification of supervision qualities that support talking about emotions

Comfort in FAN  Role of FAN in talking about emotions in supervision

5. FAN and Risk and Protective Factors to Burnout

Risk Factors  Risk factors identified in burnout literature

Paperwork  Increased job strain with FAN

Protective Factors  Protective factors identified in burnout literature

Pride with FAN  Pride in learning FAN

Confidence  Confidence in work

Competence  Feeling successful in work

Agency  Ability to make own choices in work

Boundaries  Clear role with clients

Friends  Pulled to become friends with clients

Doing For  Fixing client problems

Ambiguity  FAN structures and language existing before training
APPENDIX B

PARTICIPANT SUMMARY FORMS

Participant Summary Form

Name: Allison

Date of Interview: 7/13/17

Age: 25

Years in current position: 2

Previous Work: work with refugees in another social service agency

Summary of Information for each Research Question:

1. How does she perceive the 6-month introductory training on FAN?
   - Liked the group process
   - Questions were the most important part of FAN in training
   - Loved it from the beginning
   - Hard to learn- process
   - Practicing FAN in supervision helped her to learn
   - Would like to see more peer to peer support in the future

2. How does she perceive the role of FAN in her reflective practice?
   - MSR (increased self calming techniques)
   - Helps her identify her feelings and how client is feeling
   - Helps her identify how to be helpful and what worked when she does an intervention with a client
   - Boundaries- she understood better how she likes to fix things/do for them and ways to stop
   - Helps her see what she is learning

3. How does she perceive the usefulness of FAN in building attuned relationships with clients?
   - Relatedness
   - Listening to their needs – supporting their solutions rather than fixing
   - Sees so much of people’s lives- important to her
4. How does she perceive the usefulness of FAN in supervision sessions?
   • Important to talk about all types of clients
   • Reflection
   • MSR
   • Sometimes wants advice – not collaborative thinking
   • Doing bits of FAN without knowing it before training- after training it was intentional/consistent/calming
   • Does a centering mindful exercise at beginning of every session- she starts out feeling impatient with it- ends up loving it-feels good
   • consistent

5. In what ways are young home visitors’ experiences with FAN, including their training, associated with risk and protective factors to burnout?
   • Gives options in how to work with client – doesn't feel stuck (protective)
   • Takes client negativity personally (risk)
   • Draining to see range of emotions from clients (risk)
   • Understanding that success is not linear (protective)
   • Understanding how to not do so much for client (protective)

Comments:

• Has a B.A.in political science
• leaving position in September to start another family support job (not home visiting) in another location
• not a parent
• no prior experience with child development-
Participant Summary Form

Name: Amy

Date of Interview: 7/12/17

Age: 29

Years in current position: 2.5

Previous Work: Residential Counselor for Adolescents/Middle School Tutor

Summary of Information for each Research Question:

1. How does she perceive the 6-month introductory training on FAN?
   - Fantastic tool – exciting to be part of
   - Early commitment
   - Tool changed scope of visits
   - Strong team – support for strategies and mnemonic devices
   - Relies on prompts to learn – developed by co-worker
   - Supervisor guidance
   - Has re-worked one FAN question to make it work better for her

2. How does she perceive the role of FAN in their reflective practice?
   - Provides techniques and reminders for self calming (labeled “MSR” in FAN language)
   - Structure for reviewing each client

3. How does she perceive the usefulness of FAN in building attuned relationships with clients?
   - Gets to root of issues with clients
   - Builds relationship and way to connect about their child
   - Likes the questions for checking in
   - Attunement with clients is important to work and makes her feel successful
   - Boundaries/not fixing
   - Self regulation
   - FAN gives language/words- most important to her- knowing how to ask effective questions/say hard things

4. How does she perceive the usefulness of FAN in supervision sessions?
a. Already talking about feelings and reflection in supervision
b. More inclusion of MSR in supervision with FAN
c. Likes structure of FAN and knowing what to expect
d. Likes getting immediate feedback
e. Unburdens feelings and gets to her concerns- personalized
f. Feels comfortable sharing negative feelings

g. Time management and lack of control are part of the work (risk)
h. Feeling taken care of by program and supervisor

Comments:
- Not a parent
- Education level unknown
Participant Summary Form

Name: Marianne

Date of Interview: 8/21/17

Age: 29

Years in current position: 1.5

Previous Work: Nanny

Summary of Information for each Research Question:

1. How does she perceive the 6-month introductory training on FAN?
   - Took time to learn- process
   - Was new to job- a lot at once
   - Re-worked questions and schedule to make them hers
   - Prompts
   - Putting a name and structure to what veteran home visitors were doing
   - Problem solved in team meetings

2. How does she perceive the role of FAN in their reflective practice?
   - Thinks about her own experiences – so close in age to client
   - Provides techniques and reminders for self calming (labeled “MSR” in FAN language)

3. How does she perceive the usefulness of FAN in building attuned relationships with clients?
   - Keeps her focused on participants and their perceptions/needs- not hers
   - Arc questions are very helpful
   - Helps participants open up- more attuned relationships
   - Gives her language to talk about deeper issues
   - Proud of client successes
   - Connects to clients and babies- both are young- feels protective- FAN helps with boundaries
   - Relatedness- experience with recovery herself
   - Needs to be seen as kind of friend- not professional- FAN helps her show relatedness in safe way
   - More useful to her in home visits than supervision
• FAN helps her feel like she is making a difference – really offering something they can use
• Feels special to clients

4. How does she perceive the usefulness of FAN in supervision sessions?
   • Permission to vent
   • Likes the reflection it promotes in supervision
   • Makes her mindful of her work
   • Structure focuses supervision that can be all over the place
   • Makes sure that they talk about all clients

5. In what ways are young home visitors’ experiences with FAN, including their training, associated with risk and protective factors to burnout?
   • Paperwork – felt like a burden in beginning (risk)
Participant Summary Form

Name: Olivia

Date of Interview: 8/23/17

Age: 23

Years in current position: 3

Previous Work: student

Summary of Information for each Research Question:

1. How does she perceive the 6-month introductory training on FAN?
   - Already doing some of FAN- started to be more aware of how to ask questions and remembering what was said
   - Learning tools were the most helpful in learning
   - Thought it would be a short lived pilot at first; began to adopt it ahead of many on her team – saw what a difference it made in building relationships with clients- became committed

2. How does she perceive the role of FAN in their reflective practice?
   - Self regulation
   - Identifies own feelings that come up doing the work
   - Boundaries with work
   - Feels validating

3. How does she perceive the usefulness of FAN in building attuned relationships with clients?
   - Just started using arc questions- resistant at first- sees big difference in level of attunement with clients
   - Feels validated in job when she is attuned with clients
   - Helps with boundaries- can't fix everything
   - Accepts client’s feelings and perspective

4. How does she perceive the usefulness of FAN in supervision sessions?
   - Modeling FAN helps her learn it
   - FAN structure validates her feelings
   - She prepares for reflection in supervision – knows its coming with FAN
• Structure to talk about all clients
• Focus is on her
• Honest; confidential

5. In what ways is her experiences with FAN, including the training, associated with risk and protective factors to burnout?
• At first considered it one more thing to do/paperwork (risk)
• Now see that it makes job more effective/feels validated in work/feels useful—should be required more fully (protective)
• Boundaries – clearer boundaries between work and home – doesn’t take it with her (protective)
• Take a step back – self regulation (protective)
• Can’t fix everything (protective)
• Empathy – feels for baby (risk)
• Identifies own feelings that come up doing the work (protective)
• Work requires focus on others- FAN in supervision puts focus on her – feels good
• Loves training and opportunities to learn new things as home visitor (protective)

Other:
• “I love FAN.”
• Currently in school for AA in social work
• Not a parent
Participant Summary Form

Name: Renée

Date of Interview: 7/1/17

Age: 25

Years in current position: 2

Previous Work: student

Summary of Information for each Research Question:

1. How does she perceive the 6-month introductory training on FAN?
   - Liked group experience – internal and with other programs
   - Liked being part of big initiative – statewide commitment-professional
   - Relied on prompts
   - Learned by experiencing FAN in supervision
   - Re-worked questions to fit her style
   - Tools - draws different colors to map interaction on fan

2. How does she perceive the role of FAN in their reflective practice?
   - MSR - self regulation has been very significant
   - Boundaries – accept client choices
   - Self knowledge - identify her own feelings

3. How does she perceive the usefulness of FAN in building attuned relationships with clients?
   - FAN helps her develop deeper relationships - deeper conversations
   - Sees growth in families – keeps her doing the work

4. How does she perceive the usefulness of FAN in supervision sessions?
   - Likes structure - regular checkpoints
   - Supervisor was always reflective - not big change – FAN has given it a structure and predictability
   - Answers more thoroughly to FAN questions
   - Can get help with tough situations
   - Can unload feelings
   - Can get validated that she is doing a good job
   - Likes structure to order the chaos of work
5. In what ways are young home visitors’ experiences with FAN, including their training, associated with risk and protective factors to burnout?

- Feelings associated with client choices (risk)
- Sees growth in families – keeps her doing the work (protection)

Comments:

- Was in the program herself when she was a teen mom
- Has a BA in nutrition
- Currently part-time at this job/ part-time studying to be dental hygienist. She will seek a job in dental field once training is complete. Becoming a dental hygienist has been a long-time dream. Will miss this work.
- 6 year-old twins
APPENDIX C

INTERVIEW QUESTIONS FOR HOME VISITORS

The purpose of this case study is to explore with 5 home visitors, who are under 30 years of age and who have completed a 6-month training program in FAN, how they view their training as well as their use of FAN in 3 components of their work: reflection, family engagement, and supervision.

Note: Research questions are in bold followed by interview questions

I. How do research participants perceive the 6-month introductory training on FAN?
   a. What do they perceive that they needed in order to learn the tool?
   b. How do they perceive the training met those needs?
   c. What do they perceive that they still need in order to use the tool?

   1. When you think about the 6-month-long FAN training what stands out for you about the training?
   2. How did you originally feel when you were told that your program was adopting this new tool called FAN? Do you feel any differently about it now? If you feel differently, can you describe when and how your feelings started to change?
   3. What advice would you give to another home visitor your age just starting the 6-month FAN training? What advice would you give to their supervisor?
   4. In a year from now do you think you would still like to be using FAN? Why, why not?

II. How do research participants perceive the role of FAN in their reflective practice?
   a. How do they use the tool to examine their own reactions to clients?
   b. How does it feel for them to examine their emotional reactions through FAN?

   5. For a person your age considering becoming a home visitor, what would you tell them is the hardest thing about working with families in this way? Would your answer be different if you were talking to an older or more experienced HV?
   6. Sometimes HVs can be overwhelmed by the emotional needs of their families and how that makes them feel themselves. Has this happened to you? In what ways has FAN been helpful?

III. How do research participants perceive the usefulness of FAN in building attuned relationships with clients?
a. What do they perceive that they generally need to do in order to feel attuned to clients?
b. How do they perceive use of FAN as it relates to these factors?
c. How do they perceive the value of attunement with clients in feeling personally successful on the job?

7. What has been your favorite family to help? How did it make you feel to work with this family?
8. Did you ever use FAN with this family? If so, how did it affect your feelings about the family? About yourself?
9. What has been your least favorite family to help? How did it make you feel to work with this family?
10. Did you ever use FAN with this family? If so, how did it affect your feelings about the family? About yourself?

IV. How do research participants perceive the usefulness of FAN in supervision sessions?
   a. What issues do they perceive are the most important to talk about in supervision sessions?
   b. How do they perceive the use of FAN in supervision as it relates to these issues?
   c. What factors do they perceive help them feel comfortable talking with their supervisor in supervision sessions?
   d. How do they perceive the use of FAN in supervision as it relates to these factors?
   e. How does it feel for them to share in supervision their emotional reactions to clients?

11. What family do you talk about the most to your supervisor? Why?
12. Can you remember what meetings with your supervisor were like before FAN was introduced? Could you describe a meeting? What are meetings with you supervisor like now that you are using FAN?
13. For a person your age considering becoming a home visitor, what would you tell them is the best thing about supervision? What is the hardest?

V. In what ways are young home visitors’ experiences with FAN, including their training, associated with risk and protective factors to burnout?

This question will guide initial coding of responses to the above questions. Categories that reflect the conceptual framework for protective factors to home visitor burnout include attuned relationship with clients, supportive supervision, reflective practice/ emotional regulation, boundaries with clients, social support at work, and feelings of home visitor self-efficacy.
APPENDIX D

INTERVIEW QUESTIONS FOR SUPERVISORS

The purpose of this case study is to explore with 5 home visitors, who are under 30 years of age and who have completed a 6-month training program in FAN, how they view their training as well as their use of FAN in 3 components of their work: reflection, family engagement, and supervision.

Three supervisors, who supervise young home visitors will be used to triangulate home visitor responses. Supervisors will not be considered subjects in this study.

Note: Research questions are in bold followed by interview questions

I. How do research participants perceive the 6-month introductory training on FAN?
   a. What do they perceive that they needed in order to learn the tool?
   b. How do they perceive the training met those needs?
   c. What do they perceive that they still need in order to use the tool?

1. When you think about the 6-month-long FAN training what stands out for you about the training?
2. How did home visitors react when you told them that your program had to adopt this new tool called FAN? Do they act any differently about it now? If so, can you describe when and how their behavior started to change?
3. What advice would you give to a home visitor just starting the 6-month FAN training? What advice would you give to their supervisor?
4. When you imagine a year from now in this work, how would you like to see home visitors using FAN? What do you need to do to help that vision come true?

II. How do research participants perceive the role of FAN in their reflective practice?
   c. How do they use the tool to examine their own reactions to clients?
   d. How does it feel for them to examine their emotional reactions through FAN?

5. For someone under 30 years old considering becoming a home visitor, what would you tell them is the hardest thing about working with families in this way?
6. Have you seen how using FAN is useful for home visitors when their own feelings come up when working with families? If so, can you share an example of a time that you observed this?

III. How do research participants perceive the usefulness of FAN in building attuned relationships with clients?
   a. What do they perceive that they generally need to do in order to feel attuned to clients?
   b. How do they perceive use of FAN as it relates to these factors?
   c. How do they perceive the value of attunement with clients in feeling personally successful on the job?

7. What has been a favorite family for one of your young home visitors to help? Can you tell me what the home visitor reported to you about her feelings about working with the family?
8. Did the home visitor ever use FAN with this family? If so, do you think it affected the home visitor feelings about the family? About herself?
9. What has been a least favorite family for one of your young home visitors to help? Can you tell me what the home visitor reported to you about her feelings about working with the family?
10. Did the home visitor ever use FAN with this family? If so, do you think it affected the home visitor feelings about the family? About herself?

IV. How do research participants perceive the usefulness of FAN in supervision sessions?
   a. What issues do they perceive are the most important to talk about in supervision sessions?
   b. How do they perceive the use of FAN in supervision as it relates to these issues?
   c. What factors do they perceive help them feel comfortable talking with their supervisor in supervision sessions?
   d. How do they perceive the use of FAN in supervision as it relates to these factors?
   e. How does it feel for them to share in supervision their emotional reactions to clients?

11. What families do home visitors choose to talk to you about the most? Why, do you think?
12. Has using FAN changed supervision sessions with home visitors at all? In what ways? How do you feel about that?
13. For a person under 30 years old considering becoming a home visitor, what would you tell them is the best thing about supervision? What is the hardest?
V. In what ways are young home visitors’ experiences with FAN, including their training, associated with risk and protective factors to burnout?

This question will guide initial coding of responses to the above questions. Categories that reflect the conceptual framework for protective factors to home visitor burnout include attuned relationship with clients, supportive supervision, reflective practice/ emotional regulation, boundaries with clients, social support at work, and feelings of home visitor self-efficacy.
APPENDIX E

REFLECTION TOOL

FAN Home Visitor Self-Reflection Tool

HV: ________________________ Supervisor: ________________________ Review Date: __________

Please think about your own practice using the FAN, and reflect with your supervisor on where you are at this point in your learning and what supports will help you take the next steps.

<table>
<thead>
<tr>
<th></th>
<th>Fully Comfortable and Use Regularly</th>
<th>Comfortable And Mostly Use</th>
<th>Somewhat comfortable and Starting to Use</th>
<th>Not Comfortable and Haven’t Yet Started</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Use the ARC Pre-contact to prepare for visit</td>
<td>Fully</td>
<td>Mostly</td>
<td>Starting</td>
<td>Not Yet</td>
</tr>
<tr>
<td>2. Use the Beginning Arc of Engagement question on visits</td>
<td>Fully</td>
<td>Mostly</td>
<td>Starting</td>
<td>Not Yet</td>
</tr>
<tr>
<td>3. Use the Middle Arc of Engagement question on visits</td>
<td>Fully</td>
<td>Mostly</td>
<td>Starting</td>
<td>Not Yet</td>
</tr>
<tr>
<td>4. Use the “3 words” Arc of Engagement question at the end of visits</td>
<td>Fully</td>
<td>Mostly</td>
<td>Starting</td>
<td>Not Yet</td>
</tr>
<tr>
<td>5. Ask parents what they want to remember at the end of visits</td>
<td>Fully</td>
<td>Mostly</td>
<td>Starting</td>
<td>Not Yet</td>
</tr>
<tr>
<td>6. Match a parent’s cues to the core process needed in the moment</td>
<td>Fully</td>
<td>Mostly</td>
<td>Starting</td>
<td>Not Yet</td>
</tr>
<tr>
<td>7. Reflect on where s/he has been on the FAN during supervision</td>
<td>Fully</td>
<td>Mostly</td>
<td>Starting</td>
<td>Not Yet</td>
</tr>
</tbody>
</table>

Strengths:

Areas for growth/Supports:

Mindful Self-Regulation

1. Recognizes when activated and in need of Mindful Self-Regulation
   | Fully | Often | Starting | Not Yet |

2. Has strategies to use to keep from reacting in the moment
   | Fully | Often | Starting | Not Yet |

3. Able to reflect on own responses in supervision
   | Fully | Often | Starting | Not Yet |

Strengths:

Areas for Growth/Supports:

Empathic Inquiry

1. Notices when parents are having feelings
   | Fully | Often | Starting | Not Yet |

2. Able to validate parents feelings
   | Fully | Often | Starting | Not Yet |

3. Listens empathically to parent’s feelings without judgment
   | Fully | Often | Starting | Not Yet |

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### Collaborative Exploration

<table>
<thead>
<tr>
<th>1. Asks clarifying questions when parent describes a problem or asks a question</th>
<th>Fully</th>
<th>Often</th>
<th>Starting</th>
<th>Not Yet</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Tries to learn more about parent's concern before offering a solution</td>
<td>Fully</td>
<td>Often</td>
<td>Starting</td>
<td>Not Yet</td>
</tr>
<tr>
<td>3. Tries to understand parents’ perception of the child (&quot;see the baby the parent sees&quot;)</td>
<td>Fully</td>
<td>Often</td>
<td>Starting</td>
<td>Not Yet</td>
</tr>
</tbody>
</table>

**Strengths:**
- Areas for Growth/Support Needed

### Capacity Building

<table>
<thead>
<tr>
<th>1. Waits to demonstrate a skill until parent gives explicit permission to do so</th>
<th>Fully</th>
<th>Often</th>
<th>Starting</th>
<th>Not Yet</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Supports parent through difficult moments with the child rather than “doing” for the parent</td>
<td>Fully</td>
<td>Often</td>
<td>Starting</td>
<td>Not Yet</td>
</tr>
<tr>
<td>3. Offers just enough information and then explores it with parent</td>
<td>Fully</td>
<td>Often</td>
<td>Starting</td>
<td>Not Yet</td>
</tr>
<tr>
<td>4. Notices parent moments of real connection with baby</td>
<td>Fully</td>
<td>Often</td>
<td>Starting</td>
<td>Not Yet</td>
</tr>
</tbody>
</table>

**Strengths:**
- Areas for Growth/Support Needed

### Integration

<table>
<thead>
<tr>
<th>1. Highlights parent’s new ideas and discoveries</th>
<th>Fully</th>
<th>Often</th>
<th>Starting</th>
<th>Not Yet</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Moves at a pace that allows parent time to reflect</td>
<td>Fully</td>
<td>Often</td>
<td>Starting</td>
<td>Not Yet</td>
</tr>
</tbody>
</table>

**Strengths:**
- Areas for Growth/Support Needed

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**Overall, please rate the degree to which you feel the FAN is helpful in your home visiting practice?**

<table>
<thead>
<tr>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Helpful</td>
<td>Helpful</td>
<td>Somewhat Helpful</td>
<td>Not Very Helpful</td>
<td>Not at All Helpful</td>
</tr>
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APPENDIX F
LEARNING TOOL

FAN Learning Tool

<table>
<thead>
<tr>
<th>Home Visitor</th>
<th>Supervisor</th>
<th>FAN TOOL #</th>
<th>Date reviewed with Supervisor</th>
</tr>
</thead>
</table>

1. Core Processes
   a) Please circle the two core processes which you most used during this visit:

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

3. 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?
   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?

4. Empathic Listening
   Did you use this core process?
   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
   b) What cues or signals from the parent led you to use Empathic Listening?
   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?
5. Collaborative Exploration  

Did you use this core process?  

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?  

d) Did you find that the parent had a hunch or guess as to what was happening? YES NO  

e) How did this concern shift during the visit?  

6. Capacity Building  

Did you use this core process?  

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.  

7. Integration  

Did you use this core process?  

a) Did the parent have any Ah Ha Moments/new insights? YES NO Describe:  

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

|--------------|---------|------------|------------|-------------|

c) **ARC Questions**: What were the three words that the parent used to describe their baby?  

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

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

9. What are you taking with you from your talk with your supervisor that will be helpful to you in using the FAN?  

10. What is your FAN goal for the next month?  

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APPENDIX G
FINDINGS TO THE RESEARCH QUESTIONS

1. **How do research participants perceive the 6-month introductory training on FAN?**
   a. What do they perceive that they needed in order to learn the tool?
   b. How do they perceive the training met those needs?
   c. What do they perceive that they still need in order to use the tool?

Finding 1: Research participants needed the following in order to learn the tool:

a. **All of the research participants reported that they needed a sufficiently long time to integrate the FAN approach.**

   A major finding of this study is that learning and integrating FAN into practice is a longtime investment, lasting throughout the 6-month long training process and beyond. All of the participants described that completing FAN learning activities took time over an extended period. Participants expressed the need for sufficient time to practice and problem solve in the following ways. Amy described, “Looking back at my [Reflection and Learning] tools… I can see how it changed over the [6 month] time period.” Similarly Allison shared, “It definitely takes six months to really … process this information and practice it.”

   Home visitors completed the Reflection/Learning tools over the 6-month learning period for FAN. Review of the tools revealed all of the participants continued to have concrete goals for themselves to further integrate FAN in to their practice at the six-month mark. No one wrote that they felt that they had mastered FAN fully.

   Interviews with supervisors reinforced the concept that the learning process was a long one. Even 18 months after the initial training, one supervisor stated, “I don't think anyone feels like they have mastery over FAN,… I think we're growing slowly. It's like a
little seed that was planted and it's slow, but I think it's just a process in a learning piece that's just over time going to strengthen.”

b. 4 of the 5 research participants indicated that they needed the opportunity to make adjustments to FAN to make it fit their own style.

Four participants stated that an important factor in learning FAN was having permission and flexibility to modify elements of the approach to fit with their own style. As home visitors who had experience working with families before being trained in FAN they stated that they to accommodate the tool to their own established practices with families. One participant represented how she also changed the Arc questions, the prescribed FAN questions that structure the flow of the visit:

I've really changed the way I ask the questions, to make it my own. One of the Arc questions ... This question is like, "What do you want to remember from our visit?" Sometimes I'll ask that, or I'll ask, "What was the most important part of our visit today? What do you want to make sure to tell the co-parent about our visit today?" (Amy)

c. 4 of the research participants needed concrete devices to remember strategies while using FAN in visits

Four of the 5 participants described that they needed concrete support to help them remember the components of FAN when they were on a visit. All of the participants who described needing support to remember the implementation details of FAN described the use of devices created by themselves or their co-workers that helped them remember the components. Amy described how her co-worker developed a system to write the questions on the back of their paperwork. “Those were my coworker's ideas. She updated this form, and now with every visit I can document right there what the FAN questions are.”
Renée described how she carried a guide with her on every visit. “It's one of those sheets, and it has the Arc on the back….I loved it. It was something that I could bring with me in my binder that I bring to all of my visits and just kind of look at.” When describing working with a new co-worker just learning FAN, she said:

My advice for him was, “Do whatever organization you have to do, to remind yourself... to help you get accustomed to asking these questions so that you're not confused/fumbling during the visit like ‘Oh my god, what do I have to ask now?’ …You can just look at it. It's right there, and that's okay. (Renée)

**Finding 2: Home visitors perceived the FAN training met their needs to learn the tool in the following ways:**

- **All of the research participants reported that the prompts that were integrated into the training process to help with them use FAN with clients were helpful.**

  The formal training provided some concrete devices to help trainees remember the components of the approach. All of the participants expressed satisfaction with the visual representation of the FAN itself presented in the training. (See Figure 2.1) The fan-like shape with demarcated wedges helped them to match interactions with clients and helped them remember the questions to use. One participant described the usefulness of the FAN shape as a prompt to attuned interactions when she described how she used the visual representation given to her in training:

  I have two highlighters…. The participant's one color and I'm the other color…. I guess that kind of helps me to make it fun and colorful but at the same time realize where I was and where she was ... and where we were together. (Renée)

  The participants identified that the Learning/Reflection tools, required by the training, were helpful in helping them learn and remember the FAN approach. The Learning/Reflection tools provided a way to review the process and provided a concrete platform to analyze the Interactions with the client and reflect on how to further utilize FAN:
The learning tools were helpful… because I was able to be like, "Oh my gosh so this was said and I responded this way and I am actually using it [FAN] without even trying to use it." So I think it was after I had done a couple of these [learning tools] I was like, "Okay. I'm okay with this." (Olivia)

These tools are so helpful…It kind of just gives us something to go back to…I'm someone that has to put things down on paper….It really helps, although it's something else to do, but it's helpful. (Renée)

b. *All of the research participants cited that the training provided a sufficiently long learning period and included necessary follow up as part of the training process*

All of the participants expressed that the lengthy, 6-month formal training, including regular coaching by supervisors, was important to their learning of FAN. This differed from the single, one-day training typical of their on-the-job training. Participants expressed appreciation for this type of intensive training in the following ways:

I liked the follow up. The follow up was where it really helped me feel more comfortable with it…I’ve been to a lot of trainings but we don’t practice those things or were never followed up on them and so it just feels like they leave me, those lessons leave me. (Allison)

[On the first day of training] I was like, "Wow, I don't even know if I can do this. I don't know if I can remember all these steps.” … So, I was a little overwhelmed…, but it definitely helped to put it into practice and then come back six months later to have Day Three [of training] and to have gone over it with my supervisor every month or so. (Renée)

c. *All of the research participants reported that having opportunities to share the learning process with peers was an important part of their learning FAN.*

All of the participants expressed that peer-to-peer learning was important to their successful implementation of the FAN. Some of this peer-to-peer contact happened in the actual training when staff from different programs were brought together. One participant described the cross-fertilization that occurred between sites during the training sessions in the following way:

The group itself… the most valuable thing I found was, almost like a ripple effect, where you think about it yourself, then you take it to a bigger group and you share
those ideas and how it felt for others.... The fact that we had the ability to just hear from different people... I think that I found that really valuable. (Allison)

The power of peer-to-peer learning in helping home visitors master FAN extended beyond the formal training sessions to include ongoing peer learning from co-workers within sites. Following are some of the ways participants described the importance of co-workers at their sites:

I know how lucky I am that my team is really strong.... Our team took [FAN] back and we worked on it in team meetings and worked on it in our two offices, in each office, and then we all collaborated at every other team meeting while we were going through FAN training. Talking about, “How is it going?” We took it and we're like, "Okay, we're gonna make this work." (Amy)

I feel like especially during staff meetings, or something like that, when we all got to talk about it together, slowly everyone became a little more open-minded to it, because we were able to bounce ideas off each other.... I feel like it felt like we were all in this together. (Marianne)

Finding 3: 4 of the 5 research participants cited that they needed ongoing supervisor support to continue learning the tool.

When discussing what they still need in order to continue learning the tool, 4 participants commented on the importance of ongoing supervision in which supervisors coached them in their use of FAN with clients as well as using FAN in the supervision session itself, with the supervisee experiencing FAN as the beneficiary. Renée described, “During supervision, if I have trouble with a case, she'll go over it with me... she'll do it with me being the recipient. It's kind of like FANs within FANs within FANs.”

While the participants commented on the initial awkwardness of being the recipients of FAN in supervision they expressed ultimate appreciation of how it continued to support them in using the tool with families. Allison described this phenomenon when her supervisor used a specific question from FAN. “Having the supervisor saying, “How has it been for you to be a home visitor this week?” and I’m like,
‘Oh, my gosh. Here we go with FAN again,’ but in a way it helped me keep it in the forefront of my mind. That way, you think about it more, so you do it more.”

In their Learning Tools all of the participants commented that support from supervisors was important in helping them learn the tool. In response to the question asking what they were taking away from their talk with their supervisor, comments included:

Explore more instead of giving information…. To be patient with the participant’s learning process. (Marianne)

Other ways to think of capacity building. (Amy)

All 3 supervisors explained their use of FAN in supervision as an important way of helping home visitors learn the tool. One commented that when she used the FAN approach in supervision, “I feel like I got more out of them…I do feel like I'm pulling it out of her, but she finds it helpful that I'm pulling that out of her.”

One participant commented on the need to have more peer to peer contact, separate from supervisors, in continuing to learn FAN. In her words:

If I had to make a suggestion about FAN I’d do a lot more with colleague to colleague discussions….In that way, you can hear real life examples … I actually feel like when the supervisor is there, …we might not say certain things…. [With colleagues] it’s really allowing yourselves to be more honest with each other. Because in supervision, it’s kind of more sanitized. (Allison)

2. How do research participants perceive the role of FAN in their reflective practice?
   a. How do they use the tool to examine their own reactions to clients?
   b. How does it feel for them to examine their emotional reactions through FAN?

Finding 1: All of the research participants reported that they explored their reactions to clients by using FAN to structure their thought processes as well as conversations with their supervisors.
A primary finding of this study was that the research participants used FAN to enhance their reflective practice. This included their ability to intentionally think about how to work best with the clients and understand more about their own reactions.

One participant described how FAN helped her reflect on her work with clients in this way:

What FAN really shows and what this really has taught me is to really analyze the way you are standing before you build anything that you want to see. “Why am I reacting that way?”…. “What do I want to see?”…. Before [FAN] I was trying to do these things, but I didn’t understand what they were. I was like, “Oh, I did something. It worked, but I don’t know what it really was…. I feel like if I didn’t reflect about my families, I wouldn’t learn half, like 80%, of the things I’m learning about them. (Allison)

FAN provided a structure to guide self-reflection and analysis of a visit. One participant conveyed this process when she described:

Not only does it [FAN] help me help my participants process through whatever it is they're going through, but it helps me process it, you know what I mean? I feel in the moment during home visits…. I acknowledge their feelings and help them kind of get through whatever it is that they're going through that day. Then on my way back to the office or home or whatever it is, I kind of go through the day…. If it's something that I need to process further, I do that in supervision. (Marianne)

A major finding of the Learning/Reflective Tools completed by the participants during their 6-month training period was that learning FAN was associated with an increase in reflective practice. All of the them cited that using FAN increased their self-knowledge and self-regulation. While suggesting a range of experiences, the following words shared by research participants illustrated that they were reflecting on their own emotional states during visits with clients:

Frustrated. Nervous (Amy)
Concerned. Cautious. (Allison)
Overwhelmed. Surprised. (Olivia)
Calm. Relaxed. (Marianne)

Four out of the 5 participants cited that FAN increased their focus and reflection on their clients. Marianne described, “Matching the happiness of the participant.” Similarly Amy wrote, “[MSR] helped me concentrate on mother and father…. I hope it was allowing me to keep my questions non-judgmental and to have mom self-reflect.”

Finding 2: All of the research participants reported that they felt regulated when they used the mindfulness strategy of FAN.

All of the home visitors talked repeatedly about using the mindful self-regulation techniques of FAN to regulate their emotions that arose during visits. The FAN training presented examples of mindful self-regulation and encouraged trainees to practice techniques that worked for them. Allison described, “[FAN] just made me feel more calm in visits. I wasn’t really stressed or taken aback by anything. Anyone could really throw me anything and I was just like, ‘Okay.’” Olivia described, “Being able to just take a step back and breathe through the situation myself and do the FAN. I was just doing the FAN…. I walked away from the visit and I took a deep breath and I was like, ‘Okay,’ and then I went on. I have to just let it go.”

Findings from the participants’ Reflection/Learning Tools paralleled the interview findings with regard to the role of FAN in regulating emotions. In the Reflection Tools, 4 of the 5 participants commented that FAN supported their ability to regulate their emotions in their work. Four participants commented on their Reflection Tools that FAN supported their self-knowledge. On their Learning Tools, all of the research participants described strategies that they were using to self-regulate and the benefits of doing so. The following statements represent this phenomenon:
I did deep breathing before entering the home. This helped me be calm during the visit. (Olivia)

Knowing where I am myself on visits…. Able to keep from reacting to scenarios described by participants. (Amy)

3. How did research participants perceive the usefulness of FAN in building attuned relationships with clients?
   a. What do they perceive that they generally need to do in order to feel attuned to clients?
   b. How do they perceive their use of FAN as it relates to these factors?
   c. How do they perceive the value of attunement with clients in feeling personally successful on the job?

Finding 1: 4 of the 5 research participants cited they generally needed to cultivate feelings of relatedness/empathy/acceptance that come from a relationship and an understanding of client experience.

Four participants described how feeling attuned to clients was based on feeling empathy and being able to relate to their experiences. Marianne described, “Putting myself in my participant's shoes is something I keep in the back of my mind. What kind of support would I want if I was in their position? What would I want to hear? What would make me feel better if I was them?” Participants described how having similar life circumstances to their clients generated a closer relationship and understanding of client experience. They described this phenomenon in the following ways:

I feel like I have a better relationship with [young clients] because I think they know I'm closer to their age, and I can understand more realistically. So, an older home visitor who may have been a parent 20 years ago isn't parenting in the same era. I think for me I'm able to relate on a better level. Like I'm in college, and a lot of my participants are in college, so we can relate at that level. (Olivia)

I think that, since I was [a former client] in the program, it helps me a lot in the work. It helps me put myself in their places, and sometimes when they do tell me something difficult or something frustrating, I can say "Yeah, I felt like that," or "I can see why you think like that." I know where they're coming from. I know why they're having these emotions. I know why they're saying this. I know why they're doing this. (Renée)
That participant was my first participant in recovery…. I have a lot of experience in the field. I've lived it myself, so I think even that participant, she's told me a number of times, she's like it's really comfortable knowing that I get where she is.  
(Marianne)

Participants stated that feeling good about client choices and decisions was part of feeling attuned to them. All of the participants cited that active engagement of clients and client progress on goals was important to the relationship. Two participants described feeling discouraged and used disapproving words, such as “ungrateful” and “negative,” to describe clients who did not try to make progress:

The families that always are negative…ungrateful for what you do, always blaming the system. It’s somebody else’s fault for their problem. They feel like they have no control of their life. They don’t take responsibility for their behavior. I mean, those are the families that are very hard to work with….it makes it really hard for me to work with them…. It’s hard for me to help those kinds of individuals. (Allison)

One home visitor reiterated this frustration by describing her non-motivated clients as “stubborn:”

I have a couple of stubborn participants that always come back with whatever I'm telling them. One participant in particular…whatever it is that I tell her, whether it's, "You really should have that car seat facing towards the back of the car," or, "You should watch the amount of juice that your baby is drinking," or whatever it is, [she says,]"Yeah, I know, but” (pause) It's really hard to get through curriculum or a safety concern or whatever it is. (Marianne)

Another described the pleasure of working with motivated clients over those who are more passive:

I like for them to kind of engage more in visits.... I don't like being in that role of, "We'll wait ‘til …[Amy] gets here, she'll tell us what to do." I like it when I interact with my families and they're like, "Oh, we tried this thing that you did last time. This is how we changed it to work for our family." Those are the families that I enjoy visiting with. (Amy)

Finding 2: Participants perceived their use of FAN as it related to these factors in the following ways:
a. All of the research participants reported that FAN gave them words and questions that provided opportunities for clients to share their own experiences.

All of the participants shared that FAN gave them the necessary language to use to promote client sharing and to more fully understand client needs. Participants shared that FAN structure allowed them to meet their clients concerns rather than controlling the visit with preconceived goals. One participant described this phenomenon in the following way:

It opens up for such a bigger conversation…. So I go in with the intent to do an ASQ but FAN may guide us somewhere else that needs to be talked about, that wouldn't have been talked about if I hadn't have asked those questions. I'm a fan now, no pun intended…. This is a way for you to better communicate with your participants, to allow them to open up to somebody when they may not open up to anybody else. (Olivia)

Three of the 5 research participants recorded on their Learning/Reflection Tools that FAN gave them words to use in working with clients. Renée described, “Being mindful about the way I asked questions because the father was there.” Amy wrote, “Writing myself a note to ask the last [FAN] Arc question….Pause to ask question.”

b. All of the research participants reported that FAN provided a structure to the visit that kept the home visitor focused on client-defined needs and choices.

All of the participants cited that FAN provided a structure to their visits that helped them stay focused and intentional about their work with clients. The structure helped them gather information that helped them understand their clients’ needs and informed their plans for future interventions. Participants described this effect in the following ways:

[FAN] has helped develop a structure in my home visits and make sure that I'm meeting my participant where they're at. I hope that they're getting from me that I
understand where they're coming from and that their feelings are validated and important and respected. (Marianne)

[FAN] also helps that connection…. I have families that tell me they really look forward to having their visits because we're going to do those questions, and they like knowing that I'm going to track all that. (Amy)

c. 4 of the 5 research participants reported that FAN helped them maintain boundaries to prevent judgment and over-involvement in client choices and goal setting.

Four participants cited that FAN helped them establish bounded relationships with clients that reduced their feelings of judgment and over-involvement with client choices.

It is not surprising that when they maintained professional boundaries and avoided feeling judgmental or disappointed in client choices they were better able to stay attuned to clients. Participants expressed this phenomenon with clients in the following ways:

Because, knowing myself, I’d want to just give her advice right away, but I have to step back …to ask certain FAN questions that help me understand … FAN has really helped … asking the parent to come up with their own solutions, and then offering just a few bits and pieces to enhance that. (Allison)

Now we've got these questions where it's like, "Okay, well what do you want to do?" Instead of just offering all this advice that we think might be good…. Instead of saying, "Well why don't you try this?" And then they're like, "Okay," and then they shut down. (Olivia)

Finding 3: All of the research participants reported that feeling attunement with clients made them feel successful in their work.

All 5 participants reported that feeling attuned with clients made them feel successful in their work. Emotional connection helped them feel needed, appreciated and liked. They expressed their satisfaction with positive client affect in the following ways:

I do have a handful of participants that tell me, "I never want another home visitor other than you," or, "You can't ever leave, because I won't want it [the program] anymore." Or, "No, I won't move to [PLACE] because I don't want to transfer programs."…It makes me feel special. (Marianne)
I feel like I'm useful. I feel like I'm doing something good, and I'm thinking of about one participant in particular…. She talks to nobody. The only person she talks to is me. (Olivia)

All of the participants reported feeling pride in their work when clients demonstrated growth that stemmed from their attuned relationships. They reported feeling personally validated and effective. As Allison described, “I really love that it’s a three-year commitment with families because it’s like, wow, I can see the cycles and how people change.” Feeling successful about client progress gained through attuned relationship was expressed in the following ways:

Getting her to commit to therapy was also a huge, huge step,..., I'm proud of her.... Very proud home visitor....It's kind of magical just to watch the whole process. (Marianne)

We were able to put it on paper as a goal. Because now, I can go back every visit ... and see progression every two weeks. ... And really talk about it....Had we not made it a goal, and I felt like I got nowhere, I think I'd be really bummed out. I think that I would've felt like I really got nowhere in my conversation, like I didn't do well, like I didn't do FAN justice or I messed up. (Renée)

The Learning Tools supported the concept that FAN helped them establish attuned relationships with clients. All of the research participants cited at least once on their tools completed over the 6-month learning period that FAN helped them establish attuned relationships in at least one way. Four of the 5 participants recorded on their tools that having attuned relationships with clients helped them feel successful. Allison represented this when she wrote, “I felt like I understood her from a new angle/perspective...Understanding. I could see her perspective.”

One supervisor provided corroborating comments about the pride home visitors exhibited when clients achieved goals amidst an attuned relationship. She explained:

They [home visitors] love to share the participants’ successes. When the positive stuff is happening they light up. Or if their participant made progress toward
something that they’ve been working towards, achieved a goal, made a change. When they observe those really great parent-child Interactions, they love that.

4. How do research participants perceive the usefulness of FAN in supervision sessions?
   a. What issues do they perceive are the most important to talk about in supervision sessions?
   b. How do they perceive the use of FAN in supervision as it relates to these issues?
   c. What factors do they perceive help them feel comfortable talking with their supervisor in supervision sessions?
   d. How do they perceive the use of FAN in supervision as it relates to these factors?
   e. How does it feel for them to share in supervision their emotional reactions to clients?

Finding 1: Participants perceived the following issues as the most important to talk about in supervision sessions:

a. All of the research participants reported that talking about what was happening with clients was important in supervision sessions.

All 5 of the participants reported that they used supervision to talk about strategies to help families. Participants reported that drawing on supervisor expertise in working with clients was an important part of supervision sessions. Marianne explained this phenomenon in her comment, “We brainstorm about how to go about things. ‘(Client’s name) will not listen to me about the juice. What do I do?’ Whatever it is. We'll sit and we'll brainstorm.” When asked about the best thing about supervision, Amy shared, “Getting immediate feedback. It's really helpful to be able to say, ‘I don't know what to do with this,’ and my supervisor is really great at saying, ‘Here's some ideas,’ or, ‘I'll get back to you on that.’”

Talking about families who were successful as well as those with challenges was important. Amy expressed that she used supervision most often to deal with challenging
clients but not to the exclusion of her other clients. “Usually I talk to her the most about families that are struggling because that's where I need the most feedback. But we go through everyone every week.”

Two participants expressed the need to talk about successful clients in order to feel successful themselves:

Like some days, I love sharing how great things are going with great families because I need to hear that myself…. This job is always hard, but I don’t have only one kind of family I talk to…. It’s important to have that balance and that view ahead of you, because it’s a way to stay sane, really. (Allison)

Having that positive feedback as well. "That's a really great job you did in that visit," or, "I really like the way you phrased that with your family," or, "Good thinking." You know, those kinds of things. I really like that aspect of supervision. (Amy)

Two participants described that client needs ebbed and flowed so that over time each client was the focus of supervision. One home visitor represented this phenomenon in the following way:

Every family has their spot in supervision. We had one family for the last two months. They were going through a lot. Although we go through everyone, they were like the longest conversation. But then, that settled and the dust went down. Then another family- it kind of just goes back and forth. (Renée)

b. All of the research participants reported that talking about their emotions was important in supervision sessions

All 5 of the participants described the importance of being able to talk about their emotions in supervision sessions. They gained various benefits including an opportunity to vent, help with emotional regulation, validation, and feeling cared for. One participant expressed the value of sharing emotional needs in supervision in the following statement:

It’s so important for my mental health and my work…. It’s just really having a person listen to you and taking care of you….we take on so many people’s weight that it’s nice to dump it on somebody else….it’s really good to just leave it at the table sometimes. (Allison)
All of the supervisors talked about their role in supervision to support their home visitors emotionally and to help them cope with the emotional strain of the work. One supervisor represented this phenomenon in the following way:

Sometimes home visitors come in and ... they're free to say, "I really don't even know if like her. I don't think she's a good mother." And you're able to talk about that and then offer, "That is really hard. And what can you do to move beyond that? What do you need to do before you go into that house so you can be totally present with that mom?"

**Finding 2: Participants perceived the use of FAN in supervision supported the opportunity to talk about clients.**

All of the participants shared that FAN provided a structure to supervision that supported consistent discussion of clients. One research participant represented this role of FAN in supervision:

I think that it [FAN] helps to keep us guided, and start the next supervision and be cohesive and have continuity instead of kind of starting fresh every time, and one day realize "ugh" we never talked about that. (Renée)

**Finding 3: Participants perceived that the following factors helped them feel comfortable talking with their supervisor in supervision sessions:**

a. *All of the research participants cited that a supportive stance from their supervisor, including validation, empathy, and listening helped them feel comfortable talking to them*

All 5 participants described their appreciation of validation from their supervisors.

One participant described this phenomenon in the following way:

If you're stuck, you work with them [supervisors] to figure out how to progress from that, and look at what you've done, how good it's been. Or if you're feeling like "Oh, I did a crappy job." And your supervisor's like, "You did fine." (Renée)

All of the research participants cited how being listened to, free of judgment or recrimination helped them feel comfortable in supervision. Olivia represented participants’ descriptions of this freedom to openly share their feelings when she said,
“Just being able to go in and be honest and open and have it be confidential…. Your time for supervision is that confidential time where you can express, ‘I'm really struggling with this.’” Renée described, “[Supervision] gives you time to vent about your feelings, if you have any, and come to realization with your work.”

b. **4 of the 5 research participants cited having regular personal, individualized meetings with their supervisor helped them feel comfortable**

Four participants expressed appreciation that supervision sessions were regularly scheduled, and provided individualized time with their supervisors where the focus was on them, their work and their feelings. It provided a centering experience. Renée described the comfort in regularity when she said, “It's a time every week that you kind of get to summarize/wrap up your work, figure out what you're gonna do next.” The following descriptions represents this experience:

> When you're able to go into those two hours with supervision, and it really be about you and your feelings and your week and how participants are affecting you and what you can do, you're really able to be …validated…. It's nice to have someone put that focus on you for those couple of hours instead of you putting that focus on someone else…. It's nice to have that time to just, "Okay, I don't have to think about anything. It's about me right now. Nobody else matters." (Olivia)

**c. Two of the 5 research participants cited that receiving direct advice from their supervisor helped them feel comfortable**

Two participants expressed that receiving direct advice from their supervisors helped them feel comfortable with they were feeling overwhelmed. As Allison explained, “My supervisor would say, ‘Well, what do you think you should do?’ I’m like, ‘Just tell me what I should do.’ When you are drained … you just want to know what to do.”

***Finding 3: 4 of the 5 research participants cited that FAN structured supervision sessions to be responsive to their individual needs.***
Four of the research participants shared that when supervisors used the FAN approach in supervision, the session felt personalized and focused on them. Marianne represented how FAN provided a structure to supervision that focused discussion when she described, “FAN allows me to focus my attention, because sometimes supervision can just be all over the place.” As Amy explained, “For me, I feel like FAN has just made things easier because now we're supposed to be talking about how things are going for me.” Another participant described it this way:

I guess it [FAN] just makes supervision more about you and less about this ASQ that's due, and this status report that's due, and this home visit that's overdue, whatever it is….. It just makes it more personal and less business-y, I guess is the best way to put it. (Marianne)

Participants expressed how the structure of FAN questions ensured that the supervision met their individual needs and concerns and kept the focus on them:

I do really like having that [FAN] question, "Are we getting to everything you wanted to get to?" Because sometimes I'm like, "Well, I know we just talked about this family last week, but I just need to tell you that this happened." (Amy)

Supervisor interviews reinforced this finding. One described, “I think that … [home visitor name] doesn't have a lot of somebody taking care of her in her life, so I think that she really values that “I'm just here for you.”

Finding 4: All of the 5 research participants cited that the FAN structure in supervision sessions promoted opportunities for them to share thoughts and feelings with their supervisor.

All of the research participants identified ways in which FAN enhanced supervision by providing a structure for them to share and regulate their feelings. One visitor represented this phenomenon when she described how the FAN questions in
supervision helped her tap into her deeper feelings, just as they did for her clients when she used FAN in visits:

Because when she [supervisor] does ask certain questions like, "What was this week like for you as a home visitor?" that does like it does with my parents. It brings out a response that's specific to what she asked for. Not just "Oh, this week has been fine," But "Well, I had a really hard week, because...." It kind of gets to the point a little more ... So, those questions help to get the information that you're looking for. (Renée)

Interviews with all 3 supervisors revealed similar perceptions on how using FAN in supervision structured the sessions to promote home visitor sharing of emotions. When asked how integrating FAN supervision changed the experience for home visitors, supervisors described how the FAN structure helped keep sessions focused on home visitor feelings. One described:

The opportunity to be able to really be reflective … the opportunity to really be able to dig in to the feelings of the home visitors…. I don't know if before the training, how much I asked that question, like naturally, but I think from the FAN process and being part of it, it's a given now to do those check-ins.

Another described the changes in her supervision after learning FAN in the following way:

Right at the beginning [of using FAN], Oh, that was so powerful. We just had a very different supervision the first time they had to fill it [FAN learning tool] out. Before that… I think it was more administrative.

The third described similar changes in supervision after learning FAN:

Before [FAN] I felt like I really led it [supervision].... I'd be like, "This is what we're going to talk about.” … And now, I'm like, "Let's review this, this, and this. And is there anything that you want to add to the agenda?" …. I always ask, "How has this week been for you? How has this day been for you?"

One participant commented that supervision may have included these elements before FAN. Renée shared, “I like it [FAN] in supervision, because it gives checkpoints, but I feel like that's something she would do anyway.”
Finding 5: All of the research participants cited that they felt relieved/unburdened when they shared their emotional reactions to clients in supervision

All of the participants shared that they felt relieved when they were able to share their emotional reactions to clients in supervision. Renée explained, “I'm able to ... open up and be like, ‘I’m so frustrated, because this happened.’... We just talk about it so that... I'm not as bummed about it and it's okay. Yeah, it helps.... [Supervision] gives you time to vent about your feelings, if you have any, and come to realization with your work.”

All of the supervisors concurred that an opportunity to vent was important to their supervisees and they worked to create an open, receptive environment during supervision sessions. One supervisor described her efforts to listen to her supervisees release pent up feelings in this way:

I don’t put any pressure. I even say that too, “When you’re ready, my door is open. Feel free to come in and I can listen... Whatever is most comfortable for you.”

Another supervisor described this unleashing when she said, “I call it the “dump”.... This is your chance to just dump all those things that made you cringe, that made you feel uncomfortable.”

5. In what ways are young home visitors’ experiences with FAN, including their training, associated with risk and protective factors to burnout?

Finding 1: All of the research participants cited that their experience with FAN was associated with positive social support at work, including peer to peer support and validation from supervisors.

All of the participants described the value of receiving support and help from their colleagues as they learned FAN. Amy represented this phenomenon in her description, “My team members are really good about sharing resources, and then we'd borrow and
steal from what we like and what we don't like.” Learning FAN as part of a team with peers provided coalescence, as represented by this home visitor:

Going through the learning process I feel like it made everyone feel like we're all in this together, like this is all something we all have to learn…. I feel like especially during staff meetings or something like that when we all got to talk about it together, slowly everyone became a little more open-minded to it, because we were able to bounce ideas off each other. (Marianne)

One supervisor described her perceptions of the support that home visitors gave each other in the learning process:

They give each other mindful listening. I think they listen to each other…. They support each other a lot in terms of the heavy cases. She did this. She did that. She did that. I did this. I did that. They process a lot with each other.

All of the participants described the emotional support and guidance that supervisors provided. One home visitor represented this phenomenon in the following way:

It's[Supervision’s] there for support, it's there for you, and you get to structure it….It's more of a connection, more of a support, rather than meeting with the CEO of the company and giving them annual reports. It's not like that at all. (Renée)

One supervisor described how social support at work can build positive feelings in home visitors about their job:

… [Home visitor name], she's a medical assistant, so she made a switch to come to this work. She's fallen in absolute love with it. She said, “This is the first time somebody's cared about me as a person.”

Finding 2: All of the participants reported that over time FAN provided benefits that strengthened their work and heightened their sense of agency, competence/confidence, and pride.

All of the participants cited that FAN increased their confidence/competence in their work with families. The following statement reflects this increased competence:
I'm more cautious of making sure that I do it [FAN] now because you kind of just see how much of a difference it makes…. We are doing this for a reason. (Olivia)

Three of the participants shared that in addition to increasing their confidence in their work with clients, learning FAN added to their sense of confidence and competence when they were able to successfully master the tool itself. Integrating FAN into their work was seen as an accomplishment and a reason for pride. Renée described that she no longer needed the mnemonic prompts she had developed for herself in the beginning by explaining, “I took it [FAN graphic] out of the front of my binder, because I was getting so used to it that I could ask those questions. I didn’t have to look at it.” Another participant proudly described how she successfully integrated FAN into her practice:

Sometimes if I don't think that I was using the FAN in the visit, reflecting on it later doing all the documentation, I'll find that I really did, even though I wasn't conscious of it at that moment or intentionally searching for those answers to those questions. (Marianne)

In addition to having agency over how they implemented the FAN tool (Finding1.b), one research participant reported that FAN gave a structure to her work that helped her feel more in control, especially in circumstances that were chaotic and overwhelming. She shared this phenomenon in the following way:

The work that is Healthy Families, it can be all over the place. It [FAN] kinda just makes me feel like there is still structure…. It still makes it continuous and kind of organizes meaning,…to just ease me through and guide me through to keep my mind kind of organized as well. It feels good. (Renée)

Supervisors echoed the way FAN could enhance home visitors’ sense of pride and confidence when they successfully used the tool. One described her observation of a home visitor using FAN to validate client experience rather than resort to advice giving:
I shadowed her and she was really, really, really good acknowledging [to the client] how frustrated he must be….Whereas before [FAN], she just would have been like, "Well, if they call again this is what you need to say." I think she felt really good. And I think she felt really empowered.

**Finding 3: 4 of the 5 participants cited that using FAN helped them maintain clearer boundaries and limited their becoming over-invested in work.**

Four participants reported that using FAN strengthened their work with clients by helping them keep clear boundaries. By helping home visitors recognize when they had done all they could do for a client, FAN provided a buffer to fatigue and made the work more manageable by clarifying parameters of work responsibilities. The following description represented this phenomenon:

It [FAN] allows me to be a better home visitor, to be able to function in my daily life better because …. I don’t leave worrying what's going to happen…. “Should I have asked this? Should I have gone more into it?”….I know that we've done what needs to be done. (Olivia)

FAN made the workload easier by shifting responsibilities on to the client rather than the home visitor shoudering the bulk of the work:

That’s how FAN has really helped me, because before I was doing so much for them, and it was draining and then I was like worn out. It’s really helped me to take a lot of self care and it’s so easy now, where I don’t have to be constantly drained or overworked. (Allison)

Understanding what boundaries I need to set for myself… like the boundaries of stop helping them when you know that they can take these opportunities to learn how to do the process themselves…. It’s like you can’t really fix everything for everybody and it’s just you have to let the process, life, take care of them in the way it will (Allison)

**Finding 4: Three of the 5 research participants reported that being part of a statewide initiative to learning a new approach, FAN, made them feel proud and pleased to be learning new skills.**

Three participants cited that learning FAN and being part of a new statewide initiative made them feel proud. One participant represented this experience when she
described how participating in FAN training made her feel connected to improvements in the field and excited to be furthering her skills:

I loved it … One thing that I look for in any kind of job…[is] how they seek to …make the environment better for employees, and so when I saw this, I was like, “That’s great.” We want to have more mindful, more self-regulated home visitors…there’s always room for self-improvement and I like to know…how to get better. (Allison)

**Finding 5: 3 of the 5 research participants cited that after the initial training they felt that FAN would burden their already over-full job responsibilities.**

When reflecting on the training process and their learning of FAN, 3 of the 5 research participants shared that initially they were worried that FAN was yet one more job responsibility that they would need to take on, when they were already feeling overwhelmed with work load. The following statement represented these sentiments:

Initially, that first [FAN] training, I felt like it was just another thing that we were going to have to do, or another paper we were going to have to fill out, or something else that we had to document. It was a lot. (Marianne)

A supervisor echoed this early concern she felt for her staff after the initial day of FAN training:

Initially, it was a little unnerving because it’s like, “Oh my goodness, one more thing.” I felt my perception was the fear of the unknown…. Not really thinking of it as a process or a tool, but just another thing that we have to do.

All 3 of the participants who expressed initial concern about adding one more thing to their workload shared that over time they started to recognize that FAN made them more effective at their job and was a useful tool. They were glad to use it. The following statement represented this phenomenon:

So, with the [FAN] Arc questions, I very recently started implementing those. I won’t lie. [At first] I was like, "These questions are dumb. They are not going to make a difference. I'm not doing them." So, maybe about a month, maybe two months ago, I started actually using them in each visit, and the answers I get are so much more detailed.… I can't see me doing visits without it. It just makes more sense. (Olivia)
# APPENDIX H

## DATA SUMMARY TABLES FOR PARTICIPANT INTERVIEWS

### Training

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<th>Peer to Peer</th>
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## Supervision

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<th>Research Question</th>
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| 1. How do research participants perceive the 6-month introductory training on FAN? | - Needed 6 months or more with support from peers, supervisors, and scaffolding tools  
- Needed to change FAN to fit own style  
- HVs exhibited pride in mastery of FAN | - Tool is complex to learn and requires variety of learning opportunities  
- Peer to peer learning focuses on shared experiences in the field and provides something different from supervisor support  
- HVs need to change FAN to feel invested and in control  
- FAN needs to fit individual work style in order in order for HV to adopt it  
- Being part of statewide initiative set a professional standard that cultivated feelings of shared professional identity  
- Meeting the challenges of learning the tool fostered feelings of competency and achievement | Learning FAN takes time and needs to involve opportunities for a range of learning experiences, including use of the FAN Learning and Reflection Tools and supervisor modeling in supervision. Programs should provide opportunities for home visitors to work with each other to learn FAN. This supports feelings of their own competency, development of a professional identity, and opportunities to address front line issues from work with families. FAN needs to be flexible to... |
| 2. How do research participants perceive the role of FAN in their reflective practice? | - Helped them reflect on clients’ needs rather than presenting a predetermined course of action  
  
  - Helped them reflect on own emotional reactions to clients  
  
  - Helped them regulate their own emotions | - FAN provides a structure to slow down the visit to draw attention to client concerns in the moment  
  
  - HVs see reflection rather than task completion as priority of their work  
  
  - FAN structures supervision sessions to ensure reflection on client needs with supervisor  
  
  - Practice identifying their own feelings in Learning/Reflection Tools and in supervision supports HVs’ ability to acknowledge and identify their feelings  
  
  - Meets needs of empathic individuals who go into this work (self-selection of work force)  
  
  - This work exposes visitors to emotionally charged situations  
  
  - Learning concrete regulation techniques helps them find balance and calm | Home visiting can involve emotionally charged situations that can cause home visitors to become dysregulated. Through FAN Learning/Reflection tools and supervision, home visitors learn to identify and share their own feelings. FAN also provides a structure to help home visitors learn and practice mindfulness techniques that help them stay regulated. Using FAN helps them stay present with the concerns of families by reflecting on accommodate home visitors’ own styles while still maintaining fidelity. Comprehensive training initiatives that promote mastery foster professional identity for home visitors. |
| 3. How do research participants perceive the usefulness of FAN in building attuned relationships with clients? | FAN structured visits and conversations with clients to promote attunement without over involvement. FAN helped HVs establish healthy boundaries with clients that made them feel successful in their work. FAN helped HVs accept client choices without judgment. | Relieves burden on HV to figure out what to say or do with clients. Especially valuable to young HVs who may not have experience with relationship-building techniques as a professional. Provides concrete relationship parameters to young home visitors who may be same age as or younger than clients. FAN provides a structure that defines success as establishing attuned relationships with clients rather than fixing their problems. This is more attainable for HVs and heightens feelings of success. FAN tempers unrealistic expectations for HVs by putting focus on building attuned relationships rather than achieving specific outcomes. FAN promotes reflection on client motivation, which allows HV to understand why client may choose from a range of possible actions separate from HV ideal. | FAN provides a structure to visits and conversations with clients that helps home visitors stay attuned with client concerns without becoming overinvolved with trying to fix everything. For young home visitors who may not have prior experience as helping professionals or who face working with clients their same age or older, this structure helps them find and maintain healthy boundaries. Relieved of the misconception that they must become all-knowing, home visitors can feel confidence in their ability to help families by... |
### 4. How do research participants perceive the usefulness of FAN in supervision sessions?

| - Use of FAN in supervision allowed HVs to experience how their clients experienced FAN as well as providing opportunities for supervisors to model techniques |
| - FAN structured supervision sessions to provide opportunities for HVs to share their emotional reactions with supervisors |
| - HVs felt unburdened when they shared emotional reactions with supervisors |

- FAN in supervision adds to the HV understanding of FAN by providing them with an opportunity to experience FAN as well as witness their supervisor’s modeling of the tool

- HVs gain regulation skills by experiencing co-regulation with skilled supervisors

- HVs face difficult and traumatic events with clients that may trigger emotional reactions related to their own past experiences. Sharing these feelings with supervisors, who are masters level trained clinicians, allows them to release some of these emotions in a safe way

- HVs are isolated for much of their workday, working alone with families. They are especially needy for connection with a nurturing supporter who focuses on them

- Supervision is key to home visitor learning of FAN. With supervisors modeling the approach, home visitors can see the approach exemplified as well as experience a parallel process to their clients. FAN supervision structures opportunities for home visitors to share the emotional reactions that may arise when they witness client trauma or experience emotional triggers related to FAN.
Supervision sessions were focused on individual HV experience and needs. They feel relieved to share these feelings in a safe, supportive environment. In addition, they experience one-on-one, individualized support, which is particularly important given the isolating and stressful nature of their work.

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<tr>
<th>5. In what ways are young home visitors’ experiences with FAN, including their training, associated with risk and protective factors to burnout?</th>
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<tbody>
<tr>
<td>- HVs felt positive social support at work by learning FAN with co-workers and supervisors</td>
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<tr>
<td>- HVs felt that utilizing FAN gave them increased skills in their work with families</td>
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<tr>
<td>- HVs felt proud that they mastered FAN and integrated it into their work</td>
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<tr>
<td>- HVs felt that FAN helped them set clearer boundaries with clients that protected them from becoming</td>
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<tr>
<td>- HVs are isolated for much of their work day, working alone with families. They need opportunities to connect with colleagues.</td>
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<td>- Learning from peers reinforces HV perceptions of their own skills and knowledge base</td>
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<td>- Feeling more successful in their work with families contributes to HV feelings of competence and confidence</td>
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<td>- FAN provided an opportunity to learn a new approach that is receiving national attention. It brought together the HFM workforce across the state in a common initiative. This collective experience helped create a sense of professional identity.</td>
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<tr>
<td>- Over-involvement with clients creates work stress for HV. Having clearer boundaries helps them achieve more balance and helps them recognize successes more</td>
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<tr>
<td>- FAN provides a number of protective factors to burnout as cited in the literature. These factors include: social connection at work including connections to peers and supervisors, increased feelings of competence and confidence in their work with clients, clearer boundaries to help clarify job responsibilities and work balance. The mastery of FAN itself and a</td>
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overinvolved with clients’ lives

- During the FAN learning process home visitors felt overwhelmed with adding one more requirement to their overly full work responsibilities.

readily, contributing to feelings of competence and confidence.

- Job responsibilities for HVs are varied and numerous. If additional skills are expected, without HVs perceiving that these skills might ultimately make their jobs easier, they will feel overwhelmed.

large-scale emphasis on its importance can heighten feelings of competence and professional identity. FAN can contribute to risk factors to burnout when home visitors perceive that learning FAN adds to feeling overwhelmed with too many job responsibilities. Only when they perceive that FAN makes their job easier and heightens their feelings of competency can they see it as a positive addition to their work load.


Siegel, D. J., & Shahmoon-Shanok, R. (2016). Reflective communication: Cultivating mindsight through nurturing relationships. *Zero to Three, 31*(2), 6-14


