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Building Professional Capacity to Strengthen Parent/Professional Relationships in Early Intervention: The FAN Approach

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A strong relationship between parents and professionals is essential to successful early intervention. Yet, programs struggle to engage families in services. This article describes a successful pilot project to strengthen parent/professional relationships for families with children with disabilities living in a high-poverty urban area. Early intervention (EI) providers were trained to use the FAN (Facilitating Attuned Interactions) approach to increase their attunement to parent concerns and capacity to collaborate with parents during early intervention therapy sessions. Over the pilot project, the providers felt more empathic with parents, more collaborative, and more effective and satisfied in their roles. FAN is a promising approach and practical tool to strengthen relationships between parents and professionals in EI. **Key words:** *early intervention, FAN, parent/professional collaboration, relationships*

EARLY INTERVENTION (EI) providers coming into homes of families with young children who have received medically complex diagnoses of disabilities and/or significant developmental delays may feel: "How will I be able to help this family?" At the same time, families may feel: "This is not the child I thought I was going to have. Do I have what it takes to help this baby grow and thrive?" The EI provider's clinical expertise, while important, may not be enough to build family competence and confidence, both of which are strengthened by the quality of the provider's relationship with the parent and the provider's ability to engage with the family.

The Maryland State Department of Education (MSDE), the lead agency for Part C EI, developed a vision for family engagement called "The Early Childhood Family Engagement Framework: Maryland's Vision for Engaging Families with Young Children." This framework asserts that "Family engagement strategies must be appropriately resourced and designed to meet the specific needs and

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constraints of Maryland's low-income population" (Maryland Family Engagement Coalition, 2013, p. 6).

The need for creative, effective strategies for enhancing parent/professional collaboration in EI is particularly evident in Baltimore City, the urban heart of Maryland with the highest rates of poverty in the state. In addition to poverty, many of the families struggle with homelessness or housing insecurity, neighborhood violence, and unemployment. These stresses, coupled with the intensity of their child's needs, often make it difficult for families to remember and/or keep their many medical and therapeutic appointments (Staudt, 2003). Even when families are present for EI services, they may be preoccupied with the multiple stressors in their lives and may not fully participate in the sessions.

In Baltimore City, the Baltimore Infant and Toddler's program is the entry point for EI. Baltimore Infant and Toddler's program provides screenings and assessments for eligibility determination and service coordination, as well as speech language, physical, occupational, cognitive, and psychosocial therapy services. Baltimore Infant and Toddler's program also contracts with other agencies for services. Kennedy Krieger Institute's Child and Family Support Program (CFSP), one of the largest private providers of EI in Baltimore City, annually offers evaluations, service coordination, and therapy services (occupational, physical, and speech/language therapies) to more than 400 infants and toddlers, many with diagnoses of medically complex disabilities and/or significant delays. Of the children served in 2018, 97% received some form of medical assistance.

Child and Family Support Program has long embraced a family-centered approach based on the principles of the Association for the Care of Children's Health, which emphasize the importance of parent/professional collaboration (Shelton, Jepson, & Johnson, 1987). Yet with its firm commitment to partnerships with families, parent/professional collaboration was at times challenging. With a grant through the Maryland State Department of Education, the program conducted a year-long quality improvement pilot project, in which they adopted a model to strengthen the relationships between parents and professionals.

FACILITATING ATTUNED INTERACTIONS APPROACH

To strengthen parent/professional relationships, CFSP chose to implement the FAN (Facilitating Attuned Interactions) approach to family engagement and reflective practice developed at Erikson Institute in Chicago (For detailed description, see Cosgrove & Norris-Shortle, 2015; Gilkerson, Hofherr, et al., 2012; Gilkerson & Imberger, 2016; and Heffron et al., 2016). The FAN fit with the family-centered values of CFSP and offered practical ways to increase the connection between the parent and the interventionist by providing a framework to focus on the parents' most urgent concerns and to collaborate with the parents throughout the session. The theory of change behind the FAN is based on the concept of attunement, defined as an individual feeling connected and understood, which opens the space for change (Siegel & Hartzell, 2003).

Core processes

To implement the theory of change, the FAN identifies five core processes that can be used to support the attunement process (see Figure 1). The first core process, Calming or Mindful Self-Regulation, focuses on the ability to track and regulate one's own state (judgments, feelings, urges) during a visit to stay calm and present for the family. The four remaining processes are intended to facilitate one's ability to shift flexibly based on parent's concerns and cues for engagement. These include Empathic Inquiry (Feeling) to provide emotional support when parents are expressing feelings; Collaborative Exploration (Thinking) when parent affect is contained and parents want to think together to understand the concern; Capacity Building (Doing) when parents are able to focus, take in information, and/or participate in therapy activities; and Integration (Reflecting) to highlight parents'

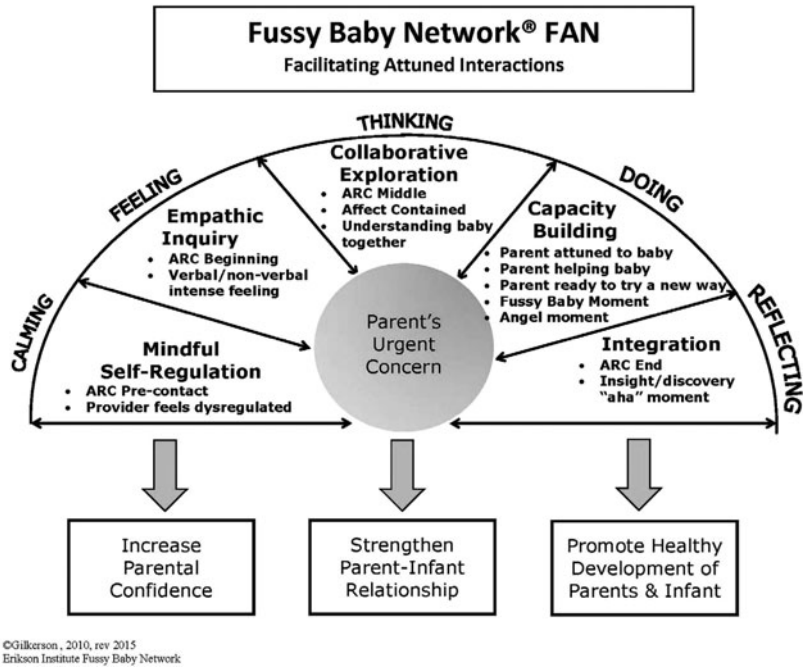

Figure 1. FAN (Facilitating Attuned Interactions).

insights about their child, their parenting, and/or the concerns addressed. There is no requirement that all core processes have to be used in a session or used in any specific order. Rather, the FAN acts as a practical navigational tool for reflection-in-action ("thinking on your feet") during parent contact: offering interactions on the basis of parent's cues, observing their responses, and shifting as needed. The FAN also provides a framework for reflection after action to identify where and why there was attunement or misattunement and what might be learned for the future.

Arc of Engagement

To create consistency and structure for the contact, the Arc of Engagement provides a defined beginning, middle check-in, and end for a visit. The Arc uses reflective questions intentionally designed to promote collaboration throughout the session. After a greeting, the parent is invited to share his or her experience by asking "What's it been like *for you* to care for your child since we saw each other last?" Close to the middle, parents are asked a check-in question to promote collaboration and offer parents the lead: "I'm wondering if we are getting to what you most hoped we would talk about?" At the end, the parent is offered time to reflect on his or her child ("If you could describe your child today in three words, what would you say?") and on the meaning of the visit for him or her ("We have talked about many important things. I'm wondering if there is something that you would like to remember or hold on to that would be helpful for you in the coming week?"). The predictability of the Arc offers continuity and security for both the provider and the parent, which can be especially important when families are stressed and sessions can be inconsistent.

Evaluations of FAN

In recent evaluations of prevention home-visiting programs, FAN-trained home visitors increased their capacity to collaborate with families, which is a goal of CFSP. Home

visitors were more attentive to a parent's cues, better able to follow a parent's lead and see from their perspective, more able to listen to and explore parent concerns, and better able to regulate their feelings and stay calm during stressful interactions. Parents described this shift toward greater collaboration as home visitors moving from "doing for" to "doing with" (Spielberger, Burkhardt, Winje, Gouvea, & Barisik, 2016). A second study of FAN-trained home visitors (Spielberger, Burkhardt, Winje, & Gouvea, 2017) found significant increases in their reflective capacity and a decrease in two elements of burnout (emotional exhaustion and depersonalization). The impact of the FAN appears to be generalizable to other professions as pediatric residents trained in the FAN report greater empathy, mindfulness, and greater satisfaction with their communication with parents (Gilkerson, Gray, et al., 2017).

This project is the first examination of the implementation of the FAN in EI. This study used qualitative methods to examine the perceptions of EI providers about the impact of FAN training on the quality of their relationships with parents and on the effectiveness of their practice. The intervention included intensive FAN training, using didactic sessions, and an extended period of mentored practice with providers participating in individual reflective sessions with the FAN trainers for videotaped review and processing of their use of the FAN. The FAN and the Arc were used as the guiding framework for their reflective sessions offering the providers a firsthand experience of the approach that they were learning. Data were collected in a focus group and analyzed for the provider's perceptions of the impact of the training.

METHODS

Project participants

EI providers

Five EI providers, all female, volunteered for the project and represented three disciplines: two speech–language pathologists, two physical therapists, and one occupational therapist. The providers had an average of 18 years of experience (range: 7–36 years) in providing pediatric therapy services.

Families

The five therapists offered the opportunity to participate in the pilot to all Baltimore Early Intervention families in their caseload or who were added to their caseload between December 1, 2014, and August 31, 2015. Families who were interested and comfortable being videotaped were included. The therapists continued to offer the opportunity to families until they had 10 families who agreed. Forty-eight families participated in the pilot, including 59% African American, 25% Hispanic, 7% Caucasian, 7% Asian/Middle Eastern, and 2% biracial families. Children receiving services ranged in age from birth to 4 years (96% 3 years of age or younger) and were receiving services for delayed milestones (52%), speech and language disorders (28%), motor disorders (11%), and feeding disorders (9%). Each of the therapists was expected to serve 10 families through this project.

Services provided

The therapists scheduled weekly to biweekly 60-min home-based therapy sessions, providing a total of 728 home visits to enrolled families during this period. Sixty-five percent of families had 10 or more home visits combining direct therapy with the child and parent training. The FAN Arc and the FAN Core Processes guided each session.

Training process

Provider training occurred during the first quarter of the pilot year and included (1) background training in video recording of home visits, (2) a 1-day training on infant mental health and attachment theory to build provider understanding of parent/child relationships, and (3) intensive FAN training.

Level I FAN core training

The FAN training began with a 2-day core training led by the facilitators and an

additional trainer with support from the model developer. The training focused on the theory of change, core processes and Arc, and active practice with the FAN attunement process.

Level II FAN facilitation sessions

The facilitation sessions, similar to reflective supervision, began 2 weeks after providers completed Level 1 training. The providers completed FAN reflection tools on 10 visits and met individually for an hour twice a month to review the tools and videos with the FAN facilitators. The facilitators used the FAN approach including the Arc of engagement and the attunement process in the sessions offering the provider with a parallel experience of the FAN while learning to apply it in practice. The FAN fidelity was assessed as part of the facilitation process using two measures: (1) FAN Facilitator Review Form, in which the supervisor tracked the provider's growth in the use of each core process and the Arc; and (2) FAN Knowledge Test to assess the providers' knowledge of the FAN at posttraining and at the end of the pilot. On the FAN Facilitator Review Form, all of the providers were rated by their facilitator as achieving fidelity with a score of 86% or higher on FAN skills. All of the providers (four of five) who completed the Knowledge Test at both time points reached fidelity scoring from 95% to 100%. The fifth provider left CFSP after completing 8 months of the 9-month pilot project and therefore did not complete the FAN posttest. Based on these measures, the FAN was implemented with fidelity during the pilot project.

Peer group support

During Level II FAN training, peer support sessions were held monthly with the five EI providers, two program directors, and one of the FAN facilitators. In another layer of parallel process and integration, these sessions followed the same Arc structure (eliciting urgent concerns, midpoint check-in, final reflection, and integration). Each group began with the FAN facilitator asking the question "What has it been like for you to implement the FAN model in your work with families this month?" The EI providers shared stories about how they had utilized the FAN process with families and how it had enriched their relationships with parents. As they shared their experiences, the EI providers gained new strategies for implementing the FAN with their own families.

Mentoring by FAN developer

Throughout the Level II training, the FAN developer provided monthly telephone mentoring to the FAN facilitators, processing their sessions with the providers and providing guidance on the fidelity review process.

Data collection and analysis

The therapists participated in a 90-min focus group lead by the model developer (L.G.). The focus group explored ways that their practice had changed with families in the pilot and families not in the pilot; how the FAN had affected their relationship with the parent and with the parent and child; the impact of the approach on their feelings about being a therapist; and their experience with the facilitation sessions. The focus group interview was recorded and transcribed for analysis. An independent researcher familiar with the FAN approach was hired to assist with the analysis of the focus group interview. Thematic analysis was used to search for emerging themes. Thematic analysis entails the reading of transcripts multiple times and coding of the text to allow themes and categories to emerge (Patton, 2002; Rice & Ezzy, 1999). Transcripts were coded to capture providers' experience using the FAN, their perceptions of the changes observed in their practice, and of their relationships with parents as a result of learning and using the FAN. We developed codes and categories that were derived deductively from the interview guide topics (e.g., Experience using the FAN model) and Arc and the FAN five core processes (Empathic Inquiry, Mindful Self-Regulation, Collaborative Exploration, Capacity Building, and Integration) and inductively by reading the transcript to allow for

emerging codes and themes. From the narratives of providers' experience using the FAN, we captured shared perceptions of the benefits. The shared perceptions were organized into seven subthemes and then summarized into three larger themes. For example, the first overarching theme was increased empathy for families, which included collapsing the following subthemes: increased empathy for the family, greater ability to regulate reactions and see parent's concerns, and capacity to stay longer in the hard places to promote engagement. Although we relied on one primary analyst for the coding and analysis of the focus group interview, discussions were carried out regularly with a second reader to assess the representativeness of codes and themes for further analysis and refinement. We noted few inconsistencies of data interpretation.

RESULTS

Through this analysis, we were able to identify changes in the providers' mindset and practices that enhanced parent/professional relationships. Three overarching themes characterized these shifts: the providers became more empathic, the providers felt more collaborative, and as a result, believed that the therapy was more effective and their job satisfaction increased.

Increased empathy for families

The FAN training builds self-awareness and self-regulation (Mindful Self-Regulation), which allowed the providers to stay longer in the hard places, listen to powerful emotions, and ultimately see more empathically from the parent's perspective. One EI provider described her perception of these changes in the following way:

> Just recognizing when somebody is in feeling and going there with them [offering empathic support] I think has been the biggest change for me. ... we talk about how we're doers and we're helpers and we want to give a family information and help them achieve their goals and everything ... going to "feelings" with families is helping [them] but it's a different kind of helping.

The provider understood more fully why parents may need to take time from the therapy session to attend to other priorities (e.g., important phone calls, preparing meals, tending to siblings) and saw the complexity of the parents' lives with more empathy, moving from viewing parents as *"noncompliant" to seeing parents as "struggling" with competing priorities*.

For example, a provider movingly told us about her newfound ability to hear a mother's strong feelings when the mother expressed doubts about going forward with her child's upcoming surgery for which the provider, medical team, and the mother had been working hard to prepare. The provider shared that the FAN helped her use "every muscle in her being" to fight the urge to tell the mother to take her child to surgery and, instead, to reflect back to the mother all the feelings she was having. The provider related the following: *"We just lived there and I held that fear."* The provider recalled that when she left the mother's home that day, she was unsure whether the mother would go forward with the surgery but she felt that she had given the mother what she needed most at the moment. "She didn't need another person to tell her to go," the provider said. The provider concluded her narrative by sharing that the mother had sent a picture from the recovery room and texted her the following day saying, "We couldn't have done it without you" and by recognizing that the FAN works: "This is one of the moments when I felt this stuff works."

Greater empathy and deeper listening allowed providers to see strengths whereas before they may have felt judgmental. Two providers recalled working with a mother who previously had been reported to child welfare for being unresponsive to her child. By listening attentively to what the mother was trying to do for her child, the mother changed from leaving the room to staying engaged. One of the providers described

mother's current engagement as follows: "She would just tell me these stories about what she was working on with her [baby] and we've been able to problem solve together." The provider confessed that before they did not expect that the mother would come up with "amazing insights and ideas" and speculated that the referral to child protection could have been avoided had this mother truly been heard and supported.

Another EI provider shared the creative ways that she was fostering attachment between a 17-year old mother and her child who was very involved physically, developmentally, and neurologically. "And I mean I've been doing this job for 27 years and when I came and saw this child and his postural concerns and his breathing, I was taken aback. And I'm like how is this 17 year old mother handling this?" The provider believed that before the FAN she would have perceived the mother's disengaged behavior during the sessions as neglectful, rather than the mother feeling overwhelmed and grieving. She thought that this shift in perspective helped her come up with creative ways, such as building on the mother's fondness for photography, which encouraged the mother to engage with her child and establish attachment: Following her work, the provider reflected that she felt

> there's no neglect at all, with this baby . . . she's in a grieving process that this is how her baby is going to be. But the whole piece of reflecting on (her baby) who he is and her way of doing that, and now I feel that the basic attachment is established.

Greater collaboration

All EI providers agreed that it was a challenge departing from a solution-oriented posture to greater partnership in their practice, especially when parents expected them to have the answers and they were trained "*to go in and fix.*" It was difficult to impart to families the message that *"we need to find this answer together,"* but they felt that this shift resulted in more active parent engagement and learning. One EI provider confided that before the FAN training she used a "watch-me approach," which she describes as follows: "the family would be there and they would be watching me and [I would be saying] "do you understand, do you see what I'm doing?" she told us. Now she reports that parents "really realize what they can do and problem solve."

The FAN was particularly helpful in building engagement when parents felt that the child would do activities only for the provider. Rather than rushing to reassure or ignore the parent's discouragement, the providers used Collaborative Exploration to uncover what was underlying their concern. For example, a provider related that when a father told her, "Oh, she will do it for you, but not for me," the provider "didn't discount [his perspective]" or rush to reassure but rather leaned in and asked the following: "Let's explore that . . . why do you think that is?" She said this father "was able to come up with the exact answer . . . that he just gives her things when she fusses for them so she doesn't have to use her sentence[s]." The provider went on to say that when the father was asked at the end of the session whether there was something he wanted to remember, he shared his commitment to encouraging her to use her sentences, saying he "want[s] to do it when I [provider] am not here."

Another provider described a similar example when the FAN helped her respond, rather than react, to a father who said he had never read a book to his 3-year-old. The provider used Mindful Self-Regulation strategies to regulate herself. She shared that she worked to contain the "fire [that] burned inside of me as a ..therapist," saying, "there was a lot of pausing and breathing and waiting" before she was able to respond to the father. She then explored with the father what was happening for him. She said,

> I used the FAN and stayed there. And we were able to explore it eventually . . . . He said that he felt guilty . . . . And I think I said something like, "It must be hard to feel guilty about that," or, "'It's interesting that you feel guilty." And then he eventually . . . said without saying . . . reading is difficult for him, which was like a "dah" moment for me afterwards because I thought of course it could be difficult for

somebody. And I just didn't—I wouldn't have gone there.

Attunement to the parent gave a newfound flexibility to partner with parents in creative ways to promote collaborative engagement. A provider recalled a mother who would stand or sit on the stairs shying away from participating in the therapy session. The provider decided to change gears and literally meet her where she was. The provider "[started] slowly inching ... towards the stairs with baby" where the mom felt more comfortable. Joining the mother where she was led to a "gorgeous therapy session at the bottom of the stairs and the next thing mom is holding [the baby]," the provider concluded.

More effective therapy and job satisfaction

The Arc of Engagement gave the providers a new structure for the sessions that was seen as a "*perfect match*" for a therapy visit, with a defined beginning, middle, and end. The Arc provided a "*consistent process*" to connect, reconnect, and reflect with parents. Although some EI providers were concerned in the beginning that the focus on the parent's experience would "derail" the sessions and make them less effective by taking the focus off the child, they found that it increased family engagement, created more meaningful interventions, and stronger partnerships.

All of the focus group participants agreed that the use of the FAN in their practice had improved family engagement and, in turn, has brought about increased family adherence to therapy treatment at home and made the therapy more effective. For example, one provider observed that using strategies of the FAN has increased follow-through with therapy treatment on a daily basis.

> We work with the child. But our therapy is going to do nothing unless it's carried over on a day-to-day routine. And so creating that attunement with the parent I feel like it allows us to really connect and find out what's a priority for them and create that cycle of what we're going to work on in therapy and what they're going to take home and practice in their day to day.

Providers also agreed that the FAN has shaped their therapy sessions to become more "effective." One provider offered an example that speaks to this change.

> I see the huge benefit of Fussy Baby[FAN], and I see how that has shaped our therapy sessions, but then I also see my therapy being more effective. And I wonder even just the progress that [the child] has made, if we would see the same progress with the other model of therapy I guess. You know? If she would be one of those kids that just there was no carryover and we were going in once a week doing the same thing.

> What we do is important. I mean, how many people can come home from their job and say, I did something important today.

DISCUSSION

The transformative power of the pilot was the shift in the mindset and practices of the providers, affecting their beliefs about families, their perceptions of what makes effective therapy, and their satisfaction with their work (see Table 1). The providers listened to parents with increased openness and sensitivity that deepened their respect for the families and empathy for the competing forces in their lives. They were better able to understand the parent's decisions, even the decision not to participate in a given session. Providers were also more comfortable being present with parents when they expressed a variety of emotions (i.e., anger, sadness) and worried less that these emotions would distract them from their therapeutic work. The providers grew in their capacity to act as a collaborator, giving help, support, and hope, and releasing preconceived agendas and the pressure to fix the situation or the child. Although it may be challenging to learn the FAN, the providers felt that the FAN "*add[ed] a whole other dimension to what [they] are doing*" *and allowed them to* "*see families with new lenses*."

The FAN training and reflective facilitation of the five providers had much wider implications for the CFSP program and its larger parent institution, the Kennedy Krieger Institute. In the time since the pilot ended, the

Table 1. Key Findings after FAN Training: EI Provider's Shift in Mindset

Increased Empathy
FROM: "we're doers" TO -"going to feelings is helping"
• Greater self-awareness and self-regulation • Able to listen to powerful emotions • See more empathically from parent's perspective
Increased Collaboration
FROM: "go in and fix it" "watch-me approach" TO: "We need to find this answer together"
• More active parent engagement and learning • Flexibility to partner in creative ways • Letting go of pre-planned agendas
More effective therapy and job satisfaction
FROM Fear family focus will "derail" therapy: TO: 'See my therapy being more effective"
• More meaningful interventions • Increased family follow-through • Consistent process to connect, re-connect, and reflect with parents

CFSP providers have integrated the FAN into their work with all of the families they serve. Under the mentorship of their facilitators, the providers are now providing reflective facilitation to other CFSP providers as the program directors are moving toward having all 40 providers and EI service coordinators FAN trained.

An unexpected outcome was the excitement this project generated with the program's parent organization, the Kennedy Krieger Institute. Kennedy Krieger Institute is an internationally recognized institution providing patient care to more than 25,000 individuals a year through a comprehensive range of developmental, behavioral, and rehabilitation programs for children and young adults. Kennedy Krieger Institute has now provided FAN training and group-reflective facilitation to department heads and clinical staff across the Institute. Not only is the FAN spreading within the organization but counties in Maryland are interested in the FAN and, in one county, for Part B early childhood special education professionals as well as for Part C EI.

The FAN was a success in this setting because it matched the values of the program and it addressed a pressing need. For years, the program had been concerned about how to enhance parent/professional relationships and had found that some providers were naturally able to engage and others were not. They were looking for a framework and practical tool that all the providers could learn. The Arc offered a needed structure; the FAN attunement process provided a skill set that could be integrated with the providers' clinical expertise.

IMPLICATIONS FOR PRACTICE

The various fields of therapy are recognizing the importance of strengthening parent professional relationships in EI. In a recent practice journal of the *American Occupational Therapy Association*, occupational therapists were encouraged to develop specific skills in family engagement and to learn from families what helps and hinders family engagement (Stoffel et al., 2017). Likewise, The ASHA leader (American Speech–Language–Hearing Association) published a reflection by one of the pilot therapists about how changing the way she relates to families improves outcomes (Harvey, 2017). The providers in this study were all trained as pediatric therapists. Given the generalizability of

the FAN to other home visitation programs and disciplines (Spielberger et al., 2017; reference) and experience training in other states of EI service coordinators and professionals from all disciplines, it appears that the impact of the FAN could be applicable beyond the therapies represented here and more broadly to professional development in EI. Schrami-Block and Ostrosky (2019) encourage all EI providers to use respect, reciprocity, and responsiveness to promote family–professional partnerships.

Although EI embraces the goals of family-centered, relationship-based, reflective practice, these practices can be hard to operationalize. To move forward, the field needs organizing frameworks with a clear theory of change and which provide real-time guidance for engagement in the moment. Furthermore, these approaches must have a complementary focus on the professional's self-awareness and reflective capacity with an opportunity for ongoing reflective support, supervision, or consultation (Heller & Gilkerson, 2009; Watson & Gatti, 2012). Such a grounding framework may be especially important for EI professionals working with families with multiple stressors in their lives. The FAN has been identified as a promising practice by the Association of Maternal and Child Health Programs. For EI, the FAN may help increase collaboration with parents by shifting the mindset of the professional and facilitating more meaningful relationships with parents that enhance their ability to support their child's growth and development.

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