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Local adaptation during implementation: A case study of the Fussy Baby Network® New Orleans and Gulf Coast initiative

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ABSTRACT

Scholars and practitioners recognize that adaptation is necessary, and can enhance program outcomes, when scaling early interventions. This study used a framework for implementation that identified critical elements for understanding the adaptation process including: a) *who* made the adaptations, such as model developers and staff members, b) *what* elements were adapted, c) *how* adaptations occurred, such as adding or removing elements, d) *when* adaptations took place, such as at the beginning of implementation or as an on-going process, and e) *why* the adaptations occurred. Erikson Institute's Fussy Baby Network ® (FBN) service program has been implemented in seven cities across the United States. Implementation of FBN in the New Orleans and Gulf Coast (NOGC) region began in 2012. Using a longitudinal phenomenological study design, FBNNOGC program and institutional staff were interviewed over three years at ten time points. This study identified five adaptations of FBN to NOGC: a) increasing length and intensity of services, b) adding a family advocate, c) integrating academic and clinical contexts, d) changing the program name, branding, and outreach materials, and e) networking with other providers. No adaptations were made to the program model or training, which ensured program fidelity.

1. Introduction

A variety of disciplines are conducting implementation research, including health care (Eccles & Mittman, 2006), child mental health (Kutash, Cross, Madias, Duchnowski, & Green, 2012; Landsverk, Brown, Rolls Reutz, Palinkas, & Horwitz, 2011), child welfare (Landsverk et al., 2011; Mildon & Shlonsky, 2011), human services (Fixsen, Blasé, Naoom, & Wallace, 2009), and early childhood (Griffin, 2010; Metz & Bartley, 2012). Implementation research helps researchers, policy makers, and practitioners understand how to take an effective intervention in one locale and implement it across numerous locales. In 2010, *Early Childhood Research Quarterly* devoted a special section to implementation research in early childhood education (Durlak, 2010; Griffin, 2010). Two key concepts in this scholarship include implementation fidelity and adaptation. Implementation fidelity refers to adherence of the fielded program model to the intended program model. Adaptability of an intervention is "…the degree to which an intervention can be adapted, tailored, refined, or reinvented to meet local needs" (Damschroder et al., 2009, p. 6). As Durlak (2010) noted, "adaptation is an inevitable part of implementation in most real world settings and may improve outcomes" (p. 350). Although fidelity in program implementation across contexts is desired, being able to adapt a program to suit local needs and contexts is also necessary for program success (Datnow & Stringfield, 2000; Dusenbury, Brannigan, Falco, & Hansen, 2003; Fixsen et al., 2009).

Attention to both adaptation and fidelity can enhance program effectiveness. Core program components are essential for program fidelity and effectiveness. They must be identified along with those components that may be adapted (Fixsen et al., 2009). In a review of prevention and health promotion programs for children and families, Durlak and DuPre (2008) found that only three out of 59 studies addressed adaptations; however, all three studies found that adaptations had a positive effect on program outcomes. They also found that programs did not need 100% fidelity to replicate program outcomes; rather, positive program outcomes were evident across studies with at least 60% implementation fidelity.

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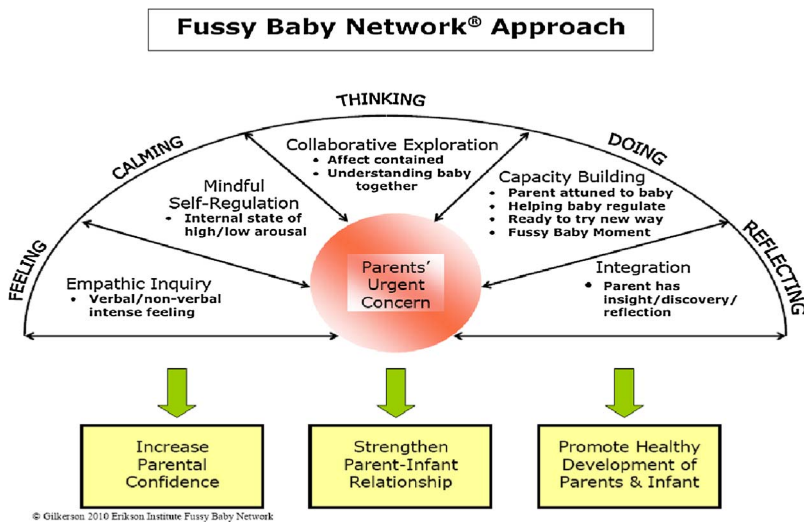

Fig. 1. Fussy Baby Network FAN.

Yet, research is needed to better clarify which adaptations support successful implementation of interventions (Durlak & DuPre, 2008; Halle, Zaslow, Martinez-Beck, & Metz, 2013; Hulleman, Rimm-Kaufman, & Abry, 2013). The term "adaptation" itself is not clearly understood. Most commonly, the term is used to refer to adaptations that respond to the culture of the target population, such as language, beliefs, and patterns of meaning making (Cabassa & Baumann, 2013; Castro, Barrera, & Holleran Steiker, 2010; Domenech Rodríguez, Baumann, & Schwartz, 2011; Huey & Polo, 2008). Yet, adaptations may also be responses to community and organizational systems (Durlak & DuPre, 2008), which are essential implementation drivers, or critical infrastructure needed to support a program (Halle et al., 2013). Most evaluation studies of adapted evidence-based interventions focus on outcome effectiveness while rarely providing detailed information about the adaptations that were made (Cabassa & Baumann, 2013; Domenech Rodríguez et al., 2011; Huey & Polo, 2008). Balancing fidelity and adaptation has been highlighted as one of the primary issues around cultural adaptation of interventions (Castro et al., 2010; Elliott & Mihalic, 2004). Also, due to the nature of individualized, relationship-based interventions within early childhood, adaptation seems inherent in such programs (Knoche, 2013).

1.1. Erikson Institute Fussy Baby Network®

The Erikson Institute Fussy Baby Network ® (FBN) model is a national preventative intervention designed to promote well-being for infants and their families, and reduce risk of harm to infants. Infant crying is a known trigger for abusive head trauma (Barr, Trent, & Cross, 2006). Parents' perceptions of infant crying as problematic correlates with increased risk for parental depression, stress, and low parenting self-efficacy (Burkhardt, Gilkerson, Gray, Heilman & Porges, 2015; Heller, & Breuer, 2015). FBN uses a nondirective, infant mental health informed approach, called the FAN (Facilitating Attuned Interactions), which is designed to address the parents' felt experience of the baby and any perceived difficulties the family is experiencing (Gilkerson et al., 2012). FBN offers a range of services including telephone support, rapid response home visiting, and parenting groups. FBN also refers families to other services, such as early intervention, counseling, and psychiatry, as needed.

The FBN model was first implemented in Chicago in 2003 and is now being implemented as a service program in seven cities across the United States. The FBN FAN approach to family engagement has also been infused into existing programs and systems of services in eight states, as well as Israel and New Zeeland. In a quasi-experimental study comparing mothers participating in FBN and mothers with infants that cried excessively and did not seek services, mothers participating in FBN had increases in parenting self-efficacy (Gilkerson, Burkhardt, Katch & Hans, 2016; Heffron et al., 2016). The intervention group also had decreases in stress and depression, although these effect sizes were smaller than parenting self-efficacy. In a study of infusing the FAN into home visiting programs in Illinois, results revealed that home visitors found the FAN most helpful in understanding and regulating their feelings during visits and in helping them to see the parents' perspectives. Home visitors felt that the approach was particularly valuable in stressful situations, helping them to think clearly rather than react (Spielberger, Burkhardt, Winje, Gouvea, & Barisik, 2016). The FBN program model also has strong clinical evidence of its success (Gilkerson et al., 2012). Practitioners, applied researchers and evaluators value evidence from both research and practice as credible evidence to inform decisions regarding scaling (Donaldson et al., 2015).

Program leaders utilized the stages of implementation (Fixsen, Naoom, Blase, Friedman, & Wallace, 2005) and core program components (Fixsen et al., 2009) to support efforts for scaling FBN to new sites. Drawing from Fixsen et al.'s (2005, 2009) notion of core program elements, the following section includes descriptions of three types of program elements: program approach with families (i.e., FAN); the training and technical assistance provided to enable programs to reach fidelity in the model; and the program structure, the required program elements and procedures that need to be in place.

1.1.1. Program approach

The core element of the FBN program approach, and the element most crucial to maintaining program fidelity, is the FAN which stands for Facilitating Attuned Interactions (see Fig. 1). At the center of the FAN (see Fig. 1) are the parents' urgent concerns. Around the parents' concerns are the five core processes of the FAN. The core processes are central to the intervention process and are tailored in response to the parent's cues and the professional's state of regulation. Calming, or Mindful Self-Regulation, is used to help the professional stay present in the moment; that is, to track their own responses, and regulate their reactions. Then, using the other FAN core processes, the professional decides how best to connect with the parent. *Empathic Inquiry* is used when the parent is experiencing strong feelings. *Collaborative Exploration* is used when affect is contained and the parent is ready to think about a concern. *Capacity Building* is used when the parent is ready to act on their concern. Finally, *Integration* is used when the parent is able to reflect on their experience and see it in new ways. Because interaction is a dynamic process, the FAN helps the professional use themselves flexibly, consciously shifting engagement focus as the interaction changes. The FAN approach also includes the Arc of Engagement (ARC),

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