

# Implementing the Fussy Baby Network<sup>®</sup> Approach

LINDA GILKERSON  
JENNIFER HOFHERR

*Fussy Baby Network<sup>®</sup>  
Erikson Institute*

ALISON STEIER

AMY COOK

ANA ARBEL

*Fussy Baby Network<sup>®</sup>  
Southwest Human Development*

MARY CLAIRE HEFFRON

JENNIFER MURPHY SIMS

BARBARA JALOWIEC

*Fussy Baby Network<sup>®</sup> Oakland (California)  
Children's Hospital & Research Center Oakland*

STACEY R. BROMBERG

JENNIFER J. PAUL

*Fussy Baby Network<sup>®</sup> Colorado  
Irving B. Harris Program in Child Development and Infant Mental Health  
University of Colorado School of Medicine*

Although crying is an expected part of normal development, it can place babies and families at risk, including risk for child abuse, family stress, maternal and paternal depression, parent–infant relationship distress, and developmental and behavioral problems (Barr, Trent, & Cross, 2006; Gilkerson & Gray, in press; Maxted et al., 2005; Papoušek & von Hofacker, 1998). For the past 9 years, Erikson Institute Fussy Baby Network<sup>®</sup> (FBN) has been funded to develop, implement in Chicago, and disseminate nationally an infant mental health based, prevention home visiting program for families who struggle with their infant's crying, sleeping, or feeding during the baby's first year of life (Gilkerson & Gray; Gilkerson, Gray, & Mork, 2005). FBN holds a dual focus on helping parents with their urgent concerns about their baby in a way which builds their longer-term parenting capacities of confidence and competence in meeting their infant's needs. The hallmark of FBN is its approach to family engagement called the FAN (see Figure 1; Gilkerson, 2009) because of its visual similarity to a fan. The FAN approach helps to address the parents' urgent concerns by matching core intervention processes to what the parents are showing they can most use in the moment. Careful attunement and matching to the parents' experience helps stressed parents feel understood and not alone and fosters a sense of coherence during a difficult time.

## Abstract

Erikson Institute Fussy Baby Network<sup>®</sup> (FBN) developed an approach to engaging parents around their urgent concerns about their baby's crying, sleeping, or feeding in a way which builds their longer-term capacities as parents. This approach, called the FAN, is now in place in new Fussy Baby Network programs around the country and is being infused into existing home visiting programs as well. This article describes the core processes of the FAN, how to match these processes with what the parent needs in the moment, and illustrates the approach in three exemplary FBN national program sites in Arizona, California, and Colorado.

The purpose of this article is to describe the FBN and the use of the FAN approach in the first three national sites: Fussy Baby Network® Phoenix at Southwest Human Development (SWHD), Fussy Baby Network® Oakland at Children's Hospital & Research Center Oakland, and Fussy Baby Network® Colorado at the University of Colorado School of Medicine. Each of these sites is a recognized center of excellence in infant-family services and is funded as part of the Irving Harris Foundation Professional Development Network to provide training in infant mental health.

Erikson Institute FBN provides ongoing training and consultation to FBN national sites through a structured dissemination process which supports sites as they move from exploration through implementation to sustainability of the model.

### FBN Program Structure

**B**ECAUSE PARENTS ARE in crisis when they contact the FBN program, sites must be able to respond immediately to families with Warmline telephone support and have the capacity to offer a home visit within 24–48 hours of the first call. To reduce the stigma around reaching out for help, FBN programs strive to be universally available to any family with a baby less than 12 months old who struggles with their

infant's crying, sleeping, or feeding. Thus, eligibility is parent-determined and is based on the parent's perception of the baby as challenging. Services are provided for free or on a fee-for-service basis, so no family is denied support for financial reasons. Enough time is allotted for an unhurried contact, whether on the Warmline or a home visit. Because of the complexity of needs, FBN specialists are experienced infant-family professionals, with backgrounds in fields such as mental health or child development. Each team must be interdisciplinary, including at least one professional with a health or allied health background. Reflective supervision and collaborative team process are essential to the model.

### The FAN Approach to Family Engagement

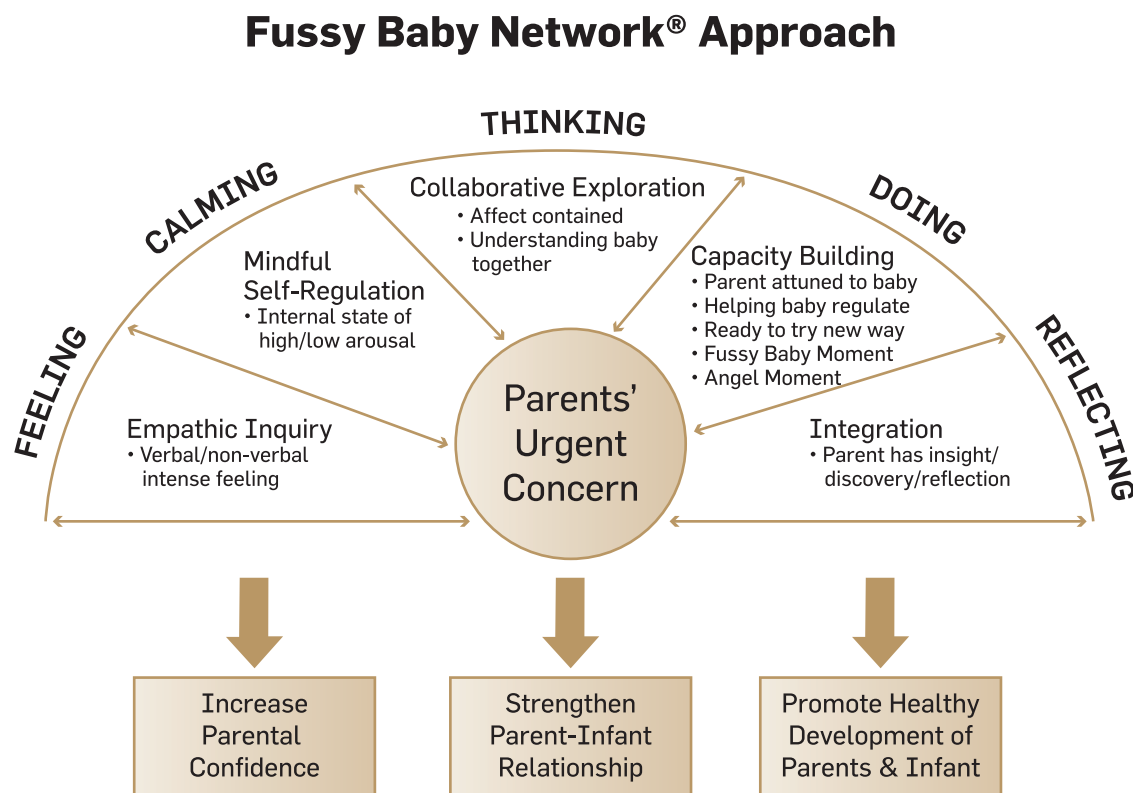
**T**HE FAN is a conceptual model and practical tool for family engagement. At the center of the FAN (see Figure 1) is the parents' urgent concern which is dynamic and often changes throughout a visit or call. Around the urgent concern are the five core processes that the specialist has available to use to address the parents' urgent concern in a way that builds longer-term parenting capacities. As illustrated, the five core processes include Empathic Inquiry, Mindful Self-Regulation, Collaborative

Exploration, Capacity Building, and Integration. The outer rim of the FAN presents the essence of each core process in one word: Feeling, Calming, Thinking, Doing, and Reflecting.

### Matching Core Processes to Needs in the Moment

The core processes have been defined with guidelines around how to match the processes to what the parents are showing they can most use in the moment (e.g., when affect is present, Empathic Inquiry is most helpful; when affect is contained and parents want to understand the baby, Collaborative Exploration is appropriate). In addition, intervention strategies for each core process have been developed (Gilkerson, 2009). If the specialist has matched the core process to what the parent is showing, then the interaction typically flows. Specialists are trained to track the engagement in the moment, ask themselves: "Is this working?", and shift on the FAN as needed. The matching process is important as it is the experience of attunement that increases the likelihood that the parents will feel understood and not alone. When parents feel understood, there is more internal cohesiveness, and safety replaces anxiety. Parents feel calmer, at least in the moment and, with support, more able to access their internal resources.

Figure 1. Fussy Baby Network® FAN Approach



Source: © Gilkerson 2011 Erikson Institute Fussy Baby Network

## *Arc of the Visit*

To provide a containing function, the core processes are also used to structure a visit. The visits typically follow an arc, beginning with Empathic Inquiry, where the Specialist invites parents to share their experience by asking, “What has it been like for you to take care of your baby?” In the middle, Collaborative Exploration is used to check in with the parents by asking, “I’m wondering if we are getting to what you most hoped we would talk about?” At the end, Integration is used to build coherence by offering parents time to reflect about their baby (“If you could describe your baby today in three words, what would they be?”) and about what has been most meaningful to them (“We have talked about so many important things. I’m wondering if there is something you would like to remember or hold on to that would be helpful to you in the next week?”).

Beyond the Arc of the Visit, there is no requirement that all the core processes have to be present in a visit or Warmline call. The use of the core processes is fluid and shaped entirely by what is happening in the moment. In the following sections, we provide a brief description of the three national sites and share a vignette which illustrates the FAN approach.

## **FBN Phoenix**

**F**BN PHOENIX is a program of SWHD, a nonprofit educational and human services organization that provides comprehensive early childhood services. In July of 2007, FBN services were integrated into SWHD’s already successful Birth-to-Five Helpline, a toll-free number for Arizona families to access consultation on child development. Leaders at SWHD recognized immediately that the model was consistent with the agency’s overall approach because of FBN’s unhurried pace, nondirective and individualized focus on infant–parent relationships, rather than on generic parenting “tips and tricks” and advice-giving. FBN Phoenix, FBN’s first national site, is firmly established at SWHD. The FAN framework has proved to be of such value that it is being infused into other programs in the agency, including its statewide early childhood mental health consultation program.

## *FAN Approach in Action*

Angelica, the young mother of a 7-week-old boy, phoned the Helpline the day after what she called, “the worst day ever.” Her infant, she said, “just won’t sleep.” She described him as “very fussy” and thought that perhaps his fussiness was the result of his not getting sufficient sleep. She worried though that the baby could be in pain or have some constitutional problem underlying his

fussiness and poor sleep. It did not help, she noted, that his 4-year-old brother would inadvertently or at times deliberately awaken him. She felt guilty that “there was not enough of me to go around.” After a 40-minute phone conversation, a home visit was scheduled.

Early in the home visit, Angelica revealed somewhat reluctantly that she often placed the baby in her bed to get him to sleep. The specialist quickly became aware of her own concern for the baby’s safety. To balance her anxiety over the baby’s safety with understanding the mother’s perspective, she moved to Mindful Self-Regulation, slowing her breathing in an effort to steer clear of an impulsive display of disapproval that would surely work against her alliance with the mother. She knew that sleeping arrangements are very personal to families and carry great cultural meanings. Although this could have been a moment to educate the mother about infant sleep guidelines, the specialist chose to continue to explore with the mother and asked what she meant when she said, “I know I shouldn’t have him in bed with me.” Angelica talked at length about her ambivalence about encouraging the baby’s independent sleep. On the one hand, she wanted him to learn to fall asleep on his own in his crib for better sleep, and to allow the rest of the family to get more sleep. On the other hand, she knew this would be “my last baby,” and she wanted to be close to him as much as possible. The specialist empathized with the mother’s mixed feelings. When all was said and done though, the mother thought that developing some systematic way of helping the baby sleep in his crib would be best for him and the rest of the family.

Through Collaborative Exploration, Angelica and the specialist discovered that both mother and father agreed that the baby liked being swaddled. To access parents’ intuitive competence, a strategy is to ask parents about their hunch about what might help their baby. The mother’s own hunch was that it would be better to do something with the baby after he breastfed and before he was placed in his crib. Moving into Capacity Building, the specialist and mother co-created a routine that involved nursing the baby, then swaddling him and holding him for a bit in a particular position that the mother noticed he liked, then placing him in his crib to sleep. When offering ideas or information, the FAN approach is to “say it in one breath” and then explore the meaning with the parent. The specialist offered one idea which she felt might enhance the parent’s plan: “Sometimes,” the specialist noted briefly, “babies like a hand lightly on their head as they’re settling into sleep. I wonder if that would be helpful for your baby?” The mother was eager to try this

approach during the visit with the support of the specialist. The specialist stayed with the 4-year-old when Angelica took the baby to his crib, talking to him about how the two of them were helping his mom get the baby to sleep by playing quietly. After 15 minutes, the mother returned to the living room triumphantly. The baby was asleep in his crib. Ten minutes later, however, the baby made some noises and the 4-year-old took off for the baby’s room shouting, “He’s awake!” Angelica followed behind and retrieved the baby. Frustrated, she said to the specialist, “And this is what we do all day long.” Here was the Fussy Baby Moment, an opportunity to see the very problem that distressed the mother so much about her baby. The specialist moved into Empathic Inquiry, acknowledging how disappointing it must be that the mother’s new plan had seemed to work so well but lasted only briefly. Angelica agreed and added that it would have been better if her older son had not “finished the job” by running into the baby’s room. “What do I do?” she asked the specialist. Moving into Capacity Building, the specialist said, “I think you’re right that you have to find something to occupy your 4-year-old while you are putting the baby down and for a bit after he is asleep. After all, even though the baby stirs and makes noises it doesn’t mean he’s fully awake or that he won’t go back to sleep.” and asked: “Does that make sense to you?” Angelica spent the remainder of the home visit developing sleep routines for both of her sons, which she intended to share with her husband. She also planned to engage her 4-year-old in making crafts when she was putting the baby down for naps or bedtime. When asked for three words to describe the baby, Angelica said, “sweet, fussy, and trying to learn to sleep.” When asked what she wanted to hold onto from the visit, Angelica said, “It’s going to get better.”

On a follow-up home visit a week later, things indeed were better. Angelica was happy to report that her baby was sleeping longer periods of time in his crib and her 4-year-old was quite happily enrolled in helping with the sleep plan, saying, “If I do this [crafts] while Mommy is putting the baby to sleep, then we can play.”

## **FBN Oakland**

**P**RIOR TO THE inception of FBN Oakland, Children’s Hospital & Research Center Oakland had a variety of programs to provide early childhood mental health services for infants and young children from low-income, often high-risk families; however, the referrals often came in the second, third, or fourth year of life. Many of these children had early histories of crying, sleeping, and feeding difficulties. Depression



PHOTO: ©ISTOCKPHOTO.COM/OKANMERTIN



**Fussy Baby Network programs strive to be universally available to any family with a baby less than 12 months old who struggles with their infant's crying, sleeping, or feeding.**

was common among the parents, and parent-child relationships had often gotten off to a rocky start. The FBN model showed promise to reach families much earlier and, as needed, to serve as a portal of entry to other treatment services. Fussy Baby Network® Oakland started with a small part-time staff and a strong commitment to make this new service work. By partnering with the hospital's clinics and community agencies, the agency has achieved its original goal of reaching families significantly earlier with 60% of the FBN referrals coming in the first 6 months and is starting to use the rapid response feature in other programs.

### ***FAN Approach in Action***

The emergency department referred baby Amir, who was almost 3 months old and had been brought to the emergency department many times by his frantic parents because of his inconsolable crying. Each time, the parents were sent home with a baby who was pronounced healthy, but fussy. Amir was the first child of a couple from Morocco. The father spoke English fluently; his wife was a recent immigrant and spoke only Arabic. Because of language needs, an Arabic-speaking clinician from the regular infant mental health team was paired with a FBN specialist. The team anticipated a short-term case and speculated that perhaps the mother was depressed because of her recent separation from her family of origin. However, the family and baby took the work in a very different direction, as Amir turned out to be one of the babies whose early crying was related to longer-term regulatory challenges.

On the first visit, both the mother and father were present. The visit began with Empathic Inquiry by asking the parents what it was like for them to be caring for little Amir. Both parents eagerly began to talk, "We had no idea that a baby could cry so much. Is something wrong with him?" The team knew that it was especially important for these worried parents that they take the time to "see the baby that the parents see" because physicians had repeatedly reassured them that their baby was fine. Using Collaborative Exploration, the team wondered with the parents what they thought might be the problem. The mother speculated, "I think he's mad he's not in Morocco. It's so different here—the climate, the food. Could that be what's wrong?" Then, both parents began to talk about how frightened they had been in the emergency room, "The doctor never came, my baby got more upset, and I was afraid he was going to die." The specialist used Empathic Inquiry to validate their feelings and say they could take all the time they needed to talk about what had happened. The team noted the parents' solid support of one another and their deep and persistent fear that something might be wrong with their baby. Staying in Empathic Inquiry, the specialist said, "It must be so frightening to feel that something is wrong with your baby and not know the answer." The team sensed that their careful listening led the parents to feel as if this was the first time someone could hear the depth of their concerns.

On the next visit, it became clear that Amir, while healthy, was indeed a fussy baby. After a time in Empathic Inquiry, the

parent's initial distress seemed somewhat contained and they wanted help with his fussiness. Using Collaborative Exploration, they asked the parents what they had tried that helped Amir and what was most challenging for them. The mother shared at length all the things that she had tried, "I've tried everything and nothing worked." The hardest part for her was feeling criticized by everyone for his crying and very alone, missing her mother in Morocco. "My mother would know what to do" she said. Feelings now had taken precedence and the specialist shifted to Empathic Inquiry around the mother's longing for the comfort of her family. After a while, the mother began to talk about how hard these past days had been, with Amir crying for 2 and 3 hours at a time and looked directly at the specialist, saying, "I really don't know what to do." The mother was in a different place now, ready to focus on finding a way to help her baby. Returning to Collaborative Exploration to engage the mother in thinking about her baby, the specialist asked, "Would it be helpful if we looked together to think about what might help a little bit? Let's see if there is anything we can figure out." They watched Amir and discovered that one of the only things that helped him was a kind of upright posture, and being held and walked, particularly outside. The specialist asked the mother if she had tried a sling to help him be upright; she welcomed the suggestion which, over time, was very helpful. As they talked, it was clear that the mother was working very hard to understand Amir and that he was genuinely challenging. Capacity Building was used to validate her efforts even if he continued to be fussy, "Amir seems to need more help than most babies. You seem to know that about him."

On this visit, the team met Amir's 12-year-old cousin with severe autism who lived in the household. Mindful Self-Regulation helped both the clinician and specialist contain the momentary fear they each experienced, "Oh, no! Is this what Amir has?" Although the mother did not bring up the cousin's autism in relation to Amir, the team wondered if the parents' fears, like the fears that were just triggered in them, were about their baby having a severe disability like his cousin. Mindful Self-Regulation helped the team slow down, hold this question in mind, and not move too quickly to explore it, especially when their own emotions were stirred.

As the work moved into the third month, the team noted new regulatory challenges as well as a strong bond growing between Amir and his parents. Each session continued to start with Empathic Inquiry, offering parents the chance to share their worries and fears. The theme of something being wrong echoed frequently. On one visit where Amir's cousin

was very much a part of the experience, sitting close by and approaching the baby, the specialist thought that this might be the time to explore whether the mother thought Amir's challenges were like his cousin's. The specialist commented on how Amir's parents supported the cousin's gentle approach to the baby. The calm space opened up an opportunity for Collaborative Exploration about his disability and the parents' understanding of Amir's fussiness. The mother seemed relieved to talk about the worry this engendered for her. At several points during the visit, the team validated Capacity Building Angel Moments, defined in the FAN approach as moments when the parent and baby are fully engaged with each other and experiencing mutual pleasure. At the end of this visit, the mother described him as "handsome, sensitive, and smart."

At 15 months, Amir presented as a little boy with very pronounced sensory differences. His parents continued to cherish their son, but were often exhausted by his energy and persistence. At the end of a recent visit, his mother described Amir in this way, "Our baby is very demanding and can do many things. He is loving, very fussy, and finicky." Although his needs are challenging, Amir's developmental differences do not qualify him for Part C Early Intervention at this time. The FBN program continues to provide support as the family navigates their child's sensory challenges during each developmental transition.

## FBN Colorado

WITH YEARS OF history working together through the Professional Development Network, leaders at Erikson and the Harris Program in Child Development and Infant Mental Health in Colorado began to explore the possibility of infusing the FBN approach into their existing infant mental health work in primary care and adding a FBN Warmline and home visiting component to provide prevention services. Through creative community collaborations, the program has served its 100th family and is now exploring how to adapt FBN services for military families. With a priority on prevention of Shaken Baby Syndrome/Abusive Head Trauma, the Harris Program will soon include in its statewide pilot to train and consult with early child care and education professionals, training based on the FBN Guide, titled *Partners in Care: Supporting Fussy Babies in Child Care* (Fussy Baby Network, 2008).

## FAN Approach in Action

On the Warmline call 3 days prior to the home visit, Kelly, mother of 4-month-old Eli, called with urgent concerns around his feeding. Kelly lamented, "He feeds all the time, it

## When parents feel understood, there is more internal cohesiveness, and safety replaces anxiety.

feels like he is constantly breastfeeding and I never get a break." Sounding exhausted and desperate, she went on, "Eli needs to be attached to me in order to sleep at all." She stayed on the phone for only 10 minutes, stating that Eli has been much more challenging than her experience with her first child. Eli was born with a medical condition that did not allow him to have direct exposure to sunlight, "I feel trapped at home with these two kids and I just want a moment for myself to put Eli down so I can get something done around here." A home visit was scheduled.

The FBN specialist rang the doorbell, and the door opened but it seemed like no one was there. The house was dark. "Hello?" whispered the specialist, using Mindful Self-Regulation as she tried to make sense of the situation. She heard a giggle and then she looked down. At the door, just below the doorknob, an adorable 20-month-old was looking up at her. A moment later, Kelly came into the room with baby Eli in her arms, emerging from what felt like darkness in the middle of a sunny Colorado morning. "Good morning," she said softly. "Good morning," whispered the specialist, matching the mother's tone and affect. As they moved to the living room couch, Kelly expressed her gratitude for the visit, gave big sister Lila a snack while turning on the TV, and asked, "Can you give me strategies to help Eli be less fitful and more independent?" Nodding that she had heard the mother's concern, the home visitor then asked, "Tell me what it has been like for you taking care of Eli these past few months?" Kelly burst into tears as she told her story.

The use of Empathic Inquiry provided the safety for Kelly to disclose difficult feelings of frustration, disappointment, and a sense of being completely overwhelmed: "Sometimes I think I made a mistake having another baby after such a good baby like Lila." The specialist listened empathically, allowing Kelly to express thoughts and feelings that are not easy for any parent to admit aloud. Baby Eli fussed as his mother cried and Lila, eating her snack while appearing to watch her show, listened and imitated her mother's sad expressions, seemingly without Kelly's awareness. The specialist moved back to Mindful Self-Regulation as she began to take in all that was happening in the room: the mother's sadness, the baby's fussing, the toddler's sadness, and the actual darkness with the blinds

closed and the lights off. The house was so hot that beads of sweat had formed under her t-shirt. At that moment, the specialist felt overwhelmed herself and unsure where to take the visit. Mindful Self-Regulation helped the specialist use her own feelings of disorganization as a way to understand what the mother might be experiencing. She moved to Collaborative Exploration to see if finding a focus would help the mother and the visitor move forward. Collaborative Exploration provided just the right amount of structure to help organize the visit in the moment, resulting in a rich discussion of Eli's schedule and how his needs for care interfered with his sister's needs. This shared understanding led easily to Capacity Building as Kelly began to think aloud about a few small but meaningful ways to be with both children during the day, saying things such as, "Now that we're talking about it, I guess that he doesn't mind being in the sling listening to the dryer while Lila and I sort clothes together." She recognized the reality that this shared time would need to be in the early morning before the sun hit the laundry room in the back of the house.

Empathic Inquiry reemerged as Kelly began to pour out her fears for Eli, sharing "Sometimes it's overwhelming to think about all the little details of making his world safe for him. It takes so much of my time and mental energy I worry I have nothing left for Lila. I don't know what kind of life he will have; will it ever be normal?" She also talked about her loneliness as a member of a military family who recently relocated to Colorado, "I don't know anyone here yet to even help me. I'd like to try to go to some of the activities for moms on base, but it just feels impossible with Eli. It would be different if we were still at our last base where I had some friends but still—none of them has a baby like Eli." Mindful Self-Regulation was needed again as the specialist, a mother of a toddler, let herself feel what it would be like to stay inside all day with a toddler and baby and be so isolated in a new community.

Soon Eli began to fuss. Knowing this was a Fussy Baby Moment, the specialist said, "Do what it is you would normally do. I will be here. We have time." It was an hour into the visit, but the specialist knew the importance of letting the mother know she was in this with her.

Kelly moved to a big comfortable chair and began to feed and rock baby Eli, who was visibly drowsy. The specialist moved from the couch to the floor behind big sister Lila, who was peering around the closed blinds looking outside. They looked together at the world outside, sunny and bright. Mindful Self-Regulation reemerged for the visitor as she felt Lila's (and her own) sadness and longing to be outdoors.





PHOTO: ©ISTOCKPHOTO.COM/CENERI

### **Sleeping arrangements are very personal to families and carry great cultural meanings.**


Just moments later, baby Eli was asleep in Kelly's arms and she turned to the specialist and asked, "What now?" with a cautious smile. They talked together about what it might be like to put Eli down to sleep and Kelly, with great trepidation said, "If he sleeps in my arms, he will sleep longer." They thought together for a moment and the visitor, remembering that part of Kelly's urgent concern was to have time with Lila, wondered aloud, "I wonder what you might be able to do with Lila out here if you put Eli down in his room?" Capacity Building was underway as Kelly responded, "If Eli is in the back room, I could open the blinds for Lila?" Lila whipped her head around and gave her mother a big smile and began jumping. The specialist supported Kelly to try her new idea.

After putting Eli down, Kelly returned to the living room, knelt down beside her daughter, and opened the blinds. Kelly picked Lila up and they smiled as they walked the visitor out. There was much more work ahead. But for right then, even if only for a few moments, Eli was sleeping in his crib, Lila was in her mother's arms, and the two were smiling. The blinds were open. The front screen door let in a slight breeze to relieve the heat. And there was light.

### **Summary**

**T**HE SUCCESS OF these sites is a tribute to their committed leadership and skilled FBN team and affirms the transferability of the FAN model. Through the process of implementation, it has become clear that the FBN orientation to the help-

ing relationship and the specific FAN core processes are broadly applicable beyond the challenge of infant fussiness and provide practitioners and supervisors across settings with a practical tool for the "How" of working from a relationship-based perspective. FBN is currently working to infuse the approach into two national evidence-based models, Healthy Steps and Healthy Families America®, as well as expand the national network of FBN program sites.

FBN's vision for the future is that all parents who experience challenges with their new babies will receive early support to address their urgent concerns and that this support will be offered in a way that builds their longer-term capacities as parents. Expanding the FBN National Network through new FBN programs and through infusing the approach into existing systems of care is one step toward this vision. We invite you to join! 

---

**LINDA GILKERSON**, PhD LSW, professor, Erikson Institute, is founder and executive director of the Fussy Baby Network®. She leads the development and dissemination of the Network and is principal investigator for a new federal grant to infuse the Fussy Baby Network approach into Healthy Families America® programs. She has a long history of model program development for parents and infants, including Project Welcome and Project Access in Boston, MA, and co-developed the Family Administered Neonatal Assessment. Linda directs Erikson's Infant Mental Health Certificate program and is on the Board of ZERO TO THREE

**JENNIFER HOFHERR**, OTR/L, C/NDT, dissemination specialist for Erikson Institute's Fussy Baby Network®, provides consultation, training, and technical assistance to the Fussy Baby Network® national sites. Jennifer's professional background includes training in Sensory Integration, certification in Neurodevelopmental Treatment, and certification in the Newborn Individualized Developmental Care and Assessment Program (NIDCAP) as an international trainer and consultant.

**ALISON STEIER**, PhD, is a clinical psychologist and director of the Birth to Five Helpline and Fussy Baby Network® Phoenix at Southwest Human Development. She is also director of Southwest's Harris Infant and Early Childhood Mental Health Training Institute and Smart Support, Arizona's mental health consultation service for early childhood care and education providers. Alison holds a fellowship in infant mental health from Louisiana State University Medical Center and a post doctorate degree in infant mental health from Tulane University Medical Center.

**AMY COOK**, MS, graduated with a Master of Science in Counseling Psychology, and is a graduate of Tulane University's Harris Infant Mental Health Program. Since 2007, Amy has been the lead therapist for the Fussy Baby Network® Phoenix at Southwest Human Development, providing support via phone and home visits. Amy also provides education, training, and consultation to professionals in the community and within Southwest Human Development about the Fussy Baby Network® and the social and emotional development of young children.

**ANA ARBEL**, MS, has a Masters in Counseling and Special Education from Haifa University, Haifa, Israel, and a Masters in Infant and Parent Development from Bank Street College. She is the program manager for the Birth to Five Helpline/Fussy Baby Network® Phoenix and a faculty member in Southwest Human Development's Harris Infant and Early Childhood Mental Health Training Institute. Previously, she was a senior program manager for the Early Intervention Program and part of the assessment team at The Children's Developmental Center at Southwest Human Development.

**BARBARA JALOWIEC**, PsyD, is a postdoctoral fellow with the Early Childhood Mental Health Program at Children's Hospital & Research Center Oakland. She previously completed an internship with the Youth Consultation Service Institute for Infant & Preschool Mental Health Program in East Orange, NJ. Barbara has helped improve internal support systems for Fussy Baby Network® Oakland and also provided outreach and education to medical residents.

**MARY CLAIRE HEFFRON**, PhD, is a clinical psychologist, who is the clinical director at Early Intervention services at Children's Hospital & Research Center Oakland. She directs the Irving B. Harris Early Childhood Mental Health Program and provides regional and national training and consultation in infant mental health and reflective supervision. Mary Claire directs the Fussy Baby Network® Oakland program and provides program leadership, clinical supervision, and services to families.

**JENNIFER MURPHY SIMS**, RPT, is a transdisciplinary infant-family mental health practitioner and infant development specialist trained as a physical therapist and working for the Early Intervention Services and Early Childhood Mental Health Program at Children's Hospital & Research Center Oakland. Jennifer participates on the Fussy Baby Network® Oakland team and serves as the Fussy Baby liaison to the Early Childhood Mental Health assessment team, participating in multidisciplinary assessments, developmental intervention and referrals.

**STACEY BROMBERG, PhD**, is clinical psychologist with certificates in Marital and Family Therapy and specialized training in Clinical Child Psychology and Infant Mental Health. Stacey serves as an assistant clinical professor in the Psychiatry Department at the University of Colorado Denver. She is the director of several programs, including Fussy Baby Network® Colorado, and Infant Mental Health Programming at the Haven Mother's House, a residential therapeutic treatment community for pregnant and parenting women struggling with drug addiction.

**JENNIFER J. PAUL, PhD**, senior instructor, Irving B. Harris Program in Child Development and Infant Mental Health, Department of Psychiatry, University of Colorado School of Medicine. Jennifer is a licensed clinical psychologist who is currently the director of Kempe CARES for Child Care, a program affiliated with Fussy Baby Network® Colorado. She is also the director of the Healthy Expectations Perinatal Mental Health Program at Children's Hospital Colorado and director of Baby Haven Infant Mental Health Programming.

## Note

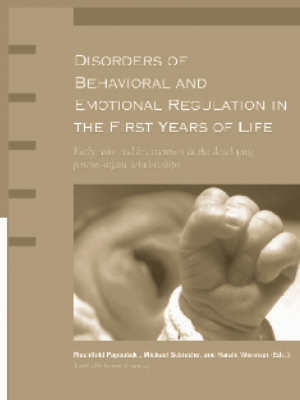
For more information about the Fussy Baby Network®, contact Linda Gilkerson at [lgilkerson@erikson.edu](mailto:lgilkerson@erikson.edu).

## Acknowledgment

Fussy Baby Network® national dissemination is funded by the generosity of the Doris Duke Charitable Foundation, with additional funding from the Irving Harris Foundation and the Pritzker Early Childhood Foundation. We are grateful for their long-standing support.

## References

- BARR, R. G., TRENT, R. B., & CROSS, J. (2006). Age-related incidence curve of hospitalized Shaken Baby Syndrome cases: Convergent evidence for crying as a trigger to shaking. *Child Abuse Neglect* 30(1), 7–16.
- FUSSY BABY NETWORK. (2008). *Partners in care: Supporting fussy babies in child care*. Retrieved from [www.fussybabynetwork.org](http://www.fussybabynetwork.org) under “for professionals”.
- GILKERSON, L. (2009). *Fussy Baby Network core intervention processes*. Chicago, IL: Erikson Institute Fussy Baby Network.
- GILKERSON, L., & GRAY, L. (in press). Fussy babies: Early challenges in regulation, Impact on the dyad and family, and longer-term implications. In K. Brandt, B. Perry, S. Seligman, & E. Tronick (Eds). *Infant and early childhood mental health*. Alexandria VA: American Psychiatric Publishing.
- GILKERSON, L., GRAY, L., & MORK, N. (2005). Fussy babies, worried parents, and a new support network. *Zero to Three*, 25,(3) 34–41.
- MAXTED, A. E., DICKSTEIN, S., MILLER-LONCAR, C., HIGH, P., SPRITZ, B., LIU, J., & LESTER, B. M. (2005). Infant colic and maternal depression. *Infant Mental Health Journal*, (26), 56–68.
- PAPOUŠEK, M., & VON HOFACKER, N. (1998). Persistent crying in early infancy: A non-trivial condition of risk for the developing mother-infant relationship. *Child: Care, Health & Development*, (24), 395–424.



ITEM #370  
ISBN 978-1934019-17-7  
\$49.95



# FUSSY BABY OR BEHAVIORAL DISORDER?

## Disorders of Emotional and Behavioral Regulation in the First Years of Life *Early Risks and Intervention in the Developing Parent–Infant Relationship*

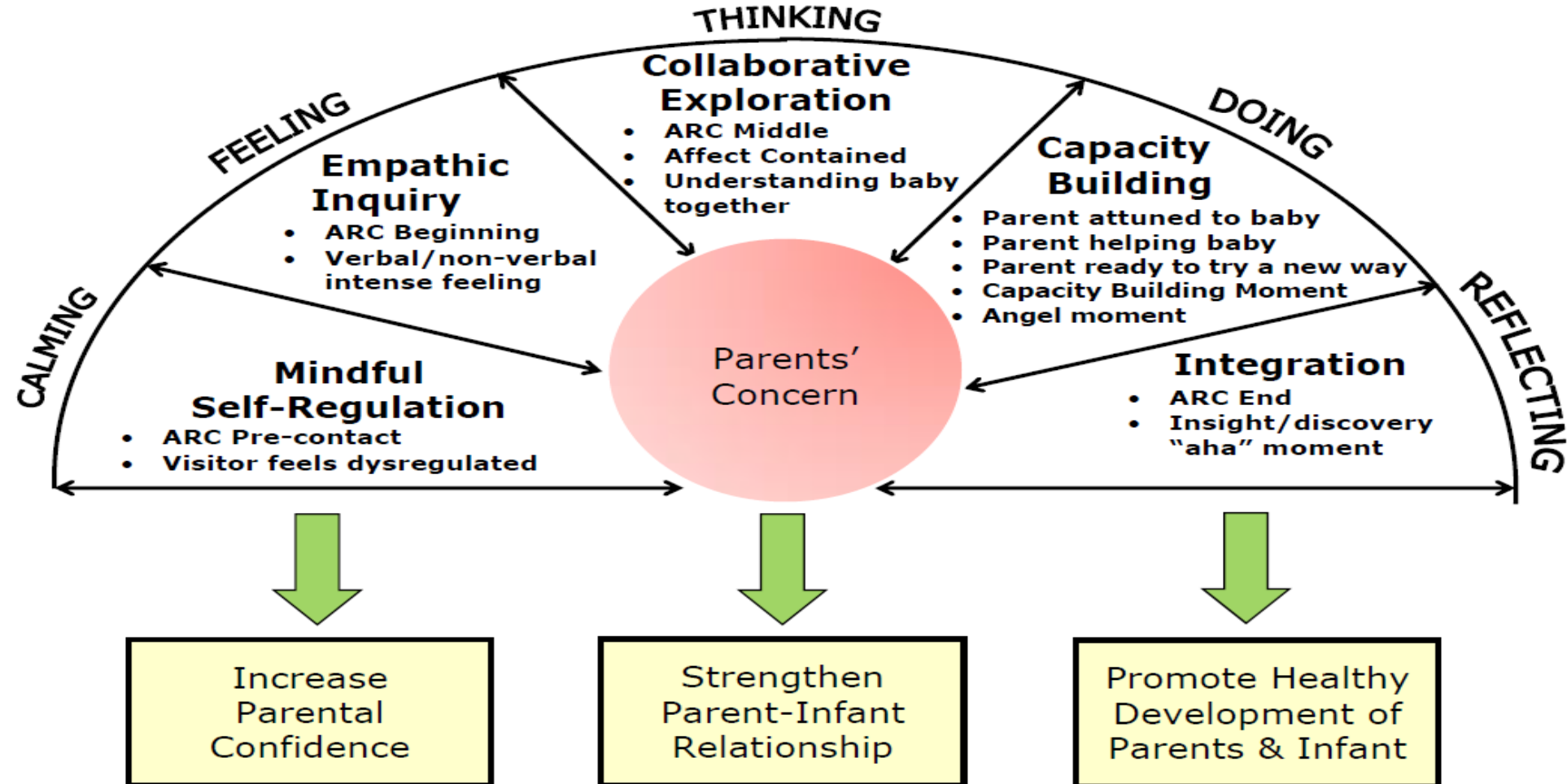
MECHTHILD PAPOUŠEK, MICHAEL SCHIECHE, and HARALD WURMSER  
Translated by KENNETH KRONENBERG

Excessive crying, sleeping disorders, and feeding problems are some of the most common behavioral disorders in infants and toddlers. Yet, treating them confounds many parents—and clinicians. This book, now translated into English for the first time, shows how you can do a better job of supporting families through difficult times when their infant or toddler has a behavioral disorder or is at risk for one. Learn from numerous case studies and scientifically sound information on these disorders and others. ■ 2008. 346 pages. Paperback.

Order your copy today! Call toll-free (800) 899-4301 or visit our bookstore at [www.zerotothree.org/bookstore](http://www.zerotothree.org/bookstore)

# Fussy Baby Network® FAN

Facilitating Attuned Interactions





# ARC OF ENGAGEMENT



## In the beginning

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

## Near the middle

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

## Before the contact

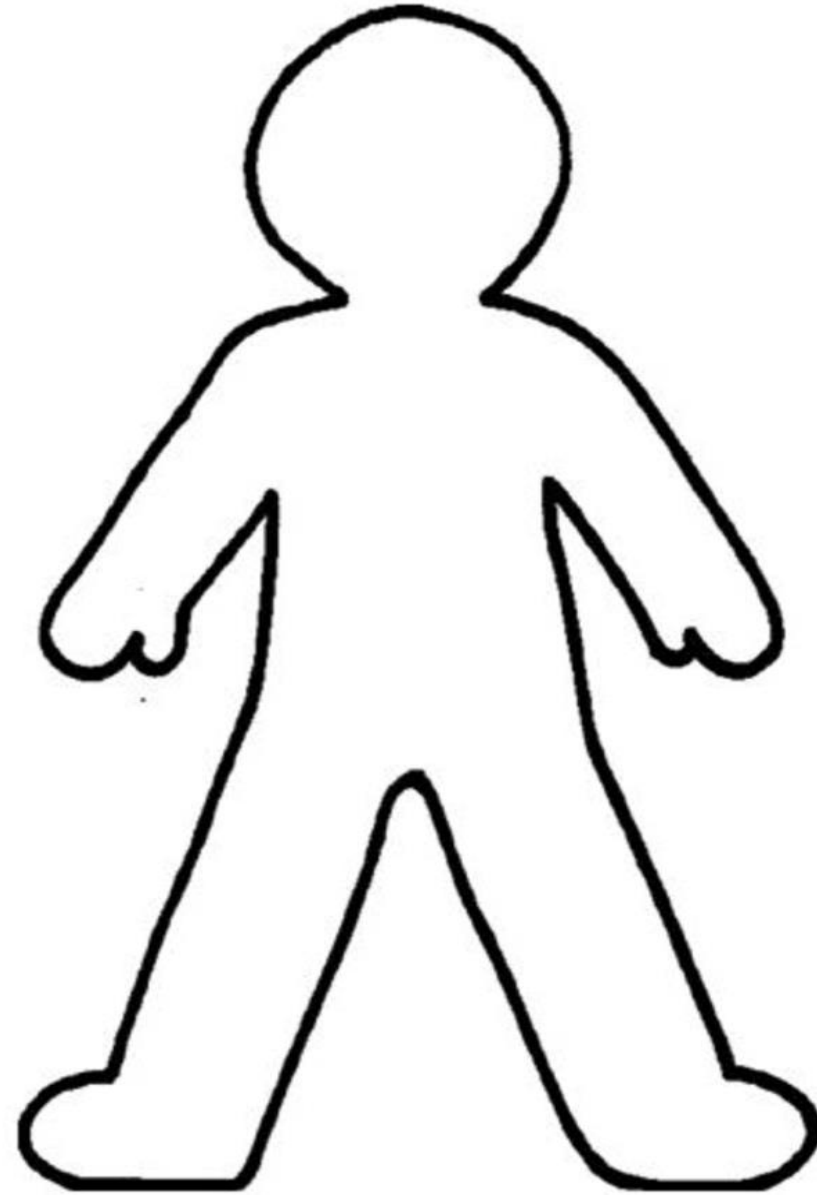
### How am I?

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

## At the end

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

# Inside/Outside



## MSR and Compassion Fatigue Awareness Checklist

Behavioral System	In Balance	Out of Balance	Compassion Fatigue
<b>Body Functions</b>	<input type="checkbox"/> Steady breathing	<input type="checkbox"/> Fast breathing, Holding breath	<input type="checkbox"/> Chronic physical ailments
	<input type="checkbox"/> Quiet digestion	<input type="checkbox"/> Indigestion/hungry	<input type="checkbox"/> Frequent headaches
	<input type="checkbox"/> Comfortable temperature	<input type="checkbox"/> Hot or cold	<input type="checkbox"/> Sleeplessness
	<input type="checkbox"/> Steady heart rate	<input type="checkbox"/> Heart racing	<input type="checkbox"/> Nightmares/flashbacks
		<input type="checkbox"/> Headache	
		<input type="checkbox"/> Sweaty palms	
		<input type="checkbox"/> Flushing	
<b>Body Movement/ Muscle Tone</b>	<input type="checkbox"/> Sitting/standing comfortably	<input type="checkbox"/> Fidgeting	<input type="checkbox"/> Muscle pain/soreness
	<input type="checkbox"/> Shoulders relaxed	<input type="checkbox"/> Slouching	
	<input type="checkbox"/> Symmetrical	<input type="checkbox"/> Hunched shoulders	
	<input type="checkbox"/> Stable	<input type="checkbox"/> Tense muscles	
		<input type="checkbox"/> Gritting teeth	
<b>State/Attention</b>	<input type="checkbox"/> Alert	<input type="checkbox"/> Sleepy	<input type="checkbox"/> Hyper-vigilance
	<input type="checkbox"/> Calm	<input type="checkbox"/> On edge/vigilant	<input type="checkbox"/> Physical exhaustion
	<input type="checkbox"/> Ready	<input type="checkbox"/> Overwhelmed	<input type="checkbox"/> Emotional/mental exhaustion
	<input type="checkbox"/> Aware	<input type="checkbox"/> Urge to fight or flight	<input type="checkbox"/> Inability to focus/concentrate
		<input type="checkbox"/> Frozen	
		<input type="checkbox"/> Anxious	
		<input type="checkbox"/> Shut down	
<b>Feelings</b>	<input type="checkbox"/> Aware of my own feelings	<input type="checkbox"/> Not aware of feelings	<input type="checkbox"/> Apathy
		<input type="checkbox"/> Uncontained feelings	<input type="checkbox"/> Frequent frustration/irritability
		<input type="checkbox"/> Denial of feelings	<input type="checkbox"/> Depression
<b>Social Engagement</b>	<input type="checkbox"/> Focus on participant	<input type="checkbox"/> Mind wandering	<input type="checkbox"/> Social isolation
	<input type="checkbox"/> Maintain social connection	<input type="checkbox"/> Difficulty focusing on what participant is saying	<input type="checkbox"/> Reduced sense of professional accomplishment/meaning
	<input type="checkbox"/> Shift attention smoothly from participant to baby or other	<input type="checkbox"/> Zone out	<input type="checkbox"/> Absenteeism
			<input type="checkbox"/> Avoiding participants
<b>My MSR Strategies</b>			



# Mindful Self-Regulation Exercises

## to use in the Moment

### Breathing

Intentional breathing is a helpful way to bring us to the present.

#### Three Conscious Breaths:

1. Breathe in deeply.
2. Hold your breath for 3-4 seconds.
3. Slowly exhale.
4. Repeat for three full breathes.

#### Deep Breathing:

1. Breathe in deeply.
2. Notice the cold air in your nostrils and on you breath.
3. Breathe slowly out.

#### Breathing to Calm Self:

1. Breathe in for count of 4.
2. Breathe out for count of 7.

#### Breathing to Activate Self:

1. Breathe in to count of 7.
2. Breathe out to count to 4.

### Grounding

Becoming aware of our senses can be helpful in bringing us back to the present.

#### Simple Grounding Technique

1. Place both feet flat on the floor
2. Lean back into your chair, and make note of the feeling of the chair under you and against your back.
3. Place your hands in your lap.
4. Notice the way your feet feel in your shoes, and your shoes feel on the floor.
5. Notice the way your hands feel in your lap. Tap your thighs, and notice the way this feels, if you'd like.
6. Recognize yourself as reoriented to the "here and now."

#### Four Senses Grounding Exercise

1. In your mind, notice 1 thing you see in the room.
2. In your mind, notice 1 thing you can feel ("my feet on the floor" or "the air in my nose").
3. In your mind, notice 1 thing you hear ("traffic outside").
4. In your mind, notice 1 thing you can smell.

### Imagery

#### Snow Globe

1. Visualize a snow-globe in your mind.
2. Imagine the snow-globe is shaken up, and the swirling snowflakes symbolize your stress and state of dysregulation.
3. Imagine the snowflakes gently settling and the snow-globe becoming clear.
4. As the snow-globe becomes clearer in your mind, imagine your stress and dysregulation settling and visualize clarity and peace of mind.

#### Wheat Field

1. Visualize a field with long blades of wheat blowing on a clear, sunny day.
2. Imagine you are sitting in the field. Feel the breeze and the sun on your skin.
3. Visualize the peace and tranquility that the field represents.
4. Bring yourself back to present, carrying with you feelings of tranquility and peace.

### Self Talk

**Positive Self Talk** is communicating with yourself in a way that helps you to feel more present, regulated, and accepting.

Example self talk phrases:

- I accept the things I cannot control.
- I am here to listen.
- I always give my best effort and that is good enough.
- I can keep asking questions.
- I am smart, confident, and capable.
- I see the best in other people.
- I accept this situation for what it is.
- I can slow down and observe before reacting.
- I am organized and know what I need to do.
- I accept the choices of other people.
- I am learning and growing.

Add your own:

- .
- .
- .

#### References:

<http://adrenalfatiguesolution.com/5-simple-breathing-exercises/>

<http://healthland.time.com/2012/10/08/6-breathing-exercises-to-relax-in-10-minutes-or-less/>

<http://stronginsideout.com/breathing-exercises/>

<http://www.drcordes.com/blog/2014/11/24/easy-grounding-exercises-to-calm-the-nervous-system>

<http://www.mtstcil.org/skills/image-3.html>