Implementing the Fussy Baby Network® Approach

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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® (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® (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**

Because 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**

The 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.

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**Figure 1. Fussy Baby Network® FAN Approach**

![FAN Diagram](https://via.placeholder.com/150)

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

FBN 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 him, 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

PRIOR 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
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 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 funny, 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 childhood 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 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 fussy 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 looking 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.

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

The 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 helper 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!§

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Note
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