

Stories From the Fussy Baby Network

The Latino Family Services Drop-In Program

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The Erikson Institute's Fussy Baby Network was created in 2003 to address the needs of families struggling with concerns about their baby's crying, sleeping, feeding—or any combination of these—during the child's first year (Gilkerson, Gray, & Mork, 2005). The program offers “warm line” telephone support, home visits, parent groups, and clinic services. The Fussy Baby Network helps parents with their urgent concerns about their baby using a collaborative process designed to strengthen their

parenting capacities, their confidence and competence, and their relationship with their baby.

In 2006, we began a program specifically geared to reach the Latino community, a group that had not, despite our energetic outreach efforts, responded to the Fussy Baby Network. The Chicago Public Schools Office of Early Childhood Education provided a Prevention Initiative Grant allowing us to adapt our program to new immigrant Latino families with young babies and to expand the bilingual and bicultural staff. As a Prevention Initiative program, we were to provide parent education, child development information, and support to families whose children were at risk for later learning problems. We were also charged with the identification of children who might have developmental challenges in order to offer those families information and referral for assessment and early intervention services.

With the guidance of an advisory board of Latino community leaders and focus groups with families, we embedded Fussy Baby Network services into existing community agencies. The Latino Family Services program began as a monthly parent education group and expanded to include a weekly drop-in option in which parents met more regularly and staff can better respond to parents' concerns about their child's development. What follows is a description of how we created

the drop-in group, located in a church on Chicago's West Side. We use stories of program participants to illustrate the powerful role that prevention programs can play in (a) promoting parents' knowledge about their children, (b) enhancing confidence in their parenting, and (c) expanding their social network, all leading to improved developmental outcomes for their young children.

Rationale for Drop-In Services

IN DEVELOPING AND implementing the Fussy Baby Network's Latino Family Services program, our team first focused on offering monthly parent education groups in collaboration with community programs. During these group meetings, Latino families received well-child care or community social services. Many times, parents sought us out after the groups to discuss their worries about their baby's development, relationship problems with their partners, or the impact of domestic violence on them and their children. Rosa, a young mom who was struggling with postpartum mood disorder, said that the monthly groups were her only real times to socialize, and added, “I wish we could meet every week.”

Rosa's longing for more socialization and support resonated with our own feelings about the group's needs, and the seed was planted to develop a weekly, drop-in program. We were sure that more informal and

frequent contacts with families would yield more opportunities for identifying individual family needs and concerns, and for offering support, as well as for making appropriate interventions and/or referrals when appropriate. Finding the right “home” for a weekly group was critical. The program's growing connections and visibility in the community brought the solution our way.

Engaging Families Through Community Partnership

“La Iglesia hace gran parte de nuestra familia.”
[The Church plays a large role in our family.]

THE FUSSY BABY Network was contacted by Juan, a social work intern in a large and active parish in one of Chicago's Latino communities serving many new immigrant families. Juan contacted us

Abstract

The Fussy Baby Network, a program of the Erikson Institute in Chicago, partnered with a local church to engage Latino families in a relationship-based group drop-in program designed to offer social connections, parenting support, and child development services. The group format provides a safe and trusting environment in which parents can feel less isolated, offer support to one another, learn about child development, and have access to resources for their children. The authors share stories of program participants to illustrate how powerful a group process can be in improving parents' knowledge, confidence, and interactions with their babies.

to find out about our services because he was exploring how to develop and implement family support services in a community with very high socioeconomic needs and limited resources. As we talked, it was clear how well established the church was in the community and how it provided psychological, spiritual, and emotional comfort to its members. Specifically, the church provided:

- Strong relationships with individuals, families, and groups within the community,
- A bridge to community experiences that families had in their country of origin, and
- Concrete assistance in times of need.

Forming a liaison with the church would provide the program with an entrée into the community, and we hoped that the positive feelings that people had toward the church would be transferred to us and, in turn, to our services. Juan enthusiastically embraced the partnership with Latino Family Services, and we began planning a weekly drop-in group.

Getting Started

JUAN BEGAN LAYING the groundwork for the drop-in group 1 month before the first session by publicizing it in the church bulletin and by talking with families individually and during the course of regular church activities. He also brought information on the group to the prenatal classes being held at the church.

One Sunday morning, we set up a table outside the church to share our flyer and talk with families about the group. The church regularly fills six Sunday masses, three in English and three in Spanish. The social networking and atmosphere before and after mass felt very much like being in the center of a small town. Children walked around without the usual parental vigilance as the safety net of the church seemed to extend over the community. As parents approached our table, greeted Juan, and were introduced to us, we were hopeful that the drop-in prevention program could become a successful part of the church community. Seven families attended the first group, and 6 to 10 families have attended consistently throughout the first 6 months. The initial success with the drop-in was due in large part to the positive feelings that families had about the church, coupled with Juan's dedication to promoting the group.

Purpose and Goals of the Drop-In Group

"Intiendo ahora. . . . Es a través del informal que viene el formal."

[I understand now. . . . It's through the informal that the formal comes.]



PHOTO: LOREN SANTOW

Babies need safe and developmentally appropriate places to play.

SEVERAL MONTHS INTO our drop-in program, Señora Gutierrez attended the group for the first time with her 7-month-old granddaughter. We greeted her warmly, briefly explained the purpose of the group and invited her to join the other parents and babies on the floor. Señora Gutierrez watched as several of the babies were actively engaged in tummy time play, catching their reflections in the mirror and reaching toward toys. Sandra, the youngest, started struggling to lift her head and squealed with frustration. Señora Gutierrez was still holding her little granddaughter on her lap. We commented on how hard all of the babies were working, and noticed that Dalia (a chubby 5-month-old) appeared ready to roll over. Parents began talking about what happens at home: "At home, he just cries the minute I put him down—I never put him on the floor" and "My *suegra* [mother-in-law] says that there is too much cold air on the floor for a baby, so I only put her on the bed." Now, we were hearing more about how the parents' cultural experiences influenced their parenting, and how they felt about seeing their babies struggle.

We joined the discussion by sharing information about development and asking parents what it meant to them to let their babies cry without immediately stepping in. A lively conversation ensued about how babies learn to do things that are hard for them, and how mothers get lots of competing advice about what to do. At this moment, Señora Gutierrez turned to us and said, "*Intiendo ahora. . . . Es a través del informal que viene el formal* [I understand now. . . . It's through the informal that the formal comes]." "Yes," we said, "that's exactly it." Señora Gutierrez's statement beautifully

captured the purpose of the drop-in group (see box, Elements of the Drop-In Group).

Positive Social Connections

On the basis of the wealth of information that we had gathered about issues facing immigrant families, we knew that many were grieving the separation from family, friends, and other social support networks. Therefore, we felt that the first purpose of the drop-in should be to provide an opportunity for parents to meet with other parents and share their challenges and joys related to child rearing. We were mindful that each family had its own unique social and cultural history and personal story. The informal, flexible setting of a drop-in lent itself to accommodating their individual needs.

A Safe Place for Babies to Play Together

The second purpose of the group was to provide the babies with a safe and developmentally appropriate place to play around other children. The social structure in Latin American communities promotes interaction between groups of children for much of the day. Older children care for their younger siblings or cousins, and a lot of time is spent outdoors. The immigrant parents remembered this part of growing up with strong emotion. They also frequently referenced the isolation that their children experienced in the United States. Parents said that in Chicago their children were "locked up" in the house most of the day with nothing to do.

Parents' Access to Child Development Specialists

As the noted pediatrician T. Berry Brazelton pointed out long ago, all parents have two

ELEMENTS OF THE DROP-IN GROUP

- Meets weekly, rain or shine
- Provides a physically and emotionally safe location in the community
- Has consistent facilitators who are developmental experts and infant mental health specialists
- Provides a consistent and nurturing structure in which families and children are welcomed whenever they arrive; snacks are offered during the second half of the group; time is allocated at the end of the group for families to gather, hear announcements, and sing children's songs, including a good-bye song; and warm good-byes are given whenever families leave
- Holds a positive, open, and nonjudgmental stance
- Provides appropriate developmental toys and activities
- Includes staff who observe, join, and respond to parents and children, and who engage with families around developmental concerns and offer referral information when appropriate
- Offers a developmental framework for what's happening in the moment
- Provides developmental education (e.g., monthly special topics such as infant massage, meet the pediatrician, and early literacy)

basic worries: "Is my child okay, and am I a good enough parent?" As we led groups in the Latino community, parents expressed worries about their babies' health and development, and looked for information and reassurance about their parenting. Questions about motor and language development, behavior, feeding, and nutrition were common. The third purpose of the group then became to provide an opportunity for parents to talk with developmental specialists regarding their questions and worries about their baby. Taken together, the three stated purposes of the drop-in provided the groundwork for the prevention process: (a) a supportive environment in which families could build relationships and expand their social

connections, (b) a social group for the children to play and learn, and (c) an opportunity for dialogue with child development specialists about the children's accomplishments and needs, and when indicated, referrals for evaluation and services.

The Power of the Group Process

THE FOLLOWING STORIES of families in our program demonstrate how a parent-child drop-in group can provide the opportunity to develop strong, trusting relationships with parents, and how these relationships, in turn, can allow families to seek and accept the help they need to best support their very young children.

Cecilia's Story

"Cuando Cristian se despierta los jueves, dice, 'Vamos a jugar, Mami!'"

[When Cristian wakes up on Thursdays, he says, "Let's go play, Mami!"]

The story of Cecilia and Cristian, her 2-year old son, illustrates the power of the group process in forming supportive social connections. It also shows how those connections resulted in the initiation of needed developmental services.

Juan had been providing case management services to Cecilia, a single mother, since her pregnancy with Cristian, and he encouraged her to come to the drop-in. We had concerns about Cecilia's mental health the first time we met her: She sat on the outside of the group, her facial expression was flat, and she rarely interacted with Cristian or the other mothers. Cristian also had a flat expression, and his behavior paralleled Cecilia's: He stayed very close to his mother and did not engage with people or play with the toys. Over the course of several months, we saw dramatic and rewarding changes in both Cecilia and Cristian as they were invited into the group and responded by reaching back.

We knew that Cecilia needed individual support to engage her in the group. Fortunately, she attended group every week, usually coming early. It quickly became evident that coming early filled a need for her to have some time alone with staff, and that her consistent participation was a strength that we could build on. At the second group, Cecilia casually let us know that she was pregnant. Our goal became to provide Cecilia with an ongoing relationship that offered her the experience of being held and valued during this difficult time in her life.

Individually, we approached Cecilia each week with interest and concern, checking in about how she was feeling and how Cristian was doing, and referencing her concerns from the previous week. Juan was consistently available to provide case management services (e.g., help with housing or medical care) when needed. Simultaneously, we reached out to Cristian through one staff member who devoted time during the group to play with him. After several weeks, Cristian began to move away from his mother to explore, and Cecilia began to be more responsive to the other group members. Other mothers began to engage her. Whenever one mother nursed her baby, she would sit next to Cecilia, and they would talk quietly. Several parents also spontaneously began to approach Cristian and helped him to play with the other children. After several weeks, Cecilia told staff with a smile that Cristian would wake up every Thursday and say that he wanted to go to the church and play. She added that on other days, he didn't want to



PHOTO: LOREN SANTOW

Parents observe and discuss their babies' abilities and struggles.

get out of bed. Cecilia's growing attachment to the group was apparent.

Cecilia entered the group smiling for the first time at the sixth session. She brought an ultrasound picture of her baby, and proudly walked around to show it to each parent. This was a pivotal experience for both Cecilia and the group. For the first time, rather than sharing the hardship in her life, Cecilia reached out to share her happiness at seeing her baby. Group members mirrored her excitement, responding with warmth and enthusiasm. They were able to experience the joy of sharing in the moment with someone who initially had seemed so withdrawn. From that day forward, Cecilia was an integral member of the group. When she arrived, she would come in and greet people with a shy smile and a kiss (greetings for all group members had quickly become ritualized with a touch and a kiss). She sat in the circle around where the babies were playing, and even though she was still quiet most of the time, she actively listened and sometimes shared her experiences. She was the first to bring in a copy of a favorite children's song when we began the routine of singing at the end of each group.

As Cristian moved away from Cecilia to play with other children (and Juan), Cecilia let us know that she was struggling with his behaviors at home. She said that he often had serious tantrums, and he was not gaining weight. We had wondered previously about Cristian's limited use of words during group, but Cecilia had assured us that he talked a lot at home. We suggested an evaluation through the state early intervention system, and Cecilia eagerly agreed. The evaluation was conducted before she went into the hospital, and Cristian began receiving intensive services at home soon after his new brother arrived.

Cecilia's story illustrates a major challenge of running a prevention group. Part of the contract with families is to offer help around their child's development, and that is also a significant part of the contract with the funder—the key is how to keep developmental and clinical concerns in sight while respecting the individual and group process. As developmental specialists, we recognized the risk factors for Cristian early on: maternal mood disorder, family struggles, delayed language, externalizing behaviors, and other health concerns. As infant mental health specialists, we needed to create openings to help Cecilia express her concerns and to offer her help in a way that would support her own parenting capacities. Much of this was accomplished through the supportive environment of the group, where Cecilia could practice parenting skills that were difficult for her, such as helping Cristian regulate his emotions and behavior, and where she could talk intimately with the group leaders about her



PHOTO: LOREN SANTOW

Program staff can provide development knowledge, guidance, and referrals when necessary.

concerns while enjoying the caring presence of other parents.

Liliana's Story

"Mi hija no se mueve como los otros."
[My daughter doesn't move like the others.]

The story of Liliana and her parents, Olga and Jorge, provides another example of how identifying developmental issues and linking families to early intervention can be addressed through the group process. From the very first

day that Liliana and her parents attended group, her parents seemed anxious about her overall health and development. They regularly asked both staff and other parents many questions about feeding, sleep, and development. The questions included: "When are babies supposed to walk? How do we get her to walk? When is she supposed to start talking? Why does she cry when there are a lot of people around?" Liliana's father repeatedly and loudly posed these questions to each staff member at various sessions, suggesting his possible worry

about her development. Liliana's mother also expressed concerns but looked for opportunities to talk quietly in private at the beginning or end of group.

During group sessions, Liliana's mother and father closely watched the younger babies during tummy time. Often, looks and comments passed between them that they did not share with the group. For most of the families, the drop-in group was the first time that their babies were put on their tummies on the hard surface of the floor. While parents seemed to know that tummy time was important, they talked about how frustrating it was at home to see their babies cry and fuss on their tummies. Staff shared developmental information and practical strategies to help babies tolerate and even enjoy tummy time (e.g., using rolls or mirrors, or getting on the floor with them and interacting), and invited them to try these activities. The activities provided the context in which to discuss what the parents were observing and their feelings about their babies' abilities and struggles. Parents began to talk about how they could support their babies' attempts to move and settle when they were at home. Most of the babies would return the next week demonstrating improved strength and coordination, staying on their tummy longer, lifting their head higher, or rolling over.

Liliana, on the other hand, showed very slow progress. She had more difficulty on the floor than her younger peers. She struggled to keep her head up and bear weight on her arms. She tired and became disorganized quickly. Early on, staff had concerns about Liliana's development and wanted to refer her for early intervention services, especially since her parents seemed to have a lot of questions themselves. As developmental specialists, our first instinct was to make a prompt referral. But we knew through prior group experience, as well as through clinical supervision, that we should slow down. Twice in the first months of the group, we were quick to recommend referral for an early intervention evaluation when a parent expressed a developmental worry about her child. In both instances, the family never returned to group, and while we could not say for sure that our attempts at intervention were made too soon, we were left wondering what had happened. Clinical supervision helped us to explore the possible reasons why this happened and think more about the underlying meaning of the parents' concerns. For example, one of the mothers in the group expressed concerns to us about her 2-year-old daughter's speech delay. In the following weeks, we learned that there was marital conflict at home and that mom's worries about her daughter's speech were linked to worries that her daughter was overly shy and fearful around people because of her father's anger.

We needed time to establish a solid trusting relationship with Olga and Jorge in order to better understand their worries. Holding back with an immediate referral also allowed us time to share developmental strategies for them to work on with Liliana, to observe the trajectory of developmental progress, and to discuss parents' observations each week. This process could help Olga and Jorge take a more active and informed role in supporting and assessing their child's development. In several other instances, we saw babies make rapid progress in gross motor skills when their parents started putting them on the floor every day at home rather than placing them in baby carriers or other equipment. Slowing down the referral process also allowed us to assess Olga and Jorge's emotional availability for a referral, making for a more sensitive and successful referral experience.

As the group continued, we remained concerned about Liliana's development. After several weeks, as Liliana's mother was watching the other babies on the floor, she turned to us and said, "My daughter doesn't move like the others." This was an opportunity to promote Olga's understanding of Liliana's developmental needs and to begin the referral process. The conversation began:

"Tell me more about that."

"Well, the other babies are pushing themselves up and turning from side to side, and she still has a hard time keeping her head up. She gets tired so quickly."

"Yes, I have noticed that this is hard for her. What have you noticed at home?"

"At home, I never put her on the floor, but when I put her on her tummy on the bed she cries right away. Is this okay?"

This was the beginning of a layered conversation with Liliana's mother that touched on many concerns. Olga expressed ambivalent feelings, saying that she wanted Liliana to get more help, but she was also getting a lot of advice from her husband's family that Liliana was "just fine." Olga said that Jorge's nephew had not walked until he was 2 years old, and now he was "doing good." We did not feel that Olga was ready for a referral yet, and we did not want to talk with Olga unless Jorge was present. But the groundwork was laid, and we observed development each week as Liliana continued to progress very slowly. At one point, Liliana's parents asked for the phone number of their local early intervention office, but they did not call. We respected Olga and Jorge's process while continuing to monitor Liliana's development and offering ideas on how they could support her growth at home.

The tipping point came when one of the parents, Maricela, shared with the group her experiences with her older children in early

intervention. Maricela had consistently been open and articulate about her feelings, and was taking on the role of a mentor for other parents in the drop-in group. We knew that Maricela's first two children had received therapy, so when Olga asked about her daughter's movement, we asked Maricela to share what she knew about early intervention. For the first 15 minutes, Maricela described the mechanics of the referral and evaluation procedure. She answered parents' questions about therapies and how sessions were conducted. She described how therapists seemed to be "just playing" but really were helping the baby to work on skills. One example she gave was how playing with different textures helped her daughter to get over her tactile sensitivity, which, in turn, improved her fine motor skills.

Maricela also eloquently described the emotional experience of being a parent whose child received special services. She shared that she initially felt like a bad mother and that she had felt guilty and incompetent. She then said that over time, there was a shift in how she regarded the services. Rather than feeling judged by therapists, she felt like they were working together for the benefit of her children. At first, the visits were very anxiety-provoking, but soon she began to look forward to them and considered the therapists as a great source of developmental information and emotional support.

Maricela described what she received from early intervention—concrete information and emotional support—and, in turn, provided the same things for the group. Clearly Maricela's story resonated deeply with Jorge and Olga, because Jorge immediately stood up and asked, "Where do I sign up?" He asked us if we would call the early intervention office so that Liliana could get therapy. By allowing the group process to unfold and guiding the direction of discussions, we facilitated an effective intervention referral with Liliana and her parents that respected their role as the decision makers about their child.

Learn More

The Fussy Baby Network

www.fussybabynetwork.erikson.edu

In 2005, the Fussy Baby Network launched a 2-year project to extend support to child care professionals who struggle with fussy babies. Funded by the Prince Charitable Trusts, the project culminated in the 2008 publication of a booklet to support infant child care teachers and infant program directors. The PDF of this booklet is available at www.erikson.edu/Page-Content/en-us/Documents/partnersincare.pdf.

The Drop-In Program Today

THE LATINO FAMILY Services drop-in program continues to fulfill its stated purposes of providing a welcoming place for parents to build relationships, a safe place for babies and young children to play with each other, and an opportunity for parents to talk with specialists in child development. For the children, we provide a developmentally appropriate environment for play (e.g., colorful mats on the floor, clean and safe toys, and safety plugs in the wall outlets) as well as a predictable, consistent, weekly routine of greeting, playing, and singing that allows parents to observe and learn about their baby's development as it unfolds. Parents recently voted to name the drop-in "Pequeños Exploradores [Little Explorers]," illustrating the central place that promoting their children's development has for them. Always, we monitor the needs of individual family members and are ready with developmental knowledge, guidance, and referrals when necessary. Over the past 6 months, we have also brought in other community resources (e.g., a developmental pediatrician, children's librarian, and pediatric physical therapist) to expand the network of supports.

Liliana had an early intervention evaluation and was found eligible, but her parents have not yet taken the next step to begin therapies. Recently, she has made more solid progress in several developmental domains, and we will continue to monitor her progress and encourage her parents to follow through.

Cecilia had a beautiful baby girl. Two weeks after the baby was born, Cecilia brought her to group and, just as she had showed the picture of the ultrasound, she unwrapped the baby from her blanket and proudly presented her to each group member. This eloquent gesture of a mother's pride and love for her baby beautifully illustrated the power of supportive, nurturing environments to promote healthy relationships between vulnerable parents and children. ❧

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SINANE GOULET, LCSW, has worked with infants, young children and families for more than

12 years, focusing on both typical and atypical development. She coordinates Fussy Baby's Latino Family Services initiative, participating in community outreach, parent groups, and individual home visiting.

LINDA GILKERSON, PhD, is a professor at Erikson Institute and founder and executive director of the Fussy Baby Network. Her work focuses on the development of training and service programs in infant mental health and early intervention, including the development of a national network of Fussy Baby affiliate sites.

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MENTAL HEALTH
IN INFANTS:

EXPERTS
SHARE
THEIR
STORIES,
ADVICE

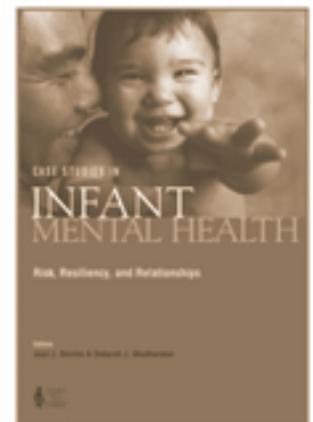
Case Studies in Infant Mental Health

Risk, Resiliency, and Relationships

JOAN J. SHIRILLA and DEBORAH J. WEATHERSTON,
Editors

This comprehensive reference book details 12 real-life case studies when health, developmental, or learning problems occur in infants and very young children. Widely praised as a "must" for all students and practitioners in the field of infant mental health, this book serves as an outstanding source of methods and techniques of clinical intervention. Each case study includes a full description of the child and family, discusses the supervision and consultation that supported the specialist, and includes self-reflection questions for the reader.

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