

# Using the FAN Approach to Deepen Trauma-Informed Care for Infants, Toddlers, and Families

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## Abstract

Erikson Institute Fussy Baby Network® (FBN) leaders from around the country have been considering the importance of building trauma-informed service programs. In this article, they discuss ways that the Facilitating Attuned Interaction (FAN) approach and the core processes used by the FAN can be helpful both when trauma is an unexpected presence in a family and when a provider has foreknowledge of serious concerns. The authors present the FAN's theory of change, the FAN "ARC of Engagement," and FAN Core Processes as a framework to assist providers in staying present and attuned in situations where trauma and high risk exist. In addition, they describe the role of the FAN in supporting trauma-informed practice in relationship-based infant/parent programs and in programs that specifically provide trauma treatment.

Erikson Institute Fussy Baby Network® (FBN) is a national model home visiting prevention program known for its approach to family engagement called the FAN which stands for *Facilitating Attuned Interactions* (Gilkerson & Gray, 2014; Gilkerson et al., 2012). The theory of change guiding the FAN is based on the concept of *attunement*, defined as an individual's sense of feeling connected and understood. Attunement is a kind of resonance, a form of "being with" that does not attempt to change the other. The FAN is both a conceptual framework (see Figure 1) and a practical tool for achieving attunement in relationships and reflective practice. At the center of the FAN are the parent's concerns—worries about the self, about interacting with the infant, about the material world. Co-existing with parental concerns may be those of

the provider or the system. The provider supporting the parent uses the FAN to read the parent's cues, matching interactions to what the parent is showing he seems most able to use in the moment, and moving flexibly among the FAN processes based on the parent's responses. Providers also use the FAN to attune to and regulate their own responses within the interaction in order to stay present to the parent(s).

The FAN Core Processes are each used based on reading cues rather than in a prescribed sequence. The processes are:

- Mindful Self-Regulation is used by the providers to track their own responses and, when dysregulated, use intentional strategies to regain balance and attune to the parent

- Empathic Inquiry is used when parents are showing feelings, verbally or non-verbally, or when there is an absence of feelings around a concern that is important to the parent.
- Collaborative Exploration is used when feelings are contained and the parent wants to think together about an issue or concern.
- Capacity Building is used when parents are seeking new information, actively caring for the child, or seeming ready to try something new.
- Integration is used to support new insights that parents have about their child or themselves as parents.

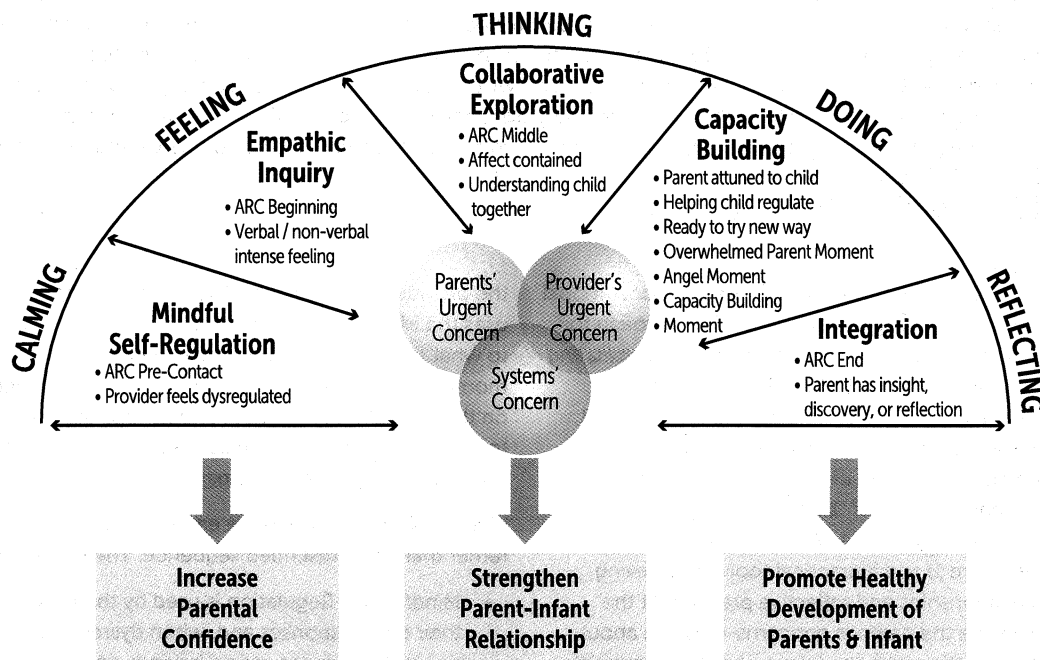
Providers use the FAN in a wide variety of programs operating within different systems and settings including home visiting programs, early intervention, infant mental health services, alternative response services in child welfare, and recovery programs for substance abuse. (See Cosgrove & Norris-Shortle, 2015; Gilkerson et al., 2012; Heller & Breuer, 2015, for examples of applying the FAN in home visiting and shelter programs, and Spielman, Herriott, Paris, & Sommer, 2015, for a description of a recovery program into which the FAN is now infused.)

In this article, we draw on examples from the FBN to describe the specific ways providers can use the FAN approach to support trauma-informed practices in FBN programs in which trauma treatment is part of the mission (e.g., parents in recovery, or alternative response systems in child welfare), as well as in programs that serve families affected by past or present trauma but that do not specifically provide trauma-treatment services.

## The FAN and Trauma-Informed Practice

The FAN approach offers providers a grounding framework within which to actualize the kind of safe, holding environment needed for trauma-informed practice. Raja, Hasnaian, Hoersch, Grove-Yin, and Rajagopalan (2015) emphasized that providers must reserve judgment particularly when exploring problematic patterns of behavior or troubled interactions that can evoke parents' feelings of shame and guilt. A provider who takes a nonjudgmental, respectful, empathic stance understands that behavior has meaning and that a parent's maladaptive coping may be related to a disclosed or undisclosed trauma history. FAN promotes careful listening, pacing, and empathic responsiveness to support these processes. The conscious development of Mindful Self-Regulation, another core component of the FAN, builds self-awareness and provides a way for the provider to monitor and hold his own urges, feelings, and judgments. A premise in the FAN approach is the importance of the provider first seeing the world as the other sees it and then working to develop the other's flexibility and expand his perspective over time. During the exploration of a parent's worldview—whether intrapersonal, interpersonal, or cultural—the provider accords meaning to the parent's experience and shows a desire to connect and understand. Taking a respectful approach helps the parent sort out what makes sense for her as she is ready, rather than imposing an interpretation or solution alien to the parent's worldview or one that might increase shame and a desire to distance herself from the provider. The opportunity to refer families to trauma treatment is greatly enhanced by the unhurried, relationship-building approach that the FAN supports. Infusing the FAN into trauma-specific

**Figure 1. High-Risk FAN, Facilitating Attuned Interactions**



treatment may help the provider stay internally organized and in touch with the parent, even in the midst of dissociative lapses, enactments, or outbursts.

## The FAN ARC of Engagement and Core Processes

Staff and supervisors who embrace the FAN model learn its theory of change based on attunement, use the ARC of Engagement to structure parent encounters, use the core processes to match interactions to the parent's cues about what will be most helpful in the moment, and shift flexibly to respond to changes. A central, defining feature of the FAN is its explicit focus on the provider's experience of the interaction and her use of self, essential to trauma-informed practice. Below we describe the ARC and FAN processes and illustrate how they can be salient in work with families where trauma is a present reality, whether through recollection of past trauma, or through current circumstances.

### ARC of Engagement

The ARC of Engagement provides a sturdy frame to organize sessions, particularly for parents who are disorganized or emotionally uncontained during visits. The beginning question—"What has it been like for you to take care of your baby this week?" or "What has it been like for you to be a parent this week?"—deliberately asks about the parent's experience of taking care of the child and supports the provider in bringing the focus to the baby, the parenting role, the parent–infant relationship, or to all of these. The provider's middle question, which asks parents whether we are getting at what is most important for them, demonstrates that the provider is truly interested in the parents and their experience and can refocus the visit in real time, based on their needs. Trauma creates vivid memories that may trigger a reliving of the experience, which can hijack attention from a present need, such as a baby's signal, or incline the parent to avoid a painful topic. With the middle question, the provider explicitly invites the parent to share control, an important element of trauma-informed practice. The last part of the ARC slows down the interaction and offers time for the parent to integrate his thoughts and develop some coherence at the end of what may have been a highly emotional session.

### FAN Core Processes

The following sections provide more details about each core process, illustrating its purpose and strategies used.

#### Mindful Self-Regulation

Through *Mindful Self-Regulation*, providers create a safe holding environment for themselves in the context of difficult feelings and worrisome interactions. For example, a provider who works with families impacted by substance use may have to assess and confront a high level of risk. If the provider questions a parent's alertness, she may also be concerned about the parents' ability to care for their baby or himself.

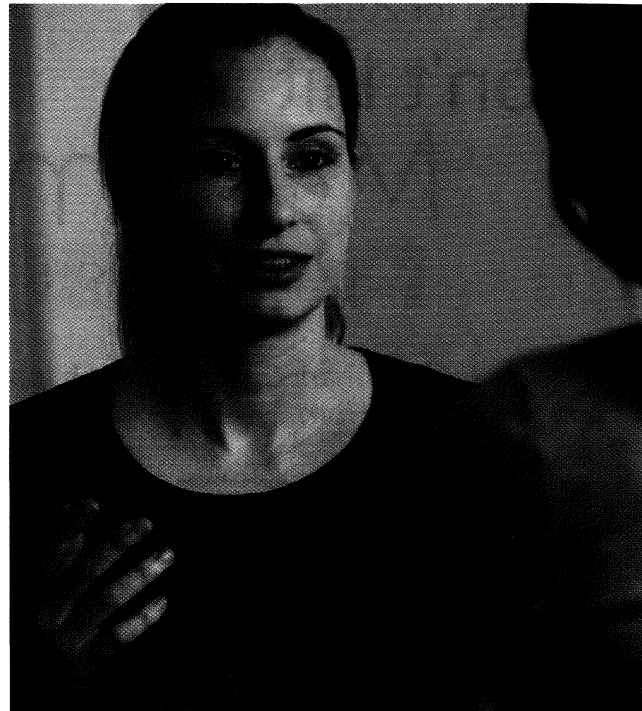


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Naturally, this state of concern stirs up the provider's emotions, increasing her state of arousal. A parent's trauma story may involve disturbing details of past degradation, suffering, or fear that have endured to the present. Practicing Mindful Self-Regulation helps the provider stay in balance while listening to the parent, so she can be more fully present for the family as a calm, nonjudgmental, unhurried presence. Mindful Self-Regulation also brings clarity and allows the provider to think about what is needed in the moment, for example, taking the time to understand a safety plan or asking a question intended to pull the parent's awareness back to the baby.

Parents who struggle with affect regulation themselves can learn coping strategies from a clinician's slower pace and his own arousal regulation, modeling with a response such as "What you've just told me is a lot. I feel like I need to pause for a moment and take a breath." Some parents who have experienced trauma recount aspects of their stories in graphic and frightening detail, but without the typical emotional response that would be warranted. Such depersonalized responses, or numbing strategies, can also be distressing to providers. Mindful Self-Regulation can help providers figure out, in the moment, how to tolerate this seeming contradiction and decide whether and how to respond. A provider's reactions to a client's trauma history or current worrisome circumstances can be particularly difficult for him to manage if they resonate with the provider's personal experience. In addition, frequent exposure to trauma has a cumulative effect and can lead to

secondary trauma. However, an understanding of trauma, strategies to manage trauma exposure, and strong protective organizational structures such as regular reflective supervision can protect providers against this outcome. Providers who have learned to be sensitive to their own indicators of distress can summon the Mindful Self-Regulation strategies learned in FAN training and reinforced through supervision, and develop individual strategies to help them remain present and able to function under duress. Common strategies include conscious breathing, grounding strategies such as mindful walking from the provider's car to the door for a home visit, self-talk, and imagery to center one's attention. With these supports in hand, providers who encounter trauma are less likely to become reactive, or to retreat to numbness or cynicism.

### Empathic Inquiry

In the *Empathic Inquiry* process, the provider focuses on a parent's emotional experience and uses a set of interventions designed to compassionately hold, explore, validate, and help contain feelings. Parents with complex trauma histories often present with intense feelings and need others to witness their distress. Using the FAN's Empathic Inquiry reminds providers that listening and validating are as important in trauma work as are concrete support and problem solving. Paying attention to the parent's story—asking, for example, "What was it like for you?"—may shift attention away from the baby, but the process often must take place in order for the parent to focus on the child.

Parents with histories of complex trauma can experience intense feelings of shame and guilt. They may have experienced negative judgments from important people in their lives, including previous providers who inadvertently triggered shame and guilt. When feelings of fear and shame underlie the parent's choices, motivations, and behavior, secrecy and difficulties with trust may be present. Listening with acceptance and respectfully responding without judgment offers a new experience of a relationship in which healing can begin to occur through repeated interactions with a compassionate, regulated other (Ludy-Dobson & Perry, 2010).

When the parent is unable to regulate his own emotional state with these supports, the provider takes a more active role to slow down the interaction and serve as a co-regulator, helping the parent manage his state of arousal, whether a high or a low state of activation. The parent begins to build capacity in containment and self-regulation through the experience of supportive co-regulation.

Mindful Self-Regulation and Empathic Inquiry help the provider stay with the parent's affect during painful conversations. The provider may bear witness to the parent's stories, validate these experiences, and hold the difficult feelings that may overwhelm the parent. Empathic Inquiry models a reflective and curious stance without conveying assumptions about the "truth" or any insistence on getting to the bottom of things. Slower pacing allows for a cocreation of narrative coherence and helps the client to feel known and accepted. The provider then can gain a better sense of the complexity of the parent's experiences

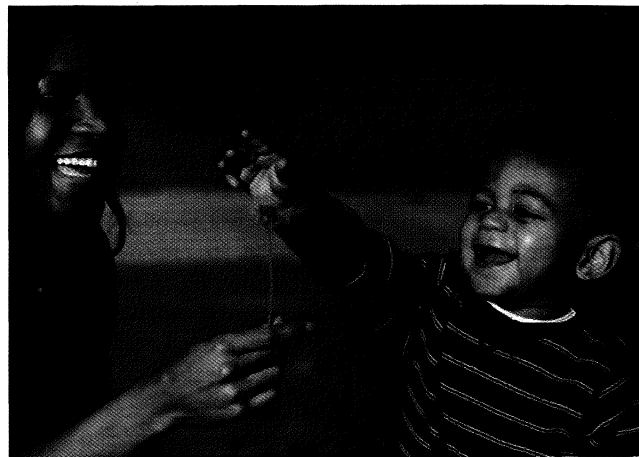


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The beginning question—"What has it been like for you to take care of your baby this week?" or "What has it been like for you to be a parent this week?"—deliberately asks about the parent's experience of taking care of the child.

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and the meaning she has made of these experiences. Empathic inquiry sends a message of acceptance which avoids the shame and maladaptive coping that are often a result of trauma. A provider observing a lessening of affect and an opening to move forward might gently move toward *Collaborative Exploration*: "I'm wondering if you might have the space now to begin to think about what might be helpful."

### Collaborative Exploration

Through *Collaborative Exploration*, parent and provider develop a shared understanding of the issue at hand; however, engagement in Collaborative Exploration is possible only after they have taken the time to develop an environment of safety and calm. Because of other stresses, parents may be challenged to focus on their child's needs. The invitation to observe and think together sends the message that the parent is not alone in his challenges and has valuable experiences to share. Collaborative Exploration encourages reflective functioning, often difficult for parents with current or past trauma or substance dependence, or both. Yet reflective functioning is considered a key factor in building secure attachments with infants and young children. Collaborative Exploration also helps the provider understand a parent's projections about a child's behavior, his cultural norms, or the nature of the scars that have formed like a hard shell to protect him against future harm. Listening carefully and using attuned questions may lead parents to see their own strengths, to begin to question their own story, and to wonder if their view of their infant as aggressive rather than as just a baby, for example, may be clouded by their own memories of domestic abuse. A core question to invite a discussion of past or present adversity, such as "Is there anything that happened in your family, to you, or to your baby that might be making things more difficult?" may not always be answered, but simply asking delivers the signal that "I am open to your experience."

## Capacity Building

*Capacity Building* aims to support the parents when they are seeking new information, actively caring for the child, or seeming ready to try something new. The provider notices Capacity Building moments and supports parents in their own attempts to care for their baby, for example, to soothe their baby or to engage in the self-care that will eventually allow them to be more present for their child. For providers who work with mothers impacted by addiction, Capacity Building acknowledges the very real challenges of parenting a baby with regulatory difficulties. Highlighting "Angel Moments," in which the parent and infant are sharing pleasurable affect, increases the parent's self-esteem and confidence as a parent, in addition to supporting attachment. Capacity Building also invites providers to notice and validate parental interactions and reflections that relate to parents' core concerns or to healthy relationship development in general. The FAN takes a particular approach to information giving, using a model of engaged communication called "Offer and Explore": FAN-trained providers offer small amounts of information ("one drop") and then explore information with the parent, using questions such as "Does that make sense to you?" or "How does that fit with what you know about yourself and your baby?" In some settings providers intentionally link observed positive parent-child interactions with the idea of building resilience as a buffer against future adversities. For example, a provider might say, "She looks so comfortable, and she is using this closeness to build her strength so she will be more ready to handle stress later on."

## Integration

*Integration* takes place at the end of each encounter in the FAN approach, as well as whenever parents are ready to reflect on a new idea or perspective about themselves, their urgent concern, or their baby. Integration supports parents in families with multiple risk factors to create a coherent narrative around parenting, trauma, and—sometimes—recovery. This often involves making sense of and working through past traumas, weaving a coherent narrative about a parent's path to addiction, and focusing on recovery and parenting. It supports parents to integrate difficult parts of themselves, an important piece of the therapeutic work around addiction and parenting. Providers aim to help parents understand their parenting style in the context of their own experience of being parented, using questions to promote integration such as "Are there things you want to hold on to from this discussion about Jamie's long stay in the hospital?" and "What has it been like for you to talk about your experiences in jail?" These kinds of questions further support parent engagement, encourage reflection, and build coherence, key challenges for many parents struggling with trauma.

## FAN in Practice

The following two vignettes illustrate providers and supervisors in different service settings using the core processes together to support trauma-informed care.

### Shauna's Triggers

Shauna and her 2-month-old son, Jason, were referred by the emergency room staff of a local hospital. The social worker explained that Shauna was an anxious wreck and had come to the ER five times since the birth of her son. On each visit Jason checked out as healthy, however, and quickly calmed down with the mother's attentive care. On the first visit, the FAN provider observed that this young single mother was extremely attentive to her much-wanted little boy, but discovered that her life had changed when her brother had been killed shortly before Jason was born. Shauna was close to this brother, who had taken on a protective role when she separated from Jason's father. The provider, herself a young mother, was over-

whelmed by this story and used Mindful Self-Regulation to keep herself from being one with the sorrow in Shauna's story. As the provider learned more about her client over time, it became clear that, at night when police sirens shrieked by, Shauna was reliving the horror of losing her brother. She was so filled with fear about losing her own son that she went to the ER, the only place that seemed safe. The provider initially wanted to give Shauna an in-depth explanation why the loss and trauma were causing her anxiety, thinking that

*A provider who takes a nonjudgmental, respectful, empathic stance understands that behavior has meaning and that a parent's maladaptive coping may be related to a disclosed or undisclosed trauma history.*

this would help her understand why she was rushing off to the hospital with an essentially well baby. Guided by the FAN, however, the provider used Mindful Self-Regulation to slow herself down, match Shauna's emotions, and stay in Empathic Inquiry. Later, with her team, the provider realized that Shauna needed to tell this story more than she needed to hear the reasons behind her behavior. The team wondered if the parallel process of relationship between Shauna and her provider might help Shauna manage the triggers that sent her running to the ER. Through slow-paced, careful work with the provider, Shauna came to reflect on her reactions to the nighttime triggers and her extreme worries about her little boy. Her insights provided an opening for the provider to help Shauna integrate her experiences and appreciate her own capacity to become a strong parent despite the traumatic loss she had endured.

### These Mean Streets

Janet, a developmental therapist working in a Part C program infusing the FAN, was well aware of the civil unrest and protest marches that took place in her community the weekend before her planned home visit. Janet really wanted to make an alliance with the single mother of a toddler to whom she was providing

Part C therapy services and was encouraged that she had not gotten a cancellation call. Up to this point, the mother had seemed reluctant to trust Janet and become an active participant in the child's therapy. At this visit, the mother opened the door for her but turned back to the jammed living room and her toddler facing the television, which was showing news coverage of the community disturbance. After a short greeting, Janet asked about the mother's concern and the toddler's progress toward therapy goals, but the mother's eyes returned to the news bulletin reporting community unrest fewer than eight blocks away. Janet understood the seriousness of the events and, using Mindful Self-Regulation, took a deep breath to calm her own anxiety. Following her FAN training, she decided not to focus on her agenda of the child-focused goals, but rather to give the mother the space to express her feelings and concerns about what was happening in the present in her community. Janet recalled the ARC's opening question and provided space for Empathic Inquiry: "What has this last week been like for you?"

The mother launched into describing her fright and worry. She was working at a business that had been impacted by the civil unrest. She feared for her own safety and was afraid of what would happen to her toddler if she were injured. For the next 20 minutes, Janet listened with true compassion to the mother as she agonized over whether she should go to work the next day. Janet used Mindful Self-Regulation to stay in the "hard place" with this mother, gaining a new level of the mother's trust, and, for the first time, the mother walked Janet to the door at the end of the session and cautioned her to be safe as they parted. Janet and the mother had made a solid connection that would carry their work forward in an even more productive manner.

The mother kept the next several appointments, and she became Janet's partner in using Collaborative Exploration to consider therapy strategies for her son that she could adapt and incorporate into their daily routines. The mother became more active in implementing her son's developmental goals (Capacity Building), and her child made significant progress.

A few weeks later, the mother described to Janet how she herself had used Mindful Self-Regulation. While a friend was caring for her son, Janet took a 5-minute walk in the neighborhood to refresh. On this short walk, she was stopped by police and questioned about why she was out. Despite being troubled by the encounter, she was able to stay calm and explain her intent. Janet was certain that that mother felt comfortable bringing up the incident with her only because she had previously been willing to listen to the "hard place things."

## Closing Thoughts

Providers in many kinds of home visiting and family support programs encounter children and family members whose lives have been touched by past, present, and often chronic trauma. Because it is so common that children and families experience trauma and its enduring reverberations, we feel that all providers in the infant and early childhood field need



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Parents with histories of complex trauma can experience intense feelings of shame and guilt. Listening with acceptance offers a new relationship experience in which healing can begin.

at a minimum three things: (a) information about the effects of trauma on human development, (b) the ability to recognize symptoms, and (c) the elements of trauma-informed practices to address these concerns. Combined with a strong understanding of trauma-informed practice, the FAN offers an essential augmentative framework and set of tools to ground providers and sustain attuned engagement, particularly in times of dysregulation and distress. FAN helps all providers, even those trained in trauma-specific treatment, to sustain empathic communication, collaborate and share control, and enhance self-awareness.

This review of trauma-informed work in the FBN has allowed the network to consider additional ways to infuse trauma-informed approaches into FAN training for providers, supervisors, and programs, as well as to build partnerships with programs and organizations interested in increasing awareness, developing trauma resources, and providing education about trauma-informed care.

## Acknowledgments

While considering how the FAN is being used to address trauma in various settings, we recalled the initial work undertaken in 2011–2012 with Patricia Van Horn, who served as a consultant and guide to help the FBN network to more fully infuse into the FAN appropriate approaches for families at high risk.

**Mary Claire Heffron, PhD**, is the former director of Fussy Baby Network at Oakland Children's Hospital and Research Center and presently is a consultant, mentor, and medical staff at UCSF Benioff Children's Hospital Oakland. She is working on multiple projects to build transdisciplinary early childhood mental health and reflective supervision capacity. She is an adjunct faculty member in Erikson's Infant Mental Health Certificate Program.

**Linda Gilkerson, PhD**, is a professor and executive director of the Fussy Baby Network. She is the developer of the FAN and works with the Fussy Baby Network team to support its national and international sites in launching Fussy Baby Network programs or infusing the FAN into existing programs and systems of service. Her scholarship and program development focus on relationship-based, reflective practice. She is a long-time Board Member of ZERO TO THREE.

**Kimberly Cosgrove, LCSW-C**, is the director of PACT's Therapeutic Nurseries and has been instrumental in developing an attachment-based therapeutic child care and Early Head Start program for very young homeless children. She has more than 25 years of clinical experience providing home-based services to high-risk families through the Kennedy Krieger Institute and works to infuse the FAN into their programs, including collaborating on a state-funded pilot to infuse the FAN into early intervention.

**Sherryl Scott Heller, PhD**, is director of Fussy Baby Network New Orleans and Gulf Coast program. Dr. Heller served as the research director for the Louisiana Quality Start Mental Health Consultation to Childcare Centers Program and provides reflective supervision to mental health consultants in this and other state-wide programs. She presents and consults regionally and nationally on mental health consultation, the Fussy Baby Network model, and reflective practice/supervision.

**Jaci Imberger, RN**, is the program manager for First Steps in Taos, NM, where she leads her team in infusing the FAN into their home visiting program. With her colleague Jana Bailey, she started the grass roots coalition Latch On to support breastfeeding mothers. Ms. Imberger received her Infant Mental Health Level 2 endorsement and is a Circle of Security Parenting facilitator. She brings extensive nursing experience to her role as a program manager and reflective supervisor.

**Audrey Leviton, LCSW-C**, is an assistant vice president at the Kennedy Krieger Institute and the executive director of PACT: Helping Children With Special Needs, an agency that provides a therapeutic nursery for homeless infants and their parents, a day care for medically fragile children, and program for parents with intellectual disabilities. She co-led a successful state-funded pilot to examine the impact of FAN training on family engagement in EI services.

**Mary Mueller, LCSW-C**, is the director of Kennedy Krieger Institute's Child and Family Support Program (CFSP) and a clinical social worker who provides mental health services to families who have a child with developmental disabilities, mental health needs, or both. Ms. Mueller's interests are in early intervention and family-centered service delivery. With Ms. Leviton, she co-led the pilot of the FAN in CFSP's early intervention program and is working to expand its use in other agency programs.

**Carole Norris-Shortle, LCSW-C, LCMFT**, is a faculty member in the Taghi Modarressi Center for Infant Study, Department of Psychiatry, University of Maryland School of Medicine. Her work focuses on the integration of infant mental health, attachment and trauma theory, and FAN into her mindfulness play and family therapy with homeless babies and their families at PACT's Therapeutic Nursery. She collaborated on the early intervention pilot, supporting Child and Family Support Program early intervention therapists in learning the FAN.

**Caroline Phillips, DClInPsy, MPhil**, is a parent-child clinician in the Center for Early Relationship Support at the Jewish Family and Children's Service in Boston. She trained as a clinical psychologist in the UK and specialized in working with young children impacted by neurodevelopmental disabilities. Since moving to the US, she completed Parent-Infant Psychotherapy training and currently has infused the FAN into dyadic therapy for newborns exposed to substances and their parents.

**Eda Spielman, PsyD**, is the clinical director of the Center for Early Relationship Support and faculty at the Infant-Parent Training Institute of Jewish Family and Children's Service of Greater Boston (JF&CS). She came to JF&CS to develop Early Connections, a program of home-based mother-baby psychotherapy for dyads facing early relationship challenges. She supports the use of the FAN in two projects on the dual challenges of early parenting and substance use recovery.

**Kate Wasserman, MSW, LCSW-C**, serves as the lead clinician at the University of Maryland Center for Infant Study where she provides mental health treatment for young children under 6 years old and their families with emotional and behavioral concerns. She leads the infusion of the FAN into their infant mental health clinical and consultation services. Kate is a member of the Governor's Family Violence Council as well as the Mayor's Domestic Violence Coordinating Committee.

## Learn More

Facilitating Attuned Interactions: Using the FAN Approach to Family Engagement

L. Gilkerson (2015) *ZERO TO THREE* Journal, 35(3), 46-48.

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