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# ILLINOIS DEVELOPMENTAL THERAPY ASSOCIATION

## **A Thousand Days Of Crying: Supporting Families During The Challenges Of Infant Colic**

**By: Margret Nickels, Ph.D.**

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It's 3 a.m. and the sounds of Chicago are muted, as the city sleeps. In one apartment, however, no one is sleeping. Day and night run together in a continuous loop of distress. Here the lights are on, the TV is broadcasting, baby is crying, as an exhausted mom hands the baby to dad who now walks the floor trying to calm his son. Cindy and Ethan are pulling another "all-nighter" with two-month-old Jonathan. His parents are sleep deprived, overwhelmed, and Cindy is worried that she is a bad

mother and that something is seriously wrong with Jonathan. However, Cindy has spoken to the pediatrician many times who reassured her that Jonathan is just fine, albeit "colicky".

All babies cry. In fact, T. Berry Brazelton, MD, a noted pediatrician researched the crying patterns of normally developing infants, discovering a "normal crying curve" between the ages of 2 and 12 weeks. It shows that infant crying begins at about 2 weeks post delivery, peaks in daily amount of crying at around 6 weeks, and gradually declines to less than 1 hour a day by about 12 weeks. Brazelton's research also showed that infant crying and fussing typically

peaked in the later part of the day, roughly between 4 pm and 11 pm. These findings have been replicated in over 15 studies cross-culturally. Such consistent early crying patterns suggest that infant crying need not be associated with underlying medical or developmental problems.

All babies cry, but, like Jonathan, some cry more than others. Excessive crying, or colic, emerges in about 1 in 5 infants. To this day pediatricians use the definition introduced by Wessel and his colleagues in 1954, describing colic by the Rule of Three: crying for more than 3 hours per day, more than 3 days per week, for more than 3 weeks. More recently, re-

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searchers at Brown University added a behavioral dimension to the definition of colic as showing (1) sudden onset in a convulsive or unpredictable way; (2) higher than usual pitch, like a pain cry; (3) physical signs of clenched fists, grimacing, flushing, gas, or distended belly; and (4) inconsolability.

While most crying is an expected part of normal development, excessive crying places babies at risk, including risk for child abuse. Excessive infant crying is a trigger for Shaken Baby Syndrome, a form of unintentional injury inflicted upon infants and children by violent shaking. It is also a risk factor for more general family and child distress including increased maternal depression, parental learned helplessness, marital discord, and parent/child relationship disorders. Furthermore, recent research finds that persistent crying past the normal crying curve period is associated with some degree of atypical sensory processing at ages 3 and 8, and potential later problems with adequate coping skills and externalizing behavior.

For parents in the Chicago area help is at hand by calling **888-431-BABY**

to connect with highly trained professionals at the Erikson Institutes **Fussy Baby Network**. Erikson Institute, a Chicago-based graduate school in child development, has been offering this community outreach program to provide resources, support and consultation for parents who have concerns about their baby's crying, sleeping, or temperament in the first year of life. It is Chicago's first initiative to assist parents of infants like Jonathan who are hard to comfort. Services are provided in the form of telephone support (Warmline) and home visits, which can last from one contact to longer term support based on the families' needs and preferences. The team's experts also provide consultation and training to professionals working with babies and their families. Fussy Baby team members include infant specialists with backgrounds in child development, mental health, occupational therapy, as well as a developmental and behavioral pediatrician from the University of Chicago, and nursing and lactation specialist consultants. Since 2003,

the program has served over 2,000 families.

"We hope to work with any family in any community,"

says Fussy Baby Network founder, Professor Linda Gilkerson," from the North Shore to the far South Side, from the western suburbs to Lincoln



Park." With support from the Chicago Public Schools Prevention Initiative, Fussy Baby Network recently expanded its services to meet the specific language, cultural and contextual needs of Chicago Latino families.

Under favorable conditions parents are intuitively sensitive to their baby, but infant or family challenges can impact this intuitive competence and create a cycle of parent/infant distress. On the other hand, as the birth of a new baby is a time of increased vulnerability and openness, interventions at this time can strengthen adaptive capacities and self-righting tendencies in early infant/family development. Thus, Fussy Baby support can help parents with the more imme-

# A Thousand Days Of Crying Cont.

diate parenting concerns at hand, while laying competency foundations for future developmental challenges.

Although the work is shaped by the family's specific expectations, concerns, strength, and cultural practices, three processes guide the Fussy Baby intervention approach: **Empathic Listening** sets the tone for creating a warm, empathic, receptive, and non-judgmental environment in which to hear the family's story, both during Warmline calls and during home visits. We ask: "What has it been like for you to take care of your baby in these past weeks?" to understand and validate both, parents' positive and negative feelings and experiences, inviting both partners if present to share and explore their struggle as well as their understanding of the problem. While being mindful of potential risk factors for Shaken Baby Syndrome or other risk factors such as parental mental illness or domestic violence, we also continuously observe the parent(s) and baby together to watch and listen for strengths we can highlight and support. Finally, we explore the parents' specific parenting goals and personal and cultural preferences, e.g. co-sleeping versus crib sleeping, to

help develop strategies that fit the family context.

After focusing on the parents' experiences, we begin to build a shared understanding of the baby through the process of **Collaborative Exploration**. We watch for and highlight what the parent is already doing that is effective because we know that modifications are most likely to be tried and sustained when they are an extension of the parents intuitive care taking. However, parents often feel unsure about their own capacities to understand their baby's needs wondering "Is my baby getting enough sleep?" or "Am I feeding my baby too much?" In these situations, we provide concrete developmental information in addition to empathic support. For example, we may discuss the number of hours a newborn typically sleeps in a 24-hour period, or what the normal amount of food intake of a 3-months-old might be.

Often during home visits, the behavior that the parent is concerned about begins to happen in real time (i.e. **Fussy Baby Mo-**

**ments**). The baby begins to wail. The home visitor's urge to take over, to hold the baby in a more comfortable position, or to tell the parent that the baby is over tired and needs a nap, can be overwhelming. Our main task at such times is to regulate ourselves and our own feelings of anxiety and helplessness. This way, we can provide a calming, supportive presence for the parent and help the parent focus on, understand, and respond to their baby's cues in a more composed, confident way.

At times the parent shares concerns about the infant's appropriate development, or the infant specialist detects emerging developmental concerns. Sensitive exploration of this issue often leads to referrals to other professional disciplines or service providers for evaluation and interventions, such occupational therapy, developmental therapy, a referral for Early Intervention evaluation, or a check in with the pediatrician.



The final element of the Fussy Baby model is the **Moving Forward: Reflection on Baby Steps Plan**. Toward the end of each visit,

# A Thousand Days Of Crying Cont.

we help parents take a step back to reflect on and integrate the most meaningful parts of the encounter. First, we ask them to describe their baby in three words to help bring more balance into their representation of the infant after having focused so much on the daily challenges. When

parents have very entrenched negative representations of the baby or their relationship



with the baby, we have the capacity to offer parent/infant psychotherapy and/or make referrals to other mental health services. In addition, we encourage the parents to identify if there is something that they would like to remember from the time spent together. We offer to write their ideas on the Baby Step Plan, and leave a copy of the plan with the parent as a tangible reminder of the helpful aspects of the visit to be referred back to in times of stress.

The Erikson Institute Fussy Baby program is being replicated at several

sites across the country, and the approach is further refined and adapted to the needs of families with diverse cultural backgrounds, psycho-social contexts and risk levels. For example, current goals of the national site collaboration is to refine the Fussy Baby model for working with families with marital conflict, and to focus specifically on supporting father's role in caring for fussy infants. Says Dr. Gilkerson, "We want to be there for families wherever they are. Sometimes families just need

support during the months when crying peaks. Other times, families and babies need more, and when that happens we want them to know they're not alone."

Parents are encouraged to contact Fussy Baby professionals for information and services by calling **888-431-BABY**. Professionals who would like to refer parents who could use additional support, or who would like training in the Fussy Baby approach are also welcome to call the Fussy Baby number.

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cathyb13@hotmail.com for  
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## “Making Progress In Illinois” By: Melisa Alaba-Yusouf, MA, LPC

Early Intervention providers finally received a rate increase after several years of legislators and advocates working together. Developmental therapists along with other disciplines received a 3% cost-of-doing –business increase for Early Intervention services.

Lora McCurdy, senior government analyst of IARF (Illinois Association Rehabilitation Facilities) helped to organize various organizations throughout the state of Illinois to help bring about this change. State Representative Julie Hamos introduced the bill in 2005 to legislators. She worked with many agencies and fellow legisla-

tors to rally support for this important raise for Early Intervention providers. We would like to thank all the legislators and advocacy groups as well as individual providers who took a stance for Early Intervention providers.

Legislation was changed because of the letters and many phone calls that were made by providers and advocates, to our elected officials, who believed in the quality of services provided by Early Intervention providers and the importance of having and keeping seasoned therapists in the Early Intervention

system. We are excited about the progress being made on behalf of children in Illinois. We hope that Early Intervention providers will continue to gain the support that they need to carry out the special work that we do for children and families. Illinois Developmental Therapy Association will continue to work on behalf of its members.

If you are interested in legislative issues please contact Melisa Alaba-Yusouf (*Legislative Chairperson*) at (630) 783-1850 or email her at [melisaa@melicenter.com](mailto:melisaa@melicenter.com)



### CALL FOR INTEREST!

**\*IDTA is pleased to present DT DAY, February 22nd!**

A day for fellow DT's to come together at various Child and Family Connections. IDTA Board and Committee members as well as our Regional Rep. will be hosting this event. Check back with our website ([www.illinoisdta.org](http://www.illinoisdta.org)) for locations, time, and presenters (EI credit will be available).

**\*OPEN POSITIONS:** Membership Chair and Regional Representatives!

-If members are interested in participating on the IDTA Board as the **Membership Chair** or a **Regional Representative**, please contact Lisa Lampman, IDTA President, at [LisaLampmanDT@aol.com](mailto:LisaLampmanDT@aol.com)

**\*IDTA is looking to add an Attorney and/or CPA to our Advisory Committee!**

-Members and potential members, spread the word and look to your families, friends, and husbands/fathers to be considered for this great addition. Please contact Lisa Lampman for more information or for nominating.

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**PLEASE CHECK THE APPROPRIATE MEMBERSHIP CATEGORY**

- \$125.00 FULL MEMBER (Must be practicing and credentialed Developmental Therapist)
- \$180.00 Two-year membership as FULL MEMBER
- \$ 25.00 STUDENT MEMBER (Indicate institution: \_\_\_\_\_)
- \$ 50.00 AFFILIATE MEMBER (*Affiliate members are non-practicing DTs (e.g. expired credentials.)*)
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- Membership { } Publications { } Legislative { } Professional Development { } Continuing Education
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