

# "Let's Spend More Time Together Like This!": Fussy Baby Network® Infusion in a Baltimore Homeless Nursery Program

*Kim Cosgrove*

PACT: Helping Children With Special Needs  
Baltimore, Maryland

*Carole Norris-Shortle*

University of Maryland

## ABSTRACT

The development of babies whose families are homeless can easily be affected by their uncertain living arrangements. The PACT Therapeutic Nursery's attachment-based, trauma-informed, mindfully focused family interventions help these children and families move beyond the trauma of shelter living. In the past year, Nursery clinicians have infused Fussy Baby Network concepts into their daily interactions with families and into a parent and child regulation activity, the mindful awareness play session. The result has been more productive levels of parental self-reflection, calm, and joy in parent-child interactions.

*Sally approached the red box uncertainly. Her mother, Ms. Green, sat on the floor behind her. Looking at the box, she cautiously backed into her mom's lap, pointing to the colorful box and gesturing, "What is that?" Ms. Green initially responded to the nonverbal question, "Open it up, Sally. See for yourself what is in it." Sally started chewing on her finger and twisting her hair as she stared at the box. After a series of unsuccessful directives, Ms. Green said in frustration, "Why don't you EVER listen, Sally? Look, you just open it like this, and see, it is only a couple of feathers inside. Now, you try it. And, don't put the feathers in your mouth." Ms. Green gave more and more commands that 2-year-old Sally barely understood and clearly did not feel secure enough to follow. The activity ended abruptly as Sally kept her distance from the box and Ms. Green's frustration bubbled over. "There is no reason for you to behave like this, Sally!" Ms. Green burst out.*

**M**ost weeks that they attended the Therapeutic Nursery at the PACT: Helping Children With Special Needs, Sally and her mother stayed for the Thursday morning Family Traditions breakfast. The hot food and circle time singing with her daughter enticed Ms. Green to stay, but it was in mindful awareness play (MAP) sessions that she truly learned about her daughter's creativity. After the first session, during which Sally shrank from touching the box or the feathers, Ms. Green learned to support Sally by being a curious observer and by encouraging her daughter to become

a curious explorer. Going into each new MAP play session, Ms. Green's goal became "I want to try to let her do it herself." As she watched her daughter find new and more creative ways of playing with the week's simple MAP object, Ms. Green increasingly responded to mid-session check-ins with a thumbs-up and a smile. Coached by the clinician, Ms. Green became skilled at narrating her daughter's play, and soon she was able to name when her daughter was angry, without reacting with anger or annoyance herself.

*Several weeks later, when the MAP activity was feathers again, Ms. Green provided just enough help so her daughter could "do it herself." Mother and daughter both showed great delight as Sally batted the feather to keep it afloat, staying engaged for far beyond her initial ability to focus on a play activity. They giggled as they named their play "feather basketball," and the clinician savored this "angel moment," smiling in delight at their mutual and collaborative play. When the session ended, the clinician asked Ms. Green what she would remember from the MAP experience that would be of help to her throughout the week. Ms. Green responded that she would remember how she is now able to pause and not help or direct Sally right away, but encourage her to try to figure problems out first and then ask for help when she needs it. Ms. Green beamed, adding that the three thoughts the pair would take into their week were "enjoyment," "fun," and "Let's spend more time together like this!"*



**PACT: Helping Children With Special Needs Therapeutic Nurseries provides specialized child care; mental health services; occupational, speech-language, and physical therapy; and service coordination to families who are homeless.**

## The Lasting Effects of Homelessness on Young Children

Overburdened homeless parents are usually doing their best to shield their young children from the fear and trauma of staying in a public shelter, but parents' own worries about having a place to sleep every night can get in the way of these efforts. A typical homeless family in the United States consists of a young woman with two small children (National Center on Family Homelessness, 2011), with 1 in 45 children experiencing homelessness each year (National Center on Family Homelessness, 2010). The U.S. Department of Health and Human Services (2001) reported that of the more than 1.6 million children living on the streets or in homeless shelters, 42% are less than 6 years old. These vulnerable children, especially infants and toddlers, have 3 times the rate of emotional and behavioral problems as do non-homeless children (National Center on Family Homelessness, 2010). Close to 25% of homeless children have seen and heard family violence, and by 12 years old, 83% have witnessed at least one violent event (National Center on Family Homelessness, 2010). More than one fifth of homeless preschoolers have emotional problems serious enough to require professional care, but less than one third receive any treatment (National Center on Family Homelessness, 2011; National Child Traumatic Stress Network, 2005).

PACT: Helping Children With Special Needs Therapeutic Nurseries ("the Nursery"), an affiliate of the Kennedy Krieger Institute (KKI) in Baltimore, provides specialized child care; mental health services; occupational, speech-language, and physical therapy; and service coordination to families who are homeless. Consistent with national statistics, the families served are primarily headed by young single mothers, typically with less than a high school education. The mothers often care for more

than one child and have difficulty meeting their own and their children's basic needs; they are even less able to give their children the attention they need to feel securely loved and attached. In a 2006 study of 99 mothers and their children (Norris-Shortle et al., 2006), we found that 42% showed significant language delays and 40% showed delays in play development. We also found that 32% of parents and children were identified as having a "problematic attachment relationship" (Norris-Shortle et al., 2006). Early patterns of attachment and attunement between very young children and their caregivers have been shown to alter the neural networks of young brains, thereby forming enduring modes of relating that affect regulation and learning (Ginot, 2009). The challenges that homeless and shelter-housed children encounter have immediate and long-term consequences (Koplow, 1996; Rubin, Bukowski, & Parker, 1998; Schaefer 1980).

## PACT THERAPEUTIC NURSERY AND CLINICAL INTERVENTIONS

In addition to being affiliated with KKI, the Nursery has had a 16-year relationship with the University of Maryland's Center for Infant Study (CIS); clinical staff from CIS are embedded within the Nursery program. Specifically because of these high-profile partnerships, the Nursery has earned national respect as a cutting-edge trauma-informed and attachment-based intervention program for high-risk families and babies.

In 2008, Nursery staff explored incorporating mindfulness into the Nursery program, through the SHINE program (Support, Honor, Inspire, Nurture, Evolve; from the Center for Mindful Awareness), as a way to build capacity for self-reflection in both staff and parents (Connolly, 2014). With mindfulness then fully integrated into the daily life of the Nursery, the Fussy Baby Network® (FBN) domain-focused approach seemed particularly applicable (Gilkerson & Gray, 2014; Gilkerson et al., 2012). The FBN approach gives clinicians the freedom and flexibility to adapt core concepts to formal and informal interactions with parents. It provides for collaborative, strength-based support for parental reflection; clinical situations become safe environments in which parents can share their struggles, fears, and, ultimately, joys in connecting with their child. The FBN approach includes two levels of training and ongoing program development support. The 2-day Level I FBN Core training provides clinicians with the working understanding of FBN concepts, the "FAN" approach, and implementation strategies. Level II FBN Facilitated Practice training focuses on the application of the FAN approach to everyday practice. Trainees complete a FAN reflective learning tool on 10 encounters and review each of these with their supervisor. Throughout training, FBN provides mentorship to the supervisor so that both the supervisor and the trainee internalize the FAN approach. The FAN review sessions develop self-reflection regarding the clinical interactions for both the facilitator and trainee.

Staff from both institutions joined in the FBN training, including the Nursery program director/senior clinician from KKI and the senior clinician and other staff from CIS. Recognizing

the secure, open, longstanding relationship between the two senior clinicians, FBN agreed to allow the two to conduct the FAN review sessions through peer facilitation. In other words, the senior CIS clinician learned to conduct FAN review sessions with the Nursery program director, and vice versa.

The strength of the clinical partnership, both between anchor institutions and individuals, created an environment of openness and curiosity in the process of discovery, and this synergy provided the fermentation bed within which new clinical and programmatic improvements using the FBN framework bubbled up into the daily work at the Nursery. The parallel relationships of mutual supervision, interlocking institutions, and well-oiled partnerships became a metaphor for the clinical work of building parent-child attachment. The Nursery program of formal and informal interventions integrates aspects of the continuum of nurturance provided at the Nursery. Program administrators nurture staff members, who nurture parents, with the ultimate goal of building capacity for parents to nurture their children. The collaboration of program, clinical, and child development staff members creates a holding environment for the families; the conscious intersection of the institutions does the same for the work of the Nursery clinical program.

In this article, we show how the essential FBN elements of the FAN and Arc of the Visit (Gilkerson et al., 2012) are infused throughout the Nursery program. First, we describe the Arc of the Visit as a structured part of our weekly Family Traditions MAP sessions. We then show how the FAN serves as a guide for our more informal daily interactions with parents.

## Morning MAP Sessions at the Nursery

Once a week, all of the families of the enrolled homeless babies are invited to an evolving multifamily tradition intervention, building new family traditions in a group setting (Kiser, Donohue, Hodgkinson, Medoff, & Black, 2010; Melley et al., 2010). The parents may stay and enjoy a catered breakfast with their child. As part of the welcome for the morning, parents are asked to introduce their family to the group and to signal how their morning is going with a “thumbs up” (great morning), “thumbs middle” (a few struggles), or “thumbs down” (very difficult morning). An attachment-based circle time follows breakfast: Children sit in their parents’ laps as they sing mindfulness- and emotion-based songs. A clinician then accompanies each parent and child for a MAP session. The morning concludes with a parent mindfulness group focusing on parental affect regulation and reflection (Connolly, 2014; Connolly, Cosgrove, Norris-Shortle, & Taylor, 2011).

Senior therapists from the CIS and the Nursery jointly developed the MAP component of the family morning (Connolly et al., 2011) with the goals of addressing trauma-induced developmental delays and strengthening the attachment relationship between parents and infants or toddlers (under 3 years old) who are experiencing homelessness. Homelessness and shelter living leave children with intense separation anxiety, expressive and receptive language delays, and blunted imaginative play (Cook

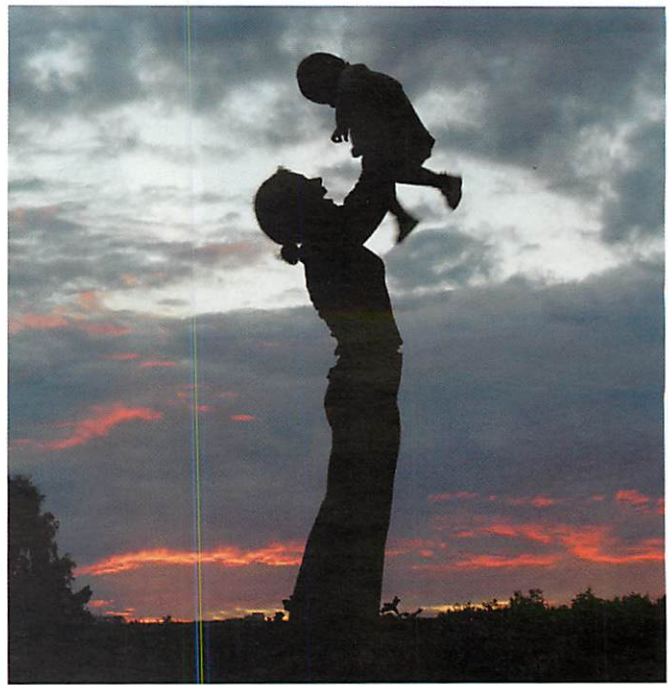


Photo: © iStockphoto.com/Paha\_L

Recognizing the child’s abilities creates a shared joy in the dyad and increases the parent’s appreciation of the child.

et al., 2005; National Health Care for the Homeless Council, 2003; Norris-Shortle et al., 2006). MAP aims to help very young children grapple with, and grow beyond, the social-emotional trauma of their environment (Connolly et al., 2011).

Child-directed play is essential fodder for healthy brain development (Ginsberg, 2007), and MAP activities seek to support a parent’s ability to be mindfully present and to delight in her child’s play, without giving commands to the child (Cohen, Lojcasek, Muir, Muir, & Parker, 2002; Hanna, 1990). In each session, the clinician focuses on a single parent-child dyad. The therapist invites the parent to follow the child’s lead as a *curious observer*; the child, the *curious explorer*, plays with a simple item however she chooses, her free choice respected (Guerney, 1983). The therapist, as witness, protects the moment of undirected play and supports the parent in noticing his child’s interests (Herschell, Calzada, Eyberg, & McNeil, 2002). The relationship-based MAP activities aim toward mutual emotional regulation using mindful self-awareness in the dyad, as well as the restoration of age-appropriate functioning in young children through increasing their capacity for play and communication (Connolly et al., 2011; Lieberman & Van Horn, 2008). Play, specifically exploration in play, lies at the core of the development of social relationships, cognitive development, and problem-solving skills (Brown & Vaughn, 2009). While neuroscientists continue to discover the brain-based science behind relationships, revealing the associations among and integration of neural pathways, attachment, and mutual emotional regulation (Siegel & Hartzell, 2004), some scholars are directly connecting the molding of the mirror neuron system (i.e., metabolizing the experience of the other for learning and regulation) and the development of the capacity for empathy to early caretaking and dyadic resonance (Ginot, 2009).



Photo: © iStockphoto.com/Availablelight

The U.S. Department of Health and Human Services (2001) reported that of the more than 1.6 million children living on the streets or in homeless shelters, 42% are less than 6 years old.

In each weekly MAP session at the Nursery, the clinician invites the parent to give a decorated red box to the child. The box contains a different simple item every time (e.g., a few cotton balls, some feathers, a glitter ball, a bottle of lotion). The parent gives the closed box to the child, without instruction, and plays the role of the curious observer, following the child's lead. The clinician is witness to the dyad and helps coach the parent to follow the child's curious exploration and allow the child to be in charge of his own play. By encouraging the parent to limit her questions, the clinician supports parental curious observation. For parents who have little control over their life circumstances, this new way of interacting can feel confusing and frustrating at first. And yet, as they experience being the curious observer and allowing their child to explore without judgment, they begin to notice the creativity and innovation that lie at the core of play emerge in their child (Connolly et al., 2011).

### INFUSING MAP WITH THE FBN APPROACH

The 15-minute MAP sessions represent precious clinical time with highly stressed parents, so Nursery staff are always striving to offer a safe holding environment for the parent-child dyad within this time constraint. We have recently discovered that infusing the FBN approach—the Arc of the Visit and the FAN—into the work of the Nursery provides a structure that has led to a new level of interactive and reflective work with parents. The new framework is built on the overlapping intentions of MAP with the Arc and the FAN, and the ways in which FBN engages

with families through the FAN five core processes (Gilkerson et al., 2012):

1. *Empathic inquiry* connects the clinician with the parent's strong feelings.
2. *Mindful self-regulation* and mutual dyadic regulation ask the clinician to listen to the parent's concerns, without judgment or panic. By monitoring her own reactions, the clinician can increase her self-awareness and offer calm in the interaction, modeling dyadic regulation while building the parent's capacity to do the same with his little one.
3. *Collaborative exploration* can occur after the parent's strong affect is contained. Together, the parent and clinician can begin to think and process, exploring possible explanations of what is going on with the baby. The clinician may then ask a parent what new approach she would like to try in the moment.
4. The parent demonstrates *capacity building* by being open to learning new ways of interacting with her child, and by practicing them.
5. *Integration* takes place when the parent can reflect upon her new skills and awareness.

As is mindful awareness, the FBN framework is now part of the everyday life of the Nursery. Nursery clinicians have implemented the construct of the Arc of the Visit not as an overlay, but as the armature undergirding daily clinical work. The FBN infusion helps clinicians "concretize the holding environment" that they strive to provide to the families and allows them to support new levels of parental self-reflection (Connors, Cosgrove, & Norris-Shortle, 2013). The FBN Arc structure of three main foci to shape the beginning, middle, and end of each intervention supports both parent and clinician in effecting positive change for parent and child (Gilkerson et al., 2012).

The FBN infusion has restructured the clinical interaction. As the clinician, parent, and child enter the playroom at the beginning of the weekly MAP session, the clinician uses empathic inquiry to ask, "What would you like to get out of this special play time with your child today?" This question empowers the parent to build the beginning of self-reflection and set her own intention for the precious time with her child that is about to unfold. Even in a less formal interaction, the therapist demonstrates respect for a parent's role and expertise. By using a whispered voice, physically placing herself out of the dyad's face-to-face positioning, and limiting eye contact with the child, the clinician encourages positive engagement within the family pair.

As an intervention or a seemingly casual interaction reaches a mid-point, the clinician seeks collaborative exploration in steering the time together. Being mindful not to interrupt the play nor be intrusive as the play progresses, the clinician asks the parent, "How is it going?" The parent responds with thumbs up, middle, or down. Clinicians find that as parents become the curious observer and allow their child to explore without judgment, they often recognize, with the help of the clinician,

the increasing creativity, focus, and problem solving that lie at the core of their child's play. A sense of awareness and delight emerges from the newfound recognition and relationship.

As the child's play wraps up, the clinician promotes integration of what the dyad has just experienced by asking, "What would you like to remember from your special play time with your little one today?" and, at the end of the session, "What three words would you use to describe your time with your child today?" The clinician writes the words on a colorful 3 × 5 inch card and gives it to the parent. The child frequently wants to see this card. Nursery staff have found that as reflection and insight emerge for parents, they take the time to read the three words to their child, and allow the child to proudly carry the card back into the classroom as a love token from the parent.

MAP play clinically benefits the dyad, both parent and child (Connolly et al., 2011). Recognizing the child's abilities creates a shared joy in the dyad and increases the parent's appreciation of the child. Observed benefits for the child are increases in focus, creative problem solving, and language skills (receptive and expressive). At the core of these benefits, the pairs demonstrate a marked increase in mutual regulation and a strengthening of their attachment bond (Connolly et al., 2011).

Nursery staff continue to evolve the shape of the interventions as holding environment for the parent-child dyad within the Nursery's daily programming. Infusing the ARC into MAP offers an elegant yet parent-friendly framework that can lead parents (with the mindful support of a clinician) to a higher level of reflection; and the clinician has the opportunity to become a guide in the parents' journeys as they become more mindful and self-reflective. When a parent succeeds at showing delight in her child and the child responds to being claimed by the one person who loves him most, the joy and pride in the room can be palpable. It is those precious "It's only you" moments (Gilkerson, personal communication 2014) that help the parent and child to "hold on" in the midst of the chaos of their homelessness and give the child the emotional protection to continue typical development.

## Infusing the FBN Into the Nursery Program

The Nursery clinician and staff have interactions with parents as they drop off and pick up their child from the Nursery every weekday. These parents have a lot of trauma triggers, and it is during these daily tasks that parents often release the frustration accumulated from many parts of their lives—and Nursery staff may receive the brunt of it. Nursery clinicians use the FBN FAN construct to both structure and contain the clinical work. Empathic inquiry is a valuable tool in allowing a parent to "tell their experience" even when it is hard to listen, asking, for example, "What has it been like for you to take care of your baby?" Mindful self-regulation helps clinicians remember that they must stop and listen to what the parent needs to tell them without responding with a mirrored affect or trying to hurry the parents along.



Photo: © iStockphoto.com/pojoislaw

Child-directed play is essential fodder for healthy brain development.

*Although normally pleasant with her daughter, Sally, and Nursery staff, occasionally Ms. Green would come into the nursery angry and hostile. She would find issue with staff members regarding the care of her child and upset everyone involved. After the nursery coordinator and clinicians completed their FBN Level I training, they realized that the containing structure of the FAN could be particularly helpful for staff when the mother was so dysregulated. The next time Ms. Green became angry, the clinician invited her to sit down and explain the*

### Learn More

**PACT: Helping Children With Special Needs Therapeutic Nursery**  
[www.pact.kennedykrieger.org](http://www.pact.kennedykrieger.org)

PACT: Helping Children With Special Needs Therapeutic Nursery is a private nonprofit affiliated with the Kennedy Krieger Institute in Baltimore, Maryland, that has been providing specialized child care and family support for young children and their families for more than 30 years. PACT is the only program in the Baltimore area that provides two unique child care centers, one specializing in children with complex medical needs and one for homeless infants and toddlers. PACT is also the only program in Maryland that provides center- and home-based training and support for parents with intellectual disabilities who have children less than 3 years old. PACT's staff provide both local and national trainings on their individual areas of expertise.

**Taghi Modarressi Center for Infant Study**  
<http://umm.edu/programs/psychiatry/services/special-programs/child-and-adolescent-psychiatry/outpatient-services/secure-starts>

Taghi Modarressi Center for Infant Study (CIS), founded in 1982, is directed by David Pruitt, MD, Division of Child and Adolescent Psychiatry, University of Maryland School of Medicine. CIS is the only Baltimore center to focus exclusively on providing mental health services to infants, toddlers, preschoolers, and their families. CIS has also provided training for professionals in the field of infant mental health as well as culturally competent care for more than 30 years.

details of what happened. As Ms. Green passionately recounted the perceived offense, she gradually acknowledged that it was Sally's father who was upset about the care of their daughter, rather than her. Ms. Green tearfully shared that just an hour before she and Sally left the house that morning, the father had criticized the mother for her decision to place their daughter in day care. He had in fact criticized her parenting so severely that Ms. Green was afraid he would call Child Protective Services. She was panicked and frightened, fearing the loss of her child, and those feelings came out as an emotional explosion directed toward the child care teachers. The clinician realized that this was the time to use the FBN approach to relate to this mother. Her clinical capacity to shift into empathic inquiry and mindful self-regulation, and avoid the pitfall of problem solving, allowed her to stay in this difficult moment with Ms. Green.

As the clinician listened and Ms. Green felt more understood, the clinician was able to use collaborative exploration to evaluate the father's threats. Ms. Green also started problem solving how she could handle her very tenuous living situation, doubled up with the father's extended family. As the days progressed, Ms. Green spent more time in the Nursery with her daughter and staff, gaining significant skills in reading her daughter's cues. She increased her ability to be with her daughter during temper tantrums rather than reacting to, and thereby escalating, them. After this, clinicians heard Sally say, "Mommy, play with me," with Ms. Green responding, "OK, Sally, I can do that for a few minutes." As we watched the mother implement the recently acquired skill of following her daughter's lead in play, we saw the smile on Sally's face confirming that this indeed was an "angel moment" for both Sally and her mother (Gilkerson et al., 2012).

Parents who are increasingly able to reflect on their child's growing ability to play well with other toddlers, for example, or to take credit for creating more satisfaction in their relationship with their child, demonstrate the achievement of the FAN's fifth

core process, integration. In MAP sessions and FBN and FAN-infused interactions, clinicians see the step-by-step building of the parents' capacity to be attuned to their child (capacity building), to connect with their child, to regulate themselves, to help their child regulate, to be mindful in the moment, to respond flexibly, and to innovate in play with their child. We know we have succeeded in building enduring connections between parent and child when the parent concludes their MAPs play session with "Let's spend more time together like this."

## Acknowledgments

We thank Susan Taylor, MSW, for her many contributions to the development of the MAP intervention and her editorial expertise. We are grateful to Linda Gilkerson, PhD, Fussy Baby Network, for her support and to Kay Connors, director at Taghi Modarressi Center for Infant Study, for bringing Fussy Baby Network to the infant mental health community in Baltimore. We also offer our tremendous appreciation to the PACT Therapeutic Nursery staff and families for participating in the project.

---

**Kim Cosgrove, LCSW-C**, is the director of PACT: Helping Children With Special Needs Therapeutic Nursery for Homeless Infants and Toddlers and Their Parents (an affiliate of the Kennedy Krieger Institute) and a clinical social worker specializing in trauma-informed attachment and in-home intervention therapies in Baltimore, Maryland. [cosgrove@kennedykrieger.org](mailto:cosgrove@kennedykrieger.org)

**Carole Norris-Shortle, LCSW-C, LCMFT, RPT-S**, is on the faculty of the Taghi Modarressi Center for Infant Study, Psychiatry Department, University of Maryland School of Medicine, in Baltimore. She integrates trauma-informed attachment, play, and mindfulness theory in her clinical work at PACT: Helping Children With Special Needs Therapeutic Nursery. [norrisshortle@verizon.net](mailto:norrisshortle@verizon.net)

---

## REFERENCES

- Brown, S., & Vaughn, C. (2009). *Play: How it shapes the brain, opens the imagination, and invigorates the soul*. New York, NY: Avery/Penguin.
- Cohen, N. J., Lojcasek, M., Muir, E., Muir, R., & Parker, C. J. (2002). Six-month follow-up of two mother-infant psychotherapies: Convergence of therapeutic outcomes. *Infant Mental Health Journal*, 23, 361–380.
- Connors, K., Cosgrove, K., & Norris-Shortle, C. (2013, October). *Infusing the Fussy Baby approach and the FAN in Baltimore*. Presentation at the Fussy Baby Network National Meeting, Phoenix, AZ.
- Connolly, A. B. (2014). The Center for Mindful Awareness. Retrieved from <http://centerformindfulawareness.org/who-we-serve>
- Connolly, A. B., Cosgrove, K., Norris-Shortle, C., & Taylor, S. (2011). Mindful awareness play. *Play Therapy*, 6(4), 10–15.
- Cook, A., Spinazzola, J., Ford, J., Lanktree, C., Blaustein, M., Cloitre, M., & van der Kolk, B. (2005). Complex trauma in children and adolescents. *Psychiatric Annals*, 35, 390–398.
- Gilkerson, L., & Gray, L. (2014) Fussy babies: Early challenges in regulation, impact on the dyad and family, and longer-term implications. In K. Brandt, B. Perry, S. Seligman, & E. Tronick (Eds.), *Infant and early childhood mental health* (pp. 195–208). Alexandria VA: American Psychiatric Publishing.
- Gilkerson, L., Hoffherr, J., Steiner, A., Cook, A., Arbel, A., Heffron, M. C., & Paul, J. (2012). Implementing the Fussy Baby Network approach. *Zero to Three*, 33(2), 59–65.
- Genot, E. (2009) The empathic power of enactments: The link between neuropsychological processes and an expanded definition of empathy. *Psychoanalytic Psychology*, 26, 290–309.
- Ginsburg, K. R. (2007). The importance of play in promoting healthy child development and maintaining strong parent-child bonds. *Pediatrics*, 119, 182–191. doi:10.1542/peds.2006-2697
- Guerney, L. F. (1983). Introduction to filial therapy: Training parents as therapists. In P. A. Keller & L. G. Ritt (Eds.), *Innovations in clinical practice: A source book*, 2, 26–39. Sarasota, FL: Professional Resource Exchange.
- Hanna, S. (1990). *Floor time: Tuning into each child based on the work of Stanley Greenspan, MD*. New York, NY: Scholastic.
- Herschell, A. D., Calzada, E. J., Eyberg, S. M., & McNeil, C. B. (2002). Parent-child interaction therapy: New directions in research. *Cognitive and Behavioral Practice*, 9, 9–16.
- Kiser, L. J., Donohue, A., Hodgkinson, S., Medoff, D., & Black, M. M. (2010). Strengthening family coping resources: The feasibility of a multifamily group intervention for families exposed to trauma. *Journal of Traumatic Stress*, 23(6), 802–806. doi:10.1002/jts.20587
- Koplow, L. (1996). Why homeless children can't sit still. In L. Koplow (Ed.), *Unsmiling faces: How preschools can heal*. New York, NY: Teachers College Press.
- Lieberman, A. F., & Van Horn, P. (2008). *Psychotherapy with infants and young children: Repairing the effects of stress and trauma on early attachment*. New York, NY: Guilford Press.

Melley, A. H., Cosgrove, K., Norris-Shortle, C., Kiser, L. J., Levey, E. B., Coble, C. A., & Leviton, A. (2010). Supporting positive parenting for young children experiencing homelessness: The PACT Therapeutic Nursery. *Zero to Three*, 30(3), 39-45.

National Center on Family Homelessness. (2010). *Children*. Retrieved from [www.familyhomelessness.org/children.php?p=ts](http://www.familyhomelessness.org/children.php?p=ts)

National Center on Family Homelessness. (2011). *The characteristics and needs of families experiencing homelessness*. Retrieved from [www.familyhomelessness.org/media/306.pdf](http://www.familyhomelessness.org/media/306.pdf)

National Child Traumatic Stress Network (NCTSN). (2005). *Facts on trauma and homeless children*. Retrieved from [www.nctsn.org/nctsn\\_assets/pdfs/promising\\_practices/Facts\\_on\\_Trauma\\_and\\_Homeless\\_Children.pdf](http://www.nctsn.org/nctsn_assets/pdfs/promising_practices/Facts_on_Trauma_and_Homeless_Children.pdf)

National Health Care for the Homeless Council. (2003). Homelessness and family trauma: The case for early intervention. *Healing Hands*, 7(2), 1-6. Retrieved from [www.nhchc.org/wp-content/uploads/2012/02/hh-0503.pdf](http://www.nhchc.org/wp-content/uploads/2012/02/hh-0503.pdf)

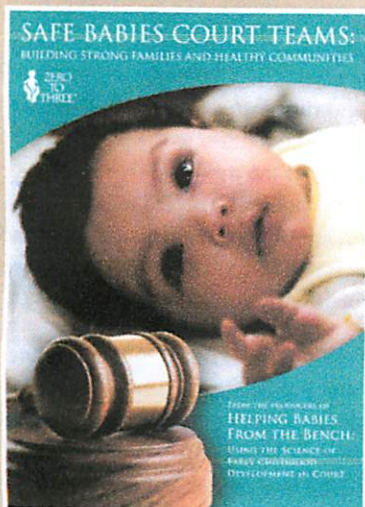
Norris-Shortle, C., Melley, A. H., Kiser, L. J., Levey, E., Cosgrove, K., & Leviton, A. (2006). Targeted interventions for homeless children at a therapeutic nursery. *Zero to Three*, 26(4), 49-55.

Rubin, K. H., Bukowski, W., & Parker, J. G. (1998). Peer interactions, relationships and groups. In W. Damon & N. Eisenberg (Eds.), *Handbook of child psychology (5th ed): Vol. 3. Social, emotional, and personality development* (pp. 619-700). New York, NY: John Wiley & Sons.

Schaefer, C. E. (1980). Play therapy. In G. P. Sholevar, R. M. Benson, & B. J. Binder (Eds.), *Emotional disorders in children and adolescents*. New York, NY: Spectrum.

Siegel, D., & Hartzell, M. (2004). *Parenting from the inside out*. New York, NY: Jeremy Tarcher/Penguin.

U. S. Department of Health and Human Services, Administration for Children and Families. (January, 2001). *Strategies for increasing ECE services for homeless children*. Retrieved from [www.acf.hhs.gov/sites/default/files/occ/acf\\_homeless\\_strategies.pdf](http://www.acf.hhs.gov/sites/default/files/occ/acf_homeless_strategies.pdf)



*Promoting a standard of care among professionals working with infants and toddlers in foster care*

## Safe Babies Court Teams: Building Strong Families and Healthy Communities DVD

The DVD includes sections on:

- Safe Babies Court Teams: Nurturing Healthy Families for Young Children in Foster Care
- Fetal Alcohol Spectrum Disorders: The Elephant in the Courtroom
- Partnering with Parents From Day One: Planning a Child's Transition to Foster Care at Pre-Removal Conferences
- Confronting Early Adversity: Working with Parents of Maltreated Babies

The DVD also features the popular "still face" experiment video.

Purchasers can also download a free user's guide that provides an overview and key points presented in each section, plus discussion questions to provoke conversation. A great resource for training!

Item # V512 ■ ISBN: 978-1-938558-16-0 ■ \$24.99 ■ Length: 55 minutes



1255 23rd St., NW, Ste. 350  
Washington, DC 20037  
[www.zerotothree.org](http://www.zerotothree.org)

**ORDER TODAY! Call toll-free (800) 899-4301 or visit [www.zerotothree.org/bookstore](http://www.zerotothree.org/bookstore)**