PROMOTING first RELATIONSHIPS®

SUMMARY OF RESEARCH 2025

PROGRAM DEVELOPERS

Kelly, J., Zuckerman, T., Sandoval, D. & Buehlman, K. (2003, 2008, 2016, 2025).

Promoting First Relationships: A curriculum for service providers to help parents and caregivers meet the social and emotional needs of young children. Seattle, WA. Parent-Child Relationship Programs at the Barnard Center. pcrprograms.org

SCHOOL OF NURSING
UNIVERSITY of WASHINGTON

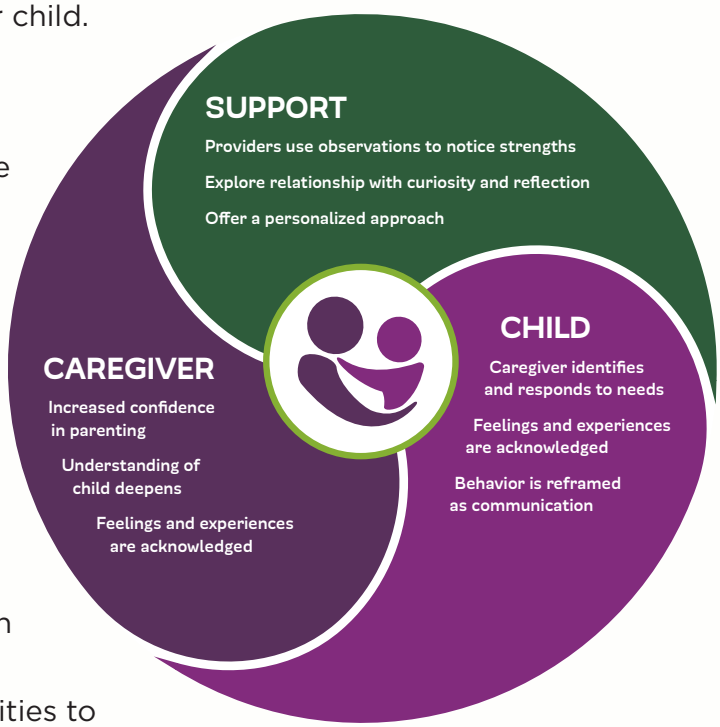
CONTENTS

WHAT IS PROMOTING FIRST RELATIONSHIPS®?

- PROMOTING FIRST RELATIONSHIPS (PFR) is an **EVIDENCE-BASED** home visiting program for parents and young children, birth to five.
- We use a **RELATIONAL, STRENGTHS-BASED** approach that supports parents in their unique relationship with their child.
- Our **REFLECTIVE PARENTING STRATEGY** helps parents gain insights to transform their relationship with their child.

HOW DOES PFR WORK?

- We use video observations to provide positive feedback and support parents' reflective capacity.
- Video observation helps parents and caregivers become careful observers of their child's nonverbal language. Video observation also helps them see themselves from their child's point of view.
- We create non-judgmental space to explore and reflect with parents and support them in finding their own insights and wisdom.
- We use engaging handouts and activities to help parents see how they can support their child's emotional health.



"Learning PFR has given me so much more insight into my own practice, and even with my own children. What I didn't prepare for was the profound effect that it has had on me as a human being, the internal insight and the compassion that it has ignited has been more empowering than first anticipated" —from a provider

WHAT PARENTS SAY

In a recent article published in the *Infant Mental Health Journal*, titled *The Development of the Promoting First Relationships Home Visiting Program and Caregivers' Comments About Their Experiences Across Four RCT Studies*, the authors detail the reflective video-based feedback strategy that forms the core of the Promoting First Relationships (PFR) program. They also synthesized feedback from over 200 parents across four randomized controlled trials, which included diverse populations such as parents involved in the child welfare system, a rural Native American community, and a perinatal mental health sample of English- and Spanish-speaking mothers with their newborn infants.

An overwhelming 97% of participants positively endorsed the PFR program, highlighting how the approach helped them feel supported and at ease with their provider, and more confident in their parenting. The PFR model, which is reflective, relational, and strengths-based, resonated deeply with participants. What stands out most, however, is the transformative impact on parents—the insights they gained and the personal growth they experienced through the PFR strategy. Below are just a few of their comments. For more details, the full paper is available through open access; click here to read it.

"[PFR] . . . helped me understand my son's cues and needs. I get it now! I get him! I want to think about him in a different way. It helped me to step back, take a breath, evaluate the situation and understand the situation, why is he acting this way? Is he scared? Is he stressed? Does he need me? It makes it a little more comforting in the situation—and for him, he is more happy and secure, knowing that mom gets what I'm saying or why I'm acting this way. I get him now."

—Reunified birth parent

"I really loved it, because it helped with me and my son's relationship. What they talked about [the topics]—I then noticed all of that. Just like the videos, where she recorded us and we watch them back, I really liked the video part. Seeing us play and learning new things. I really liked the program." *—Rural Native American parent*

". . . This was the most awesome eye opening experience ever, and I learned a lot not only about me but also about the way I raise my kids. The way I am, I felt that I and [provider] touched and reached a past side of me that I locked a long time ago and it helped me understand and repair a lot of things in my present and probably in my future. I loved the program."

—Perinatal mom with mental health issues

"The videos help me step 'outside' the moment and gives me a chance to see room for improvement."

—Parent involved with Child Protective Services

Oxford, M., Abrahamson-Richards, T., O'Leary, R., Booth-LaForce, C., Spieker, S., Lohr, M. J., Rees, J., & Kelly, J. (2024). The development of the Promoting First Relationships home visiting program and caregivers' comments about their experiences across four RCT studies. *Infant Mental Health Journal*. p 1–18

RESEARCH OVERVIEW

PFR has undergone rigorous evaluation through **EIGHT RANDOMIZED CONTROLLED TRIALS (RCTS)**, funded by the National Institutes of Health, and has been reviewed by **FOUR EVIDENCE-BASED CLEARINGHOUSES**. Below, Figure 1 provides an overview of the main effect results, displaying Cohen's d effect sizes across a range of outcomes. In the following pages, you'll find detailed information on each RCT, including sample sizes, measured outcomes, discussions of mediation and moderation, and links to all associated publications.

SUMMARY OF PROMOTING FIRST RELATIONSHIPS® MAIN EFFECT RESULTS

Test of the "Main" (direct) effect of PFR on each outcome

	Cohen's *d*
Parent Sensitive and Responsive Care	*.21 to 1.02*
Parent Knowledge of Social-Emotional Development	*.35 to .58*
Child Problem Behavior	*.12 to 1.18*
Child Emotional Development	*.19 to .42*
Child Stress Physiology/Sleep	*.34 to 1.2*
Prevention of Foster Care Placement	*.50*
Improvement of Foster Care Placement Stability	*.74*

Cohen's *d* is the standardized difference between two means: Small *d* = .20, medium *d* = .50, large *d* = .80

Figure 1: Cohen's *d* effect size across four completed and published RCT studies as of 2025.

> *"PFR has changed our work environment. Before PFR, we all wore name tags during our meetings. Now that we do reflective practice in small groups, we really have gotten to know each other personally. We share more of our personal lives with each other, which has contributed to increased trust between all of us, and we feel much more supported. PFR has also made us more aware of each other's feelings, which means that people are not feeling left out or criticized. Before PFR, we were all out there on our own doing our jobs, but now we are a team, part of a family. PFR has also changed the way supervisors work with their staff. We feel like our supervisors are supporting us in a very positive way. We no longer feel that we are on the 'bad list' at times."*
>
> *—Provider*

Below is a list of Evidence-Based Clearinghouses that have rigorously evaluated the research outcomes associated with Promoting First Relationships (PFR). These reviews are conducted independently by each clearinghouse and adhere to exceptionally high standards of evidence. Notably, two of these clearinghouses are connected to federal funding opportunities. This means that states may choose to implement PFR and qualify for federal funding through the **MATERNAL, INFANT, AND EARLY CHILDHOOD HOME VISITING (MIECHV) PROGRAM** or through the **FAMILY FIRST PREVENTION SERVICES ACT (FFPSA)** in child welfare settings.

PFR IS APPROVED AS AN EVIDENCE-BASED HOME VISITING PROGRAM ON THESE NATIONALLY RECOGNIZED LISTS:

HomVEE

The Federal Home Visiting Evidence of Effectiveness (HomVEE) and eligible for Maternal, Infant, and Early Childhood Home Visiting (MIECHV) funding

Title IV-E Prevention Services CLEARINGHOUSE

The Federal Prevention Services Clearinghouse for the Family First Prevention Services Act

CEBC THE CALIFORNIA EVIDENCE-BASED CLEARINGHOUSE FOR CHILD WELFARE

California Evidence Based Clearinghouse (CEBC), Level 2 Scientific Rating, including a HIGH relevance rating for Child Welfare

Blueprints FOR HEALTHY YOUTH DEVELOPMENT

Blueprints provides a comprehensive registry of scientifically proven and scalable interventions to promote child and family wellbeing.

"I've learned more about the relationship between this mom and baby after only two PFR visits than I was aware of after working with them for nine months."
—Public Health Nurse

  | pcrprograms.org | 206-543-8528 | pcrp@uw.edu

STUDIES

STUDY #1: CHILD WELFARE SYSTEM

Fostering Families Project

Randomized Clinical Trial in the Foster Care System: Fostering Families Project (FFP) 2005–2010

PI: Susan Spieker, NIH—National Institute on Mental Health R01

POPULATION: Enrolled 210 caregivers who were caring for a child age 1 to 2.5 years old. The main eligibility requirement was that the child needed to have experienced a foster care separation from a caregiver in the last 60 days. Caregivers included foster parents (*n* = 89), kin caregivers (*n* = 65), and reunified birth families (*n* = 56).

MAIN EFFECT RESULTS: SPIEKER ET AL., 2012

- Significantly improved dyadically observed caregiver sensitivity[1] post-test, Cohen's *d* = .41, (*N* = 210), six-month Cohen's *d* was .29 (*N* = 129) but was not statistically significant because our sample size dropped by six months post intervention as many children changed caregivers and were in new placements. Our measure was based on observations of the dyad's interaction.
- Significantly improved parents' knowledge of child social and emotional development; Cohen's *d* = .42 post-test and *d* = .39 six-months post-test.
- Significantly improved child competence, Cohen's *d* = .42 post-test.

> ***"This program [PFR] helped me understand my child's emotions & needs & the videos helped me step "outside" the moment & gives me a chance to see room for improvement."***

CHILD WELFARE OUTCOMES: SPIEKER ET AL., 2014

Two years post intervention, PFR showed improved placement stability (stable, uninterrupted care and were eventually more likely to be adopted by the caregiver who received PFR if the child became available for adoption). In other words, if a foster/kin caregiver received PFR, the child experienced greater placement stability relative to the control group, Cohen's *d* = .74, see Spieker et al., 2014.

1 All of the Spieker, Oxford, or Booth-LaForce RCT's used a measure of observed caregiver sensitive and responsive care (Nursing Child Assessment- Parent-Child Interaction Teaching Scale). Caregivers were asked to teach the child something they did not yet know how to do (e.g. string beads) and were video recorded during the teaching episode. Trained and reliable coders were blinded to treatment condition coded all caregiver-child interactions.

MODERATION/MEDIATION AND SUBGROUP ANALYSIS

- Reunified birth parents and their children experienced larger effect sizes on all dyadic (observed sensitivity), parent, and child outcomes, see Oxford & Marcenko et al., 2016.
- Reunified birth children experienced lower levels of sleep problems than controls; this effect was mediated by improved confidence in caregiver's availability (via a measure of child reduced separation distress), see Oxford et al., 2014.
- In the full sample, children, who experienced multiple foster care removals from their birth parent since birth, were protected from a reduction in their attachment security scores relative to the control group; this effect led to a reduction in externalizing behavior at six-months follow up, see Pasalich et al., 2016.

"The PFR program was really nice. It connected me to my daughter in more ways than I thought I could be connected to her. I feel like I understand her more."

STRESS PHYSIOLOGY: NELSON & SPIEKER, 2013

PFR normalized stimulated cortisol response; pretest the predominant pattern was a flat cortisol response to a stressor; post-intervention the PFR group showed an increase in stimulated cortisol response, a more normative pattern, Cohen's *d* = 1.2.

STUDY #1 REFERENCES

Nelson, E. M., & Spieker, S. J. (2013). Intervention effects on morning and stimulated cortisol responses among toddlers in foster care. *Infant Mental Health Journal, 34*(3), 211–221.

Oxford, M., Fleming, C., Nelson, E., Kelly, J., & Spieker, S. (2013). Randomized trial of Promoting First Relationships: Effects on maltreated toddlers' separation distress and sleep regulation after reunification. *Children and Youth Services Review, 35*(12), 1988–1992. https://doi.org/10.1016/j.childyouth.2013.09.021. PMCID: PMC3864747

Oxford, M.L., Marcenko, M., Fleming, C. B., Lohr, M.J., & Spieker, S.J. (2016). Promoting birth parents' relationships with their toddlers upon reunification: Results from Promoting First Relationships® home visiting program. *Children and Youth Services Review, 61*, 109–116.

Pasalich, D.S., Fleming, C.B., Oxford, M.L., Zheng, Y., & Spieker, S.J. (2016). Can parenting intervention prevent cascading effects from placement instability to insecure attachment to externalizing problems in maltreated toddlers? *Child Maltreatment, 21*(1), 175–185.

Spieker, S., Oxford, M., Kelly, J., Nelson, E., & Fleming, C. (2012). Promoting First Relationships: Randomized trial of a relationship-based intervention for toddlers in child welfare. *Child Maltreatment, 17*(4), 271–286. https://doi.org/10.1177/1077559512458176

Spieker, S., Oxford, M., Kelly, J., Nelson, E., & Fleming, C. (2012). Promoting First Relationships randomized trial of a relationship-based intervention for toddlers in child welfare. *Child Maltreatment, 17*(4), 271–286.

Spieker, S., Oxford, M.L., & Fleming, C.B. (2014). Permanency outcomes for toddlers in child welfare two years after a randomized trial of a parenting intervention. *Children and Youth Services Review*. https://doi.org/10.1016/j.childyouth.2014.06.017. PMCID in process.

"The videos help me step 'outside' the moment & gives me a chance to see room for improvement."
—from a parent in the CPS study

STUDY #2: CHILD PROTECTIVE SYSTEM

Randomized Clinical Trial in the Child Protective System: Supporting Parents Program (SPP) 2010–2015

PI: Monica Oxford, NIH—National Institute of Child Health and Human Development, R01

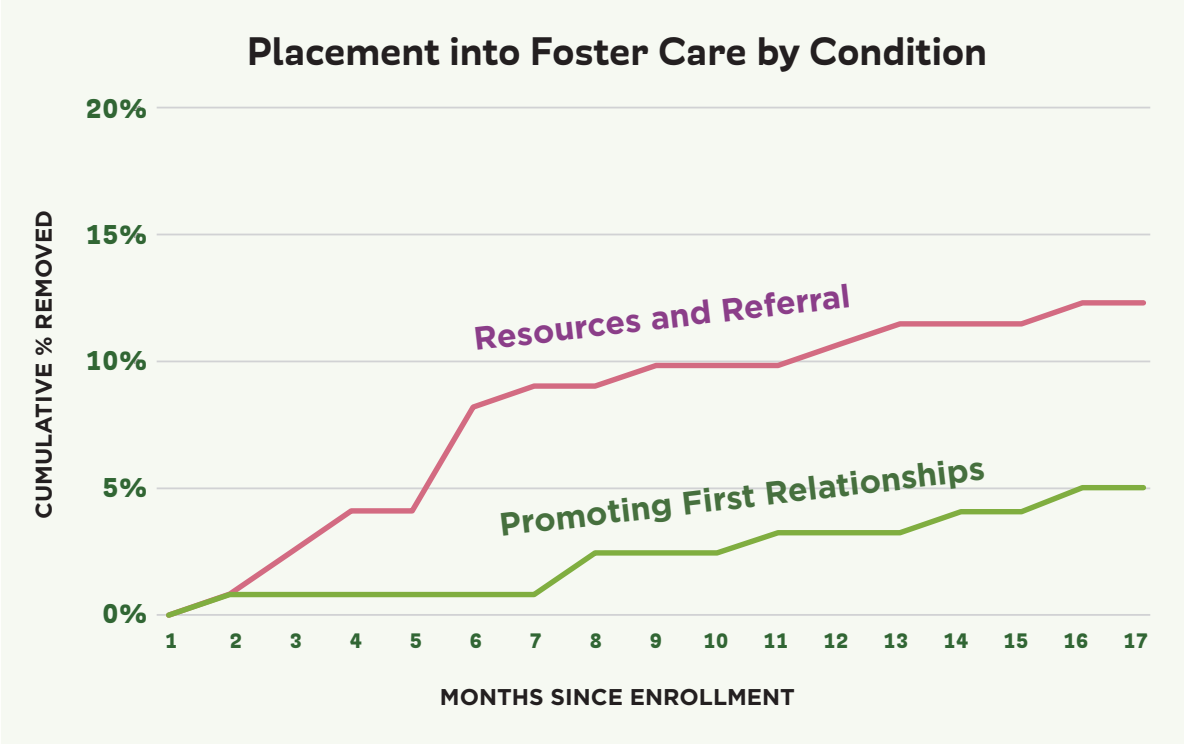
POPULATION: Enrolled 247 caregivers who were under investigation for maltreatment and had a child aged 1 to 2.5 years old. The main eligibility requirement was that the family with an open investigation of maltreatment.

MAIN EFFECT RESULTS: OXFORD ET AL., 2016

- Significantly improved dyadically observed caregiver sensitivity, overall Cohen's *d* was .21 (*N* = 247). Follow up timepoints: immediate post-test and six-month post-test.
- Significantly improved parents' knowledge of child social and emotional development, overall Cohen's *d* = .35.
- Significantly improved child's observed affective communication errors, Cohen's *d* = .19.

CHILD WELFARE OUTCOMES: OXFORD ET AL., 2016

One-year post intervention children in the control group were 2.5 times more likely to be removed from their caregivers' home and placed into foster care relative to those in the PFR group. In other words, PFR reduced foster care placements by 2.5 times one-year post intervention, Cohen's *d* = .50.



MODERATION/MEDIATION AND SUBGROUP ANALYSIS

- PFR was more effective at improving sensitivity for birth parents who reported they were physically abused as children, and this effect moderated the relationship between parental sensitivity and child sense of security with the parent, see Pasalich et al., 2018.
- PFR buffered children from developing sleep problems as they were increasingly exposed to Adverse Childhood Experiences (ACEs). In other words, as ACEs increased in a toddler's life, those children who received PFR did not go on to develop sleep problems. However, the control group went on to develop sleep problems as their ACEs increased, see Hash et al., 2019b.

"I think this program helped build my relationship with my child for the better. It has helped me understand him more as a child. I am glad I did this program."
—from a parent in the CPS study

STRESS PHYSIOLOGY: HASTINGS ET AL., 2019

Children whose caregivers received PFR improved their parasympathetic reactivity to a series of difficult tasks using an electrocardiogram to measure respiratory sinus arrhythmia. In other words, children in the PFR group showed improved parasympathetic regulation relative to the control group, six months post intervention, Cohen's *d* = .35.

STUDY #2 REFERENCES

Hash, J.B., Oxford, M.L., Fleming, C.B., Ward, T.M., & Spieker, S.J. (2019a). Sleep problems, daily napping behavior, and social-emotional functioning among young children from families referred to Child Protective Services. *Behavioral Sleep Medicine*, 1–13.

Hash, J.B., Oxford, M.L., Fleming, C.B., Ward, T.M., Spieker, S.J., & Lohr, M.J. (2019b). Impact of a home visiting program on sleep problems among young children experiencing adversity. *Child Abuse & Neglect*, *89*, 143–154.

Hash, J.B., Oxford, M.L., Ward, T.M., Fleming, C.B., & Spieker, S.J. (2020). Sleep patterns, problems and ecology among toddlers in families with a Child Protective Services maltreatment referral. *Journal of Pediatric Nursing*, *51*, 85–91.

Hastings, P.D., Kahle, S., Fleming, C.B., Lohr, M.J., Katz, L.F., & Oxford, M.L. (2019). An intervention that increases parental sensitivity in families referred to Child Protective Services also changes toddlers' parasympathetic regulation. *Developmental Science*, *22*(1), e12725.

Oxford, M.L., Spieker, S.J., Lohr, M.J., & Fleming, C.B. (2016). Promoting First Relationships® Randomized trial of a 10-week home visiting program with Families Referred to Child Protective Services. *Child Maltreatment*, *21*(4), 267–277.

Oxford, M.L., Spieker, S.J., Lohr, M.J., Fleming, C.B., Dillon, C., & Rees, J. (2018). Ensuring implementation fidelity of a 10-week home visiting program in two randomized clinical trials. *Maternal and Child Health Journal*, *22*(3), 376–383.

Pasalich, D.S., Fleming, C.B., Spieker, S.J., Lohr, M.J., & Oxford, M.L. (2018) Does parents' own history of child abuse moderate the effectiveness of the Promoting First Relationships® intervention in Child Welfare? *Child Maltreatment*, *24*(1), 56–65. https://doi.org/10.1177/1077559518809217.

Spieker, S.J., Oxford, M.L., Fleming, C.B., & Lohr, M.J. (2018). Parental childhood adversity, depressive symptoms, and parenting quality: Effects on toddler self-regulation in child welfare services involved families. *Infant Mental Health Journal*, *39*(1), 5–16.

STUDY #3: NATIVE AMERICAN COMMUNITY

Randomized Clinical Trial in a Native American Setting: Beginning Relationships 2012–2017

PI: Cathryn Booth-LaForce, NIH—National Institute on Minority Health and Health Disparities R01

POPULATION: Enrolled 34 caregivers of Native American children aged 1 to 3 years of age living in a rural tribal setting.

MAIN EFFECT RESULTS: BOOTH-LAFORCE ET AL., 2020

- Significantly improved dyadically observed caregiver sensitivity, overall Cohen's *d* was 1.02, post-test.
- Significant improvements in caregiver-child contingency Cohen's *d* was 1.21, post-test.
- Significantly improved parents' knowledge of child social and emotional development, Cohen's *d* = .58.
- Showed very strong Cohen's *d* on all behavior measures and parenting stress, but the study was underpowered, and the effects were not statistically significant: externalizing Cohen's *d* = 1.18; internalizing *d* = .29; child competence *d* = 1.09; and parenting stress *d* = 1.04.

> ***"Well, I felt that the program really helped my relationship with my daughter. You know, get more close to her. It seems that I am really there for my daughter now, when she feels upset and I know how to deal with her when she is having a bad day."***
>
> ***—from a parent in the Native American study***

STUDY #3 REFERENCES

Booth-LaForce, C., Oxford, M.L., Barbosa-Leiker, C., Burduli, E., & Buchwald, D.S. (2020). Randomized controlled trial of the Promoting First Relationships® preventive intervention for primary caregivers and toddlers in an American Indian community. *Prevention Science*, *21*(1), 98–108.

Oxford, M., Booth-LaForce, C., Echo-Hawk, A., Madesclaire, O., Parrish, L., Widner, M., . . . & CATCH Project Team. (2020). Promoting First Relationships®: Implementing a home visiting research program in two American Indian communities. *Canadian Journal of Nursing Research*, *52*(2), *149–156.* https://doi.org/10.1177/0844562120914424

> ***"The program was really helpful. Not just for future help, but by helping me open my eyes to what I was already doing and pointing out things that I was doing really well in. It just gave me a boost of confidence with my parenting."***
>
> ***—from a parent in the Native American study***

  | pcrprograms.org | 206-543-8528 | pcrp@uw.edu

STUDY #4: CHILDREN AT RISK FOR AUTISM SPECTRUM DISORDER

Randomized Clinical Trial in a Sample of Children at Risk for Autism Spectrum Disorder as Younger Siblings of a Child on the Spectrum: SIBS Study

PI: Dawson & Webb. NIH—National Institute of Child Health and Human Development, P50–R01

POPULATION: Enrolled 33 children who were infant siblings of an older child who had been diagnosed with autism spectrum disorder (ASD). Infants were randomly assigned to receive PFR between 9 and 11 months of age and followed up at 12 and 18 months of age.

MAIN EFFECT RESULTS: JONES ET AL., 2017

Children assigned to the PFR intervention showed more normative social attention patterns relative to the usual care control group. Electrophysiological and habituation measures were collected over time. Children in the PFR condition showed improvements in neurocognitive measures of social attention at 12 months; these results were maintained at 18 months of age.

STUDY #4 REFERENCES

Jones, E.J., Dawson, G., Kelly, J., Estes, A., & Webb, S.J. (2017). Parent-delivered early intervention in infants at risk for ASD: Effects on electrophysiological and habituation measures of social attention. *Autism Research, 10*(5), 961–972.

Hash, J. B., Walker, A. J., Ward, T. M., Oxford, M. L., & Spieker, S. J. (2024). Trying to Do What's Best: Maternal Perspectives About Toddler Sleep Health Among an Underresourced Sample of Mothers With Diverse Racial and Ethnic Identities. *Journal of Pediatric Health Care*, 38(2), 160-171.

"I've learned that the social and emotional needs are very important to me because it's like if my baby or my kids are speaking to me, and now I pay more attention to those needs and cues. Thank you!"

STUDY #5: NATIVE AMERICAN COMMUNITY

Randomized Clinical Trial in a Native American Setting: Thiwáhe Patítan Project 2013–2021

MPI: Cathryn Booth-LaForce, Dedra Buchwald, Monica Oxford, NIH—National Institute of Nursing Research R01

POPULATION: Enrolled 161 caregivers of American Indian children aged 1 to 3 years of age living in a rural tribal setting.

"The program got me a lot closer to my son. It showed me emotions that I did not think he would have, our bond together is closer than it was before and I feel like through the program I got to be with my son a lot more than just being his mom."

—from a parent in the Native American study

MAIN EFFECTS RESULTS: BOOTH-LAFORCE ET AL., 2022

- Significantly improved dyadically observed sensitivity, Cohen's *d* = .50.
- Significantly improved parents' knowledge of child social and emotional development, Cohen's *d* = .60.
- Significantly improved caregivers depressive symptoms, Cohen's *d* = .40.

MODERATION/MEDIATION AND SUBGROUP ANALYSIS

- PFR was moderated by caregiver depressive symptoms at baseline, such that PFR had a greater effect for those with lower initial levels of symptoms (Booth-La Force et al., 2022).

STUDY #5 REFERENCES

Booth-LaForce, C., Oxford, M. L., O'Leary, R., & Buchwald, D. S. (2023). Promoting First Relationships® for Primary Caregivers and Toddlers in a Native Community: A Randomized Controlled Trial. *Prevention Science, 24*(1), 39–49.

Booth-LaForce, C., Oxford, M. L., O'Leary, R., Rees, J., Petras, A., & Buchwald, D. S. (2023). Implementation Fidelity of the Promoting First Relationships® Intervention Program in a Native Community. *Translational Behavioral Medicine, 13*(1), 34–41.

O'Leary, R., Oxford, M. L., Booth-LaForce, C., London, S., & Buchwald, D. S. (2022). Experiences of Native Participants in the Promoting First Relationships® Intervention: Focus Group Findings. *Maternal and Child Health Journal, 26*(11), 2263–2270.

"I really loved it, because it helped with me and my son's relationship. What they talked about [the topics]—I then noticed all of that. Just like the videos, where she recorded us and we watch them back, I really liked the video part. Seeing us play and learning new things.I really liked the program."

—from a parent in the Native American study

STUDY #6: MOTHERS WITH MENTAL HEALTH NEEDS AND THEIR INFANTS (ENGLISH AND SPANISH)

Randomized Clinical Trial in a Sample of English and Spanish Speaking, Lower Income Mothers Diagnosed with a Mental Illness During Pregnancy 2015–2022.

PI: Susan Spieker, NIH—National Institute of Child Health and Human Development R01

POPULATION: Enrolling 254 mothers of young infants aged 2–4 months. Mothers were eligible if they spoke either English or Spanish (research and intervention delivered in both languages), and if they received mental health treatment through the Mental Health Integration Program (MHIP) during pregnancy.

"I loved the information, the visits, and how much they listened to me. This program has changed me for the better and in how to recognize better my baby's needs. Thanks"
—from a Spanish-speaking mother in the perinatal mental health study

MAIN EFFECTS RESULTS: OXFORD ET AL., 2021

- Significantly improved dyadically observed sensitivity, Cohen's *d* = .26.
- Significantly improved parents' knowledge of child social and emotional development, Cohen's *d* = .45.
- Significantly improved child externalizing behavior at one year of age; Cohen's *d* = .28.
- Trending effect, mothers in the PFR group had lower severity scores on both measures at both time points. Differences trended toward significance at 6 months for the GAD, Cohen's *d* = .19 (p = .054), and at 12 months for the PHQ 9 Cohen's *d* = .18 (p = .089).

MODERATION/MEDIATION AND SUBGROUP ANALYSIS

- PFR produced stronger positive effects on dyadically observed caregiver sensitivity for those with very high scores on depression, anxiety, post-traumatic stress disorder (PTSD), anger and interpersonal sensitivity when they started the study (Oxford et al., 2023).
- PFR demonstrated a greater positive effect among mothers who preferred Spanish, *d* = .69, than English, *d* = .40, in their understanding of infant social and emotional development (Hash et al., 2023).

"This was the most awesome eye opening experience ever, and I learned a lot not only about me but also about the way I raise my kids. The way I am, I felt that I and [provider name] touched and reached a past side of me that I locked a long time ago and it helped me understand and repair a lot of things in my present and probably in my future. I loved the program."
—from an English-speaking mother in the perinatal mental health study

STUDY #6 REFERENCES

Oxford, M. L., Hash, J. B., Lohr, M. J., Bleil, M. E., Fleming, C. B., Unützer, J., & Spieker, S. J. (2021). Randomized trial of promoting first relationships for new mothers who received community mental health services in pregnancy. *Developmental Psychology, 57*(8), 1228.

Oxford, M. L., Hash, J. B., Lohr, M. J., Fleming, C. B., Dow-Smith, C., & Spieker, S. J. (2023). What works for whom? Mother's psychological distress as a moderator of the effectiveness of a home visiting intervention. *Infant Mental Health Journal, 44*(3), 301-318.

Hash, J.B., Oxford, M.L., Nelson, D.C., Lohr, M.J., Fleming, C.B., de Castro, B.A., Spieker, S.J., (2023). Efficacy of *Promoting First Relationships*® for English and Spanish Speakers: A Randomized Controlled Trial. Manuscript under review.

STUDY #7: CHILD WELFARE REUNIFIED BIRTH PARENTS

Randomized Clinical Trial in a Sample of Reunified Birth Parents with Their Birth Child After a Foster Care Separation

PI: Monica Oxford, NIH-National Institute of Child Health and Human Development R01

POPULATION: Enrolled 240 caregivers of children aged 1–5 who were being reunified with their birth parent after being in foster care.

Enrollment is complete; intervention and evaluation visits ongoing.

"[PFR] helped me understand my son's cues and needs. I get it now! I get him! I want to think about him in a different way. It helped me to step back, take a breath, evaluate the situation and understand the situation, why is he acting this way? Is he scared? Is he stressed? Does he need me? It makes it a little more comforting in the situation—and for him, he is more happy and secure, knowing that mom gets what I'm saying or why I'm acting this way. I get him now."

—from a Reunified Birth parent

"Promoting First Relationships is such a different way of working with families. In particular for families involved with child welfare, it may be the first time that someone has ever really noticed that they are doing well and celebrated this. PFR provides us with a way to encourage and reflect on parents' interactions and to increase and build upon the strengths that they bring to parenting."—Social Worker

STUDY #8: PROMOTING FIRST RELATIONSHIPS BY TELEHEALTH WITHIN CHILD PROTECTIVE SERVICES SYSTEM

Delivering Evidence-Based Parenting Services to Families in Child Welfare Using Telehealth

PI: Monica Oxford, NIH- National Institute of Child Health and Human Development R01

POPULATION: Enrolling 357 biological caregivers who are currently under investigation by child protective services for a report of maltreatment.

Study is ongoing: 2023–2028

STUDY #9: GROWING TOGETHER: PROMOTING FIRST RELATIONSHIPS AND CELLULAR AGING

Randomized Controlled Trial in a Population of Under-Resourced Families for the Impact of Stress and Caregiver Sensitivity on Infant Cellular Aging

MPI: Monica Oxford (UW), Idan Shalev (Penn State), and Carrie Dow-Smith (WakeMed) NIH- National Institute of Nursing Research, R01

POPULATION: Enrolling 250 biological caregivers of infants 3 to 11 months of age who are receiving pediatric care at WakeMed in North Carolina. Participants randomized to the treatment condition will receive PFR home visiting and two sessions of PFR in Pediatrics. We will measure infant and caregiver cellular aging pre-test and infant cellular aging post-test to assess the protective effect of PFR and improved caregiver sensitivity.

Study is ongoing: 2024–2029

"Before we started PFR, my preschooler would always say 'You don't love me, and now he's completely stopped saying that. The relationship is a complete 180. I realized the program isn't for him, it's for me because I've had to learn to understand him. It went from: 'He needs to behave', to 'We need to work on creating a more secure connection." —Provider

LOGIC MODEL

PFR:

- is a relationship-based program that uses attachment theory.
- is focused on the quality of the dyadic caregiver-child interaction
- is strengths-based
- is a 10-week program that utilizes video feedback and parent handouts
- is designed for any caregiver of a child birth to five, including childcare professionals

Increase caregivers' confidence and competence

PFR is strengths based. We train providers how to do strengths based work via the consultative stance

Increase caregivers' observation skills

PFR uses video feedback and lessons on child's non-verbal language to improve caregivers' ability to 'read' their child's communication

Increase caregivers' reflective functioning

PFR trains providers to use reflection to help the caregiver enter the 'mind' of the child to better understand their needs

Help caregivers view behaviors as unmet needs

PFR helps caregivers learn to identify their and their child's unmet emotional needs, as well as how to regulate big feelings

Outcomes

- Improved caregiver sensitive and responsive care.
- Improved caregiver understanding of social and emotional needs of young children.
- Reduced placement into foster care (2.5 times).
- Increased stability in foster care.
- Reduction in child externalizing behavior.
- Improved child stress physiology.
- Increased child competence.
- Works better for higher need caregivers (those who were physically abused as children; reunified birth parents; or those with mental health issues).

THEORY & DESIGN → **PROCESS & TRAINING** → **OUTCOMES**

LEARN MORE

FOR MORE INFORMATION:

- For training information visit pfrprogram.org or email Jennifer Rees at rees@uw.edu
- For research related questions contact Dr. Monica Oxford at mloxford@uw.edu
- To request copies of the listed publications contact Parent-Child Relationship Programs at pcrp@uw.edu

PROGRAM DEVELOPERS

Kelly, J., Zuckerman, T., Sandoval, D. & Buehlman, K. (2003, 2008, 2016). Promoting First Relationships: A curriculum for service providers to help parents and caregivers meet the social and emotional needs of young children. Seattle, WA. Parent-Child Relationship Programs at the Barnard Center.

