



# Barnard Center

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ANNUAL REPORT  
**2024–2025**

**W** SCHOOL OF NURSING  
UNIVERSITY of WASHINGTON

**Barnard Center**   
for Infant & Early Childhood Mental Health

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# Executive Summary

## KEY HIGHLIGHTS

**The 2024–2025 Dean’s Report showcases the Barnard Center’s impactful work in infant and early childhood mental health (IECMH), emphasizing dissemination, workforce development, research, and funding initiatives. Below are the major accomplishments:**

## DISSEMINATION & COMMUNITY ENGAGEMENT

### Professional Development

- Parent-Child Relationship Programs provided training to 3,737 professionals.
- Provided FREE training to 960 professionals this year via the Barnard Center Free Lecture Series, reaching 4,716 participants since 2021.
- Hosted two special events: one in the use of art in treatment and the other on clinical aspects of attachment strategies.

### International Partnerships

- Thriving collaboration with Aga Khan University (Pakistan) on responsive caregiving, including a 4-day conference with global experts.
- Psychosocial Support in Gaza: Launched a website for trauma-informed resources for families affected by war.
- Celebration of 10 years of partnership with Toronto Public Health implementing the Parent-Child Interaction Assessment.
- Strengthened ongoing international partnerships with Australia, Colombia, Switzerland, and Turkey.

### New Programs & Products

- Updated *Promoting First Relationships*® (4th Edition) with expanded content for ages 0–5.
- Piloted a Parent Education Program in Skagit County, focusing on infant mental health.
- Released *New Food!*, a board book teaching caregivers to interpret BabyCues®.

## WORKFORCE DEVELOPMENT

### Advanced Clinical Training (ACT)

- 19 professionals graduated from ACT in 2024; we enrolled 22 professionals in the fourth cohort who are learning to practice infant mental health from an anti-oppressive and trauma-informed lens; a total of 56 professionals trained since 2021.
- Expanded to rural Oregon via the Ford Family Foundation.



## Child-Parent Psychotherapy (CPP)

- Launched the third CPP cohort and are training 41 clinicians in evidence-based trauma treatment for children 0–5.

## Higher Education

- 400+ students enrolled in IECMH courses across nursing, social work, and public health.

## Promoting First Relationships® (PFR) Home Visiting Intervention

- Supported 25 opioid treatment centers to implement PFR, serving 236 families.
- Celebrated several years of workforce development contracts training nearly 800 providers at PFR Level 2 and PFR Level 3.



## RESEARCH PROGRAM

### NIH-Funded Studies:

- Dr. Hash submitted an R01 application to NIH to seek funding for adaptation and testing of a school age intervention based on PFR.
- Dr. Layla Ladak (PI), The Aga Khan University, Pakistan and Dr. Monica Oxford submitted an NIH R21 application to address infant and child neurodevelopment in the context of congenital heart disease treatment for children in Pakistan.
- Dr. Oxford launched NIH R01, Growing Together, which is testing if Promoting First Relationships (PFR) mitigates cellular aging in low-income children (250 participants).
- Dr. Oxford continued our NIH R01, Families Connected, where we are evaluating if PFR delivered by telehealth to child welfare involved families is as effective as the home visiting model.
- Dr. Oxford completed the Families Together study, which was an R01 Randomized Clinical Trial enrolling 240 parents and their children. At the same time, Drs. Kaneshiro and Oxford began a qualitative study to explore their resilience through photo storytelling.

### Publications & Presentations by Faculty & Staff

- 14 peer-reviewed articles on topics like trauma, parenting, and health equity.
- 23 presentations or keynotes related to infant and early childhood mental health.



# Dissemination

## DISSEMINATION AIM & OUTCOMES

**AIM:** To provide high-quality professional development opportunities in infant and early childhood mental health (IECMH) to professionals locally, nationally, and internationally.

## PARENT-CHILD RELATIONSHIP PROGRAMS®

### Dissemination by the Numbers

Parent-Child Relationship Programs (PCRP) is the primary vehicle for dissemination at the Barnard Center. Our aim is to provide high-quality educational opportunities in the IECMH field. Our transition to online delivery of our trainings during the pandemic has continued to increase our reach. Last year, we facilitated 132 training events in which we trained 3,737 professionals. We trained participants internationally in Australia, Canada, Colombia, Mexico, Pakistan, and Spain (see Table 1).

TABLE 1. TRAINING ACTIVITIES BY PROGRAM 2024-2025

DESCRIPTION	NUMBER OF TRAINEES/ ATTENDEES	NUMBER OF EVENTS	INTERNATIONAL AUDIENCE?
Promoting First Relationships Level I	490	27	Yes
Promoting First Relationships Level II	80	NA	Yes
Promoting First Relationships Level III	4	NA	Yes
PFR Monthly Reflective Consultation Groups	258	58	Yes
Promoting First Relationships in Pediatrics	89	3	Yes
PFR in Seattle Children's Resident Training	48	21	No
Parent-Child Interaction Scales Learner Training	10	2	Yes
Parent-Child Interaction Scales new and recertified learners	1,113	NA	Yes
Promoting Maternal Mental Health During Pregnancy	99	4	Yes
Understanding Infants: Keys to Infant Caregiving	48	2	Yes
Lectures, Webinars, Keynotes, National & International Presentations	1,498	15	Yes
<b>TOTAL</b>	<b>3,737</b>	<b>132</b>	<b>NA</b>

## Free Community Training

### Barnard Center Free Lecture Series

Since inception in the autumn of 2021, we have provided free educational offerings to 4,716 participants. This year, we provided training to 960 professionals. These lectures are also available on [YouTube](#). We aim to provide timely, free, and brief educational offerings on topics relevant to providers serving families with children under the age of five (see Table 2).

**TABLE 2. FREE LECTURE SERIES  
BY PRESENTER 2024-2025**

PRESENTER	DATE
<b>Dr. Cynthia Price</b> Introduction to Mindful Awareness in Body-Oriented Therapy	<b>JULY 2024</b>
<b>Dr. Gail Williams</b> Preschool Expulsion: Implications and Solutions	<b>MAR 2025</b>
<b>Frank Grijalva</b> A Journey of Post-Traumatic Growth	<b>APR 2025</b>
<b>William Pepe</b> Infants' Relationship Inferences from Observations of Imitation and Helping	<b>MAY 2025</b>
<b>Dr. Nucha Isarowong</b> Addressing the Infant and Early Childhood and Broader Mental Health Workforce Crisis	<b>JUN 2025</b>

## Special Events

### Expressive Arts Psychotherapy

**Abigail Bocanegra** led a training named Expressive Arts Psychotherapy, grounded in a decolonized perspective, which honors the arts



**ABIGAIL BOCANEGRA**

not just as clinical tools but as intrinsic healing practices of many indigenous cultures. This training workshop merged cultural wisdom in expression with therapeutic Expressive Arts Therapy techniques, illuminating experiences that foster holistic healing and nurture parent-child relationships within family systems. Through a re-embrace of the healing arts, identification and application of clinical EXA principles, and experiential dialogue, participants grasped the essence of a culturally responsive and intermodal expressive arts approach.

### Insecure Attachment in the Clinical Setting: Understanding Strategies and Promoting Positive Change

**Dr. Clark Baim** presented a 3-part lecture series to introduce professionals who work with



**DR. CLARK BAIM**

children, adults, and families in the mental health, social care, criminal justice, educational and voluntary sectors to attachment theory, specifically Dr. Patricia Crittenden's Dynamic-Maturational Model (DMM). Dr. Baim covered theory, assessment and formulation, and treatment planning and intervention.

## International Dissemination Partnerships

### Barnard Center's Partnership with The Aga Khan University in Karachi, Pakistan Continues to Thrive



Early Childhood Development, Parenting Readiness Education Program (ECD, PREP),

Department of ObGyn, Aga Khan University, Karachi, Pakistan organized a four-day Foundation for Health and Empowerment (F4HE) research advocacy conference from February 12–15, 2025, supported by Aga Khan Foundation and Global Affairs Canada. The

theme of the conference was “Responsive Caregiving”, which included pre-conference webinars, consultative round tables, and a main advocacy program. Expert facilitators included Dr. Shelina Bhamani from Aga Khan University, Dr. Monica Oxford from the University of Washington, Dr. Aisha Yousafzai from Harvard University, and Dr. Antje Von Suchodoletz from New York University Abu Dhabi. They emphasized the significance of responsive caregiving during the earliest years, which are crucial to laying a foundation for a child's overall well-being and integration of parenting education programs in various settings, including healthcare, academic, and community settings. A technical advisory group (TAG) was launched in partnership with UNICEF, Pakistan to scale ECD and parenting education programs in healthcare settings. Moreover, the conference had a special panel focusing on the role of nurses in the implementation and promotion of ECD and newborn-responsive caregiving in healthcare settings.



### Providing Psychosocial Support in Gaza

Dr. Oxford has partnered with the Future Development Commission over the last four years. With funding from the Kathryn Barnard Endowment, we have provided professional development training in Arabic for providers in Gaza. At the onset of the current war, Mr. Abd Alfatah Shehada, the Director of the Future Development Commission, and our team chose to build a website for use within the community. The website focuses on providing psychosocial supports that parents, families, providers, and other adults can use to support the mental health of children and families dealing with the ongoing trauma of violence and war with Israel.



The Future Development Commission

هيئة المستقبل للتنمية



### Celebration of Excellence at Toronto Public Health in using the NCAST Parent-Child Interaction Scales

At an all-staff meeting in January 2025, Toronto Public Health celebrated Public Health Nurses (PHNs) for their efforts related to the NCAST PCI Feeding and Teaching Scales. Among the honorees were seven outstanding PHNs, including Tomoko Iguchi, who also serves as an NCAST PCI Instructor, for achieving their 10th annual recertification milestone. This accomplishment reflects a decade of commitment to supporting families and upholding reliability standards in the Healthy Babies Healthy Children (HBHC) program.

During the event, the celebrated PHNs were awarded certificates and gifts were presented by management in recognition of their achievements. Special acknowledgments were also given to NCAST PCI Instructors Adeola Afuwape, Arlene Williams-Debrah, Tomoko

Iguchi, and Vanessa Vandewater for their invaluable role in sustaining program excellence.

## PROMOTING FIRST RELATIONSHIPS® GLOBAL IMPACT

### Strengthening International Partnerships



#### Australia: Expanding Early Parenting Support

In March 2025, we welcomed Deidre Stuart from the Queen Elizabeth Centre (QEC) in Melbourne, Australia. QEC provides free parenting support to families in Victoria with children aged 0–4, using:

- Promoting First Relationships (PFR)
- Keys to Infant Caregiving
- Parent-Child Interaction Scales



#### A Lasting Partnership with Kids First Australia

Through our Train-the-Trainer model, Kids First Australia has expanded PFR across their programs, including:

- Early years support
- Family violence intervention

## Global Outreach & Conferences

This year, the PFR team shared expertise at key conferences to advance infant and early childhood mental health worldwide:



- January 2025: Carol Good presented at the San Diego International Child Maltreatment Conference, sparking connections with providers in Bogotá, Colombia.

- May 2025: Dr. Jeannie Larsen delivered a virtual presentation on early relational health to healthcare providers and psychologists in Colombia, expanding our reach in Latin America.



#### Turkey: Making PFR Accessible in Turkish

Özlem Şensoy, Child Health Nursing faculty at Istanbul University, translated PFR Caregiver handouts into Turkish, helping bring PFR to families in Turkey and Turkish-speaking communities worldwide.



#### Switzerland: Bringing PFR to New Parents

Fatou Diallo Roost, a PFR Certified Provider, is piloting our new parent education class (developed by Dr. Monica Oxford) to support infant mental health in her community.

## ANNOUNCING TWO NEW PRODUCTS

### New Parent Education Class Developed and Piloted

Dr. Oxford partnered with Skagit County nurses Liz Cooksee and Janna Uffelman to develop and pilot a Parent Education Program. This program will be available to community providers so that they can provide parenting education within their communities. The three-session program focuses on foundational knowledge in infant and early childhood mental health, including Serve and Return Relationships, Nonverbal Communication, and Behavior has Meaning. This program was piloted in Skagit County and will be delivered for additional pilot testing in the fall of 2025 by Liz Cooksee and Janna Uffelman.

### Understanding the Emotional Needs of Your Infant, Toddler or Young Child

Dr. Monica Oxford, Executive Director of the Barnard Center for Infant and Early Childhood Mental Health at the University of Washington

### New BabyCues® Product!

We're thrilled to announce the release of our very first board book, *New Food!* This engaging and colorful book introduces parents and caregivers to BabyCues—the subtle behavioral signals preverbal children use to communicate. Through the playful story of a parent offering a seaweed snack, readers will see examples of red, yellow, and green BabyCues in action.

Designed to be both educational for adults and delightful for young children, *New Food!* is a perfect way to begin recognizing and responding to a child's cues during everyday moments.



## UPDATED PRODUCTS & PROGRAMS

It's been a busy year!

### Promoting First Relationships® 4th Edition Manual is Here!

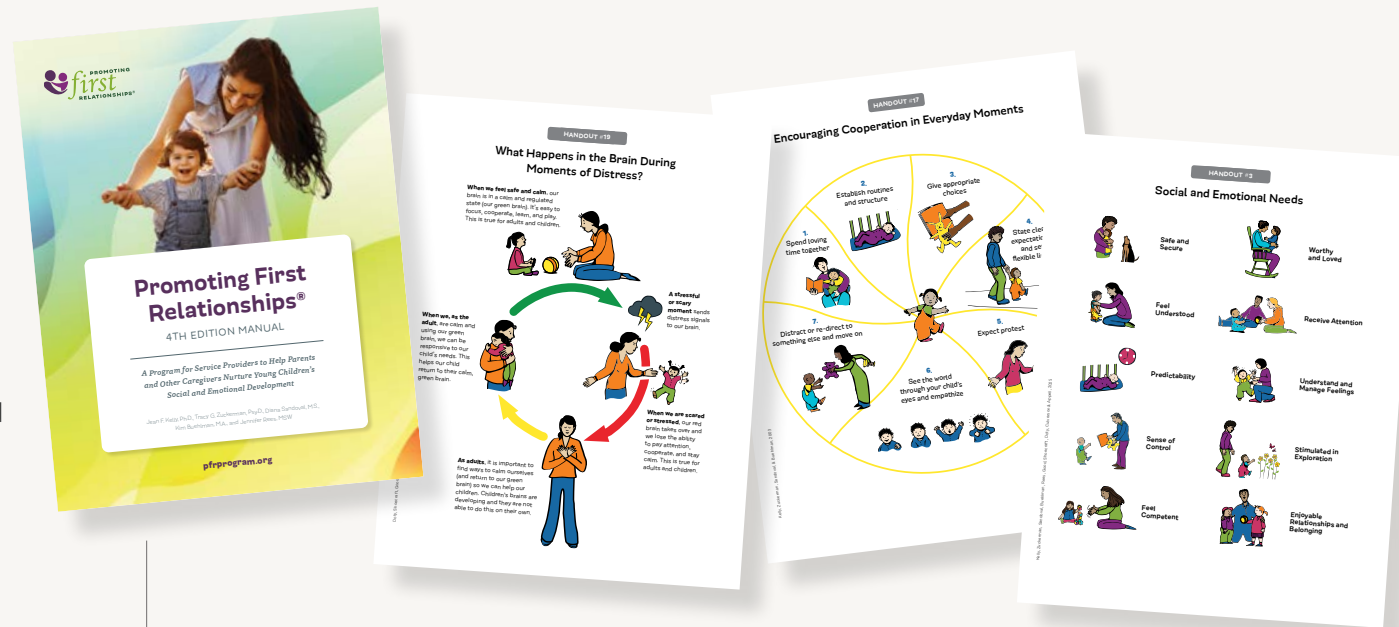
We are excited to announce the release of the 4th Edition of the *Promoting First Relationships®* manual, available July 2025!

This new edition includes expanded content for providers working with children from birth to age five, with added preschool-focused material and updated case studies to support work across the early childhood spectrum.

What's new in the 4th Edition?

New caregiver handouts on key topics:

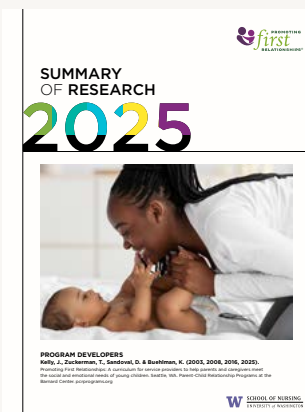
- What Happens in the Brain During Moments of Distress
- Calming Myself, Calming My Child
- Planning Ahead for Colorful Moments
- Balanced Guidance Using Limits and Choices
- Integration of the latest research and evidence



- Enhanced tools for supporting relationships across early childhood

Caregiver handouts are currently vetted and available in 14 languages, which will grow to over 40 languages by the end of 2025 as the vetting process is completed.

Click here for updated findings and publications



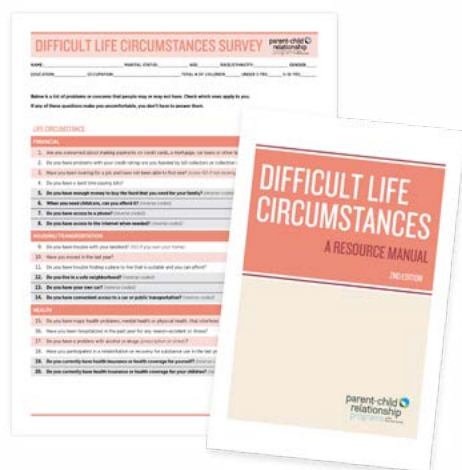
## Updated Understanding Infants Parent Handouts

These updated versions include the same trusted content as before, but with improved readability and visual appeal to better engage and support families with:

- Simplified text for easier reading and faster understanding
- Streamlined content to highlight key messages
- More illustrations to draw the eye and enhance connection
- Vibrant colors for a fresh, modern look



## Updated Difficult Life Circumstances (DLC) Manual and Scale



Our team completed the 2025 edition of the Difficult Life Circumstances (DLC) Scale, which now offers a more comprehensive, current, and actionable tool for understanding family stress and household adversity. Now expanded to 40 items, the revised scale includes key updates to better capture the realities faced by under-resourced families, including:

- New items aligned with Adverse Childhood Experiences (ACEs) research
- Enhanced focus on housing instability, mental health, and household dysfunction
- Updated language and response patterns to enhance usability and clarity

Designed for use in home visiting and community based programs or in research, the DLC now provides a parallel measure to ACEs, helping practitioners identify areas for support and intervention in real time.

Use the DLC to:

- Identify and track family stressors
- Enhance service delivery and engagement
- Support trauma-informed care and early relational health

The updated DLC Scale is a critical resource for programs seeking to promote early relational health and reduce the long-term effects of toxic stress.

# Workforce Development

## WORKFORCE DEVELOPMENT AIM & OUTCOMES

**AIM: To identify training needs in the community, and develop and implement training programs to meet those needs.**

## PEOPLE POWERED WORKFORCE RESULTS

The Barnard Center received a Proviso from Washington State Legislature to think comprehensively about the infant and early childhood mental health workforce, which is a *people powered* workforce, including nurses, home visitors, therapists, community health workers, childcare providers, early intervention specialists, and many others. The aim of the Proviso was to develop a strategic plan to Expand, Diversify, Train, and Retain the workforce. Through broad community

engagement, we engaged with a diverse population of providers.

The results of the work can be found on our website as an interactive implementation guide [here](#) or with our report, which can be downloaded from [here](#). The result of this work is reflected in the vision statement developed and vetted by the community:

***We envision an IECMH workforce whose relational, emotional, physical, spiritual, and economic wellbeing are prioritized so that they can better prioritize the wellbeing of young children, families, and communities. In order to achieve this, our systems must be reimaged to promote interconnectedness, center relational healing, uphold community voice, honor diverse worldviews, and create a sense of belonging for generations to come.***

## ADVANCED CLINICAL TRAINING (ACT) PROGRAM

In December 2024, the third cohort of professionals completed the Advanced Clinical Training (ACT) Program. We are proud of the 56 professionals who have committed time and



energy striving towards relationship-centered, empirically informed, culturally-responsive, anti-racist, anti-oppressive, healing-forward, and developmentally focused practice with young children (prenatal to 5 years) and their families and communities. In late January 2025, we launched the fourth cohort of the ACT program with 22 enrolled professionals from across Washington State, including 3 tribal communities, and rural, southern Oregon through a partnership with the Ford Family Foundations. While supporting this fourth cohort, Dr. Isarowong, the program director, continues to be connected with members of the 3 previous cohorts, offering opportunities for ongoing reflective consultation to support their practice with families caring for young



139  
People



71 Hours of  
Conversation



31 Focus  
Groups



74 Direct Service  
Providers  
41 Administrators  
24 Systems  
Partners



22 of  
Washington's  
39 Counties



114  
Demographic  
Surveys

children in a time of heightened political and economic stress and adversity.

Many organizations in Washington and around the country have been interested in the ACT Program's anti-oppressive, trauma-informed and healing forward emphasis – our approach to healing relationships with children and families as well as healing the healers, those of us committed to the well-being of young children (prenatal to age 5 years) and their families and communities.



## WASHINGTON STATE CHILD PARENT PSYCHOTHERAPY (CPP)

In response to the increasing need for trauma-informed mental health services for very young children and their families, a multisector partnership—including the Barnard Center, Perigee Fund, Washington Health Care Authority, and the Child Trauma Research Program at the University of California, San



HARUKO WATANABE MA,  
LMHC, IMH-E®



MINDY DAVIS, LICSW

Francisco—launched its third Child Parent Psychotherapy (CPP) training initiative in Washington State in May 2024. This nationally recognized, evidence-based program currently enrolls 41 mental health clinicians who are developing local training expertise. CPP is one of the few proven interventions specifically designed for children ages 0–5 who have experienced trauma, and its core emphasis on cultural responsiveness makes it effective in a variety of communities, including immigrant, refugee, African American, and Latinx populations. To date, the cohort has completed over a year of case consultations, and all three in-person workshops held in Seattle, WA, and is scheduled to complete training on November 30, 2025.

The Barnard Center further supports this initiative by partnering with Washington CPP Trainers Haruko Watanabe and Mindy Davis, who deliver clinical instruction and case consultation with a clear focus on maintaining model fidelity and achieving targeted clinical

outcomes. Additionally, the Barnard Center has established a dedicated role for Mindy Davis as an Implementation Specialist. In this capacity, she collaborates with agency leaders to build and sustain the organizational structures that support the long-term integration of evidence-based treatments.

These efforts not only enhance the immediate response to trauma among young children but also contribute to a systemic, culturally responsive framework for mental health that can adapt to diverse community needs. This initiative represents a significant step forward in addressing early childhood trauma, setting a precedent for future mental health interventions statewide.



## IECMH HIGHER EDUCATION COURSEWORK

Faculty from Child, Family and Population Health Nursing and the Barnard Center continue to offer interdisciplinary undergraduate and graduate coursework each quarter in Infant and Early Childhood Mental Health (IECMH).

Using a developmentally and trauma informed approach, classes explore caregiver-child relationships, their contexts, and trajectories of

risk and resilience using a lens of diversity and equity. Students engage in thoughtful, weekly interdisciplinary conversations and apply reflective practice skills related to content, contexts, and personal and professional experience with families and young children.

- IECMH 432 Introduction to Infant & Early Childhood Mental Health (Autumn, Winter, Spring—4 sections)
- IECMH 433 Trauma & Resilience in Early Childhood (Autumn, Winter & Spring—3 sections)

- IECMH 555 Relationship Based Assessment of Infants and Toddlers (Autumn)
- IECMH 537 Development and Psychopathology: Parents and Infants (Winter)
- IECMH 548 Frameworks in Infant Mental Health (Spring)

All courses typically have full enrollment each quarter with a waiting list. This year (Winter Quarter 2024–Winter Quarter 2025), almost 400 undergraduate and graduate students engaged with one another and our teaching team to reflect and discuss early relational health, trauma, resilience, and their contexts. Students represented a diverse range of majors and programs, including Nursing, Social Work, Medicine, Psychology, Pharmacy, Education, and Public and Global Health.

### Core Teaching Faculty

Colleen O. Dillon, PhD

Miriam Hirschstein, PhD

### Graduate Teaching Assistants 2024–2025

Neisha Gardner, BSN, RN, DNP  
Midwifery Student

Kathleen Kang, MS, BSN, RN, DNP  
Midwifery Student

Emily Rinehart, EdS School Psychology Student  
Minghui Xin, MEd Education Student



## PROMOTING FIRST RELATIONSHIPS®



### 2007–Present King County Partnership

With funding from King County, Promoting First Relationships® (PFR) trains providers across different disciplines to utilize infant and early childhood mental health practices in their work with families and young children.

### Multi-disciplinary agencies including

- Mental health centers
- Family support programs
- Housing support services
- Early intervention programs
- Therapeutic childcare programs
- Public health organizations

### Impact

- 270+ providers trained
- Two training models available depending on the organization's needs.
  - Level 3 (Agency Trainer)—For large-scale implementation
  - Level 2 (Certified Provider)—For individual practitioners

### 2014–Present WA State Child Welfare

Selected by WA State DCYF as an approved evidence-based model for parents and foster caregivers of children birth to 5, with an open case.

### Impact

- 200+ providers trained
- Monthly reflective consultation for all providers to access regular support

### 2016–Present WA State DCYF Early Intervention (ESIT)

PFR was selected by WA State DCYF ESIT as the statewide model to support social and emotional developmental outcomes for infants and toddlers through responsive and nurturing caregiver-child relationships.

### Impact

- 1,400+ providers trained at Level 1 or above
- 150+ certified providers trained at Level 2 or 3
- Monthly reflective consultation for all providers



BARNARD CENTER GROUP



### 2018–Present Kids First Australia, Melbourne, Australia

After presenting research results at the 2018 Blueprints for Healthy Development conference, PFR was chosen by Kids First Australia, who was seeking an effective, relationship-focused program for their early years program, as well as families and young children impacted by family violence.

#### Impact

- 38 certified providers trained at Level 2 and 3
- Agency Trainer model supports PFR growth and sustainability

### 2018–Present Cornwall, Ontario, Canada

Public Health Nurses recommended PFR after training in PCI assessment scales—now used in community mental health.

#### Impact

- 8 certified providers trained at Level 2
- Monthly reflective consultation for all providers

### 2019–Present Parent-Child Assistance Program, WA

Case managers supporting families affected by substance use receive:

#### Impact

- Level 1 training (all PCAP case managers across WA state)
- 25+ certified providers trained at level 2 or 3
- PFR delivered as a 10-week program and integrated into 3-year case management

### 2022–2025 Northwest Center for Family Support, WA

Funded by the **Foundation for Opioid Response Efforts**, PFR was selected as the evidence-based birth to five model to build the workforce that supports families impacted by opioid use disorder.

#### Impact

- 40+ providers trained
- Parent group model implemented in response to community needs
- Used in community case management and residential treatment homes

### 2022–Present National Expansion in California, Colorado, North Carolina, and Texas

Starting in 2022, PFR began receiving more national attention after being listed in these evidence-based registries:

- HomVEE (Home Visiting Evidence of Effectiveness)
- California Evidence-Based Clearinghouse
- Family First Prevention Services Act Clearinghouse

#### Current Sites

- California: San Mateo County Health and Humboldt County
- Colorado: Early Childhood Programs statewide
- Texas: Metrocare Dallas, Parkland Health, My Health My Resources Tarrant County, Harris County, Endeavors
- North Carolina: WakeMed Pediatric Clinic, Raleigh

#### Impact

- 48 providers trained
- Hundreds of families served

# Research

## RESEARCH AIM & OUTCOMES

**AIM: To conduct and facilitate research to advance knowledge in the field of infant and early childhood mental health**

## NIH FUNDED RESEARCH

### Growing Together

Principal Investigators Dr. Monica Oxford (University of Washington), Dr. Idan Shalev (Pennsylvania State University), Dr. Carrie Dow-Smith (WakeMed Pediatrics) with Co-Investigator Dr. Jonika Hash (University of



Washington) are conducting an NIH R01 grant titled: "The Impact of Stress and Caregiver Sensitivity on Cellular Aging in a Population of Under-Resourced Families: A Randomized Controlled Trial." Delivered in English and

Spanish, the study called Growing Together/ Creciendo Juntos is testing if Promoting First Relationships (PFR), an evidence-based home visiting program, will operate as a protective factor against cellular aging in young children as measured by telomere length and epigenetic aging clocks. The study is also evaluating the effectiveness of PFR with two additional sessions in a pediatric primary care clinic offered during well-child visits, to enhance sensitive caregiving and parenting for families on Medicaid. Recruitment began in December 2024, with a goal of enrolling 250 mothers with infants aged 3-11 months from WakeMed Pediatrics, Raleigh, NC. The study is registered in [ClinicalTrials.gov](https://clinicaltrials.gov/ct2/show/study/NCT06740266) (NCT06740266). We began enrollment in December of 2024, and to date, we have enrolled 40 families!

### Families Connected

Dr. Oxford and Co-Investigators Dr. Kuklinski and Dr. Hash received R01 funding from the National Institutes of Health to conduct a Randomized Control Trial of PFR delivered by Telehealth in a grant titled: Delivering Evidence-Based Parenting Services to Families in Child Welfare Using Telehealth. The study, called Families Connected, began recruitment in October 2023 and to date has enrolled



196 families from Child Protective Services in Washington State with 6-12-month-old babies. Recruitment will be ongoing for 1.5 more years to enroll a total of 357 participants.

## New NIH Grants Submitted



DR. JONIKA HASH

### Adapting Promoting First Relationships to School Aged Children

Dr. Jonika Hash (PI) with colleagues submitted an NIH R01 proposal entitled "A Randomized Controlled Trial to Support Parent-

Child Relationships during the Transition to Elementary School Among Families Referred to Child Welfare" (PI: Jonika Hash; Co-Is: Monica Oxford, Liliana Lengua, Kristin Beima-Sofie). This proposal seeks funding for the first ever randomized clinical trial of a newly expanded *Promoting First Relationships* (PFR) curriculum for families with children entering elementary school (ages 5-7 years). Preliminary work shows that the PFR approach yields large effect sizes among families with children ages 5 years at enrollment (Cohen's  $d$ s = 0.69-1.03) and that this newly-expanded curriculum meets perceived parent-child relationship needs.

## International Partnership

Dr. Layla Ladak (PI), The Aga Khan University, Pakistan, and Dr. Monica Oxford (Co-I) submitted an NIH R21 application, neurodevelopmental outcomes and its



association with parental health literacy and Health Related Quality of Life (HRQOL) in children

with congenital heart disease in a low-middle income country, Pakistan, to better understand infant and early childhood development in the context of families whose children have been diagnosed with a congenital heart disease.

## RECENTLY COMPLETED GRANTS

### Feasibility Study Measuring DNA Methylation

Dr. Hash recently completed a pilot project showing feasibility of measuring DNA methylation as a potential long-term outcome of the *Promoting First Relationships* program. Mother-child dyads received PFR (v. control) during their child's first 6 months of life, a potential sensitive period, and children's long-term DNA methylation outcomes were measured at age 5-6 years. This work was funded by the UW School of Nursing Research Intramural Funding Program and NIEHS P30ES007033.

## NORTHWEST CENTER *for* FAMILY SUPPORT



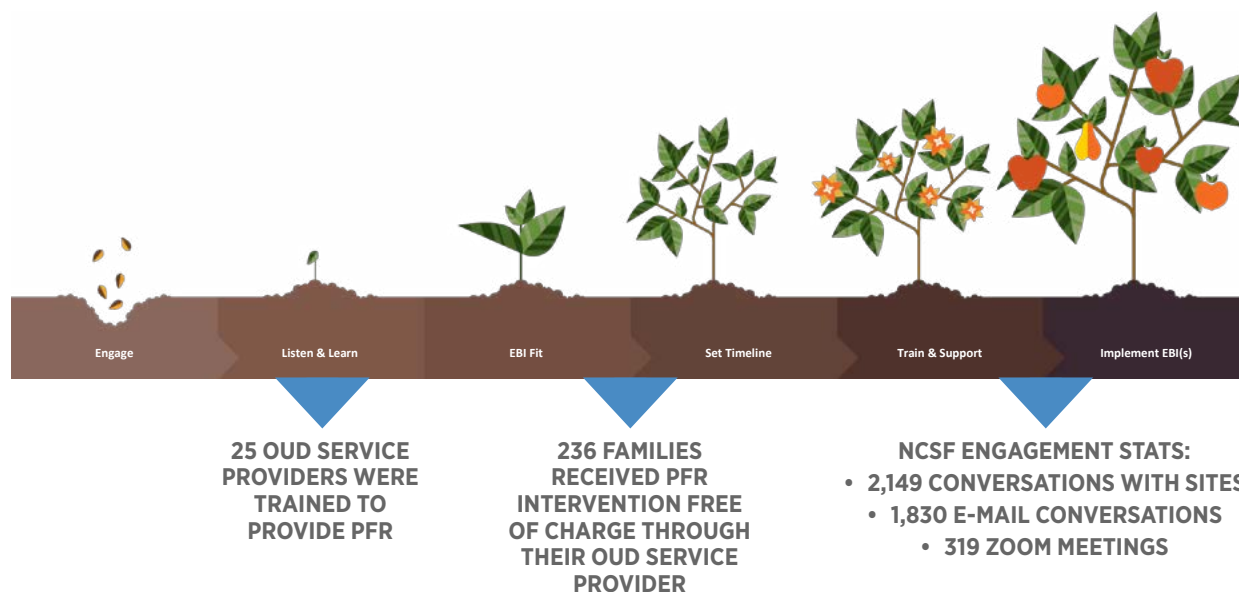
### Northwest Center for Family Support Partners with Promoting First Relationships

Dr. Monica Oxford and Jennifer Rees recently completed their work with the Northwest Center for Family Support (NCFS) to support the engagement and implementation of *Promoting*

*First Relationships* (one of three family-focused, evidence-based interventions selected) within treatment centers for Opioid Use Disorder (OUD). This project was funded by the Foundation for Opioid Response Efforts and led by Principal Investigator Dr. Margaret Kuklinski at the University of Washington School of Social Work.



## Support from Engagement Through Implementation



## Families Together R01 Completed January 2025

Drs. Oxford (PI), Spieker, and Hash completed the *Families Together* study in 2025, after enrolling 240 reunified birth parents into a Randomized Control Trial funded by NIH. The aim of this study was to test if Promoting First Relationships (PFR) enhanced parenting, child outcomes, and reduced re-entry into the foster care system post-reunification for parents with children 1 to 5 years of age. The results of this study contribute significantly to the lack of scholarship and evidence base on parenting interventions to support reunified birth parents' post-reunification. The results of this study

shed light on how *Promoting First Relationships*, a brief home visiting program that leverages video feedback, operates in the context of birth parents' experiences post-reunification. Using both Intent-to-Treat and Per Protocol analysis, we found that, largely due to high attrition and time to complete, the main effects of PFR were only significant in the Per Protocol approach. We found that parents in the on-time completion group showed significant improvement in their understanding of a child's social and emotional needs. Children in this group also had a significant reduction of their externalizing behavior post-intervention and six months later. Other positive effects that were observed with an effect size of  $> .20$ , but lacked

power, were on our observational measures of parent sensitivity at post-intervention ( $d = .24$ ) and observed child engagement at 6-months post-intervention ( $d = .24$ ). In addition, we showed that the on-time PFR completion group showed a strong trend ( $p = .10$ ) toward prevention reentry into the foster care system relative to the R&R group (see Figure 1). Taken together, these results show the potential for PFR to impact a subset of parents who had recently been reunited with their child aged 1 to 5. This subset of parents are those who were able to complete the 12-week intervention in a timely manner, defined as within 125 days, or about 18 weeks from the first intervention visit. These results are reinforced by qualitative comments given by reunified birth parents who completed the program. We conducted phone interviews with parents after completing PFR. One open-ended question was analyzed across four studies, including parents from this sample. Some of the more insightful comments came from reunified birth parents. One said: "... 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." Another parent offered: "PFR is a lot different than what I learned in [the CPS] parenting class. Parenting class was just, like, disciplinary and PFR is like, a needs based program. When

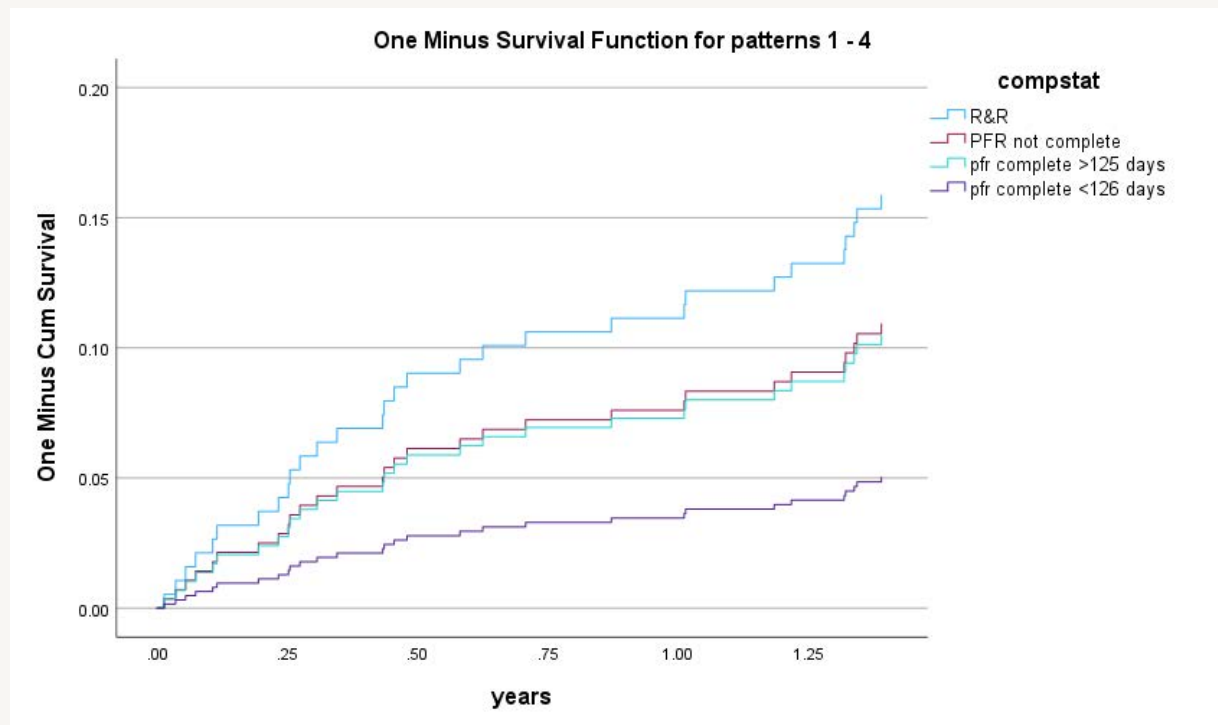


FIGURE 1. SURVIVAL ANALYSIS OF RE-ENTRY INTO FOSTER CARE BY PER-PROTOCOL GROUP

[Child] came home, she was really not doing well, she was having a really hard time with the transition, ... the return home was not going well and I was having a hard time dealing with it. So um, now that I have completed the program—things are 100% or 180 degree turn around.” Still another parent offered: “I started it [PFR] and then the first couple visits I was like, ‘Wow this is awesome!’ It got me getting to know a little bit more about my child. It just opened my eyes little bit better on getting to know, to notice his feelings and how he needed to express himself as well. I learned more about his attachment to me and our relationship together. It just helped me understand my child about him trying to let me know what he wanted to say, even though he couldn’t use his voice yet.”

Preventing reentry is another important outcome in the context of recent federal funding for the Family First Prevention Services Act. Promoting First Relationships has been vetted and is listed as eligible for funding through the Family First Prevention Services Act (as well as being eligible for federal funding through the Maternal, Infant, and Early Childhood Home Visiting program). In the current study, we showed that families who completed PFR in less than 18 weeks were less likely to experience another foster care removal. Taken together, this evidence suggests that PFR is particularly suited to provide important effects in the context of the child welfare system. Importantly, the above studies were all conducted with community-based providers, recruited samples directly from the child welfare system with few eligibility criteria (age of child, English speaking, involvement with CWS, access to a telephone, and in the service delivery area).

## Qualitative Study Underway with Reunified Birth Parents

The Families Together study enrolled 240 reunified birth parents to participate in a Randomized Control Trial of Promoting First Relationships Home Visiting program. Reunified birth parents are a unique subpopulation of parents who carry a high burden of trauma relative to the general population; 72% of this population reports four or more Adverse Childhood Experiences as compared to 13% in the general population. These parents also report high rates of current trauma and struggles, yet they are resilient. To better understand their struggles and resilience, we are undertaking a qualitative Photo Story Telling study with 15 participants who were in the control group. Dr. Jasmine Kaneshiro, faculty at the School of Nursing, asked participants to take photos of their experiences with the Child Welfare System and their experiences upon reunification. During the interview, participants are prompted to discuss the photo and what it symbolizes. From this study, we are gaining insight into the lived experiences of parents, the pain and heartache, as well as the capacity to come back from such a difficult situation in the context of foster care experience.

For example, one mother showed a picture of a tree, knocked over but still alive with green leaves, to symbolize the experience of her life around the time her children entered foster care. She noted having mental health issues and being in a toxic relationship at the time of separation:



*“I would probably mostly put this one first [picture of the tree] because, Okay ... The tree got broken, like somebody had hit into it. Oh, okay. but it, for me, seeing the tree there, it, you know, an impactful force came in and broke the tree. And that’s how I felt at the time of having to have my kids go to foster care. Because my mental health was impacting me in such a detrimental way, that I felt broken. And I needed space. And I needed to be sure that my kids were safe and taken care of out of my brokenness.*

*And you know, even though this tree got broken, it was still rooted into the ground, so it wasn’t completely, you know, this is a done issue. You’re completely, this is it. So that really seeing that tree broken that way was really pivotal for me to help understand what I was going through. Like, and how I was gonna be able to process all of this because I may be broken, but I do still have grounding. I do still have my roots. Yeah.”*

After reunification, this mom showed a picture of a tree stump with mushrooms growing out of it, reflecting on her growth in the context of challenges ...

“Yeah, a mushroom. Turkey tail is the name of the mushroom.

Growing on the side. And for the, the reason why I took this one is one, because that stump has been dead for a long time.

<laugh>. And then this when I took this picture, it was like, oh, it, it, you know, it bloomed something. And so for me, seeing that it, like, it really felt like even if you feel stagnated, because this is a literal stump, you’re, you’re stuck. This is it. Like you, you feel like you’ve got no place to go. You can’t even go up. You know, you, you can’t make a lateral move. You’ve got nothing going on. And, you know, out of that still life decided to, you know, thrive on.”



This study is elevating the voices of reunited birth parents, their fears and heartaches, as well as their resilience and strength. Results of this study will be submitted for publication in the fall of 2025.

## BARNARD CENTER FACULTY & STAFF PUBLICATIONS

- Almulla, H. A., Lewis, F. M., & Oxford, M. L. (2024). Development and Psychometric Evaluation of the Children's Illness-Related Concerns Scale. *Nursing Research*, 72(5), E172-E179. <https://doi.org/10.1097/nnr.0000000000000670>
- Bishop, A. S., Nurius, P. S., Walker, S. C., & Oxford, M. L. (2024). Sexual health variation among gang-involved youth in Washington state: Social ecological implications for research and practice. *Perspectives on sexual and reproductive health*.
- Hash, J. B., Oxford, M. L., Nelson, D. C., Lohr, M. J., Fleming, C. B., de Castro, A. B., & Spieker, S. (in press.) Efficacy of *Promoting First Relationships* for English and Spanish speakers: A randomized controlled trial. *Journal of Child and Family Studies*
- Hash, J. B., Walker, A. L., Ward, T. M., & Spieker, S. (2024). Trying to do what's best: Maternal perspectives about toddler sleep health among an under-resourced sample of mothers with diverse racial and ethnic identities. *Journal of Pediatric Health Care*, 38(2), 160-171. <https://doi.org/10.1016/j.pedhc.2023.12.008>
- Leighty, J., Kuklinski, M. R., Cooper, B., Haggerty, K. P., Oxford, M. L., Peavy, K. M., & Walker-Harding, L. R. (2024). Prevention: The missing link in our efforts to support families impacted by the opioid epidemic. *Health Affairs Forefront*. <https://doi.org/10.1377/forefront.20240207.380985>
- Lee, J.O., Duan, L., Constantino-Pettit, A., Yoon, Y., Oxford, M.L., Rose, J., & Cederbaum, J.A. (in press) Does the Timing Matter? The Association between Childhood Adversity and Internalizing and Externalizing Problems from Childhood to Adolescence and its Sex Differences, *Child Abuse & Neglect*
- Lee, R. Y., Oxford, M. L., Sonney, J., Enquobahrie, D. A., & Cato, K. D. (2024). Relationships Between Recent Adverse Childhood Experiences (ACEs) and Somatic Symptoms in Adolescence. *Journal of Child and Family Studies*, 33(3), 1015-1028.
- Lewis, F. M., Ganschow, P., Manst, D., Derry-Vick, H., Tercyak, K. P., Griffith, K. A., ... Oxford, M.L. & Phillips, F. (2025). Behavioral-Emotional Functioning of Children of Parents with Early Compared to Advanced Cancer. *Journal of Palliative Medicine*.
- Liu, W., Lewis, F. M., Oxford, M.L., & Kantrowitz-Gordon, I. (2024). *Common dyadic coping and its congruence in couples facing breast cancer: The impact on couples' psychological distress*. *Psycho-Oncology*, 33(3), e6314.
- Noroña, C. R., & Isarowong, N. (2025). Diversity-informed tenets for work with infants, children, and families: A relational, racial equity, and social justice framework. In L. S. Nenide, K. Sweeney, G. Costa, N. M. Horen, & R. M. Corso (Eds.), *Uniting infant mental health and the Pyramid Model: Connecting principles and practices to improve outcomes* (pp. 143-156). Brookes Publishing.
- Oxford, M., Abrahamson-Richards, T., O'Leary, R., Booth-LaForce, C., Spieker, S., Lohr, M. 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*.
- Tryphonopoulos PD, McNeil D, Oxford M, Dennis C-L, Novick J, Deane AJ, Wu K, Kurbatfinski S, Griggs K, Letourneau N. (2025) "VID-KIDS" Video-Feedback Interaction Guidance for Depressed Mothers and Their Infants: Results of a Randomized Controlled Trial. *Behavioral Sciences*.15(3):279. <https://doi.org/10.3390/bs15030279>
- Xu, M., Ding, M., Kong, W., Jia, N., Yan, S., Zhang, X., Oxford, M., & Guan, H. (2024). Psychometric soundness and predictive factors of the NCAST Parent-Child Interaction Teaching Scale in urban Chinese population. *Child: Care, Health and Development*, 50(1), e13195. <https://doi.org/10.1111/cch.13195>

## BARNARD CENTER FACULTY & STAFF PRESENTATIONS

- Abrahamson-Richards, T. & Oxford, M. (May 30, 2025). *The Development of the Promoting First Relationships® Home Visiting Program and Caregivers' Comments about Their Experiences across Four RCT Studies*. Society of Prevention Research, Seattle, WA.
- Good, C. (Oct. 21, 2024). Attending to Children's Emotional Needs During Separations and Transitions. 9th Annual Elevate Early Learning Conference, Seattle, WA (Virtual)
- Good, C. (January 29, 2025). *Centering the Parent-Child Relationship: Using Video Observation to Promote Healing*. San Diego International Conference on Child and Family Maltreatment, San Diego, CA.
- Hash, J.B., Blanco, M., Sheppard, L., Bammler, T., MacDonald, J., Loftus, C., Karr, C., Sathyanarayana, S., & Bleil, M. (January 9-10, 2025). *A Pilot Project Examining Ultrafine Particulates, Sleep, and Epigenetic Clocks Among an Underserved Sample of Mother-Child Dyads*. [Poster Presentation.] Annual Symposium on Environmental, Occupations, and Population Health, Blaine, WA.
- Hemke, A., Povuval, S., Salmela, K., Foongsathaporn C., Oxford M., (October 19, 2024). *Promoting First Relationships and Beyond: What Infant Mental Health Can Teach All Child and Adolescent Psychiatrists About Patient Care and Education*. American Academy of Child and Adolescent Psychiatry Conference, Seattle WA.
- Isarowong, N. (July 16, 2024). *Holding the Caregiver in Mind: Fathers and Father Engagement*, Tennessee Infant and Early Childhood Professional Development Series, Virtual.
- Isarowong, N. (July 22, 2024). *Reflections on Healing and Reflective Practice*, Open Framing Speaker (Keynote), Reflective Supervision Symposium, Alliance for the

Advancement of Infant Mental Health, Montclair State University, Montclair, NJ.

- Isarowong, N., Watanabe, H., & Bocanegra, A. (August 1, 2024). *Healing the Healers: Rethinking Self-Care and Addressing Burnout*, ZERO TO THREE Conference Intensive, Long Beach, CA.
- Isarowong, N. (2024). *(Re)Centering Relationships: Diversity-Informed Practice, Social Justice, & Healing*. ACT Program Outreach Presentations, Vancouver, WA; Toppenish, WA; Spokane, WA; Roseburg, OR; Coos Bay, OR.
- Isarowong, N. (September 20, 2024). *Examining the DIR® Model from a Lens of Diversity, Equity and Inclusion*, Panel Discussion Moderator, Profectum Foundation Fall Conference, Virtual.
- Isarowong, N. (September 23, 2024). *Diversity-Informed Practice, Social Justice & Healing in Early Relational Health*, Community Conversation Moderator, Center for Early Relational Health, Virtual.
- Isarowong, N. (October 14, 2024). *Centering Diversity, Equity, Inclusion, and Belonging in Infant and Early Childhood Mental Health Workforce Development*, Clinical Perspectives: *Untangling a Ball of Yarn: Working with the Impact of Early Attachment and Parent-Child Relationships in Families Experiencing Child Welfare*, American Academy of Child and Adolescent Psychiatry Conference, Seattle, WA.
- Isarowong, N. (February 12, 2025). *Healing from the Impact of Our Trauma*, All Staff In-Service, Family Ways Program, King County Public Health, Seattle, WA.
- Isarowong, N. (May 20, 2025). *Holding the Caregiver in Mind: Fathers and Father Engagement*, Tennessee Infant and Early Childhood Professional Development Series, Virtual.
- Isarowong, N. (June 4, 2025). *Healing the Healers: Rethinking Burnout & Decentering Self-Care*, Plenary Workshop, All Site Assembly, Children's Trust of South Carolina, Myrtle beach, SC.

- Isarowong, N. (June 4, 2025). *(Re)Centering Relationships and Connecting Development, Individual Differences, & Healing*, Breakout Session, All Site Assembly, Children's Trust of South Carolina, Myrtle beach, SC.
- Noroña, C. R. & Isarowong, N. (July 30, 2024). *Diversity-Informed Reflective Supervision and Consultation: A Road to Transformational Change and Liberation in Reflective Supervision and Consultation*, ZERO TO THREE Pre-Conference Forum, Long Beach, CA.
- Oxford, M. L. (July 10, 2024). *A relationship-focused home visiting program for recently reunited birth parents in the child welfare system: Context, adversity, implementation, and satisfaction*. Symposium: Advancing Translational Science of Nurturing Caregiving to Improve Infant Outcomes. International Congress of Infant Studies, Glasgow, Scotland.
- Oxford, M. L. (October 4, 2024). *Promoting Infant and Early Childhood Mental Health through Secure Relationships: Approach and Evidence of the Promoting First Relationships® Program to Support Families with Young Children*. Seattle Children's Hospital Child Psychiatry Grand Rounds, Seattle, WA.
- Oxford, M. L. (October 29, 2024). *Promoting First Relationships Program: A strengths-based strategy to support infant and early childhood mental health*. Global WACH (Woman, Adolescent, Child Health) Lecture Series, Seattle, WA.
- Oxford, M. L. (February 4, 2025) Invited speaker. *Responsive Caregiving*. Early Childhood Development Conference. Aga Khan University, Pakistan.
- Oxford, M. L. (June 4, 2025). *Relationships Home Visiting: A Strengths Based Strategy to Use Unedited Video Feedback*. International Congress on Evidence-Based Parenting Supports. Victoria, Australia, online.
- Shocraft, K. (July 31, 2024). *Centering the Parent's Voice: Using Video Observation for Joint Reflection*. ZERO to Three Learn Conference, Long Beach, CA.

**In full recognition, it takes a village to do this work!****Barnard Center Village**

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