Barnard Center
for Infant & Early Childhood Mental Health

SCHOOL OF NURSING
UNIVERSITY of WASHINGTON

Barnard Center

ANNUAL REPORT
2025–2026

Contents

Barnard Center for Infant & Early Childhood Mental Health

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Executive Summary

KEY HIGHLIGHTS

This executive summary outlines the key achievements, programmatic milestones, and research initiatives of the Barnard Center for Infant and Early Childhood Mental Health and Parent-Child Relationship Programs (PCRP) during the 2025–2026 academic year.

CELEBRATING 50 YEARS OF LEGACY

The year 2026 marks the **50th anniversary of Dr. Kathryn Barnard's groundbreaking work** in parent-child synchrony and the creation of the NCAST Feeding and Teaching scales. To honor this milestone, the Center launched the **Barnard Legacy Spotlight Series**, a year-long celebration featuring scholars who are advancing innovative strategies for measuring parent-child interactions.

Dissemination and Global Reach

By the Numbers: Facilitated 101 training events for 4,236 professionals.

- **International Impact:** Training was provided to audiences in Australia, Canada, South Korea, Mexico, Pakistan, and Spain.
- **Community Education:** The Free Lecture Series reached 1,713 professionals this academic year, providing timely education on topics such as Black grief, NICU caregiver support, and the origins of empathy.

Programmatic Milestones

- **PFR High Rating:** The Promoting First Relationships® (PFR) Home Visiting program received a "Well-Supported" rating from the Title IV-E Prevention Services Clearinghouse, the highest available designation, allowing states to use federal funding for adoption without further evaluation.
- **Curriculum Expansion:** A new PFR School Age curriculum was developed for families with children ages 6–10, addressing topics like digital safety, bullying, and puberty.
- **Parent-Child Interaction (PCI) Teaching and Feeding Scales Self-Study:** This year PCI training in the feeding and teaching assessment scales have been re-designed to provide training via self-study online, making them more accessible.
- **New Supervisory Training:** An advanced training for supervisors was launched in February 2026, integrating PFR principles into a reflective supervision model to support practitioner well-being and trust.

Workforce Development

- **Advanced Clinical Training (ACT):** The 4th cohort completed training, with a specific focus on expanding the IECMH workforce within Washington's tribal communities.

- **Diagnostic Leadership:** ACT Program Director Dr. Nucha Isarowong was invited to co-chair the revision of the DC:0-5, the international diagnostic manual for infants and young children.
- **UW Coursework:** Over 550 students across the campus received infant and early childhood mental health training over the academic year.
- **Promoting First Relationships® (PFR):** Delivered the foundational Level 1 training to 331 professionals from Washington State, across the US, and internationally in Australia, Canada, and South Korea; provided Level 2 and 3 certification training to an additional 74 professionals.
- **Child Parent Psychotherapy (CPP):** Following an evaluation of Cohort 3, the Center launched Cohort 4 in May 2026 with system-level improvements, including a centralized digital portal and enhanced fidelity tools.

Research Innovations

- **Growing Together/Creciendo Juntos:** An R01 study examining how PFR may protect children from the effects of stress on cellular aging.
- **Families Connected:** An R01 randomized controlled trial evaluating the delivery of PFR via telehealth for families involved with Child Protective Services.
- **Thriving in the School Years:** A pilot study investigating the efficacy of the new PFR School Age curriculum for families in the child welfare system.

Financial Sustainability

The Barnard Center maintains its operations through a diverse funding landscape, including NIH grants, state and county training contracts, and philanthropic support. The PCRP dissemination wing remains self-sustaining, generating revenue from its own training and tools.

Celebrating 50 Years of Dr. Kathryn Barnard's Legacy: A Spotlight on Parent-Child Synchrony

Fifty years ago, Dr. Kathryn Barnard began her groundbreaking work, leading to the creation of the NCAST Feeding and Teaching scales and a legacy that has reached every U.S. state and countless countries around the world. Her work taught us to look closely at parent-child synchrony—the subtle, powerful back-and-forth—that builds the foundation for lifelong mental health.

In honor of this golden anniversary, The Barnard Center for Infant and Early Childhood Mental Health and Parent-Child Relationship Programs is proud to announce a special year-long celebration throughout 2026: The Barnard Legacy Spotlight Series.

This series will spotlight the future of the field she helped build. Throughout the year, we will feature scholars who are pushing the boundaries of innovative strategies to measure and understand parent-child synchrony.

- **Dr. Judith Morgan:** Caregiver-child biobehavioral synchrony in positive contexts.
- **Dr. Carlo Vreden:** From Contagious Crying to Compassion: The Origins of Empathy
- **Dr. Sarah Gray:** In and out of sync: Biobehavioral synchrony in the context of early adversity
- **Dr. Yaara Shapira:** From Early Social Interactions to Language Development: Brain-to-Brain Synchrony and Natural Social Stimuli

50 YEARS LATER, OUR DISSEMINATION & WORKFORCE TEAM (LEFT TO RIGHT): MONICA OXFORD, JEANNIE LARSON, KIMBERLEE SHOECRAFT, NUCHA ISAROWONG, CAROL GOOD, JONIKA HASH, JENNIFER REES, NANCY MEENEN & MAUREEN KUO

PROMOTING first RELATIONSHIPS®

Understanding Infants | KEYS TO INFANT CAREGIVING

Parent-Child Interaction

BabyCues®

PROMOTING first RELATIONSHIPS® IN PEDIATRICS

promoting maternal mental health during pregnancy

Dissemination

DISSEMINATION AIMS & OUTCOMES

AIM To provide high quality professional development in infant and early childhood mental health (IEMCH) 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. Last year we facilitated 101 training events in which we trained 4,236 professionals. We trained participants internationally in Australia, Canada, South Korea, Mexico, Pakistan and Spain (see Table 1).

TABLE 1. TRAINING ACTIVITIES BY PROGRAM 2025–2026

DESCRIPTION	NUMBER OF TRAINEES/ ATTENDEES	NUMBER OF EVENTS	INTERNATIONAL AUIDENCE?
Promoting First Relationships Level I	331	16	Yes
Promoting First Relationships Level II	70	NA	Yes
Promoting First Relationships Level III	4	NA	Yes
PFR Monthly Reflective Consultation Groups	241	49	Yes
Promoting First Relationships in Pediatrics	25	1	No
PFR in Seattle Children's Resident Training	83	21	No
Parent-Child Interaction Scales Learner Training	2	1	Yes
Parent-Child Interaction Scales New and Recertified Learners	1101	NA	Yes
Promoting Maternal Mental Health During Pregnancy	81	3	Yes
Understanding Infants: Keys to Infant Caregiving	144	4	Yes
Lectures, Webinars, Keynotes, National and International Presentations	2154	11	Yes
TOTAL	**4,236**	**101**	**NA**

Free Community Training

Barnard Center Free Lecture Series

Since inception in the autumn of 2021, we have provided free educational offerings to 5,616 participants. This academic year, we provided training to 1,713 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.

FREE LECTURE SERIES BY PRESENTER 2025–2026		
PRESENTER	**DATE**	
Deborah Jacobvitz	**September 2025**	Frightening and Anomalous Maternal Behavior in the First Two Years of Life and Its Impact on Children's Development.
Xaviera L. Bell	**October 2025**	Black Grief: All Grief Is Not Created the Same.
Tiffany Elliott and Sara Circelli	**November 2025**	Transforming the Hospital-to-Home Journey: Strengthening Supports for NICU Caregivers and their Infants Post-Discharge
Judith Morgan	**April 2026**	Caregiver-child biobehavioral synchrony in positive contexts
Carlo Vreden	**June 2026**	From Contagious Crying to Compassion: The Origins of Empathy

Launching a New Way to Learn About Our Programs: Open Houses

We have provided free 30-minute informational open houses to the public for Promoting First Relationships and Promoting Maternal Mental Health During Pregnancy to learn how these programs can help providers' practice. We will continue to provide open house sessions for Parent-Child Interaction Feeding & Teaching Scales and Understanding Infants: Keys to Infant Caregiving.

Open House Schedule 2025–2026

PROMOTING first RELATIONSHIPS®

January 21, 2026
March 18, 2026
July 15, 2026
September 28, 2026
November 19, 2026

promoting maternal mental health during pregnancy

April 22, 2026
September 16, 2026

Parent-Child Interaction

September 22, 2026

International Dissemination Partnerships

South Korea: Supporting infant and early childhood mental health in South Korea

Dr. Eun Sun Ji from Konkuk University along with Dr. Ka Ka Shim visited The Barnard Center in July 2025 to learn about the programs and offerings of Parent-Child Relationship Programs (PCRP). Dr. Ji is director of the Dodam-Dodam Parenting Research Center at Konkuk University and is researching interactions between parents and premature infants. Both, Dr. Ji and Dr. Shim attended the Promoting First Relationships Level 1 training during their time in Seattle, with a plan to do future training in the upcoming year.

Australia: Promoting First Relationships at Kids First

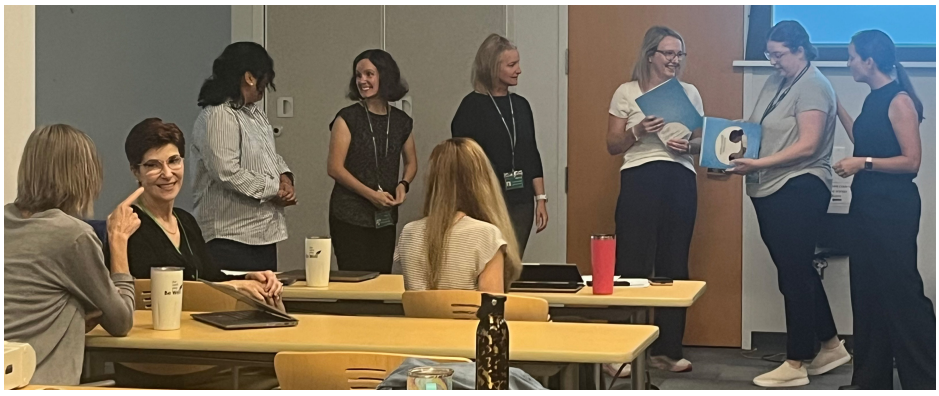
Since 2018, Promoting First Relationships has been disseminated at Kids First Australia in Melbourne. In 2025, a renewed effort began to train additional evidence-based PFR providers—the Kids First Australia agency trainer, Anna Ferro, initiated training with 8 new learners to serve families in their early years mental health support and family violence programs.

Canada: Community mental health and Promoting First Relationships in Ontario

Cornwall Community Mental Health in Ontario, Canada, continues to train clinicians in the evidence based Promoting First Relationships model to serve their birth to five families seeking mental health support. Their newest clinician, Melanie Larin, completed her training in 2025. She previously worked in child welfare and has expressed appreciation for PFR's strengths-based and reflective approach to supporting families. Another long-time PFR provider at the organization has started working with School Age children and their families and is utilizing our new school age curriculum in her work.

Canada: Celebration of excellence at Toronto Public Health in using the NCAST Parent-Child Interaction Scales continues.

At an all-staff meeting in January 2026, Toronto Public Health celebrated Public Health Nurses (PHNs) for their efforts related to the NCAST PCI Feeding and Teaching Scales. The honorees were celebrated 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.



NEW OR REVISED PROGRAMS OR PRODUCTS AT PARENT-CHILD RELATIONSHIP PROGRAMS (PCRP)

Promoting First Relationships® (PFR) Home Visiting has been rated Well-Supported by the Title IV-E Prevention Services Clearinghouse—the highest rating available

Title IV-E Prevention Services CLEARINGHOUSE

TITLE IV-E PREVENTION SERVICES CLEARINGHOUSE WELL-SUPPORTED

This milestone means that states can now select PFR Home Visiting for Title IV-E federal funding to serve families with children birth to age five, without the need for additional evaluation. This opens a powerful new pathway for communities to adopt an evidence-based home visiting program proven to strengthen early parent-child relationships and prevent entry into foster care.

PFR Home Visiting is also eligible for federal funding through the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program, giving states and communities even more flexibility in how they support families.

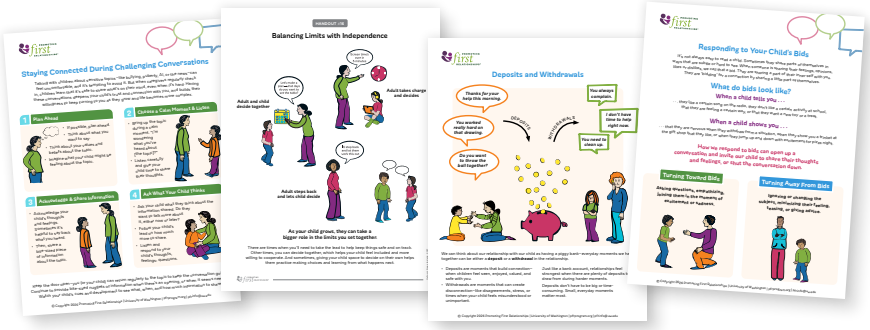
We are incredibly proud of this recognition, which reflects years of rigorous research and the dedication of PFR practitioners and families across the country.

Promoting First Relationships Certified Provider Training Improvement Project

Over the past year, the PFR team has been working to strengthen our Level 2 training, which prepares providers to become certified in the evidence-based model. The goal is to better support learners in building their confidence and PFR skills with families, right from the start of the training experience. The first phase of training has been redesigned to be more interactive and experiential, giving providers increased opportunities for reflection, discussion, and hands-on practice. Learners now begin practicing components of the curriculum with a family earlier in the training process, helping them build skills gradually and transition more smoothly into implementing the full 10-week program and ultimately achieving model fidelity. The revised training incorporates the four central goals of the PFR program: helping caregivers feel safe and understood, supporting caregiver confidence and competence, promoting reflective capacity, and helping caregivers understand the world through their child's eyes and respond to their child's needs. Additionally, the training videos have been updated to include shorter clips featuring a broader range of caregiver-child dyads and PFR providers.

Promoting First Relationships School Age Handouts and Curriculum for up to Age 10

After a pilot dissemination of the PFR school age program to families and follow-up focus groups with parents and providers, a team of Promoting First Relationships trainers and school age experts have formed a workgroup to develop new handouts to better support families with older school age children. The work group consists of Dr. Alissa Hemke, attending psychiatrist with Seattle Children's Hospital, Dr. Jonika Hash, assistant professor with the school of nursing, Dr. Monica Oxford, research professor and executive director of the Barnard Center and Parent-Child Relationship Programs, Jennifer Rees, PFR director, and Kendall Appell, Lead PFR trainer.



The workgroup has focused on adding new developmental information to the original birth to five PFR model to meet the needs of families with older children, 6–10 years. Some of the new handouts include, *Staying Connected during Challenging Conversations*, to support parents in talking with their children about sensitive topics such as bullying, AI, puberty, the news, etc. Another new handout addresses *Balancing Limits with Independence and* helps parents think about how to support their child's growing need for independence and autonomy while also providing limits to protect their safety and well-being. Two additional handouts, *Responding to your Child's Bids* and *Deposits and Withdrawals,* help parents think about the positive ways that they connect with their child and strengthen their relationship.

New Advanced Training for Supervisors in 2026

In February 2026, an advanced training opportunity was added to the Parent Child Relationship Programs portfolio. This new offering is designed specifically for supervisors of providers working with young children and their caregivers. The training integrates the core principles of Promoting First Relationships® (PFR) and extends its relational framework into the supervisory context, strengthening alignment between reflective practice with families and reflective supervision with providers. This training was developed by expert trainer and reflective consultant Carol Good from her years of experience providing reflective consultation to hundreds of professionals annually. Supervisors in the training learn this proven framework—that the foundation of work with children and families begins with a secure bond between a supervisor and a practitioner, which creates a foundation of trust and emotional safety (see Figure 1 for our model). This serves as a model, as the practitioner then mirrors this supportive care when working directly with parents and caregivers. This nonjudgmental, supportive experience helps the parent nurture a secure bond and thriving relationship with their child. A long-time participant of PFR reflective consultation described her experience, "it has been one of the only true experiences of parallel process, in the sense of feeling as held [by my consultant] as the families we work with."

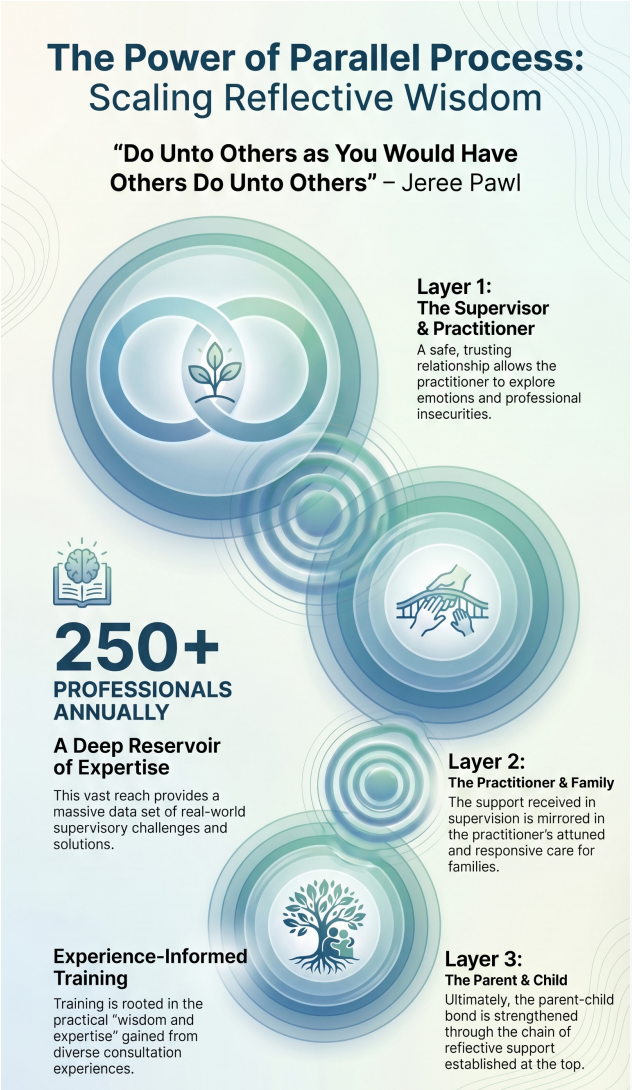


FIGURE 1. REFLECTIVE SUPERVISION MODEL OF SUPPORT

Parent-Child Interaction (PCI) Scale Self-Study Launched 2026

The Parent-Child Interaction Scale Assessment tool is a gold standard dyadic assessment strategy based on Dr. Kathryn Barnard's work. Typically, learners attend a class and learn in live sessions on-line or in-person. However, we regularly are contacted by learners who are not able to access a training event. PCRP developed a self-study program in response to this need. This self-guided program helps participants become reliable in using the PCI Feeding Scale and/or Teaching Scale through guided observation. PCI focuses on carefully observing nonverbal communication and interactions between parents and children to build strong assessment skills.

Workforce Development

WORKFORCE AIM AND OUTCOMES

AIM: To identify training needs in the community, and develop and implement training programs to support the IEMCH workforce across multiple systems of care.

ADVANCED CLINICAL TRAINING (ACT) PROGRAM

advanced clinical training program at the Barnard Center

Over the course of the 2025-2026 academic year, the Advanced Clinical Training (ACT) Program completed its 4th cohort of professionals training to bring relationship-centered, empirically informed, culturally-responsive, anti-racist, anti-oppressive, healing-forward, and developmentally focused infant and early childhood mental health services. Five of the 4th cohort participants were part of our collaborative effort to grow the infant and early childhood mental health consultant (IECMH-C) workforce in Washington's tribal communities.

Since our launch in March 2021, 78 professionals have enrolled in the program across the 4 cohorts with a 97.4% retention rate. Over half of our cohort identify as descendants of and/or being from marginalized and underserved communities. Our participants span 14 of the 39 counties in Washington State and 6 neighbor states. Below are some reflections from the 4th cohort's program evaluation comments:

"One of the most formative moments of my training came from an instructor, Marva L. Lewis, PhD, IMH-E, who discussed the significance of hair-combing routines as a relational and cultural tool, a practice that strengthens attachment, affirms identity, and transmits a sense of belonging across generations for Black children and families. What struck me was how much clinical meaning this holds, and how rarely that meaning gets named in academic or clinical spaces. Dr. Lewis also introduced us to a clinical tool called the Childhood Experiences of Racial Acceptance and Rejection, designed to enhance Black parents' reflective capacity. This framework deepened my understanding of how a clinician can hold space for racial experience, not as a side conversation, but as central to the therapeutic relationship and to a child's and families' developmental story."

"This program has left me feeling hopeful that there is a movement and way of being that aligns with how I envision doing this work; one of sustainability, connection, rest, community, and diversity. I'm so early on in my career as a clinical social worker. The ACT program has shown me ways to honor both myself and the families I serve. This involves leaning into alternate ways of knowing and being, as well as using therapeutic relationship, the consultative stance, the parallel process, and reflective practice as a primary tools in healing work."

TRAINING IN CHILD-PARENT PSYCHOTHERAPY

Child Parent Psychotherapy (CPP) is an evidence-based, relationship-focused treatment designed for families with children from birth to age five who have experienced trauma, adversity, or significant relational disruption. Between 2019 and 2025, three cohorts of clinicians and supervisors from 17 communitybased agencies participated in Washington's CPP Learning Collaborative. In total, 110 mental health professionals engaged in the intensive 18-month training process, followed by an extended period to complete fidelity requirements and become rostered or roster-eligible CPP providers. See below for a profile of Cohort 3 participants:

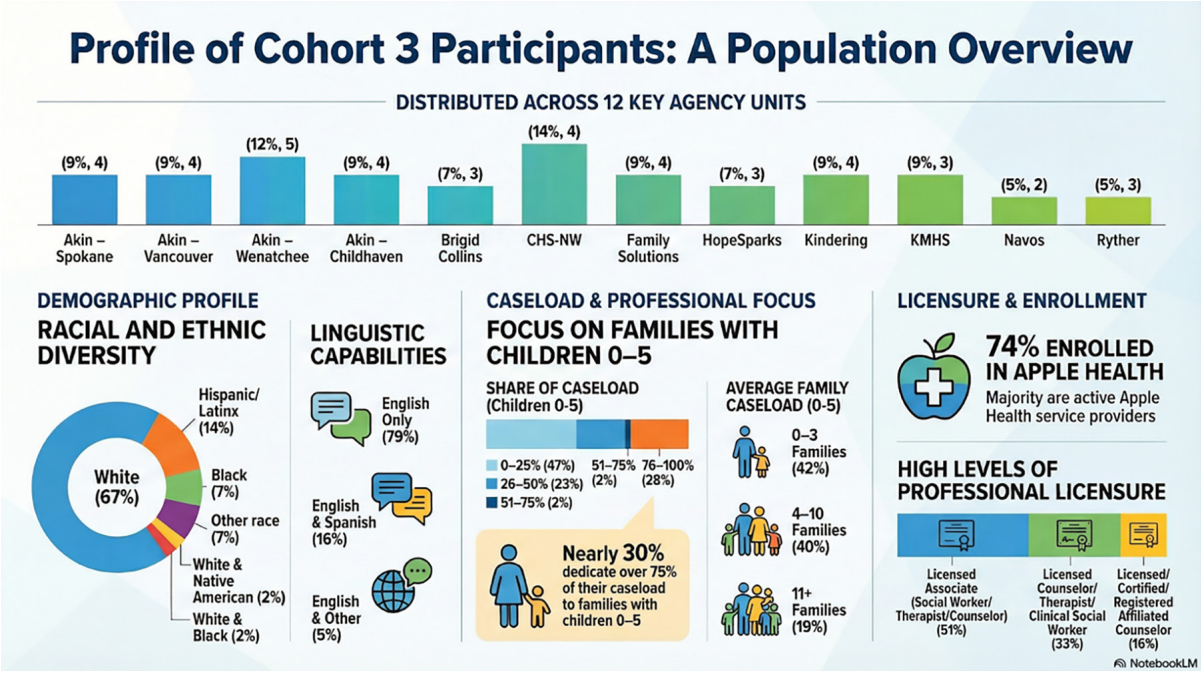


FIGURE 2. PROFILE OF CHILD PARENT PSYCHOTHERAPY COHORT 3 PARTICIPANTS

A focused evaluation of Cohort 3 identified two primary, interrelated barriers to completion: securing the required number of eligible CPP families and completing fidelity documentation. Clinicians consistently described difficulty identifying families who fully met CPP criteria and sustaining caregiver engagement over time, pointing to the need for more intentional referral workflows. Fidelity documentation was widely perceived as time-intensive and challenging to manage alongside existing clinical workloads, particularly in settings with limited protected time for non-direct service activities.

Building on these lessons, Cohort 4, launched in May 2026, incorporates additional system-level improvements. These include structured supervisor support calls, earlier and more integrated use of fidelity tools within training, clearer referral standards, and a centralized digital portal to streamline progress tracking and rostering. Collectively, these enhancements aim to strengthen long-term sustainability while preserving the clinical integrity of the CPP model.

PROMOTING FIRST RELATIONSHIPS® WORKFORCE DEVELOPMENT: 1998 TO 2026

Since 1998, Promoting First Relationships has been supporting the birth to five workforce. PFR training gives providers the skills and tools they need to use strengths-based and reflective approaches to support parent-child attachment and help caregivers better understand their children's social and emotional development. Starting locally, PFR began training staff in the Puget Sound area. By 2007, larger county-wide grants started coming in. In 2011, PFR developed a distance learning training model which paved the way to train statwide and beyond. Starting in 2014 and 2016, Promoting First Relationships received statewide contracts to train staff providing child welfare services and early support for infants and toddlers (ESIT) birth to three services. Global expansion to Australia and Canada began in 2018. And then starting in 2022, when PFR

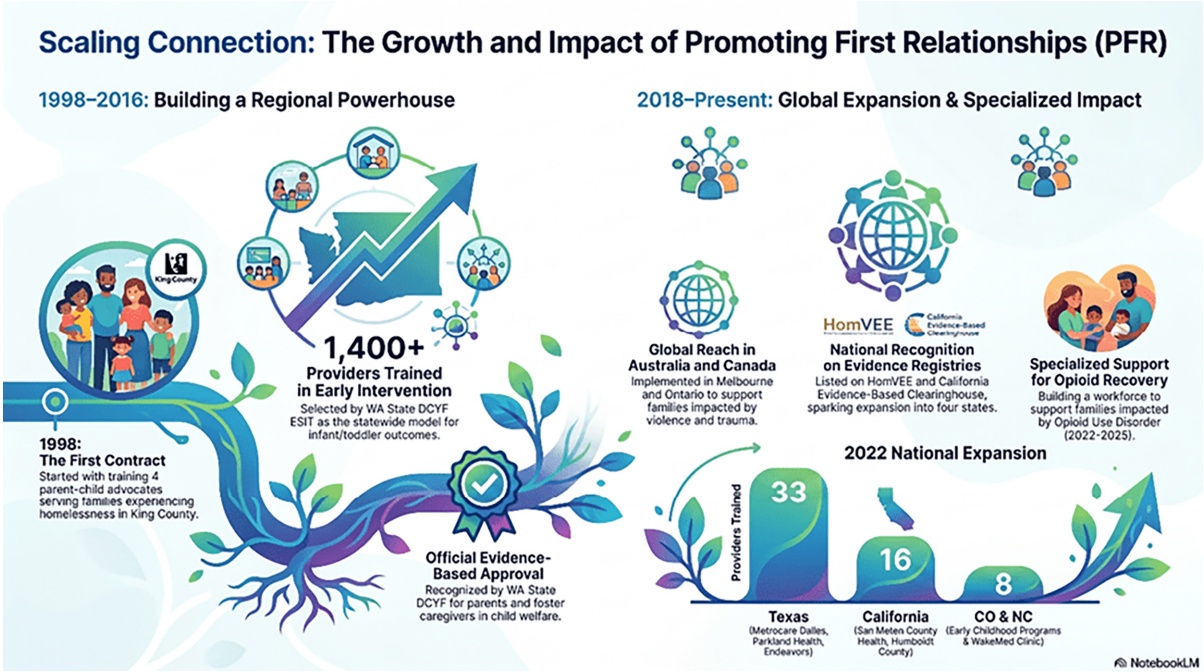


FIGURE 3. THE GROWTH AND IMPACT OF PROMOTING FIRST RELATIONSHIPS

started getting nationally recognized on evidence-based lists such as Home Visiting Evidence of Effectiveness (HomVEE) and the Family First Preservation Services Act (FFPSA), PFR expanded to states across the country including sites in Texas, California, Colorado and North Carolina.

Promoting First Relationships® supports workforce development across Minnesota

Beginning January 2025, six counties across Minnesota have hosted in-person Promoting First Relationships (PFR) Level 1 workshops and have sent additional staff through virtual workshops. Since 2025, 164 providers have received foundational PFR training to enhance their knowledge of children's social and emotional development and increase their skills to support parent-child relationships. Bringing PFR training to Minnesota grew from PFR's partnership with MECSH, the Maternal and Early Childhood Sustained Home Visiting program. MECSH is a nurse home visiting program that follows families and their child until the child's second birthday. Since 2023, MECSH has partnered with PFR to incorporate the PFR parent-caregiver handouts into their visits with families.

Course Work at the University of Washington

Child, Family and Population Health Nursing (CFPHN) faculty Colleen Dillon and Miriam Hirschstein co-teach five interdisciplinary courses in infant and early childhood mental health (2 undergraduate courses, 3graduate courses) to multidisciplinary students. This academic year they served more than 550 students across campus (see Figure 4).

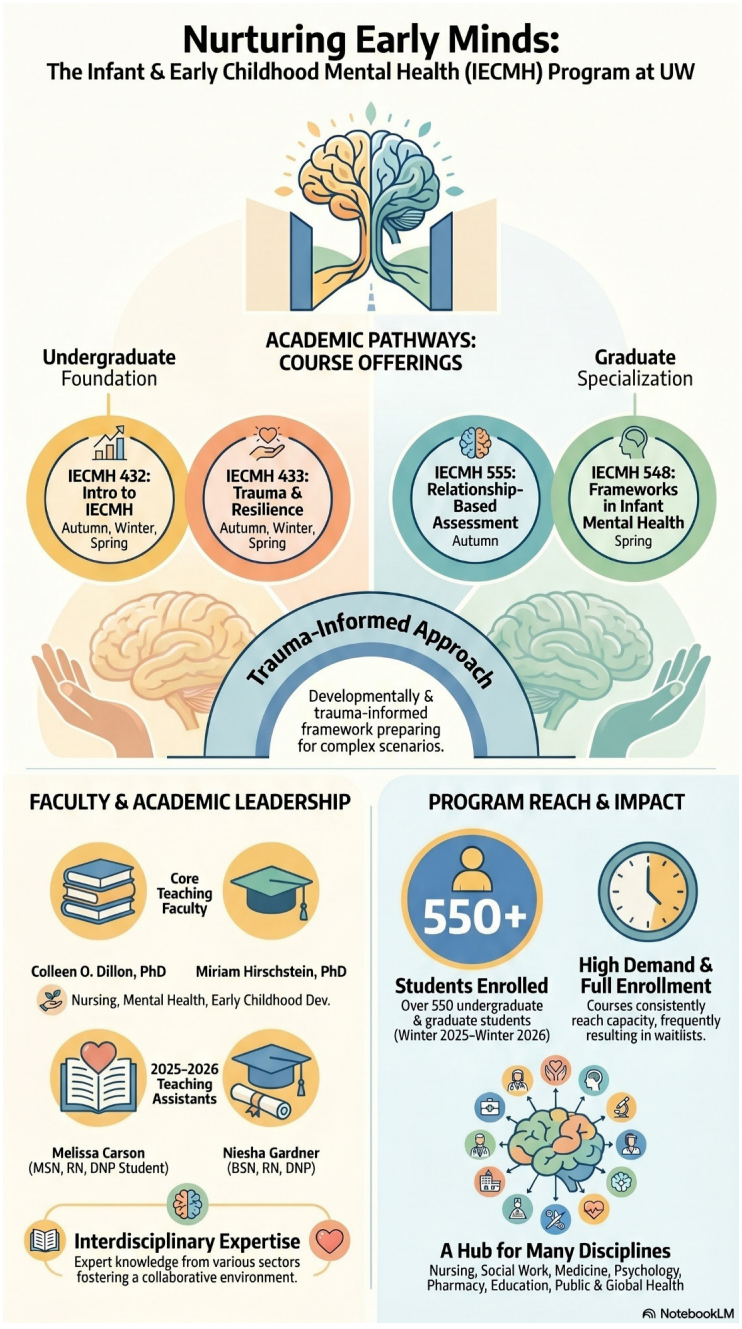


FIGURE 4. UW IEMCH COURSE STUDENT IMPACT 2025–2026

ADDITIONAL NOTABLE ACCOMPLISHMENTS

Dr. Nucha Isarowong Contributes to Revised DC: 0-5

ACT Program Director, Dr. Nucha Isarowong continues to expand his workforce development reach through invited talks and presentations. Notably, he was invited to co-chair the process to revise the DC:0-5, the diagnostic classification manual for child birth to age 5 years, by ZERO to THREE, the publisher of the manual. This revision effort draws on Dr. Isarowong's clinical and scholarship experience integrating principles of racial equity, diversity, and inclusion into the nosology of mental health challenges and concerns in young children and the diagnostic process and procedures that have been implemented in Washington State through the Mental Health Assessment for Young Children (MHAYC) legislation passed in 2021.

The Sankofa Infant Mental Health History Project

Dr. Isarowong participated in the creation and release of a video documentary titled *Sankofa Part One: Land. Root. Seed. Culture. Community* with the Sankofa Infant Mental Health (IMH) History Project through Indigo Cultural Center as a Steering Collective member (description, citation, and link to teaser below). As one of 6 Steering Collective members, Dr. Isarowong supported the envisioning, storyboarding, and interview process for the film in addition to lending his voice and knowledge to the documentary in connection and community with the fellow collective members and storytellers.

"The Sankofa Infant Mental Health History Project™ is a multi-year effort led by Indigo Cultural Center, focused on retrieving the healing and relational wisdom from our pasts, cultures, and communities and telling a fuller history of IMH."

Sankofa Part One premiered internationally in February 2026 and currently available for screening via sponsored events. It will be available for rental as a workforce development curriculum offering in the October 2026.
More information **here**.

Byars, N.P., Shivers, E.M., Condon, M-C., Isarowong, N., Subramaniam, A., Walteros, G. (Executive Producers). (2026). *Sankofa Part One: Land. Root. Seed. Culture. Community.* [Film]. Sankofa Infant Mental Health History Project, Indigo Cultural Center.

Research

RESEARCH PROGRAM AIM & OUTCOMES

Research Aim: to conduct and facilitate research to advance knowledge in the field of infant and early childhood mental health.

CURRENT NIH FUNDED RESEARCH

Promoting First Relationships in Pediatric Primary Care

Principal Investigators Monica Oxford (University of Washington), Idan Shalev (Pennsylvania State University), and Carrie Dow-Smith (WakeMed Pediatrics), together with Co-Investigator 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 examining whether Promoting First Relationships® (PFR), an evidence-based home visiting program, can help protect young children from the effects of stress on cellular aging, as measured by telomere length and epigenetic aging clocks. The study uses an enhanced version of PFR, with two additional brief sessions offered during well-child visits in a pediatric primary care clinic.

Recruitment began in December 2024, with the goal of enrolling 250 Medicaid-eligible mothers with infants aged 3–11 months from WakeMed Pediatrics in Raleigh, NC. The study is registered in ClinicalTrials.gov (NCT06740266).

Nearly 100 families have enrolled to date. Among participating mothers, 56% identify as Hispanic, 35% as non-Hispanic Black, and only 4% identify as non-Hispanic White. Language choice for participation is 45% Spanish and 55% English.

Promoting First Relationships NIH Funded R01: PFR By Telehealth

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 October 2023 and to date has enrolled 303 families from Child Protective Services in Washington State with 6–12-month-old babies. Recruitment is expected to last through September 2026 to enroll a total of 357 participants. As a part of this study, during the enrollment process, we screened over 800 families in the child welfare system for their capacity and use of telehealth services. Here is what we found:

FIGURE 5. TELEHEALTH READINESS IN CHILD WELFARE

Dr. Jonika Hash submits NIH R21 Application

PI Dr. Jonika Hash and Co-Is Magali Blanco, Lianne Sheppard, Maria Beil, and Idan Shalev submitted an R21 entitled: *Ultrafine Particle Exposures and Epigenetic Aging among Mother-Child Dyads with Low Income.* This R21 proposal seeks to examine longitudinal associations between novel environmental health stress exposures during distinct developmental windows and epigenetic aging outcomes as biomarkers of stress among a cohort of mother-child dyads with low income, and if psychosocial experiences (PFR, adverse childhood experiences) moderate these associations. This proposal is currently under review.

SCHOOL OF NURSING FUNDED RESEARCH

Thriving School Years

PI Dr. Jonika Hash and Co-Is Drs. Monica Oxford, Liliana Lengua, and Alissa Hemke received a School of Nursing Research Intramural Funding Program award for their project entitled: *A Pilot Randomized Controlled Trial to Support Parent-Child Relationships Among Families with Elementary School-Aged Children Referred to Child Welfare.* This study, called **Thriving in the School Years,** is a pilot randomized controlled trial of the PFR program curriculum extended to families with elementary school-aged children *(Promoting First Relationships-School Age*/PFR-S). This pilot project is currently in study start-up and aims to enroll 20 families with children ages 6–10 years referred to Child Protective Services. Findings are anticipated to feed directly into an R01 resubmission for a large randomized controlled trial of PFR-S in this population. This pilot and anticipated subsequent R01 address a critical gap in relationship-based parenting programs available to families with elementary school-aged children involved with the Child Welfare System.

BARNARD CENTER FACULTY & STAFF PUBLICATIONS & PRESENTATIONS

Publications

Alhajji, R., Walsh, E., Pike, K. C., Liu, F. F., **Oxford, M.** & Stein, M. A. (2025). The Strengths and Weaknesses of Attention-Deficit/Hyperactivity Symptoms and Normal Behaviors Scale (SWAN): Diagnostic Accuracy and Clinical Utility. *Journal of Attention Disorders, 10870547251340028.*

Bhat, A., Curran, M. C., **Lohr, M. J.,** Smith, H., Blanchard, B., Stoner, S. A., Grant, T. & Grote, N. (2025). Integrating a brief behavioral intervention into case management for mothers with perinatal substance use disorder: Nonrandomized pilot feasibility study, *JMIR Formative Research, 9,* e75132. https://doi.org/10.2196/75132

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Spencer, S., Chen, A. & **Oxford, M**. (2026) The Impact of Federally Funded Home Visiting Programs on Parental Mental Health: A Systematic Review. Academy Health Annual Research Meeting. May 31, 2026. Seattle, WA

Abrahamson-Richards, T. & **Oxford, M.** (2025). *The Development of the Promoting First Relationships® Home Visiting Program and Caregivers' Comments about Their Experiences across Four RCT Studies.* Society for Prevention Research Annual Meeting, Seattle, WA.

Invited Presentations

Hash, J. B. (2025, June 4). *Characterizing Ultrafine Particle Exposure and Cellular Aging in an Under-Resourced Sample of Mother-Child Dyads.* [Podium presentation.] The 2025 EDGE Symposium, Seattle, WA.

Isarowong, N. June 4 (2025). "Healing the Healers: Rethinking Burnout & Decentering Self-Care." All Site Assembly, South Carolina Children's Trust, Myrtle Beach, SC. Invited Plenary Address.

Isarowong, N. June 4 (2025). "(Re)Centering Relationships and Connecting Development, Individual Differences & Healing." All Site Assembly, South Carolina Children's Trust, Myrtle Beach, SC. Invited Breakout Session.

Norona, C.R., Fernandez-Pastrana, I. & **Isarowong, N.** November 12 (2025). "Interlocking Systems of Oppression, Addressing Early Childhood Trauma in Immigrant Families, and Caring for the Workforce." Fall 2025 All HVSA Meeting, Home Visiting Service Account (HVSA), Virtual. Invited Training Session.

Oxford, M. June 4 (2025), International Congress on Evidence-based Parenting Support, online webinar. Promoting First Relationships Home Visiting: A strengths-based strategy to use unedited video feedback.

Oxford, M. October 14 (2025), Texas Prevention Network, online webinar. Promoting Infant and Early Childhood Mental Health through Secure Relationships.

Oxford, M. October 28 (2025). Home Visiting Applied Research Collaborative, online webinar. Promoting first Relationships Adaption and Dissemination.

Oxford, M. February 5 (2026). Prevention Technology Transfer Cetner Network, online webinar. Promoting First Relationships: Fostering Healthy Relationships in Young Children Ages 0–5

BARNARD CENTER VILLAGE

The work of the Barnard Center is powered by an incredible team. Each member brings their own unique strengths and perspectives, and together we advance the mission of the Barnard Center.

Carol Good
Carole Pickett
Colleen O. Dillon
Emily Owen
Ivonne Poveda
Jeannie Larsen
Jennifer Rees
Jessica Smith
Jonika Hash
Joyce Yang
Isatou Daffeh
Kendall Appell
Kimberlee Shoecraft
Kristin Klansnic
Mary Jane Lohr
Maureen Kuo
Maria Bleil
Miriam Hirschstein
Monica Oxford
Nancy Meenen
Nucha Isarowong
Regan Chase
Roxana Ascanio
Sandy Dempsey
Tian Westland
Ursala Schwenn

Barnard Center Analysts, Vendors & Trainers

Annelisa Tornberg
Charlie Fleming
Dana Nelson
Haruko Watanabe
Kate Basart
Leah Leader
Mikaila Culverson
Mindy Davis
Sarah Doty

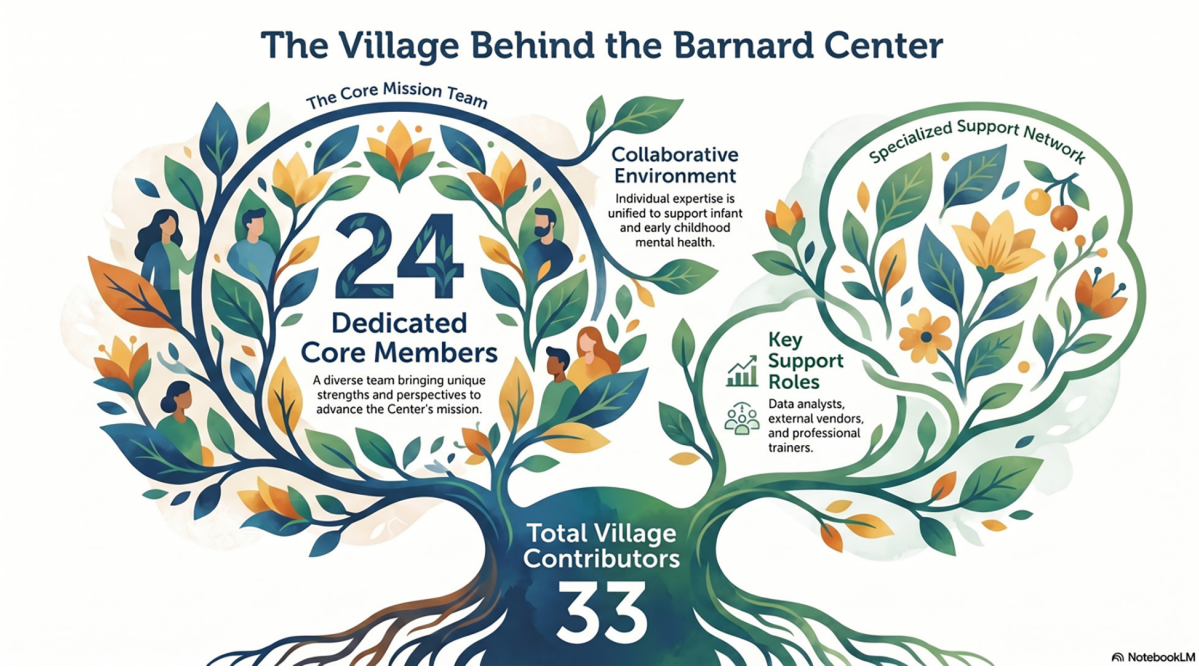

FIGURE 6. THE BARNARD CENTER VILLAGE

Appendix

FIGURE LONG DESCRIPTIONS

This appendix provides full text descriptions of the infographics that appear throughout this report. Each entry corresponds to the figure number referenced in that graphic's alt text.

FIGURE 1. THE POWER OF PARALLEL PROCESS: SCALING REFLECTIVE WISDOM

Alt text: "Infographic illustrating the three-layer parallel-process model of reflective supervision. Full data description in Appendix, Figure 1."

Quote: "Do Unto Others as You Would Have Others Do Unto Others"—Jeree Pawl.

Scale: 250+ professionals trained annually—described as a deep reservoir of expertise providing a large real-world data set of supervisory challenges and solutions. Training is described as experience-informed, rooted in practical wisdom and expertise gained from diverse consultation experiences.

Three layers of the model

- Layer 1—The Supervisor & Practitioner: A safe, trusting relationship allows the practitioner to explore emotions and professional insecurities.
- Layer 2—The Practitioner & Family: The support received in supervision is mirrored in the practitioner's attuned and responsive care for families.
- Layer 3—The Parent & Child: The parent-child bond is strengthened through the chain of reflective support established at the top.

FIGURE 2. PROFILE OF COHORT 3 PARTICIPANTS: A POPULATION OVERVIEW

Alt text: "Infographic profiling Cohort 3 participants' demographics, caseload focus, and licensure across 12 agency units. Full data description in Appendix, Figure 2."

Cohort 3 participants are distributed across 12 key agency units, shown below as share of participants (percent) and number of participants (count).

AGENCY	SHARE OF PARTICIPANTS	NUMBER OF PARTICIPANTS
Akin—Spokane	9%	4
Akin—Vancouver	9%	4
Akin—Wenatchee	12%	5
Akin—Childhaven	9%	4
Brigid Collins	7%	3
CHS-NW	14%	4

AGENCY	SHARE OF PARTICIPANTS	NUMBER OF PARTICIPANTS
Family Solutions	9%	4
HopeSparks	7%	3
Kindering	9%	4
KMHS	9%	3
Navos	5%	2
Ryther	5%	3

Demographic profile—racial and ethnic diversity

GROUP	SHARE
White	67%
Hispanic/Latinx	14%
Black	7%
Other race	7%
White & Native American	2%
White & Black	2%

Linguistic capabilities

LANGUAGE CAPABILITY	SHARE
English only	79%
English & Spanish	16%
English & other language	5%

Caseload & professional focus—families with children 0–5

Share of caseload made up of children ages 0–5:

SHARE OF CASELOAD (CHILDREN 0–5)	SHARE OF PARTICIPANTS
0–25%	47%
26–50%	23%
51–75%	2%
76–100%	28%

Nearly 30% of participants dedicate over 75% of their caseload to families with children ages 0–5.

Average family caseload size (children 0–5):

CASELOAD SIZE	SHARE OF PARTICIPANTS
0–3 families	42%
4–10 families	40%
11+ families	19%

Licensure & Enrollment

74% of participants are enrolled in Apple Health; the majority are active Apple Health service providers.

Levels of professional licensure:

LICENSURE LEVEL	SHARE OF PARTICIPANTS
Licensed Associate (Social Worker/Therapist/Counselor)	51%
Licensed Counselor/Therapist/Clinical Social Worker	33%
Licensed/Certified/Registered Affiliated Counselor	16%

FIGURE 3. SCALING CONNECTION: THE GROWTH AND IMPACT OF PROMOTING FIRST RELATIONSHIPS (PFR)

Alt text: "Infographic tracing PFR's growth and impact from 1998 to present, including national and international expansion. Full data description in Appendix, Figure 3."

1998–2016: Building a Regional Powerhouse

- 1998, The First Contract: PFR began by training 4 parent-child advocates serving families experiencing homelessness in King County.
- 1,400+ providers trained in Early Intervention: PFR was selected by WA State DCYF ESIT as the statewide model for infant and toddler outcomes.
- Official Evidence-Based Approval: PFR was recognized by WA State DCYF for parents and foster caregivers in child welfare.

2018–Present: Global Expansion & Specialized Impact

- Global reach in Australia and Canada: Implemented in Melbourne and Ontario to support families impacted by violence and trauma.
- National recognition on evidence registries: Listed on HomVEE and the California Evidence-Based Clearinghouse, sparking expansion into four states.
- Specialized support for opioid recovery: Building a workforce to support families impacted by opioid use disorder (2022–2025).

2022 National Expansion—providers trained by state

STATE	PROVIDERS TRAINED	PARTNER SITES
Texas	33	Metrocare Dallas, Parkland Health, Endeavors
California	16	San Mateo County Health, Humboldt County
Colorado & North Carolina	8	Early Childhood Programs & WakeMed Clinic

FIGURE 4. NURTURING EARLY MINDS: THE INFANT & EARLY CHILDHOOD MENTAL HEALTH (IECMH) PROGRAM AT UW

Alt text: "Infographic on IECMH course offerings, faculty, and program enrollment impact. Full data description in Appendix, Figure 4."

Academic pathways: course offerings

TRACK	COURSE	TERMS OFFERED
Undergraduate Foundation	IECMH 432: Intro to IECMH	Autumn, Winter, Spring
Undergraduate Foundation	IECMH 433: Trauma & Resilience	Autumn, Winter, Spring
Graduate Specialization	IECMH 555: Relationship-Based Assessment	Autumn
Graduate Specialization	IECMH 548: Frameworks in Infant Mental Health	Spring

Trauma-Informed Approach: a developmentally and trauma-informed framework preparing students for complex scenarios.

Faculty & academic leadership

- Core Teaching Faculty: Colleen O. Dillon, PhD; Miriam Hirschstein, PhD (Nursing, Mental Health, Early Childhood Development).
- 2025–2026 Teaching Assistants: Melissa Carson (MSN, RN, DNP Student); Niesha Gardner (BSN, RN, DNP).
- Interdisciplinary Expertise: expert knowledge from various sectors fostering a collaborative environment.

Program reach & impact

- 550+ students enrolled: over 550 undergraduate and graduate students, Winter 2025–Winter 2026.
- High demand & full enrollment: courses consistently reach capacity, frequently resulting in waitlists.
- A hub for many disciplines: Nursing, Social Work, Medicine, Psychology, Pharmacy, Education, Public & Global Health.

FIGURE 5. FAMILIES CONNECTED: TELEHEALTH READINESS IN CHILD WELFARE

Alt text: "Infographic on telehealth readiness among CPS-involved families with infants. Full data description in Appendix, Figure 5."

- Evaluating telehealth for CPS-involved families: assessing the capacity for high-risk families to engage in remote home-visiting services.
- Targeting families with infants: enrolling parents with 6–12-month-old babies from Child Protective Services in Washington State.
- Internet & camera readiness: 99% of screened parents report reliable internet, microphones, and camera-enabled devices.
- Prior telehealth experience: 70% of parents successfully completed a telehealth visit before this study.

Device ownership: "smartphones are the universal tool"

DEVICE	SHARE OF FAMILIES
Smartphone	**99%**
Tablet or laptop	**70%**
Desktop computer	**14%**

While only 14% of families have desktop computers, 99% utilize smartphones for connectivity.

FIGURE 6: THE VILLAGE BEHIND THE BARNARD CENTER

Alt text: "Infographic listing Barnard Center staff and support contributors. Full data description in Appendix, Figure 6."

Collaborative environment: individual expertise is unified to support infant and early childhood mental health.

The Core Mission Team—24 dedicated core members

A diverse team bringing unique strengths and perspectives to advance the Center's mission:

- Carol Good, Carole Pickett, Colleen O. Dillon, Emily Owen, Ivonne Poveda, Jeannie Larsen, Jennifer Rees, Jessica Smith, Jonika Hash, Joyce Yang, Isatou Daffeh, Kendall Appell, Kimberlee Shoecraft, Kristin Klansnic, Mary Jane Lohr, Maureen Kuo, Miriam Hirschstein, Monica Oxford, Nancy Meenen, Nucha Isarowong, Regan Chase, Roxana Ascanio, Sandy Dempsey, Tian Westland.

Specialized Support Network—key support roles

Data analysts, external vendors, and professional trainers:

- Annelisa Tornberg, Charlie Fleming, Dana Nelson, Haruko Watanabe, Kate Basart, Leah Leader, Mikaila Culverson, Mindy Davis, Sarah Doty.

Total village contributors: 33.