



Promoting First Relationships in Native American Communities

by Kate Forster

Native Americans often talk about their culture as a living, breathing entity—full of rich, complex, and varied traditions which they work hard to keep alive as they successfully navigate American mainstream culture. Nevertheless, it is the troubled circumstances among the Native American communities in the United States that predominates in the news. It is well documented that Native communities have higher rates of alcoholism, poverty, and suicide than other ethnic groups in the U.S. This population also suffers from a lower health status and disproportionate rates of disease compared with other ethnic groups in the U.S. When a child is born into an environment that has so many risk factors, the likelihood of their reaching their full potential is extremely low.



Monica Oxford, Tess Abrahamson-Richards—research coordinator and member of the Spokane Tribe, and Cathryn Booth-LaForce discuss providing PFR to Native communities.

Little, however, has been written about the people and programs that are working toward positive change in these communities. Cathryn Booth-LaForce, Ph.D., a Charles and Gerda Spence professor of nursing and CHDD research affiliate, is one such person. She has made a career of studying how young children form attachments and the resulting impact these early attachments have on their lives. Booth-LaForce has recently extended this interest to Native American communities who, in her view, might benefit from an attachment-based intervention. In collaboration with Dedra Buchwald, MD, who directs Partnerships for Native Health at the University of Washington, Booth-LaForce is bringing a program called Promoting First Relationships (PFR) to Native communities.



PFR is a strengths-based early intervention program developed at the University of Washington by Jean Kelly, Ph.D. It aims to build trusting and secure caregiver-child relationships and is dedicated to promoting healthy social and emotional development in young children. Its goal is to lay the groundwork in enabling each child to reach their full potential. Rather than give advice or tell parents what they should or shouldn't do, specialists trained in PFR principles give parents positive feedback that builds their competence and commitment to their children. This feedback also addresses their children's underlying emotional needs and encourages parents to reflect on their own behavior. The program has experienced considerable success since its inception, and several studies have shown the positive effects of PFR on at-risk populations.

The PFR and research processes

In collaboration with two Native American tribes, Booth-LaForce, her research partner, Monica Oxford, Ph.D., research professor of family and child nursing and CHDD research affiliate, and Buchwald are adapting PFR to Native American contexts and testing its efficacy in a randomized, controlled trial. For this study, a researcher visits the family before the intervention begins and records a series of videos as the parent plays with the child and teaches them something slightly developmentally advanced. These recordings are then analyzed and scored. Parents are also asked to fill out detailed questionnaires that touch on a variety of topics, including their background and hopes for themselves and their children.

Families are then randomly assigned to either the PFR group or a control group, which will serve as a comparison when the study is complete. A PFR specialist then administers the program, which involves weekly home visits for 10 weeks. Each week focuses on a different theme. Handouts are provided, and there are activities and concepts to reflect on for that week. Every other week, a video recording is made of the parent-child interaction, and the PFR specialist reviews it with the parent the following week.

Once the intervention is complete, the researcher will pay a return visit to families in both the PFR and control groups to again administer questionnaires and conduct video recordings, which will again be scored and analyzed. The results will be used to evaluate the efficacy of the intervention. Several months later, the researcher will return for another data-gathering visit. This data will then be used to determine whether the intervention had a lasting effect.

Bringing PFR to Native communities

Even though PFR is individualized to meet each family's needs, Booth-LaForce and her colleagues discovered that in order to effectively bring PFR to Native communities, they had to adapt their approach to the Native American culture. While each Native tribe has a distinct culture, in general, tribes tend to be family- and community-oriented, meaning that Booth-LaForce and her colleagues had to first establish trust and then continue to maintain that trust. This entails ongoing visits where she and her colleagues spend time getting to know members of the community, presenting research to focus groups, and learning about specific tribal issues and concerns that might affect the intervention. Two Native American liaisons who work for UW Partnerships for Native Health also helped in building a bridge between the UW team and the tribes.

Another important adaptation the PFR team made was training people from within the tribe to perform the PFR intervention and evaluate its effectiveness. Also, the time the PFR specialists spend with a family during each visit was lengthened to account for additional conversation, which is expected in Native communities. These adaptations, in addition to the remoteness of the tribal lands, unpaved roads, and inclement weather conditions, result in the process taking longer than anticipated, but by honoring the traditions and culture of the communities they are working with, Booth-LaForce and her team are laying the groundwork for success.

Booth-LaForce, Buchwald, and Oxford are first bringing PFR to an Inland Northwest tribe as a pilot study. They are also testing PFR in a larger controlled trial with a tribe in the Midwest. Work is also being done to recruit a tribe closer to the Seattle area to increase the number of participants in the program. "I'm very committed to working with these communities," says Booth-LaForce. "It's probably the hardest thing I've ever done in my career, but it just feels so important and so rewarding. I am confident we can really make a difference."

CHDD is an interdisciplinary center dedicated to the prevention and amelioration of developmental disabilities through research, training, clinical service, and community outreach. CHDD includes the University Center of Excellence in Developmental Disabilities and the Eunice Kennedy Shriver Intellectual and Developmental Disabilities Research Center.

CHDD Outlook

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