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Helping Parents Learn to Nurture Their Children Improves Child Welfare Outcomes

by Christine Waresak

The care that children receive in their first years has lifelong consequences. If young children's needs for safety, security, empathy, and understanding are met, they have a greater chance of being able to regulate their own emotions during stressful times and create healthy relationships. Promoting First Relationships® (PFR), a home visiting intervention program developed at the University of Washington, supports and guides caregivers in building their relationships with their infant or toddler. Through in-home visits that include videotaping and reviewing caregiver-child interactions, caregivers learn to better understand and respond to their children's social and emotional needs. In a recent randomized clinical trial, in a sample of families who were under investigation for a report of child maltreatment, PFR was shown to significantly reduce the likelihood of foster care placement while also increasing caregiver sensitivity and knowledge of child emotional needs. Monica Oxford, Ph.D., research professor of family and child nursing and CHDD research affiliate, led the study. "We followed child welfare outcomes one year post-intervention. The children whose caregiver didn't receive PFR were more than twice as likely to be placed in foster care compared to those whose caregiver had received PFR," Oxford said. "What's significant about these results is that PFR is a brief intervention program. It's 10 weeks of home visiting one-hour sessions that has a very strong impact on child welfare outcomes—one of the strongest we've seen. We altered the trajectory of these caregivers and their children."

Monica Oxford is studying the effectiveness of the Promoting First Relationships® program in improving child welfare outcomes for vulnerable families.

Promoting First Relationships program

Developed by Jean Kelly, Ph.D., and colleagues at the UW Barnard Center for Infant Mental Health and Development, Promoting First Relationships® trains service providers who work with parents and other caregivers of young children. In the program, the service providers visit a home for one hour, once a week, for 10 weeks. The first visit is spent getting to know the family and talking about attachment relationships and how caregivers can help their children feel safe and secure. The provider then videotapes the caregiver playing with the child. The following week, the provider and caregiver watch the video together and reflect on the behavior. "We give them feedback about the great things we see," Oxford explained. "For example, if a child snapped their finger in a toy and the parent scooped them up and gave them a kiss, we would acknowledge that with positive instructive feedback. One important aspect of the program is that we're strengths-based and we acknowledge the parents' contribution."

When a situation comes up on the video where the caregiver isn't reading the child's cues or responding sensitively, the service provider doesn't criticize or give advice, but instead asks a reflective question. "In those moments, we are more inclined to ask, for example, 'What do you think your child is feeling?' or 'What are you feeling?' That reflection opens up the parent's mind and allows them to think about their child's emotion and why their child is acting that way and their own emotional response,"

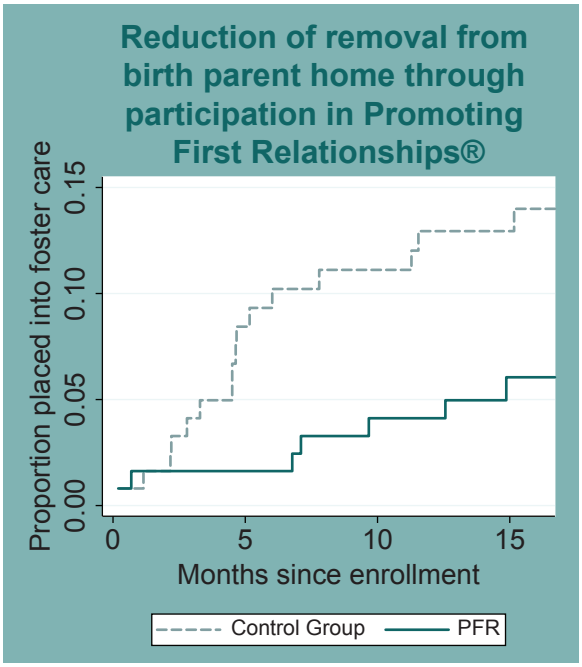
Oxford said. “Challenging moments are addressed—we don’t shy away from that. But we do it by using reflective questions and empathy, such as ‘That seemed really hard, what was going on for you right there?’ It’s how we approach difficulty during caregiver-child interaction that’s unique to PFR.”

Clinical trial shows positive results

Between 2011 and 2014, Oxford and her team performed a randomized clinical trial that included 247 families with 10- to 24-month-old children who had a recent, open child protective services investigation of child maltreatment. Families were randomly assigned to receive either a 10-week home visiting Promoting First Relationships service or a telephone-based service that included three 30-minute calls and packets of resource and referral (R&R) information.

In the PFR visits, trained providers followed the PFR method of videotaping caregiver-child interactions, watching the footage with the caregiver at the next visit, and giving strengths-based feedback and asking reflective questions. Evaluations were performed over four time periods: pretest, posttest, at a three-month followup, and at a six-month followup. Across all the post-intervention time points, parents in the PFR group scored higher than families in the R&R group in caregiver understanding of toddlers’ social emotional needs and observed parental sensitivity. Children in the PFR group scored lower in atypical affective communication and were less likely to be placed in foster care one year after the intervention (6 percent vs. 13 percent).

Comments from caregivers who received the PFR service reinforced the evaluators’ observed reports. One parent said, “PFR helped me to be more patient, because I felt like she was a real whiny, tantrum kind of girl, but she just wanted my attention—that’s what I realized—that’s what she needed and wanted from me—that’s why she was so whiny.” Another said, “I think this program helped me build my relationship with my child for the better. It has helped me understand him more as a child.” These are exactly the kinds of responses, Oxford noted, that her team was hoping for.



Promoting First Relationships® (PFR) improved child welfare outcomes.

One study in a series supporting PFR

This study is one of several NIH-funded randomized clinical trials (RCTs) about PFR completed or underway by Oxford and her Research Affiliate colleagues Susan Spieker, Ph.D., and Cathryn Booth-LaForce, Ph.D. They have conducted two RCTs with PFR in child welfare populations and four other RCTs are in progress with diverse populations, including rural tribal communities, lower-income mothers (Spanish and English speaking) who have been treated for depression during pregnancy, and a sample of birth families who are being reunited with their children after a foster care separation. Accordingly, this program of research may well demonstrate the ability of the PFR intervention to substantially influence caregiver-child interventions and subsequent child development in a wide range of at-risk families.

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.

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