

Promoting FIRST Relationships

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Kelly, Zuckerman, Sandoval, & Buehlman, 2003

Goals of Promoting First Relationships

- Help caregivers support children's social and emotional development: trust and security in babies and the development of a positive sense of self in toddlers
- Increase caregivers' feelings of trust, competence and confidence
- Promote happy, loving, and mutually enjoyable relationships between caregivers and young children

Kelly, Zuckerman, Sandoval, & Buehlman, 2003

Your Child's Social and Emotional Health



Kelly, Zuckerman, Sandoval, & Buehlman, 2003

“We are mirrors for a baby, that tell him who he is. We are also windows that let him know what he can expect.”

Jeree Pawl, 2001

Kelly, Zuckerman, Sandoval, & Buehlman, 2003

Promoting FIRST Relationships

Attachment and
Individuation

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Attachment (Care Seeking)

Instinct to seek proximity to a specific person who will comfort, protect and/or organize one’s feelings.

Bonding (Care Giving)

Instinct to monitor a specific person, and to comfort, protect, and/or organize that person’s feelings when necessary

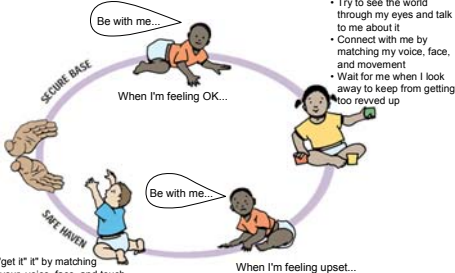
Exploration

Instinct to follow one’s innate curiosity and desire for mastery, when it feels safe to do so

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Kelly, Zuckerman, Sandoval, & Buehlman, 2003

Creating the Circle of Security (Birth to Twelve Months)

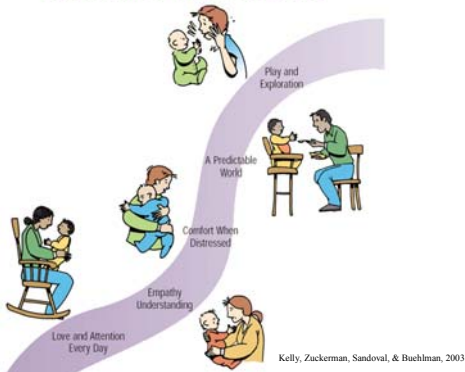


- Delight in me as I fall in love with your face
- Watch over me as I turn to new sights, sounds, and touches
- Try to see the world through my eyes and talk to me about it
- Connect with me by matching my voice, face, and movement
- Wait for me when I look away to keep from getting too revved up

- Protect me
- Help me feel you "get it" by matching my emotions with your voice, face, and touch
- Stay with me even when my distress upsets you"
- Wait for me when I look away, so I can learn to use both you and myself to calm down
- Organize my feelings by sharing, naming, and accepting them without fear

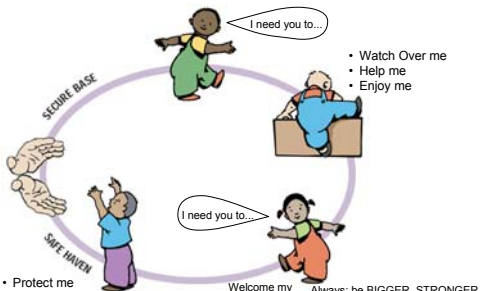
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On the Path to Trust and Security



Kelly, Zuckerman, Sandoval, & Buehler, 2003

The Circle of Security Parent Attending to the Child's Needs

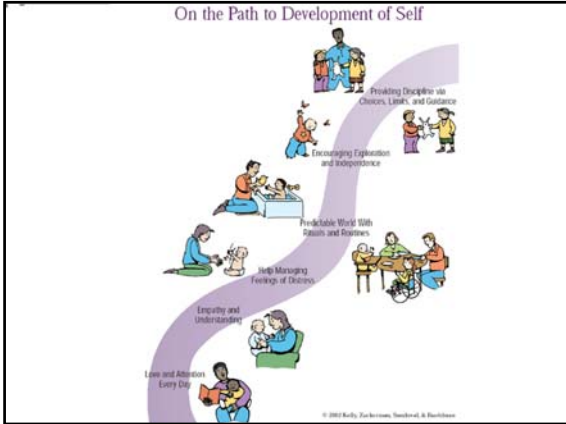


- Watch Over me
- Help me
- Enjoy me

- Protect me
- Comfort me
- Delight in me
- Organize my feelings

Always: be BIGGER, STRONGER WISER, and KIND.
Whenever possible: follow your child's need
Whenever necessary: take charge.

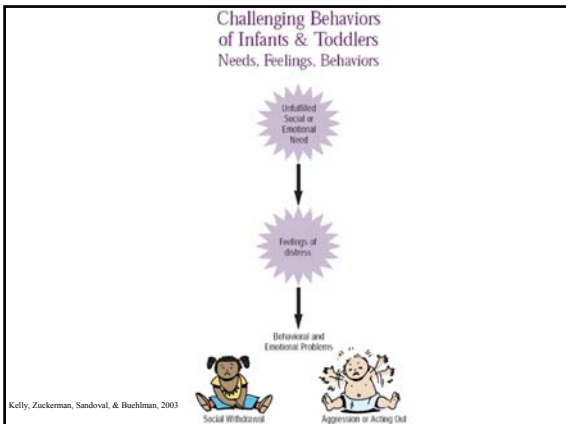
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Social-Emotional Needs of Early Childhood

- I need to feel safe and secure
- I need to feel worthy and loved
- I need to feel acknowledged and understood
- I need to feel noticed and receive attention
- I need to feel a sense of predictability
- I need to understand and be able to manage my feelings of distress
- I need to feel a sense of control
- I need to feel safe and stimulated in my exploration
- I need to feel competent
- I need to have mutually enjoyable relationships and feel a sense of belonging

Kelly, Zuckerman, Sandoval, & Buehlman, 2003



Behaviors, Feelings, Needs: An Intervention Worksheet

Social-Emotional Needs of Early Childhood

| | | | | |
|---|--|---|---|--|
| To feel safe and secure | To feel worthy and loved | To feel acknowledged and understood | To feel noticed and receive attention | To feel a sense of control and predictability |
| To understand and be able to manage my upset feelings | To feel powerful and independent | To feel safe and stimulated in my exploration | To feel competent | To have mutually enjoyable relationships and feel a sense of belonging |
| Behavior of Concern | How do you feel? How does the child feel? | What are you needing? What is the child needing? | How can you meet your needs? How can you meet the child's needs? | |
| | | | | |

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You feel secure and secured...if you are consistently in the mind of someone, so that you are noted, noticed, spoken to over distance, rescued, protected, appreciated, and tethered across space and out of mutual sight. It is the caregiver that creates and confirms this by her continual surveillance and by holding the child in...her mind. This becomes a crucial part of a child's internal sense and experience. Jeree Pawl

Kelly, Zuckerman, Sandoval, & Buehlman, 2003

Consultation Strategies

1. Join with caregivers by establishing trusting relationships
2. Engage in **Reflective Observation** with caregivers
3. Give **Verbal Feedback** – both positive and instructive
4. Ask **Reflective Questions** to identify feelings and needs

Kelly, Zuckerman, Sandoval, & Buehlman, 2003

Consultation Strategy #1

JOINING

A process of establishing an emotional connection with a caregiver that allows us to become a secure base for her or him

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Consultation Strategy #2

REFLECTIVE OBSERVATION

- Our role: Carefully observe interactive behaviors and reflect with the caregiver on what is observed
- Caregiver role: Become better observers of children and themselves and reflect on feelings and meanings behind their interactions

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Doing Reflective Observation

- Videotaped interactions
- Interactions that occur during the visit
- Focus on positive
- Invite joint reflection on feelings and needs

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What to Look For in Videotaped or Live Dyadic Interactions

- Unique characteristics
- Emotional tone
- Attachment behaviors
- Development of self behaviors
- Behaviors during play
- Behaviors during teaching

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Consultation Strategy #3 *VERBAL FEEDBACK*

- Our role: Comment positively on what is happening between the caregiver and child at that moment
- Caregiver role: Take it in!

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Verbal Feedback: Positive and Instructive

- Specific
- Contingent on an observed interaction between the caregiver and child
- Positive feedback on what the caregiver is doing well during videotaped or live interactions
- Instruction on why what the caregiver did is important to child development

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Consultation Strategy #4

REFLECTIVE QUESTIONS

- Helpful when the caregiver is struggling, child is struggling, interaction is strained
- Place the focus on exploring feelings and needs of both the parent and child
- Help caregivers to see the world from the child's perspective
- Open-ended and nonjudgmental

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Some Reflective Questions

- What's going on here for her?
- How do you think she's feeling?
- What were you feeling?
- How does it feel to you when she gets upset?

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Doing Reflective Questions

- Keeping the questions open
- Supporting caregivers in tuning into their own and their child's feelings
- Remembering to tune into own feelings

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One of life's greatest
privileges is the
experience of being held
in someone's mind.
Possibly though there is
one exception –
and that is the privilege
of holding another
in one's own.

-Jeree Pawl

Kelly, Zuckerman, Sandoval, & Buehlman, 2003

We are using *Promoting First Relationships* in the following settings:
(www.pfrprogram.org)

- With Homeless Families
- Early Head Start Programs
- Foster Care Programs
- Child Care Settings
- Grandmother Care
- Early Intervention Programs

Kelly, Zuckerman, Sandoval, & Buehlman, 2003

With Homeless Families

- **Royalty Research Award, 1998 (Kelly, PI).** Published results show significant change in provider and parent behavior. Providers became more positive, contingent and instructive with parents about their interactions with their young children. Parents became more contingent, socially and emotionally growth fostering, and stimulating in their interactions with their children (using NCAST Teaching Scale and NICHD Mother-Child Play Scales).

Kelly, Zuckerman, Sandoval, & Buehlman, 2003

With Homeless Families

- **Bill and Melinda Gates Foundation Award, 2005. (Kelly, PI, Barnard, Co-PI, Spieker, Co-PI, Solchany, Co-PI)** Project to determine the effectiveness of training shelter staff to deliver PFR to families experiencing homelessness. Our results showed that parents' attitudes and interactional behavior changed significantly as a result of intervention. Along with changes in parenting behaviors, the children (observed interacting with their parents) began to interact more with their parents, became more securely attached, and parents rated their children more socially competent than before the training, with fewer behavior problems.

Kelly, Zuckerman, Sandoval, & Buehlman, 2003

Early Head Start Programs

- **Administration on Children and Families Award 2001-02 to train sites in Region X (Kelly, PI)** Piloted use of PFR with both center-based and home-based EHS providers
- **Washington State Dept. of Health, 2003 contract to research the effectiveness of training in Early Head Start (Kelly, PI)** Significant results in increasing the positive quality of caregiver-child interactions as indicated by observational measure. Presenting results at Zero to Three, November, 2007.

Kelly, Zuckerman, Sandoval, & Buehlman, 2003

Foster Care Families

- **UW Center for Advancement of Health Disparities Research 2006 (Spieker, PI, Kelly, Co-PI)** Feasibility study of PFR in foster care
- **NIMH, Sept.2006-Aug, 2011. (Spieker, PI, Kelly, Co-PI)** Promoting Infant Mental Health in Foster Care. A randomized trial of the effectiveness of PFR in foster care.

Kelly, Zuckerman, Sandoval, & Buehlman, 2003

Child Care Settings

Washington State Department of Health, 2000-2006 (Kelly, PI)

Contract to train child care health consultants in PFR in every local health jurisdiction in WA. Results show significant increase in consultant and child care provider knowledge and skills to promote social and emotional development as measured with self-assessment questionnaires.

Kelly, Zuckerman, Sandoval, & Buehlman, 2003

In Grandmother Care

- Annie E. Casey Foundation, 2004-2006. (Brandon, PI, Kelly, Co-PI, Maher, Co-PI) Collaborated with Evan's School researchers to look at the effects of PFR with grandmothers. Significantly decreased grandmother depression (CES-D), and trend towards increasing quality of interactions (NCAST Teaching Scale). Paper presented at SRCD, 2007.

Kelly, Zuckerman, Sandoval, & Buehlman, 2003

Early Intervention Programs for Children with Special Needs

- Department of Social and Health Services 2002-2003 (Kelly, PI). Contract to research the training effectiveness of using PFR to increase relationship-focused provider practice and the quality of parent-child interactions in families with young children with diagnosed disabilities. N=14 providers and 14 parent/child dyads in 14 Early Intervention Programs in Washington. Providers became more positive, contingent and instructive with parents. Parents became more contingent, socially and emotionally growth fostering in their interactions with their children, and children became more responsive and contingent in their interactions with their parents (NCAST Teaching Scale). Paper in press in *Infants and Young Children*.

Kelly, Zuckerman, Sandoval, & Buehlman, 2003

Early Intervention Programs for Children with Special Needs

- NICHD Study: Early detection and intervention for infants at risk for autism, (Dawson, PI, Kelly and others, Co-investigators) to provide evidence that cases of autism might be secondarily prevented through early identification and early treatment. PFR is the treatment condition in the proposed randomized trial.

Kelly, Zuckerman, Sandoval, & Buehlman, 2003
