

Promoting First Relationships and Early Support for Infants and Toddlers

Background

Promoting First Relationships (PFR) training is one component of the Washington Part C State Systemic Improvement Plan (SSIP). The goal of the SSIP is to improve social-emotional outcomes for the children and families we serve. PFR was selected after reviewing a number of evidence-based practices as they relate to the Division of Early Childhood (DEC) recommended practices. We think PFR is a great fit with Part C early intervention and we are very excited to be able to provide this training opportunity.

Promoting First Relationships Training

All early intervention providers in SSIP implementation sites will participate in level-one knowledge building training through a two-day learner's workshop. This training is designed to give providers knowledge about using PFR within one's own practice. The training includes:

- Elements of a healthy relationship;
- Attachment theory and secure relationships;
- Contingent and sensitive caregiving;
- Baby cues and non-verbal language;
- Understanding the world from the child and parents' point of view;
- Reflective capacity building;
- Development of self for infants and toddlers;
- PFR consultation strategies;
- Challenging behaviors and reframing the meaning of behavior; and
- Intervention planning development.

How you can integrate PFR into your practice

Because most early intervention providers in your community are participating in the training, we hope you will develop a shared language and understanding of promoting social-emotional development in your work with children and families.

A **Family Resources Coordinator** (FRC) will find that the PFR strategies of *joining* and *positive instructive feedback* are easily incorporated at all points in the IFSP process. Foundational knowledge about social-emotional development will support FRCs as they complete screenings and talk with families about their concerns and priorities. It will inform a higher quality Child Outcome Summary (COS) process, along with strengthening teaming and collaboration. The following are some specific examples of PFR strategies that FRCs might use:

- Using *joining* questions to gain a full understanding of the parents' needs and identify potential barriers that might interfere with successful follow through of services.
- Using *positive instructive feedback*, live, during the intake process to support the caregiver in the skills they have and to enhance the caregiver's sense of connection and trust with the provider and the agency.
- Using *reflective questions* to better understand how the parent is feeling about the potential service in order to best provide helpful information.

An **Educator, Speech-Language Pathologist, Occupational Therapist, or Physical Therapist** should be able to seamlessly integrate the principles from this training into their practice. Relationships are the foundation for development, and if we can support parents' relationships with their child we can enhance their capacity to help their child grow and learn in all areas of development. PFR consultation strategies can be built into any home visit for any outcome. The following are some specific examples of PFR strategies that providers may use:

- Using *joining* and *reflective questions* to better understand the concerns that parents have about behavior or autism.
- Using *positive instructive feedback* regarding social-emotional needs either live or while reviewing a video of mealtime with a parent when the child has feeding concerns.
- Using *baby cues* as a way to increase caregiver sensitivity to child's nonverbal communications regarding distress.
- Brainstorming with a parent what their child needs from them to make tummy time enjoyable or tolerable.
- Using *positive instructive feedback* to both build caregiver confidence and competence and help them understand the importance of their actions/interventions (e.g. use of language, supporting motor development, sensitivity) to their child's needs.

An **Infant Mental Health Specialist** will be working with children and families with more complex needs. They have already had specialized training but should still find this training useful to develop skills to coach families using a PFR lens and a common language to use with their early intervention colleagues. Specific examples include:

- Using video feedback and all of the PFR verbal strategies to support a parent who may be behaving in an intrusive manner. Increasing parents' *reflective capacity* to recognize how that behavior contributes to child avoidance during play time.
- Using *PFR intervention worksheet* and *handouts* to reframe challenging behavior by reflecting on the underlying reasons for behavior and understanding behavior as "language of distress."
- Helping a child care provider understand the underlying contributing factors to problematic child behavior and developing a plan that meets the child's social and emotional needs to prevent the child from being expelled.
- Using the PFR 10-week home visiting model to enhance sensitivity and prevention of child maltreatment.