

The Barnard Center for Infant Mental Health and Development

Extending a Legacy of Excellence

Summary

The UW School of Nursing is strongly committed to a Barnard Center that will extend and celebrate the legacy of Dr. Kathryn Barnard's research and education on behalf of infants, children, and their families. The Barnard Center is a singular means of honoring Dr. Kathryn Barnard's legacy while advancing the goals and principles that Barnard set forth with her pioneering work in infant mental health and development. The plan for the Barnard Center going forward will encapsulate Dr. Barnard's vision of research, training, dissemination, and workforce development.

- The Center will consist of three divisions: research; dissemination; and workforce development.
- Dr. Monica Oxford will take over as Director effective October 1, 2017. (She has been interim director since May 2016.).
- Infant mental health course work formally associated with the Infant Mental Health Certificate Program *and* practicum placement opportunities will be developed and disseminated within the Department of Family and Child Nursing and the School of Nursing. This shift in delivery of academic course work will allow for sustainability and growth of Infant Mental Health [IMH] content for students across disciplines. The shift in venue will increase the stature, visibility, and sustainability of this training to prepare the next generation of infant mental health providers across disciplines.
- Interdisciplinary academic and clinical partnerships will be built with the School of Social Work, College of Education, and Department of Psychiatry in the UW School of Medicine.
- Funding to support the activities of the center will be generated through development of multiple revenue streams, including philanthropy and federal support. The School of Nursing will support the activities necessary to secure funding.
- Nursing Child Assessment Training Programs (NCAST) will operate as the dissemination arm of the Barnard Center to further the mission and legacy of Kathryn Barnard's work. NCAST will remain financially independent and continue their mission to develop and disseminate training and program materials for community infant mental health providers. However, activities and projects will be coordinated with the other two arms of the Barnard Center, especially work force development, allowing greater synergy with NCAST's infrastructure to advance the mission of workforce development.
- NCAST will align their training offerings to enable community providers to fulfill training needs necessary for providers to receive endorsement from the Washington Association for Infant Mental Health, as well as fill gaps in training needs through special offerings by national experts.
- An advisory committee of professionals and community members will be identified and engaged in order to align the center activities and the academic offerings with projected educational and workforce needs.
- Partnerships with county, state and community agencies will be sought to facilitate student clinical placements, education, and training in infant mental health.
- Once funding is secured, work plans for center initiatives will be developed with a specific timeline and responsibilities.

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An individual must make an active effort to obtain and maintain support.

Kathryn Barnard

“Prevention of Parenting Alterations for Women with Low Social Support”
1988

Institutions, like individuals, must make an active effort to obtain and maintain support, which is why we are pleased to submit to supporters and stakeholders of the Barnard Center for Infant Mental Health and Development this summary of the exciting future that lies ahead. Your support for that future is essential to its full realization.

Kathryn Barnard left us an enormous legacy. It is a legacy to which we have a deep, respectful, and enduring commitment—a commitment we are pledged to honor with the same dedication to intellectual excellence, innovation, creativity and collaboration that was the hallmark of Barnard’s entire body of work. It is our desire that this legacy be honored and this commitment be kept endlessly.

It is precisely because of the significance of this commitment that we undertook a period of reflection and planning in order to renew and reinvigorate the Barnard Center. Every university, department, center, and individual researcher dedicated to optimal performance must periodically step back and ask if there are new ideas, new methods, new organizational structures or new ways of doing things that will achieve better results and better situate an institution for the future. Such a periodic re-evaluation, particularly in the case of an endowed entity, constitutes good stewardship. We are stewards of both a significant financial endowment *and* of Kathryn Barnard’s intellectual legacy. Both are deserving of the best possible stewardship.

The period of reflection we opted for should be viewed solely as a measure of the depth of our interest in and commitment to the Barnard Center. Neither our interest nor our commitment has wavered. Neither should be in doubt.

The Nursing Child Assessment Project was an exciting and challenging effort for the faculty, staff, and consultants involved. We think the work detailed in this report has broken ground for building more responsive and sensitive health care services for families and children.

Kathryn Barnard

“Child Health Assessment. Part 2: The First Year of Life”
1979

The plan detailed below is intended to revitalize the Barnard Center so that it has the resources, intellectual vigor, administrative structure, and direction needed to best honor the commitment we have made. It will accomplish this by serving the community and professional needs that exist today and that are expected to exist well into the future. In so doing, we anticipate that the Barnard Center will become even more visible as a national and international leader in knowledge discovery and dissemination related to infant and early childhood mental health and development.

As part of our self-reflection, we engaged with a large number of stakeholders from the academic, nursing, public health, philanthropic, student, and local communities (see addendum for a complete list). We asked for frank comments, both positive and critical. We asked about the future and how the Barnard Center could best serve their needs.

We listened. We considered.

And then we re-envisioned.

We are excited about the result.

The Re-envisioned Barnard Center

Kathryn Barnard was an early adopter of the premise that research, knowledge dissemination, and education were all equally-weighted points on a continuum. Their simultaneous integration was always one of her major objectives, because she saw that any singular focus that ignored the other elements would achieve less than the best result.

Barnard was a dynamic and courageous intellectual leader. Much of the theoretical structure and factual knowledge on which the Infant Mental Health field relies today was developed by her. She understood that the work she was doing was not idle intellectual curiosity or something to be confined to academic papers. It was important work that *could* and ultimately *would* change the lives of countless millions of infants and children. Throughout a 40-year career, she was at once a researcher, a communicator, and a forceful advocate.

And that is exactly how we will structure the re-envisioned Barnard Center.

Its three branches will be devoted to research; dissemination; and workforce development.

Research

*At the foundation of any good practice is a sound knowledge base for that practice.
Generating this knowledge base is the goal of research.*

Kathryn Barnard
"Research Utilization: The Researcher's Responsibility"
1986

Creating any great research center is a complex task. Putting together people with the vision, capability, and willingness to collaborate that reflect Kathryn Barnard's principles is an even greater challenge, and one that must be met if this center is to be fully worthy of her name.

We see the Barnard Center having a renewed focus on interprofessional collaboration. Research about infant and child mental health and development is an inherently cross-disciplinary pursuit. It cannot be productively confined to a department, center, person or place. It involves everything from neurology and neuroanatomy to psychology and social work. Even a casual look at the body of research Kathryn Barnard generated makes it evident that she sought out and worked with a highly diverse and highly talented group of collaborators. The Barnard Center for Infant Mental Health and Development will be a locus of collaboration on a regional, national, and international scale. The Barnard Center's link to the UW School of Nursing, its presence at one of the nation's great research institutions, and its intellectual legacy from Kathryn Barnard mean that the Barnard Center is ideally positioned to be a beacon of creativity and innovation in the field of infant mental health and development. It will hire, plan, and move forward with this objective as its vision.

The Barnard Center currently includes several researchers who are making important contributions to the field. Dr. Susan Spieker is the Kathryn Barnard Endowed Professor for Infant Mental Health. Her research interest is the role of parent-infant relationships and children's social emotional development within challenging environments. Her current major research focus, funded by the National Institute for Child Health and Development, is Collaborative Perinatal Mental Health and Parenting Support in Primary Care, 2015-2020, a randomized controlled trial studying the effectiveness of adding Promoting First Relationship® to perinatal mental health treatment for low income English and Spanish-speaking mothers. Other core Barnard Center researchers include Drs. Cathryn Booth-LaForce, Colleen O. Dillon, Miriam Hirschstein, and Monica L. Oxford. Together, in the last ten years alone, this research team has secured over \$20 million in funding for innovative research in prevention and intervention. The Barnard Center is poised to expand funding sources, attract students for research practicum placements and postdoctoral experiences, enhance scholarly collaborations within the community and mentorship for junior investigators, in order to extend an already-robust research effort. For example, in the last year we have furthered our community collaborations beyond the

reach of child welfare, rural American Indian tribes, and perinatal mental health to include proposals for research with families who have children who are deaf or hard of hearing or experiencing homelessness. In 2018, we will welcome Jonika Hash, our first post-doc of the re-envisioned Barnard Center for Research who will be funded in 2018 through the School of Nursing T32 Omics and Symptom Science Postdoctoral Fellowship. Ms. Hash will expand on work within the Barnard Center that has shown *Promoting First Relationships Program*®, a 10-week home visiting program developed by Dr. Jean Kelly, professor emeritus, can improve stress physiology of infants and toddlers. Her aim will be to disentangle the relationship between exposure to early adversity, biomarkers of stress and physiological regulation. Finally, this year, through funding from the School of Nursing, Research and Intramural Funding Program, four students are gaining experience coding parent-child interaction.

Dissemination

Communication of research findings is a continuous process.

Kathryn Barnard
"Research Utilization: The Researcher's Responsibility"
1986

Research on infant mental health and development is in a privileged position. It has important applicability to the "real world" outside of the research center, university, or academic community that generates the data. With that applicability comes a strong responsibility for rapid and comprehensive dissemination of newly discovered knowledge to not just other researchers, but also to the public and the agencies and elected officials and others who serve that public. The public interface was of great importance to Barnard. It eventually resulted in creation of Nursing Child Assessment Satellite Training (NCAST), now explicitly the dissemination arm of the Barnard Center. To situate itself for the next generation of learners and to represent its relationship and shared mission with the Barnard Center, NCAST is rebranding itself as *Parent-Child Relationship Programs* to more accurately reflect its mission that Kathryn Barnard envisioned. With this rebranding NCAST is also moving to expand its offerings nationally and internationally through online learning platform supported by the School of Nursing. This will enable greater reach and dissemination. This year Dr. Oxford is developing an online Infant and Toddler Sleep Program based on Dr. Barnard's Beginning Rhythms manual and Sleep Activity Record. This training will be disseminated online directly to child care providers and pediatric nursing students. In the winter of 2018 NCAST will release the new Parent-Child Interaction Training tapes developed by Dr. Oxford and NCAST Director of Education and Outreach, Denise Findlay, a project that was deeply valued by Dr. Barnard before her passing. This exciting realignment of dissemination coupled with a stronger relationship with the Barnard Center is idea to embody Dr. Barnard's vision of dissemination. She would be pleased to see our online platform with a focus on international reach to include recent developing relationships with China and South Korea while continuing to nurture its partnerships with Canada, Japan, and Australia. In Winter 2018, Denise Findlay will train Chinese students and faculty on the use of the Parent Child Interaction scales in collaboration with the Capital Institute of Pediatrics and Association for Maternal and Child Health Studies.

Dissemination embodies another core element — teaching. It is central to not only our function as a university entity, but also to the comprehensive dissemination of information to the next generation of scholars. Plans are in development to sequentially transition the Barnard Center infant mental health coursework to be offered in partnership with the School of Social Work, College of Education, and the Department of Psychiatry in the School of Medicine. In

addition, we recognize the need for practicum placements to enhance student experience learning, thus we are seeking to fund a position for the purpose of developing partnerships and practicum placements for students to receive field experience. We have set our sights on restoration of key coursework in infant mental health, subject to required procedural and academic reviews and availability of resources. We expect that this work will take approximately two years to complete.

To oversee progress toward this goal and sustain the academic impact of the restored program, it is now under the aegis of the Family and Child Nursing Department of the School of Nursing. A [recent internal evaluation of the certificate program](#) identified areas of strength but also areas in need of improvement. Placing infant mental health course work within the academic structure of the Department of Family and Child Nursing will enable it to be sustained with state funds for coursework, be more accessible to students across disciplines, and to be selected as a priority if needed to meet individual student needs.

Workforce Development

Many of us . . . concluded that if we could adequately assess the crucial qualities of the early environment, we could devise screening methods that would permit identification of families that were at high risk for later poor cognitive performance by the child. If we could identify such families early, before a child's poor cognitive performance actually emerged, genuine primary prevention might be possible through special interventions.

Kathryn Barnard

"Home Environment and Cognitive Development in a
Healthy, Low-Risk Sample: The Seattle Study"

1984

In the future, we foresee that the Barnard Center has many highly visible and highly important roles, one of which is being a locus for workforce development related to infant and early childhood mental health and development.

This role involves a tightly-integrated interface with community organizations, public agencies, and perhaps most important, elected and other officials and civil servants at the local, state and national levels. Many of these functions will be new, but we are at a critical juncture in the field, which is finally able to embrace the vision that Kathryn Barnard had in the 1970's.

We see the Barnard Center being the go-to resource for workforce development and training better serve public agencies, the courts, and other entities that want and need to base their decisions and strategies for decision making about infants and young children on scientific evidence.

One such effort already underway is our partnership and collaboration with King County in the Best Start for Kids program. The publicly-funded program is "an initiative to improve the health and wellbeing of all King County residents by investing in promotion, prevention and early intervention for children, youth, families and communities." It is an investment now in a better future for individuals and the community through the application of evidence-based research on optimal ways to provide early childhood healthcare and education.

The goal is to give *every* child in King County an equal start in life, and to remove family income, place of residence, or other factors as barriers to any child's access to success in life. It is a goal and a program Kathryn Barnard would most assuredly have backed and advocated for. Our participation is inspired by her vision, as will be many other such initiatives that create new and productive academic/public/private partnerships to encourage wellness for infants and children. It is also creating new and exciting opportunities for doctoral students, some of whom are opting for participation in this program prior to their admission.

A successful workforce development arm of the center will require community input, enthusiasm, and resources. As indicated in our focus groups with the community and stake holders it is the next big challenge of the Infant Mental Health field. The aim of this arm is to

create a pathway toward larger scale workforce development initiatives as well as coordination of workforce development activities among the many agencies and organizations serving young children and their families.

Administrative Resources, Financial Resources, and Structure

The Barnard Center obviously has large and important mission. Its administrative structure and access to financial and non-financial resources will determine the Center's ability to achieve its multiple goals.

Dr. Monica Oxford, director of NCAST, has served as interim director of the Barnard Center since 2016. She was recently named Director of the Barnard Center effective Oct. 1, 2017. It was in consultation with her and the many stakeholders that we evolved the three-segment structure. Each branch — research, dissemination, and workforce development — will operate independently and with its own budget. This has practical advantages operationally, and enhances sustainability by fostering an entrepreneurial mentality and business-oriented perspective. In a time of limited resources from traditional sources, we must be more competitive and more agile in identifying and securing the financial and other resources we need for sustainability.

Another important addition will be creation of an advisory board. We expect to extend invitations to participate late in the fall quarter, with the board commencing activity in January 2018. Direction and feedback from a diverse cross-section of those with interests in the field is essential. We expect to populate the board with academicians, alumni, community representatives and public officials who are active in the infant mental health field.

The Barnard Center is a significant presence in our fundraising strategic plan, including School of Nursing goals that exist as part of the UW's capital campaign.

The Barnard Center and the UW School of Nursing

There is without question a strong academic and business commitment to the Barnard Center on the part of the UW School of Nursing.

But there is also something more. There is an intangible yet undeniable *emotional* commitment. Kathryn Barnard was a distinguished and highly respected member of this school's faculty for more than four decades. She brought to the School of Nursing a level of prestige and respect that few can command. She *chose* to remain at the UW School of Nursing her entire career. She stayed because she knew that at the UW School of Nursing her work was valued, supported, and championed.

And it still is.

Through our commitment to the Barnard Center, we are honored to carry forward the legacy of Kathryn Barnard. Future generations of students will engage with the Barnard Center and carry the intellectual torch that was lit by Kathryn Barnard. Future generations of infants, young children and their families will benefit from the Center's research and advocacy.

And future stakeholders such as those reading this summary will decide on the commitment they can and will make to sustaining that legacy. The School of Nursing has the will, desire, capability, and now the new vision.

We seek your participation to assure that this vision comes to fruition.

Addendum

The following interested groups, individuals, and entities participated in both formal and informal discussions, focus groups, and evaluations that informed our re-envisioning of the Barnard Center.

- Past and prospective students
- Alumni of the Infant Mental Health Certificate Program
- Current and former faculty of the Infant Mental Health Certificate Program
- Barnard Center staffers
- Infant mental health researchers
- The Center for Human Disability and Development (CHDD)
- Navos Infant and Early Childhood Mental Health Program
- Wellspring Family Services
- Cooper House
- The UW Schools (or departments) of Social Work, Education, Public Health, Rehabilitation Services, and the Department of Psychiatry in the School of Medicine
- Washington Association of Infant Mental Health (WA-IMH)
- The Washington State Parent-Child Assistance Program
- The executors of the Kathryn Barnard Estate