



Child First was evaluated with a randomized controlled trial (RCT) with strong positive outcomes. (Child Development, January/February 2011)

### Child First RCT Proven Results:



68%

Decrease in child language problems



42%

Decrease in child aggressive and defiant behaviors



64%

Decrease in maternal depression or mental health problems

### CONTACT

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Child First is an evidence-based, intensive, early childhood model that works with the most challenged young children and their families, helping them heal from the damaging effects of stress and trauma. Our two-generation approach builds strong, nurturing, caregiver-child relationships, promotes adult capacity, and connects families with needed services. This home-based intervention increases emotional health and learning success and prevents child abuse and neglect.

### The Challenge

Scientific research in brain development clearly shows that major **challenges in environments** (e.g., with maternal depression, domestic violence, substance abuse, or homelessness) lead to levels of stress that can be **“toxic”** to the **young, developing brain**. Without the buffer of strong, nurturing relationships, the results are **long-term damage with significant emotional/behavioral, learning, and health problems**.

### The Child First Team Response

Child First works with young children (prenatal through age five) and their families in the home and via telehealth. Referrals come from both families and providers throughout the community system of care, including early care, education, pediatrics, early intervention, and child welfare.

The Child First model uses a **team-based approach** to support families, with a Master’s level Mental Health/Developmental Clinician and a Care Coordinator providing these key components:

1. **Psychotherapeutic, two-generation intervention**, which helps build a nurturing, responsive, parent-child relationship. This protects the child’s developing brain from the damage of chronic stress, heals the effects of trauma and adversity for both child and parent/caregiver, and promotes strong emotional health, cognitive growth, and resilience.
2. **Care coordination** provides hands-on connection to broad community-based services and supports for all family members, leading to family stabilization, decreased stress, and utilization of growth-enhancing community resources.
3. **Facilitation of executive functioning** and self-regulation capacity is promoted for both caregiver and child, including memory, attention, planning, organization, and reflection.

### Recognition as an Evidence-Based Model

- Designated as **evidence-based** by:
  - Title IV-E Prevention Services Clearinghouse: Supported
  - California Evidence-Based Clearinghouse (CEBC)
  - Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV)
  - National Registry for Evidence-based Programs and Practices (NREPP)
  - Coalition for Evidence-Based Policy
  - Blueprints for Healthy Youth Development
  - Early Intervention Foundation
- Recipient of the **SAMHSA 2020 National Child Traumatic Stress Initiative (NCTSI) - Category II**, award to develop the national *Center for Prevention and Early Trauma Treatment (CPETT)*.
- Inaugural member of the **National Alliance of Home Visiting Models**.
- Recognized by the Social Impact Exchange, Harvard Center on the Developing Child, Pew Home Visiting Campaign, Zero to Three, National Conference of State Legislators, and the American Hospital Association.

**Current States:** Connecticut, North Carolina, Florida, and Colorado

### Interested in Child First?

Contact the *Child First National Service Office for Nurse Family Partnership and Child First* to learn how we work with state and local partners to replicate and sustain Child First programs in new areas.