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National Center for Infants, Toddlers, and Families

Infant, Toddler, and Early Childhood Mental Health Competencies: A Comparison of Systems

ZERO TO THREE Webinar

June 5, 2014

Agenda

- Welcome
- Overview of ZERO TO THREE/Erikson Institute new paper
- Facilitated conversation on state competencies and competency systems for infant and early childhood mental health (I-ECMH)
  - Michigan and the League of States
  - California
- Facilitated conversation on reactions to the paper
- Questions and answers

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ZERO TO THREE®
National Center for Infants, Toddlers, and Families

Infant, Toddler, and Early Childhood Mental Health Competencies: A Comparison of Systems

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Associate Professor

Erikson Institute

Background

- Early Childhood Mental Health: important framework for services
  - Increased home visiting services
  - Concerns about social-emotional health in preschool
  - Focus on trauma and adverse childhood experiences
- Few clinicians explicitly trained in early childhood development or mental health issues
- Interdisciplinary nature of work = no one profession has "ownership" of the field
- How to define the competent ECMH Specialist?

Reasons for ECMH Competency Systems

Training and professional development

Professional credibility

Financial reimbursement

Quality control

Into the Breech

- Different workgroups have wrestled with this question and have devised lists of early childhood mental health competencies

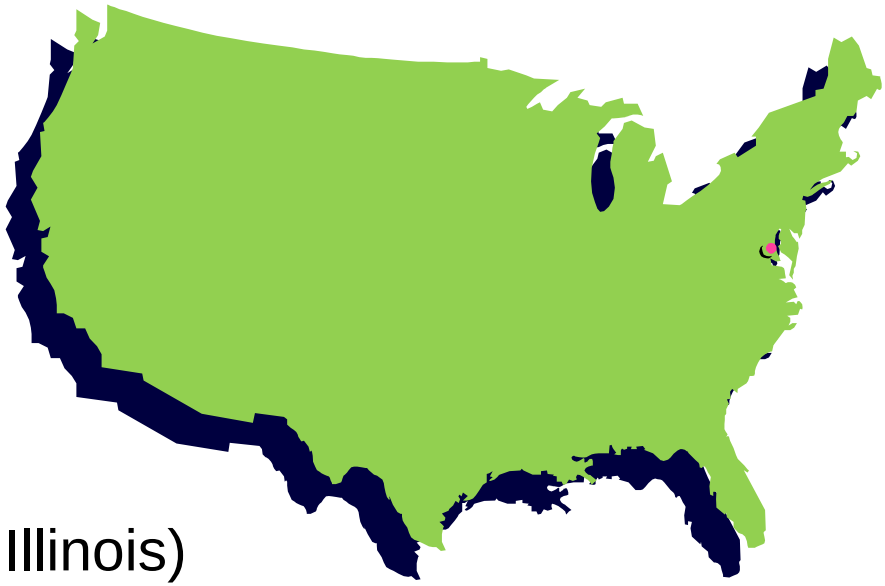
- NOT a simple endeavor
  - What is meant by early childhood?
  - What is meant by mental health?
  - What is meant by competency?

- ***Specific and detailed areas of mental health knowledge and practice required of someone who works with infants, toddler, young children and their families***

- What is meant by “someone”?

Overview of Paper

- Compared six different competency systems
  - California
  - Colorado
  - Florida
  - Michigan
  - Ohio
  - Vermont



- Some systems excluded (e.g., Illinois)
- Update of analysis initially done in 2008 (Korfmacher and Hilado)
- Focused largely on publically-available documents

Focus of Comparison

- Age range
- Organization
  - Use of levels?
- Purpose
  - Endorsement process?
  - Use beyond origin state?
- Content analysis
  - What is being covered?

STATE	AGE FOCUS	COMPETENCY LEVELS	PURPOSE
CALIFORNIA	Prenatal to 5 years	1. Trans-disciplinary mental health practitioner 2. Advanced trans-disciplinary mental health practitioner 3. Mental health specialist 4. Reflective practice facilitators (I & II) 5. Reflective practice mentor	Framework for training and endorsement process through CA Center for Infant-Family and Early Childhood Mental Health at WestEd.
COLORADO	Birth to 8 years	Single multidisciplinary level	Guide for professional development, and serves as a quality assurance system. Basis for a credential program.
FLORIDA	Birth to 5 years	Infant mental health specialists	Guide for training and professional development.
MICHIGAN	Prenatal to 3 years *(Prenatal to 5 years also allowed)*	1. Infant/Family associate 2. Infant/Family specialist 3. Infant mental health specialist 4. Infant mental health mentor	Framework for endorsement process available through MI Association for Infant Mental Health. Currently licensed to 16 other state associations, including AL, AZ, CT, CO, ID, IN, KS, MN, NJ, NM, OK, RI, TX, VA, WV, & WI. In addition, one program in Florida has purchased the competencies but not the endorsement system.
OHIO	Birth to 5 years *(implied)*	Single level, for ITECMH professionals who provide consultation or treatment	Guide for advocacy, training, and professional development. Credential program currently being piloted.
VERMONT	Birth to 8 years *(NH: birth to 6 years)*	1. Foundation 2. Intermediate 3. Advanced 4. Experienced	Guide for training and professional development. Credential program piloted in Vermont at intermediate level and currently being piloted in New Hampshire at intermediate and advanced levels.

Content Analysis

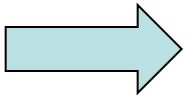
- Based on initial categories developed in 2007
  - Documents and texts examined for words, phrases, concepts, ideas
- Iterative process
  - Categories developed and modified as documents reviewed multiple times
  - Subjective: all documents coded by two people, reviewed for consensus
- ***Example:***
  - Helping Relationship

CALIFORNIA	Successfully initiates and sustains an effective working relationship with parents that nurtures their strengths and emerging capacities.
COLORADO	Recognizes ways to provide professional, emotional, and physical availability to families.
FLORIDA	Establishes and maintains a therapeutic alliance with parents and caregivers.
MICHIGAN	Establishes trusting relationship that supports the parent(s) and infant/very young child in their relationship with each other and that facilitates needed change.
OHIO	Respects families by valuing their opinions, nurturing their involvement, and maintaining a relationship even when family opinion contradicts best practice or realistic possibilities.
VERMONT	Establishes the climate for family–professional collaboration.

Content Analysis

- Text units can have multiple codes
  - Example from CA

Demonstrates knowledge of the effects of risk factors such as genetics, medical complications, prematurity/low birth weight, substance exposure and teratogens, and the impact of familial, cultural, social, physical and/or economic factors including poverty, abuse, and neglect on development and relationships.



Understanding context
Understanding culture
Importance of relationships
General knowledge of development
Impact of maltreatment/family violence
Biologic/genetic risk
Environmental risk
Physical illness in child
Physical illness in parent
Impact of poverty
Prematurity/low birth weight
General risk/resilience
Substance abuse

Content Analysis

- 116 content areas seen in multiple systems, grouped under 10 categories
  - 52% covered in 5-6 systems
  - 14% covered in 2 systems
- Some content only covered in 1 system
  - Ex: Teen parents (OH)
  - Ex: Medication (FL)
  - Ex: Specific disorders (FL)

CONTENT AREA	EXAMPLES
BASIC PRINCIPLES	Importance of attachment, cultural/contextual influences, family and family-centered practice, strength-based practice, and relationship-based practice
DEVELOPMENTAL KNOWLEDGE	General developmental milestones/issues as well as specific periods of development (e.g., infancy), specific areas of development (e.g., social-emotional), and specific topics of development (e.g., temperament)
HEALTH	Prenatal and child health concerns, including nutrition, labor, and delivery; also parent health concerns
UNDERSTANDING OF MENTAL HEALTH CHALLENGES	Mental health disorders in children, behaviorally challenging children, parent mental illness, trauma, and family violence
RISK AND PROTECTIVE FACTORS	General issues of risk (and resilience), along with specific risk factors such as family disruption, environmental risk, poverty, stress
DIRECT SERVICE	General mention of intervention, therapy, or services, but also specific topics, such as provision of emotional support, interactive guidance, referrals, and working specifically with children
ASSESSMENT	Screening, interviewing, observation, diagnosis (including specific mention of *DC:0-3R*), use of specific assessment instruments
OTHER SKILLS	Ancillary skills to direct service delivery, such as administration, consultation, supervision, mentoring, research, and interdisciplinary collaboration
SYSTEMS ISSUES	Knowledge of and work with community programs (including child care), reporting obligations, and other rules and regulations
PROVIDER DEVELOPMENT	Issues of personal and professional development, reflective capacity, help seeking

Summary Conclusions

- Although differences exist, considerable similarity in purpose and content
  - Infant mental health as a shared value or philosophy
  - All emphasize:
    - Relationship-based
    - Strength-based
    - Family-centered
    - Cultural and contextual focus

- Stronger focus on birth to three period than “later” early childhood period
  - Less focus on preschool issues such as peer group functioning, classroom learning environment, Behavioral/Cognitive-Behavioral approaches, or disruptive behavior

Summary Conclusions

- Stronger focus on development than mental health
  - Greater emphasis on risk and protective factors
  - Less emphasis on health or specific mental health concerns/challenges
- Comprehensive and multi-disciplinary
  - Large number of services and supports to families listed
  - Largely ignore specific curricula or intervention models
- Importance of program outcomes
  - Less mention of evidence-based practice or research

For More Information

Infant, Toddler, and Early Childhood Mental Health Competencies: A Comparison of Systems is available at:

www.zerotothree.org/iecmhcompetencies

For more information, contact:

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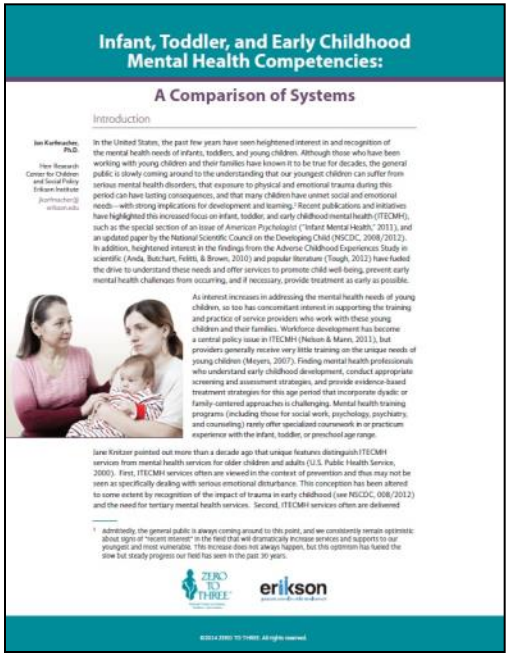


Infant, Toddler, and Early Childhood Mental Health Competencies:

A Comparison of Systems

Introduction

In the United States, the past few years have seen heightened interest in and recognition of the mental health needs of infants, toddlers, and young children. Although those who have been working with young children and their families have known it to be true for decades, the general public is slowly coming around to the understanding that our youngest children can suffer from serious mental health disorders, that exposure to physical and emotional trauma during this period can have lasting consequences, and that many children have unmet social and emotional needs—with strong implications for development and learning.[1] Recent publications and initiatives have highlighted this increased focus on infant, toddler, and early childhood mental health (ITECMH), such as the special section of an issue of *American Psychologist* ("Infant Mental Health," 2011), and an updated paper by the National Scientific Council on the Developing Child (NSCDC, 2008/2012). In addition, heightened interest in the findings from the Adverse Childhood Experiences Study in scientific (Anda, Butchart, Felitti, & Brown, 2010) and popular literature (Tough, 2012) have fueled the drive to understand these needs and offer services to promote child well-being, prevent early mental health challenges from occurring, and if necessary, provide treatment as early as possible.

As interest increases in addressing the mental health needs of young children, so too has concomitant interest in supporting the training and practice of service providers who work with these young children and their families. Workforce development has become a central policy issue in ITECMH (Nelson & Mann, 2011), but providers generally receive very little training on the unique needs of young children (Meyers, 2007). Finding mental health professionals who understand early childhood development, conduct appropriate screening and assessment strategies, and provide evidence-based treatment strategies for this age period that incorporate dyadic or family-centered approaches is challenging. Mental health training programs (including those for social work, psychology, psychiatry, and counseling) rarely offer specialized coursework in or practicum experience with the infant, toddler, or preschool age range.

Jane Knitzer pointed out more than a decade ago that unique features distinguish ITECMH services from mental health services for older children and adults (U.S. Public Health Service, 2000). First, ITECMH services often are viewed in the context of prevention and thus may not be seen as specifically dealing with serious emotional disturbance. This conception has been altered to some extent by recognition of the impact of trauma in early childhood (see NSCDC, 008/2012) and the need for tertiary mental health services. Second, ITECMH services often are delivered

[1] Admittedly, the general public is always coming around to this point, and we consistently remain optimistic about signs of "recent interest" in the field that will dramatically increase services and supports to our youngest and most vulnerable. This increase does not always happen, but this optimism has fueled the slow but steady progress our field has seen in the past 30 years.

erikson

Presenters

Deborah Weatherston

Executive Director

Michigan Association for Infant Mental Health

Marie Kanne Poulsen

Leadership Team

California Center for Infant-Family and Early Childhood Mental Health

Context and Impetus—Michigan

- Context: A grassroots approach to change for services to babies and their families through the developing field of infant mental health in Michigan in the early 1970's, the establishment of the Michigan Association for Infant Mental Health in 1977, and awareness of the complex educational and training needs across service settings

- Impetus: The growth of the infant mental health community and the realization that competency, as defined by expert consensus, required the development of a unique knowledge base, assessment and intervention or treatment skills specific to infancy and early parenthood, and reflective practice experiences

Context and Impetus—California

- 1990's: Increase of infants, toddlers and families in service systems
  - Part C families
  - Families with infants at medical risk
  - Mothers struggling with substance use and their infants
- Grassroots infant mental health interest of service providers
- 1992 Maternal and Child Health Bureau Funded Initiative
  - California Infant Mental Health Report to Legislature
  - DDS Roll-over funds for statewide conferences
- State initiatives: California Child Development Policy Committee
  California Institute for Mental Health
- Funding streams: 1996 EPSDT lawsuit
  Proposition 10: Cigarette tax for Birth to Five

Development Process—Michigan

A Partnership Process: from 1986-1997

- *_Training Guidelines_® 1986
- *TASK Documents (ZERO TO THREE) 1990
- *Federal Legislation, IDEA and Part H
- *Michigan Department of Education 1996
- *MI-AIMH Board approved *core competency areas* 1997

> "The development of competence to work with infants, toddlers and their families involves the emotions as well as the intellect. Awareness of powerful attitudes and feelings is as essential to the acquisition of scientific knowledge and therapeutic skill."
>
> ZERO TO THREE,1990, p.18

Development Process—Michigan

A Partnership Process*:* from 1997 – continuing

*****Expansion of the competencies to detail the practice of professionals from multiple disciplines

*By 2000, agreed upon a set of *Competency Guidelines*® describing 8 core areas of expertise and *Endorsement*®

*By 2002, first applicants for endorsement and by 2005 began to expand use of the competencies in other states and established a league of states structure in 2007

Development Process—California "Stone Soup"

- **1992-1996: Infant Mental Health Workgroup (MCHB)**

  California Infant Mental Health Work Group Report: Recommendations for Screening, Assessment, Service Delivery & Training

- **1998-1999: Infant Mental Health Development Project** (California Department of Developmental Services)

  Statewide conferences: dissemination of IMH Work Group Report

- **1999-2000: Infant Family Mental Health Initiative** (California Department of Mental Health)

  Provision of training, model development, technical assistance, and support in selected pilot counties

Development Process—California "Stone Soup"

- **2001-2003: CA Infant Preschool & Family Mental Health Initiative** (California First 5 Commission of Children & Families)

  Infant-Family and Early Childhood Mental Health Services Training Guidelines and Recommended Personnel Competencies

- **2007-2009: Infant-Family Early Childhood Mental Health Training Work Group** (Private Foundation Funding)

  Infant-Family and Early Childhood Mental Health Services Training Guidelines and Recommended Personnel Competencies Revised

- **2010: California Center for Infant-Family & Early Childhood Mental Health**

Multidisciplinary Groups—California

Disciplines

- Early Intervention
- Early Care and Education
- Health Administration
- Marriage and Family Therapy
- Nursing
- Occupational Therapy
- Parents
- Pediatrics
- Psychology
- Psychiatry
- Social Work
- Special Education

Agencies

- CA Children's Medical Services
- CA Family Resource Center Network
- Dept. of Developmental Services
- Dept. of Education
- Dept. of Mental Health
- Dept. of Social Services
- Early Intervention Program
- Early Head Start/Head Start
- High Risk Infant Project
- Medical Center Providers
- University Faculty

Multidisciplinary Groups—Michigan/League

- The Michigan Association for Infant Mental Health is a multidisciplinary professional organization whose mission includes training and education, advocacy, and leadership.

- Health, mental health, early care and education, and early intervention professionals from a variety of services and settings worked with policymakers and university faculty to develop core competencies.

- Today, MI-AIMH/League partners reflect this multidisciplinary composition in their membership and leadership structure.

Connections with Early Childhood Professional Development Systems—Michigan/League

- The early work was closely aligned with the work of the Michigan Department of Education (MDE), the lead agency for Part H in the mid-1990's.

- More recently, MI-AIMH/League partners have worked with state-funded early childhood professional development systems around competency-based initiatives, integrating the competencies where appropriate.

- Multiple stakeholders committed to infant and early childhood have invested in the competencies and workforce development process across the US.

Connections with Early Childhood Professional Development Systems—California

California Department of Education and First 5 California

CA Early Childhood Educator Competencies

Race to the Top

3Rs: Relationships, Resilience and Readiness State Webinars

Los Angeles County Zero to Three (750,000 children)

Prenatal Through Age Three Workforce Development Matrix

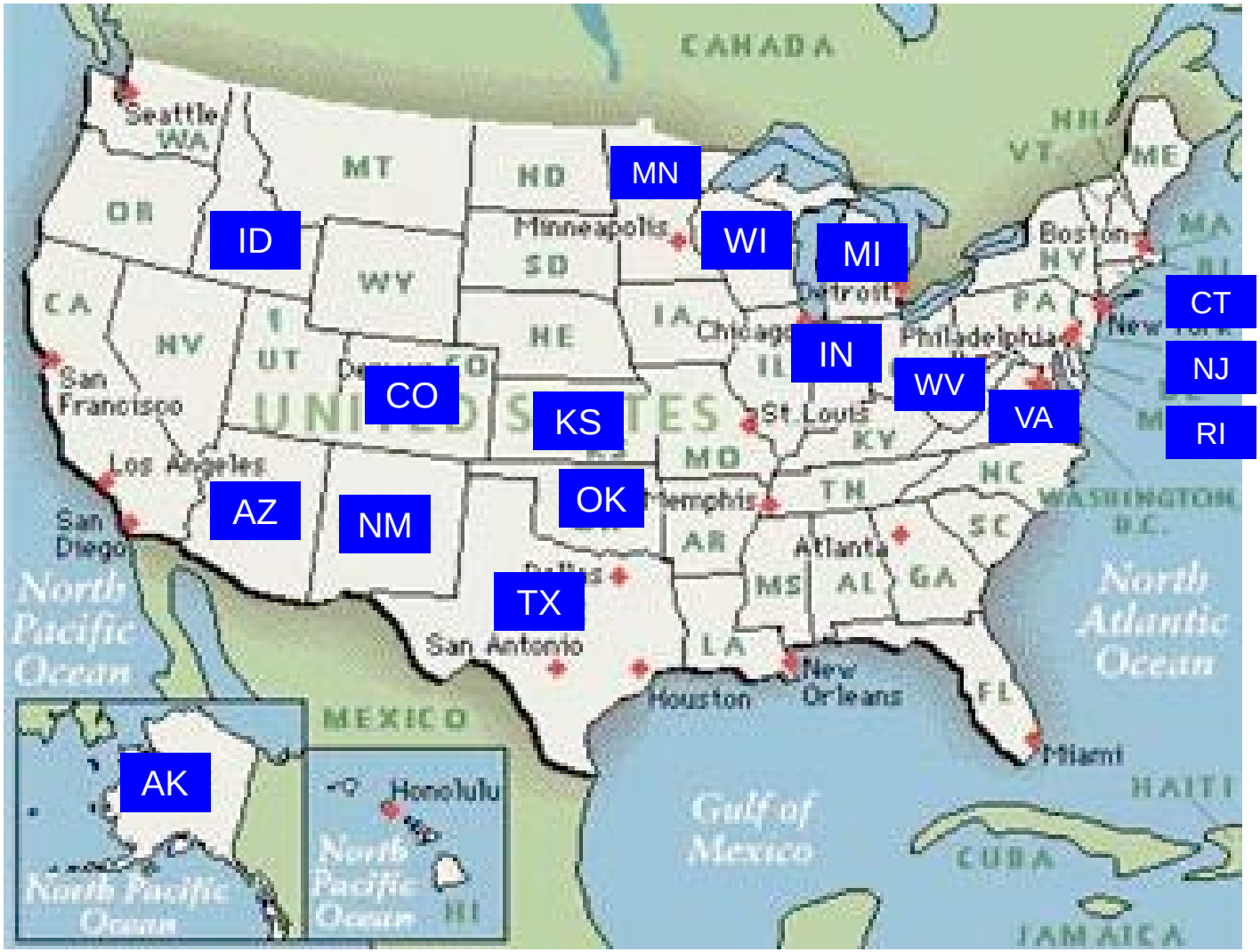
- Early Care and Education
- Early Intervention
- Social Services/Child Welfare
- Infant Mental Health
- Physical Health

Leveraging Behavioral Health Financing—Michigan

- The Michigan Department of Community Health supports Medicaid-funded infant mental health services to infants, toddlers and their families through IMH Home Based services.

- MDCH requires IMH competency-based endorsement for reimbursement to programs providing IMH Home Based services across the statewide system, effective 2009.

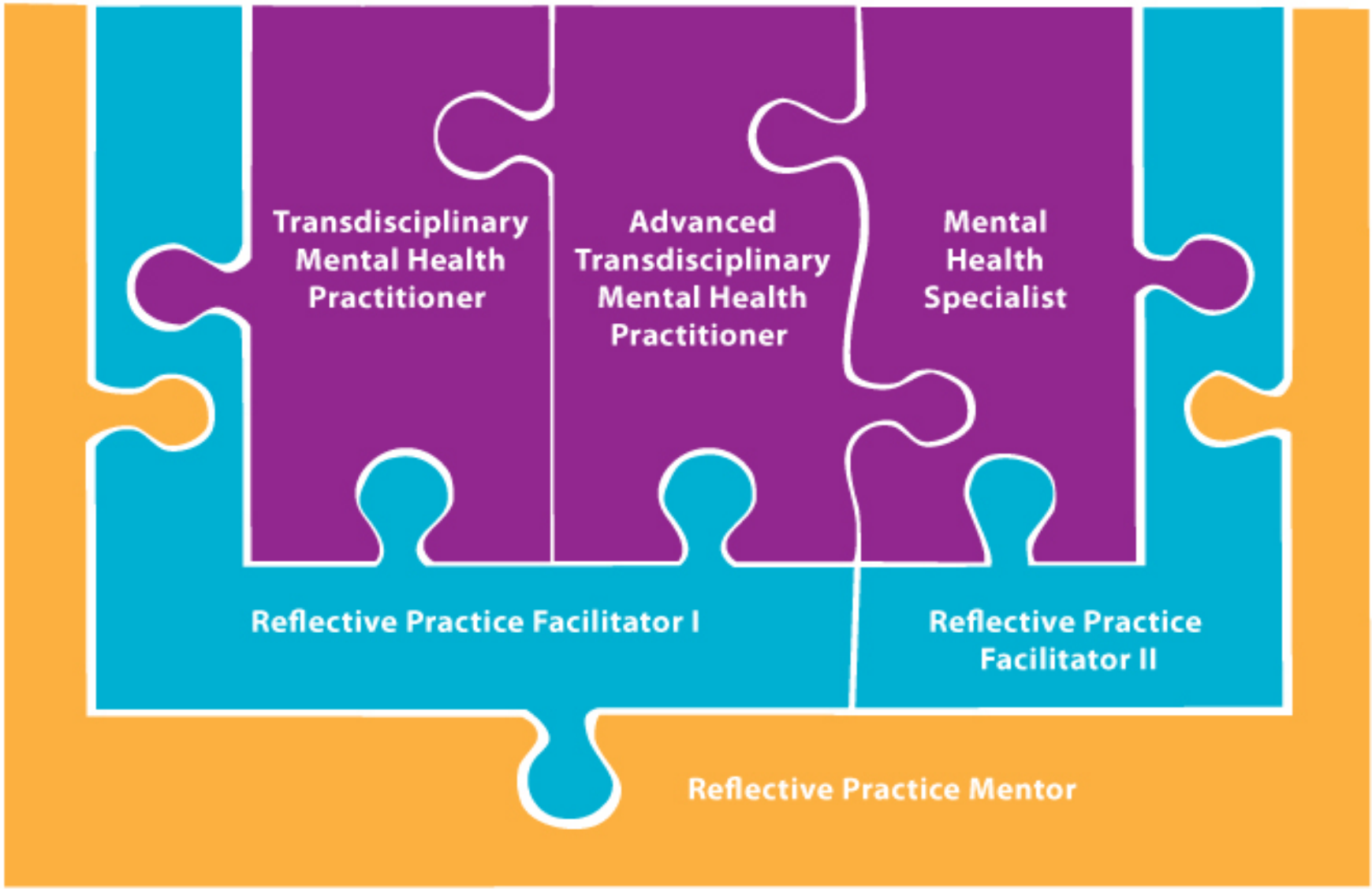
Michigan/League of States Partners—2014



By 2014—17 League of States Partners

- Alaska Infant and Toddler Mental Health Association
- Arizona Infant Toddler Children's Mental Health Association
- Colorado Association for Infant Mental Health
- Connecticut Association for Infant Mental Health
- Idaho Association for Infant Mental Health
- Indiana Infant and Toddler Mental Health Association
- Kansas Association for Infant Mental
- Michigan Association for Infant Mental Health
- Minnesota Infant and Early Childhood Mental Health Association
- New Jersey Association for Infant Mental Health
- New Mexico Association for Infant Mental Health
- Oklahoma Association for Infant Mental Health
- Rhode Island Association for Infant Mental Health
- Texas Association for Infant Mental Health
- Virginia Association for Infant Mental Health
- West Virginia (TEAM for WV Children)
- Wisconsin Alliance for Infant Mental Health
- Washington Association for Infant Mental Health, July 2014

Competency System—California



Competency System—California

California Competency Domains: Prenatal – 5 Years

- Parenting, Caregiving, Family Functioning and Child-Parent Relationships
- Infant, Toddler and Preschool Development
- Biological and Psychosocial Factors Impacting Development
- Risk and Resiliency
- Observation, Screening and Assessment
- Diagnosis and Intervention
- Interdisciplinary/Multidisciplinary Collaboration
- Ethics

Competency System—California

California Endorsement Requirements by Level

CATEGORY	TRANS. MH PRACTITIONER	ADVANCED TRANS. MH PRACTITIONER	MH SPECIALIST	RPF (I, II)
EDUCATION	B.A./B.S. in related field	Masters degree and/or 8–10 years of experience	MH degree/ CA licensure	Unspecified degree; 1 year FT work equivalence
TRAINING	120 hours across competency categories	120 hours across competency categories	260 hours across competency categories	29 hours, specified
PROFESSIONAL LICENSE OR CREDENTIAL	None required	None required	Required in related field	Trans. MH practitioner or MH specialist endorsement
CLINICAL HOURS	60/120	60/120	500/1000	N/A
REFLECTIVE FACILITATION HOURS	12/24	12/24	60/120	48, plus at least 1 practice observation

Competency System—Michigan/League of States

- A framework for competency with 8 core areas:
  - Theoretical foundations
  - Law, regulation, and agency policy
  - Systems expertise
  - Direct service skills
  - Working with others
  - Communicating
  - Thinking
  - Reflecting
- A guide for those working with pregnant women and families with children birth through 3 years of age, from a relationship perspective, and may also be extended to birth to 5

Competency System—Michigan/League of States

The framework provides a 4-level, systematic approach to professional growth and development across disciplines and service sectors:

*Infant Family Associate - promotion

*Infant Family Specialist - prevention

*Infant Mental Health Specialist – intervention/treatment

*Infant Mental Health Mentor (Clinical, Policy, Faculty)

Use of Competencies—California

- **Policy**: Quality DMH mental health treatment as part of the system of care for families with infants and toddlers

- **Policy**: Mother-child relationships as the centrality of development, leading to dyadic work in child-serving agencies

- **Quality Workforce Training**, re: IMH principles & competencies:
  - Infant Mental Health Training Programs
  - *Early Start Personnel Manual* for Part C Providers
  - *ECE Basic Foundations*

- **Services**: Increased screening, assessment and intervention for infants and young children with special neurodevelopmental and mental health needs across the system of care

Use of Competencies—Michigan/League of States

- With funding from the W.K. Kellogg Foundation (2000), MI-AIMH developed a pathway for professional development using the Competency Guidelines® as the framework:

  The MI-AIMH Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health®

- Designed to promote and recognize professional competency across systems and at multiple levels of service who meet the criteria for workforce endorsement

Use of Competencies—Michigan/League

- As building blocks to create a shared developmental, relational and clinical framework across the infant and family field that promotes social and emotional well-being or infant mental health for all infants, toddlers and very young children
- As a guide for the development of pre-service, in-service, graduate and post-graduate training experiences and educational programs to promote infant mental health principles and practices across disciplines and at multiple levels of service in the infant and family field
- As a framework to influence policy development at local and state levels to support competency-based, workforce development through specialized infant, toddler and early childhood initiatives in health, mental health, early care and education, early intervention, and child welfare
- As a structure to build reflective practice, infant mental health communities, taking seriously the 8th core component, reflection, and integrating it into workforce plans in community mental health, Early Head Start, Project LAUNCH, Healthy Families America, child welfare, and early intervention teams

Evidence of Effectiveness—Michigan/League

- ***Expanded opportunities for partnership:***

  Having a set of competencies linked with a workforce development plan that embraces knowledge, skills, and reflective practice experiences has strengthened a cadre of league leaders across states who share a commitment and engage in policy, practice and higher education promoting IMH.

- ***Individuals at all levels and across systems who have met criteria for endorsement across states:***

  By the end of 2013, 1006 people had earned endorsement and more than 900 applicants were in the system.

Evidence of Effectiveness—Michigan/League

- ***Systems changes:***

*Strategic planning at local and state levels leads to new funding for workforce development across systems promoting infant mental health

*Graduate, certificate and non-degree programs established for infant and family professionals in colleges/universities

All aligned with the competencies and endorsement requirements, including reflective practice experiences.

Evidence of Effectiveness—California

State Endorsement of Competencies

- California Infant Development Association
- First 5 Association of California
- California Interagency Coordinating Council on Early Intervention

County Funding for Competency Training

- First 5 County Associations
- County Departments of Mental Health

Interest in Consultation/Trainings Related to Competencies

- CA Universities: Psychology, Special Education, Social Work, OT
- New York, Missouri, Florida, Arkansas, Washington
- Norway, Denmark, Sweden, Israel, Australia

Changes since 2008

1) Purpose of competencies
- More tied to endorsement systems

2) Comprehensiveness of systems
- More description within text

3) Spread of competencies across state borders
- Michigan
- Vermont

4) Some shifts in content

Reactions to Paper—California

Jon's paper provided a wonderful opportunity for the California Center for Infant-Family and Early Childhood Mental Health to review how our competencies and endorsement processes were developed and articulated.

Qualitative Study of Articulated Concepts

- Concepts implicit, but not articulated:

  Ghosts in the nursery, temperament, child health

- Concepts not discussed and not included:

  Gender/sexual orientation, research and administration

- Concepts discussed and rejected:

  Dealing with difficult parents (vs. failed family engagement)

Reactions to Paper—Michigan

We have waited a long time for an updated statewide summary of activity around competencies and workforce development specific to infant, toddler and early childhood mental health. This is a landmark paper and one that will help us to better understand what is out there and how we might collaborate with one another.

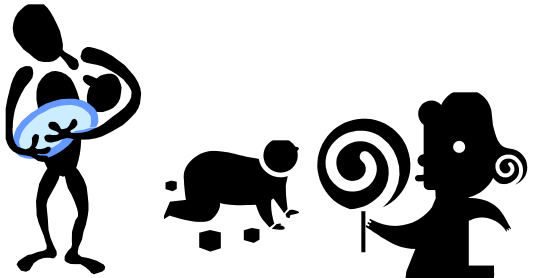
Two things surprised me:

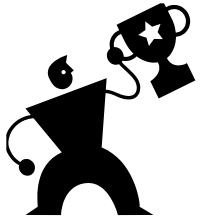
*A greater emphasis on *mental health* rather than a *multidisciplinary* perspective

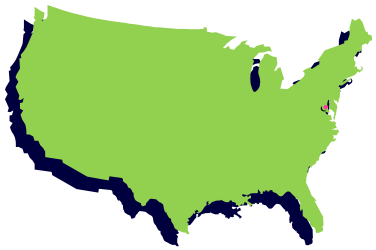
*Less focus on *relationship,* which is central to the work and one of the most important outcomes of this effort across participating league states

Questions Raised by the Paper

- What is the value of endorsement or credential?
- Can competencies be all things to all age groups?
- Do the competencies actually "work"?
- Should there be a national system?







Questions Raised by the Paper—Michigan/League

- How will we sustain the league's growing infrastructure over time?
- How will the league obtain funding to evaluate outcomes?
- What will league partners measure to indicate success?
- How can the league enter into meaningful partnerships with others working toward similar workforce development goals, retaining individuality, but working collaboratively?
- What issues could bring us together? Public awareness? Reflective practice?

Questions Raised by Paper—California

- Should community engagement be an IMH competency in response to the Strengthening Families initiative?
- What are the best strategies to encourage pre-service university programs to add an infant-family mental health component to their curricula?
- How can we encourage more American Psychological Association internships and fellowships in Infant-Family and Early Childhood Mental Health?

National Set of Competencies—California

We would support a national set of competencies as a baseline with the proviso that each state could add competencies to address unique needs.

- Endorsement process remains within each state.
- Should include a process for an exchange of ideas and information across states, and to review and update competencies
- Could influence university pre-service curricula
- Could influence policy at the state and national levels

National Set of Competencies—Michigan/League

- Michigan's efforts began at the "grassroots" level and continued to grow slowly over the past 12 years, one state organization at a time. The structure was founded on the strength of our relationships with one another, and those take time to develop.

- Reciprocity exists across all league states, aligning the states in a larger network. Reciprocity also demands rigorous standards for quality assurance across the states and continuing technical assistance when leadership changes in states.

- Encouragement of partnerships around competencies, maintaining independence, yet moving forward together.

On the Horizon

- Research and evaluation of the competency systems
- Communication and collaboration among systems
- Enhanced credibility through public support
- Links to later age ranges

On the Horizon—Michigan/League of States

Alliance for the Advancement of Infant Mental Health:

Promoting Infancy and Early Relationship Development Birth to Five

- The emphasis will be on partnerships: the development of new partnerships, quality assurance across partnerships, and sustainability of efforts to build capacity and strengthen communities to promote infant mental health.

- League partners will have a central role in planning a new and more formal governing structure, a board, and by-laws by 2015.

On the Horizon—California

- Outreach to pre-service training program faculty regarding the training guidelines and endorsement process
- Continued outreach to professional organizations to have infant-family and early childhood mental health presentations or strands in conference planning and as a newsletter topics
- Disseminate models of County First 5 and Department-funded endorsement training to the 58 California counties
- Encourage the development of on-line training modules and reflective practice learning collaboratives throughout the state

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A recording of the webinar and supporting materials will be posted on the ZERO TO THREE website at

www.zerotothree.org/policywebinars

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