



**ZERO TO THREE**  
Early connections last a lifetime

# Getting Policymakers' Attention! Key Findings from New IECMH Message Testing

April 12, 2022



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# Today's Agenda

- Welcome!
- Why did we need to do this work?
- Presentation of findings
- Reactions from panelists
- Q&A with today's contributors



# Infant and Early Childhood Mental Health Research Findings

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# The Purpose of this Study



Assess and gain insight into policymakers' perceptions and opinions about Infant and Early Childhood Mental Health (IECMH).



Better understand the barriers and sticking points to policymakers' prioritization (or lack thereof) of issues related to the mental health needs of infants and toddlers.



Identify the most salient and compelling messages to help policymakers:

- Gain familiarity with the basics of IECMH;
- Understand the value and efficacy of treatments
- Prioritize funding for interventions and therapies.

# Our Strategic Questions

Throughout this multi-phase research study, we explored many different angles of this issue. In order to clearly define our research questions and focus our message testing, we landed on one key question.

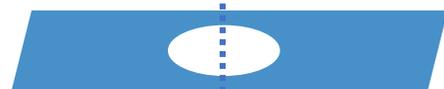
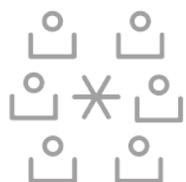


**How do we effectively communicate with and convince policymakers – and those who influence them – to increase federal and state investments in parent-child therapies for infants and toddlers?**

Additional questions we considered throughout the study:

- What are policymakers' perceptions of mental health issues in infants and toddlers?
- What do policymakers know about IECMH?
- When communicating with policymakers, do stories work? Does data help?
- Are messages of human connection relatable and believable? Are they compelling?
- Do stories of treatment and recovery help?
- How do we drive policymakers to believe our stories *and* turn that belief into action?

# Phases of the Study



## Stakeholder Consults

We held **one-on-one conversations** to hear about stakeholders' messaging wins, challenges, and insights.

## Landscape Analysis

We dove into the existing **research, news coverage, public opinion polling, messengers, and mediums** to serve as a foundation for the project.

## Policymaker Interviews

We held **one-on-one interviews** with state policymakers, federal policymakers, and staff to have confidential conversations about the opportunities for and barriers to change.

## Policymaker Focus Groups

We conducted **focus groups with liberal and conservative-leaning decisionmakers** to glean understanding and awareness of IECMH.

## Digital Testing

We fielded a **four-phase digital test with policymaker lookalikes** to measure **change in belief** in therapies and **change in support** for federal and state-level investments in parent-child therapies.

# Project Findings & Key Recommendations

- Prioritizing issues around infants and toddlers seems to pale in comparison to more immediate political priorities (jobs, prices, inflation). We must connect this issue to those that voters tend to care most about.
- The ways we describe IECMH conditions and services matter. Lean on language that is approachable and accurate – it threads the needle of being technically sound without sounding overly-academic or politicized.
- Stories that center a young child’s experience and show how government-funded therapies can help the child recover are most effective in garnering support for investment.
- During qualitative interviews, we encountered some skepticism among policymakers that infants and toddlers can suffer from mental health conditions. There was also a lack of understanding of what appropriate therapies may be for such young children. The digital testing, which is a forced choice, suggests high believability that some young children can face mental health challenges and general support for treatment.
- While we often get questions about ROI from policymakers, this study suggests that ROI alone isn’t what moves support for funding IECMH treatments.
- Framing these issues through the lens of COVID-19 causes backlash or, at a minimum, disinterested. This is likely due to a general fatigue around the pandemic, and a desire to shift away from centering it across all issues.

# Policymaker Interviews & Focus Groups

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# Policymaker Interviews: Findings

Among the policymaker (and proxy) respondents, there was broad swath of awareness and understanding of this issue.

**1**

Many are generally aware of the importance of the early years of a child's life. While they may not be able to name specifics, they recognize that the brain is developing rapidly, and a child needs a nurturing environment to thrive and grow.

**3**

When asked about barriers to moving this issue forward, many cited obstacles around funding. One policymaker said that "the dollar amount makes people back off." Others expressed that it often falls to the bottom of the priority list given so many other competing priorities on the Hill.

**2**

Some mention adverse childhood experiences such as poverty, violence, toxic stress, a natural disaster, and/or a caregiver experiencing their own mental health issues such as anxiety and depression. Others are unsure what traumatic experiences could impact an infant.

**4**

Inquiry often goes to cause of trauma/prevention vs. possible treatment. One policymaker said, "you have to ask, 'what's going on at home?'"

# Policymaker Focus Groups: Findings

**1**

Knowledge of early childhood development and childhood mental health is minimal. Participants connect mental health issues like anxiety, suicide, and depression to adults – not young children.

**2**

When policymakers think about this issue, they think about parenting, reading to children, childcare, education, and early social and emotional skills. When asked about IECMH, they think about anxiety, ADHD, autism, living in poverty / potential exposure to violence & neglect.

**3**

There were mixed reactions to messages mentioning including caregivers in treatment. Some appreciated that they would be integrated in treatment. Others worried about the implication that trauma was a direct result of caregivers and that they would be blamed.

**4**

Conservative-leaning policy elites were particularly wary of using language like “all babies and toddlers” and “deserve.” They quickly start to orient themselves around the cost and scope of treatment programs.

**5**

Explaining childhood mental health through the lens of physical manifestations can help paint a more compelling picture for policymakers.

# Policymaker Focus Groups: Findings

- Policy elites had mixed opinions about the messages we tested, further underscoring how difficult it is to get federal buy-in on this issue. Both groups were unsure about the idea of “collaboration across federal agencies” – they are wary of unnecessary red tape and bureaucracy.

## Conservative-Leaning

- They agree that it’s important to support young children but also state that it could be difficult to gain traction with conservative policymakers. More funding is a non-starter right now in Congress.
- They raised questions about more government programs and federally-driven policy. These solutions should be handled at the state level.
- Treatments should be targeted to only the most vulnerable children – both from a practical and ideological perspective.

## Liberal-Leaning

- Liberal-leaning policy elites are more open to these ideas, but express similar concerns.
- Current political polarization also means that only one party is likely to support these types of programs.

# Policymaker Quotes

"The one thing that I always tell people when they come meet with members of Congress is...give us facts, give us figures, give us data. Those are the things that we remember...when you're trying to pitch your boss, you have to give him sound bites, or he has to give sound bites back to groups he's talking to, to the media, and such."

**- Conservative-leaning policy elite**

"I think they're all general for the most part. They're not too technical. You could add a little meat on the bone. It doesn't have enough data to it."

**- Liberal-leaning policy elite**

"Anytime that I'm taking a meeting and I see the, 'Oh well return of on investment of a dollar amount per dollar'...[that makes me think] if that was the case, then we should be investing all of our money into this. So that stat never really resonates for me, because it kind of takes away the nuances around it."

**- Conservative-leaning policy elite**

"I'm concerned about kids being on drugs...drugs prescribed by psychologists [who] think that they're helping when they can be creating another problem."

**- Liberal-leaning policy elite**

# Digital Testing

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# About the Test

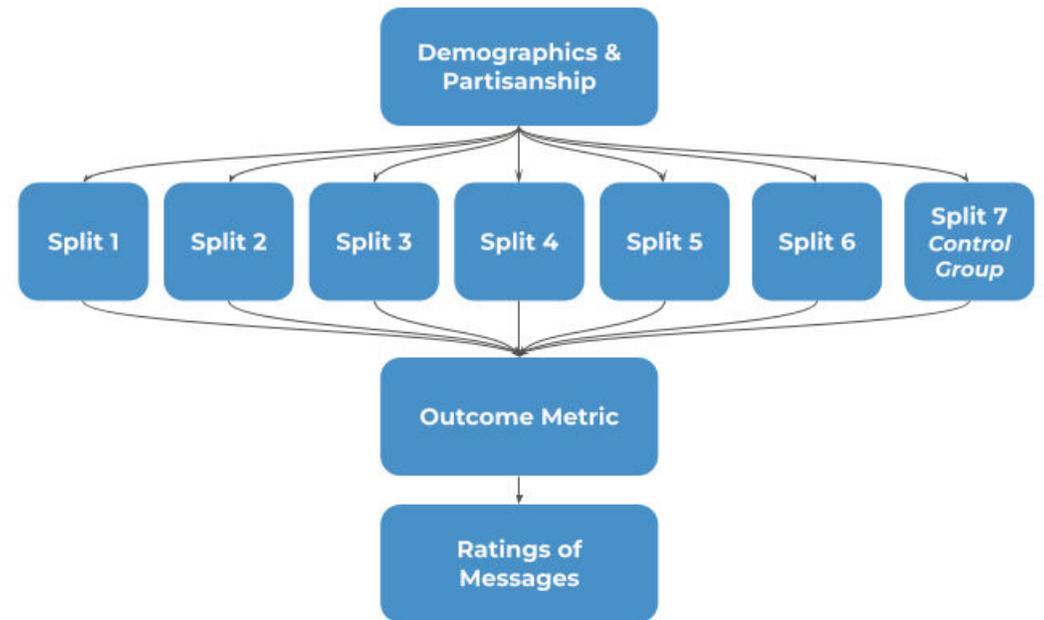
The digital test became an iterative exploration. The more we learned, the more we sought answers to new questions.

- **We first set out to learn how believable it is for our audience that infants and toddlers experience mental health conditions.**
- **We then measured how much support (or not) there is for government funding for treatments for infants, toddlers, and their families.**
- **As stories tested well, we added an additional phase to determine which stories were most compelling and believable to policymakers.**
  - **Do stories with examples of parental culpability generate a different response?**
  - **How does incorporating ROI impact a story's effectiveness?**
  - **Does framing a story as unresolved change the response?**

# Methodology

1. Demographics: Collect key demographic features needed for modeling.
2. Randomized Control Trial Study: Respondents are randomly assigned to a treatment group (a single message) or the control group (no message).
3. Metric Question
4. Message Ranking

***NOTE: The results of this type of testing look very different from a traditional poll. Movement of 1 or 2 percentage points is meaningful.***



# Methodology

- 1 Baseline Poll**  
Blue Rose Research polled two survey questions relevant to ZERO TO THREE. They utilized 2,807 responses. Results were collected from 12/21/21-1/2/22.
- 2 Belief in Therapies Message Test**  
Blue Rose utilized 4,044 responses nationally. Results were collected from 1/19/22-1/24/22.
- 3 Support for Government Funding Message Test**  
Blue Rose utilized 3,486 responses nationally. Results were collected from 1/24/22-1/26/22.
- 4 Support for Government Funding – Stories Message Test**  
Blue Rose utilized 6,965 responses nationally. Results were collected from 3/18/22-3/22/22.

## *Policymaker Lookalike*

***Blue Rose Research created a custom policymaker lookalike audience by modeling the results based on college educated voters who consume their news through Twitter. We have high confidence in this model, but we cannot confirm that the audience consisted of official policymakers.***

# Digital RCT: Findings

**1**

**Across party lines, respondents believe that infants and toddlers face challenges and, most of the time, think something should be done about it.** There is a general, baseline understanding that the first few years of a child's life are critical for brain development.

**3**

**Starting a story with a commonsense message and ending with a more logical – and less emotional – conclusion works best.** It also helps to highlight the role and value of nurturing relationships with a parent or caregiver.

**2**

**Stories outperform examples that are more academic or clinical.** Stories of children who demonstrably suffered trauma and have benefited from therapies move support for government funding. Referencing the ROI of therapies doesn't appear to move support and can even cause backlash.

**4**

**Stories about infants and toddlers who have suffered extreme trauma at the hands of an adult rise to the top.** These stories have the highest rates of bipartisan consensus and are the least divisive.

# Baseline Poll

Digital Test – Phase 1 | April 2022



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# Baseline Poll: Results

**Which of the following comes closer to your opinion related to the health and wellbeing of babies and toddlers?**

Babies and toddlers can and do suffer from mental health conditions caused by trauma, neglect, biological factors, or environmental situations.	78%
Babies and toddlers are too young to suffer from mental health conditions caused by trauma, neglect, biological factors, or environmental situations.	22%

**Which of the following comes closer to your opinion on the government's role in supporting babies and toddlers who experience trauma or neglect?**

It is appropriate to use taxpayer dollars to support therapies for babies and toddlers who suffer from mental health conditions caused by trauma, neglect, biological factors, or environmental situations.	72%
We should not use taxpayer dollars to support therapies for babies and toddlers who suffer from mental health conditions caused by trauma, neglect, biological factors, or environmental situations.	28%

# Baseline Poll: Crosstabs

Two-Way Results Among Policy Maker Lookalike Audience					
Demographic	Value	Believe	Do Not Believe	Support	Do Not Support
All	All	78%	22%	72%	28%
Age	18-34	77%	23%	74%	26%
	35-49	77%	23%	71%	29%
	50+	80%	20%	72%	28%
Gender	Female	81%	19%	77%	23%
	Male	74%	26%	68%	32%
Partisan	Biden voter	81%	19%	78%	22%
	Trump voter	70%	30%	59%	41%

# Belief in Therapies

Digital Test – Phase 2 | April 2022



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# Belief in Therapies Test: Outcome Measurement

Do you **believe** that infants and toddlers who experience mental health conditions caused by trauma, neglect, biological factors, or environmental situations can benefit from therapies to help them get back on track developmentally?

**YES:** With access to therapies, infants and toddlers can get back on track developmentally after they suffer from mental health conditions caused by trauma, neglect, biological factors, or environmental situations.

**NO:** Infants and toddlers are more resilient than you'd think and probably too young to benefit from therapies when they suffer from mental health conditions caused by trauma, neglect, biological factors, or environmental situations.

# Belief in Therapies: Messages

Label	Content	Change in Belief After Message
First Years	The first years of a child's life are critical for brain development, which is the foundation for ALL future learning, success in school, social and relationship skills, physical development and health. When infants and toddlers have safe, stable, nurturing relationships and environments they have the ideal conditions for healthy brain development. When they don't, parent-child therapies can help set the child on a path to healthy development.	1.6%
Caregivers	Infants and toddlers need consistent and caring adults in their lives to support their development. When caregivers are experiencing extreme stress, illness, trauma, or realities like deployment, poverty, or incarceration, it can disrupt and destabilize their children's mental health. Professional support can heal and restore relationships, helping families stay on the path to healthy development.	1.5%
Cost Effective	There are many proven, cost-effective therapies that can help infants and toddlers recover from traumatic events and build their resilience. These therapies are developmentally appropriate and focused on the needs of each child and their caregiver. Treatments include Child-Parent Psychotherapy and Parent-Child Interaction Therapy and are delivered by qualified mental health professionals.	1.3%
One in Ten	According to experts, around 1 in 10 children under the age of 5 experience mental health issues. These can be the result of biological or environmental factors, or traumatic experiences such as witnessing violence, experiencing abuse or neglect, or surviving a natural disaster or accident. Therapies exist that can help families after these kinds of disruptions to the child's development.	1.2%
Physical Symptoms	Infants and toddlers may not always be able to talk about their mental health conditions, but they can show physical symptoms and behavioral changes that professionals are trained to notice. These symptoms can often be overlooked or dismissed, but experts are able to tell when these are early signs of something that could become a severe mental health issue in the future.	1.2%
Pandemic Mental Health	During the pandemic, we've seen a significant and alarming rise in rates of mental health issues across all age groups, including in infants and toddlers. The mental health of these young children sets the stage for the rest of their development and must be a priority. Families need support to recover, repair, and set their children on the path to success following years of stress and isolation.	1.0%

# Belief in Therapies: Crosstabs

Label	Overall	Female	Male	18-34	50+	Biden Voters	Trump Voters
First Years	1.6%	1.8%	1.5%	1.7%	1.5%	1.8%	1.1%
Caregivers	1.5%	1.6%	1.3%	1.6%	1.3%	1.7%	0.9%
Cost Effective	1.3%	1.5%	1.1%	1.4%	1.1%	1.5%	0.7%
One in Ten	1.2%	1.4%	1.0%	1.3%	1.0%	1.4%	0.5%
Physical Symptoms	1.2%	1.4%	1.0%	1.3%	1.0%	1.4%	0.5%
Pandemic Mental Health	1.0%	1.2%	0.8%	1.2%	0.9%	1.3%	0.3%

# Support for Government Funding

Digital Test – Phase 3 | March 2022



ZERO TO THREE

# Support for Government Funding: Outcome Measurement

Do you **support** federal and state level investments in parent-child therapies for infants and toddlers who have mental health conditions caused by trauma, neglect, biological factors, or environmental situations?

**YES:** Infants and toddlers who have mental health conditions caused by trauma, neglect, biological factors, or environmental situations need access to age-appropriate therapies to help them heal and grow into healthy adults. Access to parent-child therapies should be better funded by federal and state level resources.

**NO:** Mental healthcare for children and infants can sound like a worthy cause, but we can't have a mindset that every problem can be solved with taxpayer money. The government is already spending – and often wasting – money. There are better options that don't require taxpayer dollars.

# Support for Gov't Funding: Messages

Label	Content	Change in Support After Message
<b>Katrina</b>	Parent-child therapies can make the difference for infants and toddlers after traumatic events. <b>Following Hurricane Katrina,</b> many families were dealing with profound loss. <b>A 2-year-old girl stopped eating and lost a dangerous amount of weight.</b> Fortunately, she and her mom had access to specialized experts and government-funded therapies and after consistent care she is now developmentally thriving.	2.4%
<b>Military Dad</b>	Parent-child therapies can keep families on track after major disruptions. <b>A military dad's PTSD was impacting his ability to form a nurturing relationship with his 3-year-old after a long deployment,</b> and his daughter was having outbursts and stopped speaking. With consistent access to government-funded therapies, the relationship was restored, and the child is hitting developmental milestones once more.	2.0%
<b>Long Term Outcomes</b>	Studies show that <b>untreated mental health conditions</b> in infants and toddlers <b>leave the child more vulnerable to poor health, poor performance at school, criminal justice involvement, and even suicide over time.</b> We need the government to invest in accessible, specialized parent-child therapies, so that young children showing signs of mental health issues can heal and get back on the path to healthy development.	0.0%
<b>Dollar Return</b>	Early therapies for infants and toddlers are more effective, cost less and are less intensive than addressing severe mental health issues when the child is older. <b>Parent-child interaction therapy has a \$3.64 return per dollar spent and leads to better health and education outcomes</b> for the child. We need to invest – as a country – in a specialized and diverse workforce of mental health professionals trained to work with infants and toddlers.	-0.9%
<b>Keep Up With Science</b>	<b>Research about babies' brains has come a long way, but government policy hasn't kept up with the science.</b> Studies show that infants and toddlers can suffer from mental health conditions that have lasting consequences. But they can heal with age-appropriate therapies because young children's brains grow so quickly at this stage. We need the government to invest in therapies that can get infants and toddlers on the right track to a healthy life.	-0.9%
<b>COVID Effects</b>	The COVID-19 pandemic has taken a toll on the mental health of so many of us. While we're still learning the lasting effects, infants and toddlers are experiencing the strain as well, if not more. <b>The social isolation, stress, and uncertainty is particularly challenging for young children</b> learning to connect as well as their parents and caregivers. Early investments in parent-child therapies for infants and toddlers can help little ones adjust at this critical stage and set them up for success and school readiness.	-1.3%

# Support for Gov't Funding: Crosstabs

Label	Overall	Female	Male	18-34	50+	Biden Voters	Trump Voters
Katrina	2.4%	2.5%	2.3%	2.6%	2.1%	2.5%	2.0%
Military Dad	2.0%	2.2%	1.8%	2.3%	1.7%	2.2%	1.4%
Long Term Outcomes	0.0%	0.5%	-0.4%	0.7%	-0.5%	0.7%	-1.6%
Dollar Return	-0.9%	-0.4%	-1.5%	-0.2%	-1.6%	-0.1%	-3.1%
Keep Up With Science	-0.9%	-0.4%	-1.5%	-0.2%	-1.6%	-0.1%	-3.1%
COVID Effects	-1.3%	-0.6%	-1.9%	-0.5%	-2.0%	-0.4%	-3.6%

# Support for Government Funding - Stories

Digital Test – Phase 4 | March 2022



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# Which Stories Tested Best?

After seeing how well stories performed in the previous phase, we set out to answer deeper, more specific questions about how stories can move support for government funding for parent-child therapies.

- Do stories that tend to evoke feelings of parental culpability generate a different response?
- How does incorporating ROI impact a story's effectiveness?
- Does framing a story as unresolved change the response?

# Stories: Outcome Measurement (Same as Phase 3)

Do you **support** federal and state level investments in parent-child therapies for infants and toddlers who have mental health conditions caused by trauma, neglect, biological factors, or environmental situations?

**YES:** Infants and toddlers who have mental health conditions caused by trauma, neglect, biological factors, or environmental situations need access to age-appropriate therapies to help them heal and grow into healthy adults. Access to parent-child therapies should be better funded by federal and state level resources.

**NO:** Mental healthcare for children and infants can sound like a worthy cause, but we can't have a mindset that every problem can be solved with taxpayer money. The government is already spending – and often wasting – money. There are better options that don't require taxpayer dollars.

# Which Stories Tested Best?

Label	Content	Change in Support After Message
<b>Extreme Neglect – Adoption</b>	<p>A 2-year-old was suffering from extreme neglect – she was under-nourished and had hearing loss from untreated ear infections. Her physical condition improved when she was placed with loving foster parents who wished to adopt her. But she still had night terrors and difficulty bonding with them. Government-funded therapies helped her form healthy attachments to her new family and made the adoption a success.</p>	<p>2.4%</p>
<b>Sexual Abuse – Family Friend</b>	<p>A 2-year-old was sexually abused by a family friend who would watch him while his parents were at work. His parents noticed their son would freeze around men and violently resist leaving the house. The family was given access to government-funded therapies. This allowed the child to begin to heal, helped his parents understand his distress, and restored the child’s trust in nurturing relationships.</p>	<p>2.2%</p>
<b>Sexual Abuse – Stepfather</b>	<p>A 2-year-old was sexually abused by his stepfather while his mom was at work. She noticed her son would freeze around men and violently resist being put to bed. The child, mother, and maternal grandma were all given access to government-funded therapies. This allowed the child to begin to heal, meant the mother was able to maintain custody of her son, and restored the child’s trust in nurturing relationships.</p>	<p>1.9%</p>
<b>High School Pregnancy – Foster Care (Present Tense)</b>	<p>Parent-child therapies can repair relationships damaged by unresolved trauma. An 18-year-old living in a foster home gets pregnant at the end of high school. Without access to support, she experiences post-traumatic stress, depression, and is self-medicating with illegal drugs. Her child is taken away and placed in foster care. Investment in government-funded therapies could help mother and child safely reunite and break the cycle of intergenerational trauma.</p>	<p>0.6%</p>
<b>Hurricane – Nightmares (Present Tense)</b>	<p>After a hurricane hit, a 2-year-old girl is having significant nightmares that disrupt her sleep, refusing to eat, and at risk of losing a dangerous amount of weight. Her family, like many others, is dealing with profound loss. Consistent access to government-funded therapies would help improve her physical health and allow her to developmentally thrive once more.</p>	<p>0.1%</p>

# Which Stories Were Less Effective?

Label	Content	Change in Support After Message
Loud Noises – Distress	An 8-month-old was showing signs of distress whenever he heard loud noises at home, like barking, sirens, or even loud talking. He would pull on his ears, scream, and cry for 20 minutes at a time. After tests showed normal hearing, specialized therapies were recommended. These government-funded therapies allowed his parents to comfort their son, understand his stress, and help him feel at ease when there's noise at home.	-0.4%
High School Pregnancy – Foster Care (Past Tense)	Parent-child therapies can repair relationships damaged by unresolved trauma. An 18-year-old living in a foster home got pregnant at the end of high school. Without access to support, she experienced post-traumatic stress, depression, and was self-medicating with illegal drugs. Her child was taken away and placed in foster care. Government-funded therapies helped mother and child safely reunite and break the cycle of intergenerational trauma.	-0.5%
Hurricane Nightmares (Past Tense)	After a hurricane hit, a 2-year-old girl had terrible nightmares that disrupted her sleep, stopped eating, and lost a dangerous amount of weight. Her family, like many others, was dealing with profound loss. Fortunately, she and her mom had access to government-funded therapies and with consistent care and support her physical health has improved and she is developmentally thriving once more.	-0.5%
Violence At Home	A 9-month-old was exposed to escalating violence between her parents. As the fighting got worse, the baby was often ignored and left alone, crying for long periods of time. She soon stopped playing and crawling and couldn't even sit up on her own anymore. Government-funded therapies helped the family relationships heal so the child could get back on track developmentally.	-0.9%
New People – Extreme Stress	A 10-month-old wouldn't stop crying whenever he was around new people or places. His family grew isolated from friends and relatives, and his mother had to quit her job because he couldn't be left with anyone else. With government-funded parent-child therapies, the family's situation improved. The baby no longer experiences extreme stress and his mom is able to return to work and reconnect with family and friends.	-1.1%

# How Did ROI Test?

Label	Content	Change in Support After Message
General ROI	Therapies for infants and toddlers are more effective, save taxpayer dollars down the road, and are less intensive than addressing severe mental health issues later on. Parent-Child Interaction Therapy saves an average of \$1,159 per child in long-term educational, healthcare, and criminal justice costs. We need to invest – as a country – in a specialized and diverse workforce of mental health professionals trained to work with infants and toddlers.	-0.2%
Hurricane - Nightmares ROI	After a hurricane hit, a 2-year-old had significant nightmares that disrupted her sleep, stopped eating, and lost a dangerous amount of weight. Her family, like many others, was dealing with profound loss. Investing in parent-child therapies pays off – they are effective, can lead to healthy outcomes, and save taxpayer dollars down the road. For example, Parent-Child Interaction Therapy saves an average of \$1,159 per child in long-term educational, healthcare, and criminal justice costs.	-0.8%
Phase 3 General ROI	Early therapies for infants and toddlers are more effective, cost less, and are less intensive than addressing severe mental health issues when the child is older. Parent-child interaction therapy has a \$3.64 return per dollar spent and leads to better health and education outcomes for the child. We need to invest – as a country – in a specialized and diverse workforce of mental health professionals trained to work with infants and toddlers.	-0.9%
Violence At Home ROI	A 9-month-old was exposed to violence between her parents. As the fighting got worse, the baby was often ignored and left alone to cry for long periods of time. She soon refused to play or crawl. Investing in parent-child therapies pays off – they are effective, can lead to healthy outcomes, and save taxpayer dollars down the road. For example, Parent-Child Interaction Therapy saves an average of \$1,159 per child in long-term educational, healthcare, and criminal justice costs.	-1.5%

# How Did Present-Tense Framing Test?

Label	Content	Change in Support After Message
<b>High School Pregnancy – Foster Care Present Tense</b>	Parent-child therapies can repair relationships damaged by unresolved trauma. <b>An 18-year-old living in a foster home gets pregnant at the end of high school.</b> Without access to support, she experiences post-traumatic stress, depression, and is self-medicating with illegal drugs. <b>Her child is taken away and placed in foster care.</b> Investment in government-funded <b>therapies could help mother and child safely reunite</b> and break the cycle of intergenerational trauma.	0.6%
<b>Hurricane - Nightmares Present Tense</b>	<b>After a hurricane hit, a 2-year-old girl is having significant nightmares that disrupt her sleep, refusing to eat, and at risk of losing a dangerous amount of weight.</b> Her family, like many others, is dealing with profound loss. Consistent access to government-funded <b>therapies would help improve her physical health</b> and allow her to developmentally thrive once more.	0.1%
<b>General Present Tense</b>	Today, <b>10-16% of young children are dealing with mental health conditions</b> caused by trauma, neglect, biological factors, or environmental situations. These conditions impact their family relationships, their performance at school, and their long-term development. <b>If we invest in government-funded parent-child therapies now, we can give the next generation the best chance at success and the opportunity to thrive.</b>	-2.4%

# Support for Funding – Stories: Crosstabs

Label	All	Women	Men	18-34	50+	Biden	Trump
Extreme Neglect - Adoption	2.4%	2.2%	2.6%	2.3%	3.0%	2.4%	2.4%
Sexual Abuse - Family Friend	2.2%	2.0%	2.3%	2.1%	2.7%	2.2%	2.2%
Sexual Abuse - Stepfather	1.9%	1.7%	2.0%	1.8%	2.3%	1.8%	1.9%
High School Pregnancy - Foster Care (Present Tense)	0.6%	0.7%	0.6%	0.8%	0.8%	0.8%	0.3%
Hurricane - Nightmares (Present Tense)	0.1%	0.2%	0.1%	0.3%	0.3%	0.2%	0.0%
Military Dad - Deployment	-0.1%	0.0%	-0.2%	-0.1%	0.1%	-0.1%	-0.2%
Excessive Crying - Frustration	-0.1%	0.0%	-0.2%	0.0%	-0.1%	-0.1%	-0.3%
General ROI	-0.2%	-0.1%	-0.3%	-0.1%	0.0%	0.0%	-0.5%

# Support for Funding – Stories: Crosstabs

Label	All	Women	Men	18-34	50+	Biden	Trump
<b>Car Accident - Complicated Grief</b>	-0.3%	-0.1%	-0.5%	-0.2%	-0.2%	-0.2%	-0.5%
<b>Loud Noises - Distress</b>	-0.4%	-0.2%	-0.6%	-0.2%	-0.4%	-0.3%	-0.6%
<b>High School Pregnancy - Foster Care (Past Tense)</b>	-0.5%	-0.3%	-0.7%	-0.3%	-0.5%	-0.4%	-0.7%
<b>Hurricane Nightmares (Past Tense)</b>	-0.5%	-0.3%	-0.7%	-0.4%	-0.5%	-0.4%	-0.7%
<b>Hurricane Nightmares ROI</b>	-0.8%	-0.6%	-1.0%	-0.6%	-0.7%	-0.6%	-1.2%
<b>Violence At Home</b>	-0.9%	-0.6%	-1.2%	-0.7%	-0.9%	-0.8%	-1.3%
<b>New People - Extreme Stress</b>	-1.1%	-0.8%	-1.4%	-0.8%	-1.1%	-0.9%	-1.5%



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**Many THANKS!!!**

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ZERO TO THREE's Infant and Early Childhood Mental Health Policy Team

# Appendix



# About the Digital Test

We conducted message testing on two different outcome metrics that measured changes in opinion among a policymaker audience using a model that identifies traits/behaviors similar to policymakers such as education and news consumption. We measured:

- **change in belief** that infants and toddlers who experience mental health conditions can benefit from therapy, and
- **change in support** for federal and state level investments in parent-child therapies for infants and toddlers who have mental health conditions.

We did this in a four-phase digital test:

1. Baseline Poll
2. Belief in Therapies Message Test
3. Support for Government Funding Message Test
4. Support for Government Funding Message Test – Stories

# Baseline Poll: Takeaways

- Among the policymaker lookalike audience, we see **high rates of both believability and support even across party lines**.
  - This shows promise – even with Republican policymakers. 59% of Republicans in our proxy audience believe that **it is appropriate to use taxpayer dollars to support therapies** for babies and toddlers who suffer mental health conditions.
  - Our job is not to convince the 28% of people who don't think it is appropriate to use taxpayer dollars to fund therapies – it's to **animate the 72%** who do believe it's **appropriate** and increase the intensity of their support.
- Defining IECMH as "**mental health conditions caused by trauma, neglect, biological factors, or environmental situations**" seems to be effective and preempts concerns around believability.
  - This description covers a **spectrum of causes** and appears to have solved for the recurring idea that trauma and neglect are always the "fault" of a caregiver.
  - The language is **approachable and accurate** – it threads the needle of being technically sound without sounding overly-academic or politicized.

# Belief in Therapies Test: Takeaways

- We knew from our baseline survey that believability would be high in this phase, and we found that while **all six messages were effective** overall and across demographics, **Trump voters** in our educated and informed policymaker proxy audience **were less persuaded**.
  - After exposure to the One in Ten, Physical Symptoms, and Pandemic Mental Health messages, **Trump voters in aggregate** across educational status and media consumption habits **did not believe** that infants and toddlers who experience mental health can benefit from therapies.
- The most effective messages at increasing believability followed a similar style and structure: a common sense message that begins with **a statement most people can agree on** and ends with our position as **a logical conclusion**.
  - Successful messages also demonstrate **the role of nurturing relationships and caregivers** in IECMH and healthy brain development. This can make it easier to understand why parent-child therapies can help.

# Support for Government Funding: Takeaways

- Both messages that successfully increased support for funding across demographics were **stories of a particular child** who demonstrably suffered trauma and **benefited from government-funded therapy**.
  - Specific stories and examples of how government-funded therapy helped a particular child were most effective – those that came across as **more academic or clinical** **moved people away** from supporting funding.
- The **Long-Term Outcomes** message was effective with more liberal demographics (women, young people, Biden voters, people in the Northeast and West) but caused backlash with more conservative demographics.
  - We expected that more conservative demographics who are often against “big government” would **disagree with the idea that government funding is necessary** in this situation.

# Support for Government Funding: Takeaways

- The **COVID Effects** message caused the most backlash. Similarly, in the believability test, we saw the least amount of movement with the **Pandemic Mental Health** message.
  - This is likely due to a general fatigue around the pandemic, and a desire to shift away from centering it across all issues. We have also seen this effect take place in other research around healthcare access and enrollment.
- Of the three messages that were not effective across all demographics, two of them were focused on **return on investment** and **outdated government policy**.
  - While the results are limited to highly educated, informed voters, these groups are **proxies for policymakers** – not actual policymakers. It is possible that in isolation, some of these points would be compelling to certain experts – though we have heard from some staffers that ROI seemed like an **off-putting** way to talk about children.

# Stories: Takeaways

- The top three messages were **strong across all demographics**, including those we expect to be more conservative: **Trump voters, respondents ages 50+, and men**.
  - They all opened with a story about a two-year-old who suffered a clear and extreme trauma at the hands of a caretaker.
  - They highlighted that a parent or foster parent tried themselves to help but couldn't meet the child's needs. Then, they directly stated how government-funded therapy was the solution and demonstrated how the child improved.
  - Two of the top three messages included instances of sexual abuse. It's possible that the politicization of child sexual abuse and pedophilia contributed to the efficacy of these messages with more conservative audiences.
- Among messages that did not move support toward government funding, the children in the examples often **experienced symptoms that are more likely to be interpreted as "normal"** (e.g., excessive crying) rather than "psychological" or "physical" (e.g., being undernourished, freezing around men, night terrors).

# Stories: Takeaways

- This study suggests that while we often get questions on ROI from policymakers, messages about ROI aren't always persuasive. This played out in the General Present Tense Message and the ROI messages.
  - The General Present Tense message was more academic. Users gave it positive feedback, but it **did not actually move support** towards investment in therapies. Adding ROI into a story about a child did not enhance its effectiveness in these examples. **Letting the story stand on its own** was more compelling.
  - Meetings with policymakers are, of course, dialogues. When asked about ROI and the numbers, we recommend providing the information requested but **refocusing the conversation on the children** at the center of this issue, as that is what actually moves support for funding.
- Messages written in the present tense **were more effective** than their counterparts that were framed as resolved stories – but our most powerful stories were **not in the present tense**.
  - Look out for ways in which a resolved story or example can **appear to overstate the impact of therapies**. For example, in High School Pregnancy – Foster Care, "Government-funded therapies helped...break the cycle of intergenerational trauma" might have been a bridge too far.

# Trump Voters

Trump voters in our policymaker proxy universe are more likely to believe the ZTT premise from the messages tested than regular Trump voters; but they're also about as persuadable - if anything slightly harder to persuade - on supporting the ZTT policy initiative.

We found that the two lowest ranking belief messages caused backlash with generic Trump voters which highlights the difference between policymakers and regular voters - especially among Republicans.

## Believability: Trump voters

Label	Trump Voters – Policy Maker Proxy	All Trump Voters
First Years	1.1%	0.6%
Caregivers	0.9%	0.4%
Cost Effective	0.7%	0.1%
One in Ten	0.5%	0.0%
Physical Symptoms	0.5%	-0.1%
Pandemic Mental Health	0.3%	-0.3%

## Support: Trump voters

Label	Trump Voters – Policy Maker Proxy	All Trump Voters
Katrina	2.0%	2.3%
Military Dad	1.4%	1.7%
Long-Term Outcomes	-1.6%	-1.4%
Dollar Return	-3.1%	-2.8%
Keep Up With Science	-3.1%	-2.8%
Covid Effects	-3.6%	-3.4%

# Phase 4 Messages

Label	Content	Change in Support After Message
<b>Natural Disaster Present Tense</b>	After a hurricane hit, a 2-year-old girl is having significant nightmares that disrupt her sleep, refusing to eat, and at risk of losing a dangerous amount of weight. Her family, like many others, is dealing with profound loss. Consistent access to government-funded therapies would help her improve her physical health and allow her to developmentally thrive once more.	0.1%
<b>Deployed Dad</b>	The father of a 3-year-old girl returned after a long deployment. He was hurt by his daughter’s initial rejection of him and his PTSD led him to avoid her when she had tantrums. The toddler became withdrawn and she started falling behind with her speech and other learning. With consistent access to government-funded parent-child therapies, their relationship had been restored and the child is able to learn and grow.	-0.1%
<b>Excessive Crying</b>	A 6-month-old was crying excessively for 5 hours a day most days. This interfered with his eating and sleeping and became a major concern for his parents. Sometimes they’d leave him alone to cry out of frustration. With access to government-funded therapies, the parents learned the best ways to alleviate their child's distress, allowing him to get back on track and thrive developmentally again.	-0.1%
<b>General ROI</b>	Therapies for infants and toddlers are more effective, save taxpayer dollars down the road, and are less intensive than addressing severe mental health issues later on. Parent-Child Interaction Therapy saves an average of \$1,159 per child in long-term educational, healthcare, and criminal justice costs. We need to invest – as a country – in a specialized and diverse workforce of mental health professionals trained to work with infants and toddlers.	-0.2%
<b>Car Accident</b>	A 15-month-old was in a car accident that killed her mother. Following the trauma of the accident and losing her mom, she became withdrawn, developed night terrors and eating issues, and wouldn’t allow family members to comfort her. Government-funded therapies helped the toddler and her new caregivers through the complicated grief, and she is now back to healthy sleep, eating, and learning routines.	-0.3%
<b>Loud Noises</b>	An 8-month-old was showing signs of distress whenever he heard loud noises at home, like barking, sirens, or even loud talking. He would pull on his ears, scream, and cry for 20 minutes at a time. After tests showed normal hearing, specialized therapies were recommended. These government-funded therapies allowed his parents to comfort their son, understand his stress, and help him feel at ease when there’s noise at home.	-0.4%

# Phase 4 Messages

Label	Content	Change in Support After Message
<b>Foster Home</b>	Parent-child therapies can repair relationships damaged by unresolved trauma. An 18-year-old living in a foster home got pregnant at the end of high school. Without access to support, she experienced post-traumatic stress, depression, and was self-medicating with illegal drugs. Her child was taken away and placed in foster care. Government-funded therapies helped mother and child safely reunite and break the cycle of intergenerational trauma.	-0.5%
<b>Hurricane Nightmares</b>	After a hurricane hit, a 2-year-old girl had terrible nightmares that disrupted her sleep, stopped eating, and lost a dangerous amount of weight. Her family, like many others, was dealing with profound loss. Fortunately, she and her mom had access to government-funded therapies and with consistent care and support her physical health has improved and she is developmentally thriving once more.	-0.5%
<b>Long-Term Outcomes (Phase 3)</b>	Studies show that untreated mental health conditions in infants and toddlers leave the child more vulnerable to poor health, poor performance at school, criminal justice involvement, and even suicide over time. We need the government to invest in accessible, specialized parent-child therapies, so that young children showing signs of mental health issues can heal and get back on the path to healthy development.	-0.7%
<b>Natural Disaster ROI</b>	After a hurricane hit, a 2-year-old had significant nightmares that disrupted her sleep, stopped eating, and lost a dangerous amount of weight. Her family, like many others, was dealing with profound loss. Investing in parent-child therapies pays off – they are effective, can lead to healthy outcomes, and save taxpayer dollars down the road. For example, Parent-Child Interaction Therapy saves an average of \$1,159 per child in long-term educational, healthcare, and criminal justice costs.	-0.8%
<b>Parental Violence</b>	A 9-month-old was exposed to escalating violence between her parents. As the fighting got worse, the baby was often ignored and left alone, crying for long periods of time. She soon stopped playing and crawling and couldn't even sit up on her own anymore. Government-funded therapies helped the family relationships heal so the child could get back on track developmentally.	-0.9%
<b>ROI (Phase 3)</b>	Early therapies for infants and toddlers are more effective, cost less, and are less intensive than addressing severe mental health issues when the child is older. Parent-child interaction therapy has a \$3.64 return per dollar spent and leads to better health and education outcomes for the child. We need to invest – as a country – in a specialized and diverse workforce of mental health professionals trained to work with infants and toddlers.	-0.9%

# Phase 4 Messages

Label	Content	Change in Support After Message
<b>New People</b>	A 10-month-old wouldn't stop crying whenever he was around new people or places. His family grew isolated from friends and relatives, and his mother had to quit her job because he couldn't be left with anyone else. With government-funded parent-child therapies, the family's situation improved. The baby no longer experiences extreme stress and his mom is able to return to work and reconnect with family and friends.	-1.1%
<b>Keep Up With Science (Phase 3)</b>	Research about babies' brains has come a long way, but government policy hasn't kept up with the science. Studies show that infants and toddlers can suffer from mental health conditions that have lasting consequences. But they can heal with age-appropriate therapies because young children's brains grow so quickly at this stage. We need the government to invest in therapies that can get infants and toddlers on the right track to a healthy life.	-1.1%
<b>COVID Effects (Phase 3)</b>	The COVID 19 pandemic has taken a toll on the mental health of so many of us. While we're still learning the lasting effects, infants and toddlers are experiencing the strain as well, if not more. The social isolation, stress, and uncertainty is particularly for young children learning to connect as well as their parents and caregivers. Early investments in parent-child therapies for infants and toddlers can help little ones adjust at this critical stage and set them up for success and school readiness.	-1.4%
<b>Parental Culpability ROI</b>	A 9-month-old was exposed to violence between her parents. As the fighting got worse, the baby was often ignored and left alone to cry for long periods of time. She soon refused to play or crawl. Investing in parent-child therapies pays off – they are effective, can lead to healthy outcomes, and save taxpayer dollars down the road. For example, Parent-Child Interaction Therapy saves an average of \$1,159 per child in long-term educational, healthcare, and criminal justice costs.	-1.5%
<b>General Present Tense</b>	Today, 10-16% of young children are dealing with mental health conditions caused by trauma, neglect, biological factors, or environmental situations. These conditions impact their family relationships, their performance at school, and their long-term development. If we invest in government-funded parent-child therapies now, we can give the next generation the best chance at success and the opportunity to thrive.	-2.4%