

Theory of Change for Infant and Early Childhood Mental Health Consultation: Evaluating the Evidence and Identifying Future Directions

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Introduction

- Infant and early childhood mental health consultation (I/MHC) is a practice-based approach to supporting children's mental health and well-being.
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Methods

- A systematic review of the literature was conducted to identify evidence-based practices for I/MHC.
- The review included studies published between 1980 and 2020.
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Tables and Figures

Table 1: Search Results

Search Results	Results
1	1. A systematic review of the literature was conducted to identify evidence-based practices for I/MHC.
2	2. The review included studies published between 1980 and 2020.
3	3. The review included studies published between 1980 and 2020.
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10	10. The review included studies published between 1980 and 2020.

Figure 1: Flowchart of the Review Process

Figure 2: Summary of Findings

Figure 3: Summary of Findings

Results

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Implications

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INTRODUCTION

- Infant and Early Childhood Mental Health Consultation (IECMHC) is an evidence-based service in which a mental health professional partners with and empowers the adults in young children's lives as they work to support healthy social-emotional development through equitable environments and responsive relationships.
- There is substantial evidence for the effectiveness of IECMHC in early childhood education (ECE) settings, yet the evidence is sparse regarding the mechanisms and moderators of its impact (Silver et al., in press).
- A new Theory of Change (ToC) for IECMHC (see Figure 1; Center of Excellence, 2021) illustrates these hypothesized pathways, with ten constructs subdivided into four domains: Participant Characteristics, Engaging in IECMHC, Direct Effects, and Indirect Effects.

METHODS

- After a systematic review of the peer-reviewed literature (n=60; see references for selected articles) and selected gray literature (e.g., Spielberger et al., 2021) pertaining to IECMHC, the level of evidence for each of the ten constructs in the ToC was summarized. Each component was rated by two independent coders on a 5-point scale (see Table 1) that integrates best practices for rigorous and equitable evaluation. When the rating was 0, pertinent findings from the gray literature were integrated.
- It was hypothesized that the preponderance of evidence would pertain to the direct and indirect effects of consultation because evaluations typically gather outcome data to report to funders and community partners. The other components of the ToC, corresponding with the mechanisms and moderators of impacts, were expected to have a more limited amount of evidence.

TABLES AND FIGURES

Table 1.

Rating of Evidence	Criteria
4	<ul style="list-style-type: none"> At least three demographic groups; At least one study with a sample that is racially/ethnically diverse or predominantly a BIPOC sample At least four studies/sites with significant findings in the expected direction Significant findings with at least three different measures, at least one of which has been demonstrated to have strong psychometric properties At least two respondent types (e.g. teacher, consultant) At least one significant finding with a comparison/control group At least one significant finding with control variables Moderation analyses to measure disparities conducted in at least one of the studies
3	<ul style="list-style-type: none"> At least three significant findings, reported in peer-reviewed or gray literature At least one sample that is not predominantly White in terms of child/family race/ethnicity Significant findings with at least two measures
2	<ul style="list-style-type: none"> At least two significant findings, reported in peer-reviewed or gray literature
1	<ul style="list-style-type: none"> At least one significant finding, reported in peer-reviewed or gray literature
0	<ul style="list-style-type: none"> No findings yet

Figure 1.

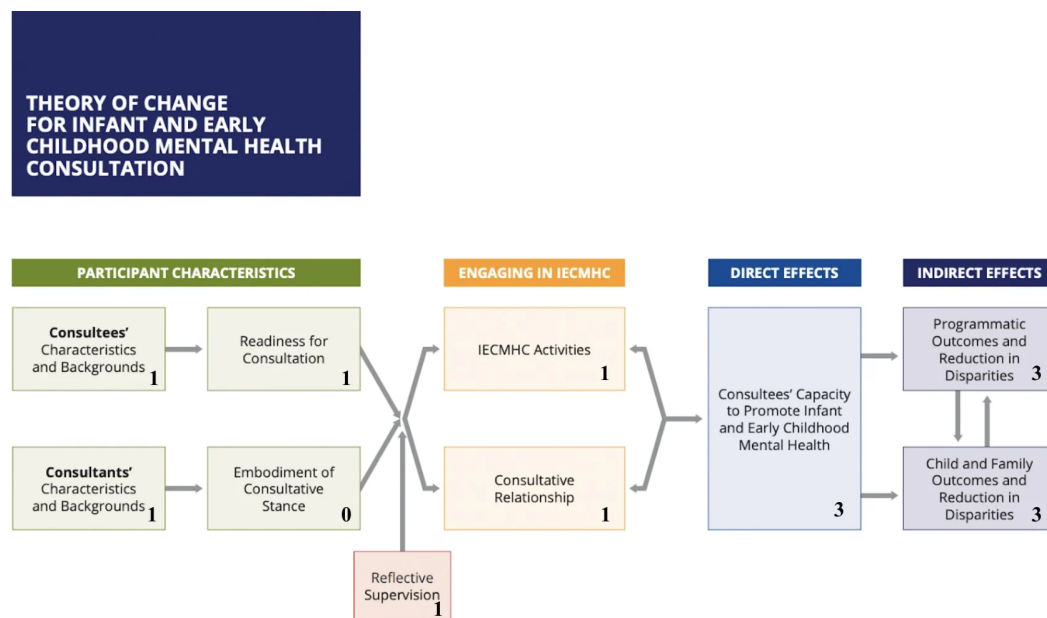


Table 2.

Part of ToC	Evidence Rating	Sub - Constructs Analyzed	Example Finding from Scholarly Literature
<i>Consultee's Characteristics and Backgrounds</i>	1	None	The impact of consultation on teacher self-efficacy depended upon a teacher's age and level of experience; there was a greater impact for younger, less experienced teachers (Heller et al., 2011)
<i>Consultants' Characteristics and Background</i>	1	None	A stronger consultative relationship predicted greater improvement in classroom climate and child attachment behaviors only when the IECMH consultant had expertise in cultural diversity (Davis et al., 2018).
<i>Embodiment of Consultative Stance</i>	0	None	N/A
<i>Readiness for Consultation</i>	1	None	The extent of consultant-rated provider engagement in the consultation process predicted posttest child behavior, such that greater levels of engagement were associated with lower levels of behavioral concerns and higher prosocial behaviors (Connors Edge et al., 2021)
<i>Reflective Supervision</i>	1	None	Reflective supervision was associated with increased consultant ability to engage in reflective practice with consultees (Shea et al., 2022)
<i>Consultative Relationship</i>	2	None	A higher-quality consultant-reported relationship predicted greater improvements in teacher-child relationships, classroom climate, and teacher self-efficacy. Additionally, the link between the relationship and some outcomes was strongest when the child was a boy of color (Davis et al., 2018)
<i>IECMHC Activities</i>	1	None	More consultant time spent in the classroom predicted greater reductions in problematic teacher interaction styles (punitiveness, permissiveness, and detachment) and greater use of positive classroom management strategies (Connors-Burrow et al., 2013)
<i>Consultees' Capacity to Promote Infant and Early Childhood Mental Health</i>	3	Consultee self-efficacy, Consultee knowledge about S/E development, Consultee turnover, Consultee stress, Consultee-child relationships	Teachers who participated in the Louisiana consultation program demonstrated improved self-efficacy from pre- to post-intervention, as well as improved self-reported competency with social-emotional development and managing challenging behavior (Heller et al., 2011)
<i>Programmatic Outcomes and Reduction in Disparities</i>	3	Classroom Climate, Center Quality, Expulsion/suspension rates	One study found significant increases in center quality from Time 1 to Time 2 as measured by an observational tool, as well as reported changes to center and child practices, as reported during qualitative interviews (Alkon et al., 2003).
<i>Child and Family Outcomes and Reduction in Disparities</i>	3	Child Externalizing Behavior, Child Social-Emotional Competency, Expulsion/suspension risk, Parent-child interactions	Teacher reported significantly higher levels of conflict with Black children at baseline when compared to White children; after six months of consultation the racialized conflict gap was closed and after 12 months teachers reported significantly lower levels of conflict with Black children (Shivers et al., 2021)

RESULTS

- Ratings for each construct are included in Figure 1. As expected, IECMHC outcomes are better understood than IECMHC process variables. There are sub-constructs with growing evidence bases for direct and indirect outcomes (see Table 1), whereas there is limited data on the moderators and mediators of IEMCHC's impact.
- None of the elements of the ToC reached the highest rating (4) because of the need for greater attention to equity considerations in research designs and analyses.
- Of note, only two elements of the ToC had studies that utilized moderation to measure reductions in disparities (i.e., see Davis et al., 2018, and Shivers et al., 2021). Disaggregating analyses by race/ethnicity, disability status, or linguistic background is crucial in order to understand what works for whom.

IMPLICATIONS

- These results illuminate some next steps for research in IECMHC. To inform training and implementation, it is essential to continue to unpack what works for whom. All constructs in the ToC would benefit from further attention to understanding how IECMHC may reduce disparities that often manifest by gender, race, income, linguistic background, and/or disability.
 - No studies have been published regarding IECMHC in tribal nations. Additionally, the vast majority of research to date has been in ECE settings, while other IECMHC settings (e.g., home visiting, primary care, child welfare) have been underrepresented, underscoring the need for research in these settings.
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DISCLOSURES

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