

Theory of Change Examples from GUCCHD and Arizona's Smart Support Program

Carol Weiss¹ popularized the term *theory of change* in 1972 as a way to describe the set of assumptions that explain both the steps that lead to the long-term goals of interest and the connections between the program activities and outcomes that result. A theory of change describes the mechanisms that undergird the intervention's impact on short- and long-term outcomes. From a practical point of view, going through the exercise of developing, refining, and promoting a theory of change enables program leadership and staff to articulate the "what," "why," and "how" of IECMHC. A well-articulated theory of change enables researchers to develop research questions and identify variables that need to be measured in order to support or refute hypothesized links among inputs and outcomes. An IECMHC theory of change makes it easier for researchers to test their hypotheses and guiding assumptions about how and why they think IECMHC is effective (or not).

Two examples of theory of change are explored in this document.

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Georgetown University's Center for Child and Human Development's Theory of Change was developed by Deborah Perry, Ph.D. In the box below, constructs in bold are domains that evaluators have measured in prior studies. Constructs in italics are important mediators of change that do not currently have robust measures in IECMHC studies.

The primary outcomes of interest when IECMHC is implemented in center-based child care, HeadStart, preschool, and pre-kindergarten classrooms are **reductions in children's challenging behaviors** and **improvements in the classroom's social-emotional climate**. Both outcomes are achieved through changes in the way teachers think and act and what they believe as a result of their interactions with a skilled mental health professional engaged in consultation.

IECMHC impacts how young children relate and behave primarily through its **effects on teachers' knowledge, attitudes, and behaviors**. (During child-specific consultation, a parallel process should occur for the child's parents, leading to changes in their knowledge, attitudes, and behaviors as well.)

The mental health consultant forms a *trusting and therapeutic alliance* with the teacher and parent that creates a safe space to explore the meaning of a child's challenging behavior from a position of curiosity and empathy. The *quality of the relationships* created between the teacher, parent, and consultant are foundational in the consultees' ability to reflect on their own *internal representations of this child*, their *implicit biases about the child*, and their *attributions regarding the child's motivations behind the challenging behavior*. There may be

¹ Weiss, C. H. (1972). *Evaluation Research: Methods of Assessing Program Effectiveness*. Englewood Cliffs, NJ: Prentice-Hall.

additional effects of IECMHC through *improvements in teacher-parent communication*. In those cases where the consultant is working concurrently with the young child's family, a child's behavior may also improve at school as a result of increased consistency in approaches that teachers and parents are using to prevent and manage challenging behaviors. Finally, there may be some direct effects of the activities of the mental health consultant on children's challenging behavior, depending on the IECMHC model.

When improvements in the classroom climate occur, IECMHC has facilitated changes in **teachers' practices, affect, mood, and interactions**. These changes are often mediated by gains in the *teachers' ability to reflect* on how their actions are impacting their interactions with children, their co-teachers, administrators, and parents. In addition, through working with a mental health consultant (similar to a coach), a teacher might be more open to **adopting an evidence-based curriculum** that can lead to reductions in challenging behaviors and increases in children's use of positive social skills.

In an early care and education setting, IECMHC can also impact the **attitudes and behaviors of the principals and program directors**. Where there is significant buy-in and follow-through from the leadership, teacher-, classroom-, and child-level effects are more likely to be positive and sustained.

Some variables thought to influence the quality of the consultant-consultee relationship are (1) the level of *training and skill* of the mental health consultant, (2) the **frequency, intensity, and duration** of IECMHC services received, and (3) the *quality of reflective supervision* received by the consultant.

Smart Support Theory of Change, Phoenix, Arizona

Arizona's Smart Support Theory of Change, adopted in 2015, is outlined in the box below. For more information on the Smart Support Theory of Change, see Arizona's [Logic Model with Embedded Theory of Change](#).

Through trusting relationships, IECMH consultants increase the capacity for reflective supervision and reflective functioning in childcare staff, home visitors, and their supervisors. This capacity building helps all adults be more attuned and develop supportive relationships with families and the young children in their care. In addition, the adults develop a shared language and understanding so that home visitors and childcare providers and administrators are better equipped to adopt a stance of:

- ◆ Curiosity about the meaning of children's behaviors
- ◆ Flexibility in thinking about young children's needs
- ◆ Emotional availability to the children in their care
- ◆ Openness to new information
- ◆ Respect for themselves as professionals