



CENTER OF EXCELLENCE FOR  
Infant & Early Childhood  
Mental Health Consultation  
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# Theory of Change for Infant and Early Childhood Mental Health Consultation

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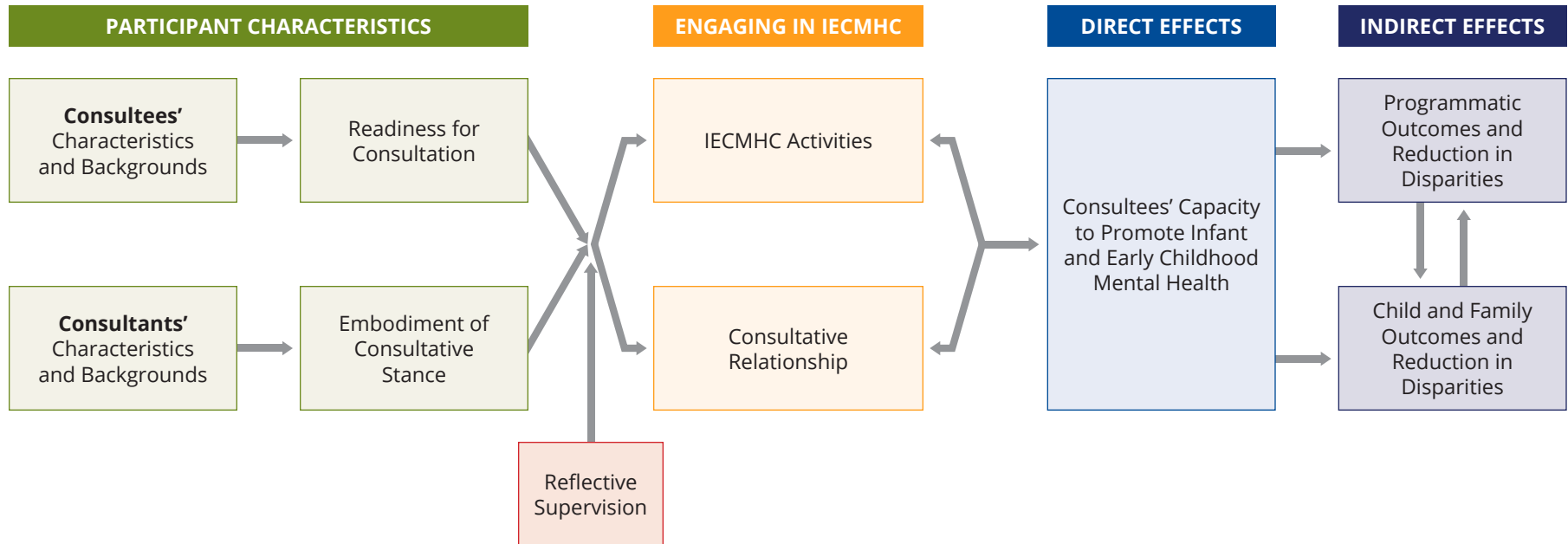
<https://www.iecmhc.org/documents/CoE-Theory-of-Change-Descriptions.pdf>

Decades of research has shown that Infant and Early Childhood Mental Health Consultation (IECMHC) has a positive impact on young children and the adults who care for them. While many evaluators have analyzed the long-term positive outcomes of IECMHC, less is known about WHY and HOW those outcomes are achieved.

A theory of change is a starting point for unpacking the processes by which an intervention leads to the desired outcomes. Using words, visuals, or both, a theory of change explains the hypothesized relationships between where you start, what you do, and what you see as a result. Some people think of a theory of change as a series of “If, then...” questions which can help pinpoint the necessary resources, actions, and short-term changes that precede long-term outcomes. When programs articulate what they do, why they do it, and how they do it, it can streamline their in-service training, program management, and evaluation.

The Center of Excellence for IECMHC has drafted this theory of change for researchers and evaluators based on current best practices and clinical insight into this intervention. It depicts IECMHC as an indirect, relationship-based intervention. Each element of the theory of change is critical for understanding IECMHC and for discussing opportunities to enhance equity. This theory of change is intended to be broad enough to be relevant for programs that vary in their populations served, locations and settings.

# THEORY OF CHANGE FOR INFANT AND EARLY CHILDHOOD MENTAL HEALTH CONSULTATION



## SELECTED EQUITY CONSIDERATIONS

There are important considerations for equity for each element of the theory of change. Below are examples of questions that can be asked using the theory of change as a framework. These questions are intended to inspire more questions, and to increase clinical attention and data collection related to critical equity issues in IECMHC.

- How does the financial status of the program receiving consultation affect short- and long-term outcomes?
- How do experiences of discrimination, oppression, or trauma affect the formation of a consultative alliance?
- What is the influence of parents'/caregivers' linguistic background on their experiences of IECMHC?
- Which IECMHC activities are most influential in reducing disparities in outcomes for children of color?

## INDIRECT EFFECTS

In the long term, IECMHC leads to improved child and family outcomes, such as improved social-emotional competence and reduced challenging behaviors. Consultation also aims to affect the program overall, through changes to outcomes such as organizational climate or program policies. Effective IECMHC leads to increases in equity and reductions in disparities in early childhood populations and systems. In particular, it is critical that MHC not only lead to positive outcomes across the board, but that children and families experiencing – or at risk for – disparities in important social-emotional outcomes benefit most to close gaps in the long term. In addition, it is important to address disparities in the programs that serve young children and families, such that systemic inequities in community resources do not dictate the quality of early childhood services available to children and families.

### Programmatic Outcomes and Reduction in Disparities

Changes to improve the social-emotional context in which the child grows and learns. The “program” will depend on the recipient(s) of consultation, but may include the classroom, home visiting program, childcare program, and others. Outcomes should reduce disparities for participants within programs that may manifest by gender, race, income, linguistic background, and/or disability.

### Child and Family Outcomes and Reduction in Disparities

The mental health of infants and young children as well as the overall wellbeing of their families. Outcomes should reduce disparities for children and families within programs that may manifest by gender, race, income, linguistic background, and/or disability.

## DIRECT EFFECTS

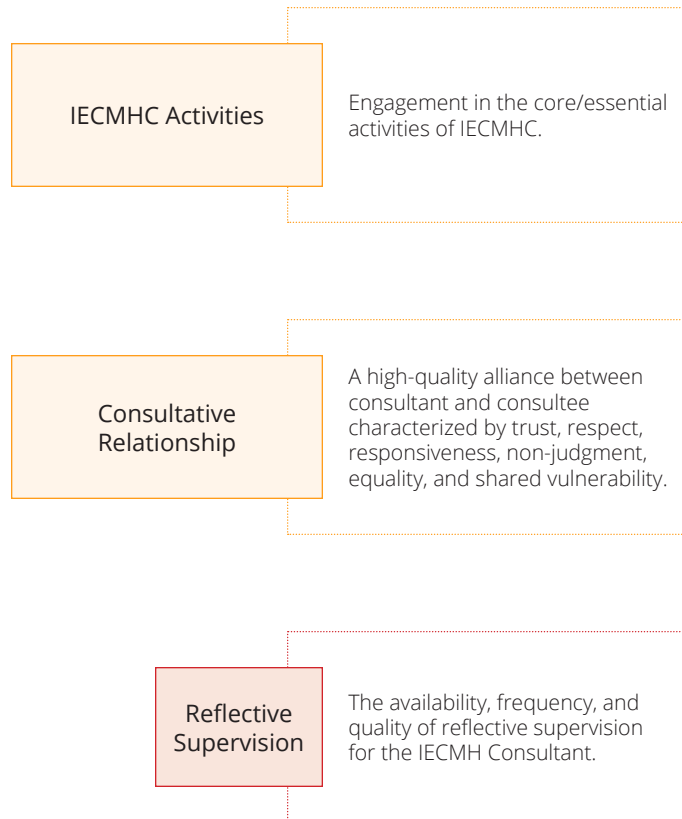
As an indirect intervention, the long-term effects on children, families, and programs are made possible by preceding changes to the early childhood professionals who directly receive consultation. Engaging in IECMHC may affect the consultee psychologically (e.g., changes to self-efficacy, knowledge), relationally (e.g., increased warmth in caregiver-child interactions), and behaviorally (e.g., use of more effective behavioral supports).

### Consultees' Capacity to Promote Infant and Early Childhood Mental Health

Changes to consultee's knowledge, perceptions, emotions, relationships, and behaviors as a consequence of consultation. These changes improve their ability to understand, empathize with, and respond sensitively to a child's social-emotional needs.

## ENGAGING IN IECMHC

The process of engaging in IECMHC involves a continuous interaction between what is done and how it is done. There are core activities of IECMHC that structure the time spent in consultation, and clarify how IECMHC is distinct from other early childhood interventions. In addition, engagement in IECMHC depends on the formation of a relationship between consultant and consultee that is trusting and collaborative. This special relationship and the activities of consultation influence each other reciprocally, and both are shaped by the consultant's participation in *reflective supervision* (Heller & Gilkerson, 2009; Parlakian, 2002).



## PARTICIPANT CHARACTERISTICS

Consultation is a relationship-based intervention, so the personal backgrounds of each participant are the building blocks of the work. All consultants and all consultees begin IECMHC with their own professional and personal backgrounds and experiences, which influence their engagement in consultation. For consultees, their backgrounds may lead them to feel more or less open to and ready for consultation and the new ways of thinking and acting it may entail. For consultants, their own experiences as mental health professionals may impact their ability to adopt *the consultative stance* (Johnston & Brinamen, 2006)—which differs from how mental health clinicians may have been formally trained in graduate school.

### Consultees' Characteristics and Backgrounds

Personal attributes and professional experiences of the consultee. Personal attributes include demographic information and professional experiences include educational attainment and experiences in their role.

### Readiness for Consultation

The extent to which the consultee is open to working with the consultant and to considering new practices and ways of thinking. This could be operationalized at an individual level, programmatic level, and/or leadership level.

### Consultants' Characteristics and Backgrounds

Personal attributes and professional experiences of the consultant. Personal attributes include demographic information and professional experiences include educational attainment and experiences in their role.

### Embodiment of Consultative Stance

The extent to which the IECMH Consultant demonstrates the ten tenets of the consultative stance as articulated in the Brinamen & Johnston (2006) book.