2009 Annual Meeting of the Child Care Policy Research Consortium

Washington, D.C. • October 28–30, 2009

U.S. Department of Health and Human Services

Child Care Bureau
Office of Family Assistance
Administration for Children and Families

OPRE
Office of Planning, Research and Evaluation
Administration for Children and Families
Readiness to change:
Implications for improving quality in early care and education

Shira M. Peterson, Ph.D.
Children’s Institute
Rochester, NY
Defining the Problem

- Need for high-quality care

- Challenges for ECE workforce
  - Financial resources
  - Psychological well-being
  - Academic skills
  - Professional identity
  - Childrearing beliefs

- Existing PD approaches are one-size-fits-all
## Mentor Observations of ECE Readiness

<table>
<thead>
<tr>
<th>Observation</th>
</tr>
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<tbody>
<tr>
<td>“Absolutely did not want to change”</td>
</tr>
<tr>
<td>“Change was just too much effort or energy”</td>
</tr>
<tr>
<td>“Very open to [thinking] about what’s needed in her room”</td>
</tr>
<tr>
<td>“People who say, ‘Oh, I’m so glad you’re here... I need to do this or that or the other.’”</td>
</tr>
</tbody>
</table>
The Change Process

- Most systems resist change
- Change takes time (3-5 yrs)
- To be sustained, change must be self-determined
- Only about 20% of the population are “ready to change”
- Programs that are mismatched to stage can actually make outcomes worse

(Deci & Ryan, 1985; Loucks-Horsley et al., 2003; Prochaska & Velicer, 1997)
The Transtheoretical Model (TTM)
(Prochaska & Diclemente, 1983)

- An NIH recommended practice for behavior change programs (Ory, Jordan, & Bazzarre, 2002)

- Large evidence base (e.g., Noar, Benac, & Harris, 2007; Velicer et al., 1999; 2006)

- Wide range of applications
  - Smoking cessation
  - Exercise adoption
  - Stress management
  - Organizational change
  - Physician practice
  - Foster care/adoption
## Stages of Change

<table>
<thead>
<tr>
<th>Stage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Precontemplation</td>
<td>Not ready to change</td>
</tr>
<tr>
<td>2 Contemplation</td>
<td>Not ready to change on their own</td>
</tr>
<tr>
<td>3 Preparation</td>
<td>Ready to change</td>
</tr>
<tr>
<td>4 Action</td>
<td>Actively engaged in change</td>
</tr>
<tr>
<td>5 Maintenance</td>
<td>Maintaining change with vigilance</td>
</tr>
</tbody>
</table>
Markers of Change

- **Decisional balance**: Relative weight given to pros and cons to change

- **Self-efficacy**: Confidence that one can cope with obstacles to change
Goals for Each Stage

<table>
<thead>
<tr>
<th>Stage</th>
<th>Goals</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Precontemplation</td>
<td>Awareness, concern, confidence</td>
</tr>
<tr>
<td>2 Contemplation</td>
<td>Risk-reward analysis</td>
</tr>
<tr>
<td>3 Preparation</td>
<td>Commitment, creating a plan</td>
</tr>
<tr>
<td>4 Action</td>
<td>Implementation, revision of plan</td>
</tr>
<tr>
<td>5 Maintenance</td>
<td>Integration into lifestyle</td>
</tr>
</tbody>
</table>
# Processes of Change

<table>
<thead>
<tr>
<th>Stage</th>
<th>Experiential Processes</th>
<th>Behavioral Processes</th>
</tr>
</thead>
</table>
| Precontemplation | - Consciousness raising  
                     | - Dramatic relief  
                     | - Self-reevaluation  
                     | - Environmental reevaluation  
                     | - Social liberation             | - Self liberation  
                     | - Stimulus control  
                     | - Counter-conditioning  
                     | - Reinforcement management  
                     | - Helping relationships       |
| Contemplation   |                                                                                       |                                           |
| Preparation     |                                                                                       |                                           |
| Action          |                                                                                       |                                           |
| Maintenance     |                                                                                       |                                           |
Context of Change

- Current life situation
- Beliefs and attitudes
- Interpersonal relationships
- Social systems
- Enduring personal characteristics
Applying the TTM to ECEPD

- Training for mentors, coaches, home visitors
  - Characteristics of each stage
  - Optimally supportive strategies
- Progress monitoring
- Screening tool
The Stage of Change Scale

- Used with ECEs enrolled in professional development programs
  - Early Educator Mentoring System
  - Partners in Family Child Care
- Two parallel versions
  - Caregiver/provider survey
  - Mentor/home visitor survey
### Stage of Change Scale

- **Stage of change**
- **Awareness**
- **Seeking information**
- **Effect on children**
- **Overcoming obstacles**
- **Social support**
- **Professional identity**

<table>
<thead>
<tr>
<th>Stage of change</th>
<th>Does not plan to make any changes</th>
<th>Thinks about making a change but just can’t do it right now</th>
<th>Is planning to make a change</th>
<th>Is working to change something right now</th>
<th>Is making sure s/he doesn’t go back to her/his old ways</th>
</tr>
</thead>
</table>
Stage of Change Scale

- High internal reliability (.95)
- FCC provider rating > Home visitor rating
- Growth from pre to post
Center-based ECEs in mentoring
FCC providers in home visiting

The image contains a bar chart with two groups labeled T1 and T2. The x-axis represents stages 1 to 5, and the y-axis represents frequency. The chart shows the distribution of FCC providers in home visiting across these stages.
Predictive validity

- Moderate correlation with caregiving skills (.39) in center-based sample (N=21)
- Further research is planned to develop the measure and assess its validity
## Potential Uses and Benefits of the TTM

<table>
<thead>
<tr>
<th>Uses</th>
<th>Benefits</th>
</tr>
</thead>
</table>
| Match PD to stage                         | - Increase effect for those in lower stages  
                                           | - Decrease cost for those in higher stages  
                                           | - Increase retention  
                                           | - Maintain diversity                                                                   |
| Screen for eligibility for PD             | - Maximize observed changes in practices  
                                           | - Maximize observed child outcomes                                                             |
| Screen for job/license                    | - Exclude from the profession those who lack or show no increase in readiness                                                      |
Strengthening social and emotional health

Contact:
Shira M. Peterson, Ph.D.
Children’s Institute
speterson@childrensinstitute.net
(585) 295-1000 ext. 233
www.childrensinstitute.net
2009 Annual Meeting of the Child Care Policy Research Consortium

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Assessing and Measuring Readiness for Change: Potential Applications to Quality Initiatives for Home-Based Child Care

October 30, 2009

Presentation at the 2009 CCPRC Annual Meeting
Diane Paulsell
Overview of the Presentation

- Characteristics of home-based caregivers
- Initiatives to support quality in home-based care
- Potential applications of readiness-to-change concepts that could strengthen quality initiatives for home-based child care
Includes regulated and exempt caregivers; most are relatives.

Ages vary—most caregivers in mid-40s.

Most caregivers have low incomes.

Family, friend, and neighbor caregivers tend to share same race/ethnicity and home language as parents and children.

Family child care providers are more likely to have a high school degree.
Motivations and Challenges Faced by Home-Based Caregivers

- Motivation for family, friend, and neighbor caregivers: help the family or keep child care within the family

- Motivation for family child care providers: earn income; stay home with own children

- Challenges of home-based caregivers:
  - Social isolation
  - Work-related stress and physical exhaustion
  - Conflicts with parents—childrearing styles, scheduling, payment, lack of respect for professional status
Initiatives to Support Quality in Home-Based Care: Goals

- Recent national scan identified 90 recent or ongoing initiatives in all 50 states

- Primary goals of initiatives:
  - Quality improvement (72)
  - Support for licensing or registration (9)
  - Support for obtaining accreditation (5)
  - Certificate program or college credit or CDA (4)
Initiatives to Support Quality in Home-Based Care: Strategies

- **Primary service delivery strategies:**
  - **High intensity:** home visiting (17), coaching and consultation (10), professional development through formal education (2)
  
  - **Moderate intensity:** workshops (46) play and learn groups (6), peer support (4)

  - **Low intensity:** materials and mailings (5), grants to caregivers (2), mobile reading vans (2)

- **Most initiatives combine strategies**
  - Core and supplemental services
  - Menu or continuum
Lessons on Designing Initiatives for Home-Based Care

- No one size fits all.
  - Need for targeting and tailoring

- Caregivers are more likely to enroll in programs that address their interests/needs.
  - Many examples of mismatches

- Initiatives should be based on logic models with expected outcomes linked to program content and intensity.
  - Many initiatives not well specified.
  - Outcomes not realistic given dosage and resources.
Potential Applications of Readiness-to-Change Concept

- A screening tool
- A tool for targeting and tailoring
- A tool for motivation and sustaining participation
- A framework for staff supervision and development
Potential Applications: A Screening Tool

- For an intensive program that requires behavior change, use as a screening tool to identify motivated caregivers.
  - Coaching and consultation
  - Home visits
  - Formal education

- Screen caregivers not ready to change into lower intensity services that may prepare them for change before investing more resources.
  - Peer support groups and social interactions
  - Materials and equipment to improve environment
  - Reading vans
Potential Applications: Targeting and Tailoring

- For programs offering a continuum of services, use to place applicants in the appropriate track.
  - Not ready to change: low intensity such as grants, materials, mobile vans
  - Ready to change: high intensity: home visiting, coaching/consultation, formal education
  - Maintenance: access to peer support, professional development, support for accreditation

- Use as a factor for identifying target outcomes and services from a menu.
  - Relationship to children in care, motivation, interest in professionalization, education, regulation status, needs, readiness-to-change
Potential Applications: Motivating and Sustaining Participation

- Use incentives to move caregivers along the readiness continuum.
  - Informational incentives
  - Financial incentives
  - Social incentives
  - Public and professional recognition
Potential Applications:
Staff Supervision and Development

- Train staff to assess and reassess caregivers’ readiness to change.
- Help staff in targeting services to caregivers’ readiness to change.
- Help staff identify appropriate strategies for motivating participation of caregivers at each stage in the continuum.
- Train staff to support caregivers in maintaining change.
- Identify skills needed to effectively work with caregivers at different levels of readiness.
Discussion of Shira Peterson’s *Readiness to Change* Paper

Perspective: Center-based caregivers

October 30, 2009

Carolyn Layzer
Abt Associates Inc.
How might Stages of Change influence our…

• Expectations for rates of change
  — Designing study to measure process and outcomes—need to factor in more time
  — Cost

• Expectations for kinds of change
  — Not all learners will progress in same areas along same timeline
  — Does the type of intervention or p.d. also operate with/against readiness to change?
  — Supervision, support

• Expectations for Consequences & Rewards
  — QRS and other rating issues
Design Considerations (studies of p.d.)

- Include Stages of Change in process model
  - Whole group/large group training just one of several strategies to be employed in training and development
  - Role of coaches/mentors—includes survey & assessment

- Include process documentation in design and budget
  - Extra mentoring/coaching, longer time, more nuanced coaching
  - Group training still important (see “Social Support” row!) but not as sole mode of transmitting information…

- Client briefing—how can we help funders (make role of Stages of Change visible)?
Expectations for Kinds of Change

• Progress

• Type of intervention/p.d.
  – Curriculum-focused intervention, school-readiness focus [usually CO area]
  – vs. IS area – concept development; scaffolding & effective differentiation of instruction / intentional guidance; language development
  – vs. ES area – climate, sensitivity, student roles

• Supervision and support
  – Coaching model – need different levels of support at different stages (frequency of visits, structure of feedback), and need different content – this seems to be a good fit for center-based…
Consequences / Rewards

• Including Stages of Change in outcomes

• Including *growth* in readiness to change in assessment of efficacy of intervention or p.d.

• Including *growth* in readiness to change in formula for QRS or other rating system

• Developing ways of communicating about process and appropriate expectations
Concerns / Questions

• Does it make a difference what the focus of the p.d. is?

• Once we know the teacher’s (initial) stage, how to safeguard against determinism?

• Training of mentors/coaches
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