2009 CCPRC Annual Meeting
Plenary Session 4
Friday, October 30, 2009, 8:45 a.m. – 10:15 a.m.

Early Childhood Workforce—Assessing and Measuring Readiness for Change

Description

States and local communities must make difficult decisions about how to allocate limited funds for quality improvement in early care and education. An emerging conceptualization raises the possibility that funds for professional development approaches might be utilized more efficiently and effectively if instead of using the same approach with all caregivers, professional development could be tailored to their "readiness to change."

The session started with a presentation about the conceptualization and measurement of readiness to change for early childhood caregivers. This presentation summarized:

- The theoretical and empirical basis for the readiness to change conceptualization in health research;
- Why and how this conceptualization has been adapted for implementation in professional development initiatives with early childhood caregivers;
- Evidence from the use of measures of readiness to change with both center-based and home-based early childhood caregivers; and
- Possibilities for tailoring professional development approaches for early childhood caregivers at different stages of readiness to change.

Following this presentation, two discussants with expertise in the research on strategies for improving the quality of home-based and center-based child care discussed the potential for applying the readiness to change conceptualization in these different child care settings. The session ended with session participants sharing their perceptions of the relevance of the readiness to change conceptualization to their work, possible next steps for its application in practice and policy, and important next steps for research.

Moderator

Marty Zaslow, Child Trends

Presenter

Shira Peterson, Children's Institute

Discussants

Diane Paulsell, Mathematica Policy Research, Inc.
Carolyn Layzer, Abt Associates, Inc.

Scribe

Rachel Anderson, Child Trends

1. **Documents in Session Folder**
   - "Readiness to Change: Implications for Improving Quality in Early Care and Education," Shira M. Peterson, Ph.D.
   - "Assessing and Measuring Readiness for Change: Potential Applications to Quality Initiatives for Home-Based Child Care," Diane Paulsell.
   - "Discussion of Shira Peterson's 'Readiness to Change' Paper," Carolyn Layzer.

2. **Summary of Presentations**
   - **Summary of Presentation #1: Shira Peterson**
     - There are challenges to improving the quality of care for programs serving low-income children. Some are structural and systemic, but this presentation focuses on barriers to change among the early childhood workforce. Barriers to change include the very low-income of early childhood educators, additional family and mental health stresses, low levels or discomfort of education and professional identity (providers don't see themselves as professionals), and the fact that childrearing beliefs are hard to change.
     - Existing professional development (PD) is often one-size-fits-all, but individual techniques need to be adopted. Even when educators make changes, the improvements are short-lived if educators are not ready to internalize the change.
     - Mentor programs reveal that some educators are not ready to change or felt that change was too much effort, while some people were ready and eager.
     - Literature and research reviews confirm that systems resist change and that real change takes time and will only work with about 20% of the population. Most importantly, mismatched efforts at change can backfire:
       - The transtheoretical model (TTM) is an NIH-recommended practice to tailor practices to five stages of changes (see PowerPoint). More research is needed on the use of TTM for social sciences. A 2007 meta-analysis showed that targeting on 4-5 constructs is most effective.
       - People progress through the stages when motivation to change becomes internalized and self-determined, but they also do not always move in a straight line (people can regress or spiral through the steps). Each stage (precontemplation, contemplation, preparation, action, and maintenance) has a unique goal.
       - The processes of change include experiential (precontemplation and contemplation) and behavioral processes (preparation, action, and maintenance).
     - When moving through the stages, people weigh the pros and cons as well as their perceived ability to meet challenges associated with changing. Also, change always happens within a real-world context that needs to be considered.
     - New work on stages of change is starting to show how to apply this to PD training for mentors, coaches, and home visitors.
     - This training relieves the pressure of feeling like change always needs to be seen right away—people were able to change their expectations.
     - A progress development model was created to look at the perspectives of the caregiver and the mentor/home-visitor. The scale uses seven items to assess a caregiver's overall stage of change.

- There appears to be some self-inflation among the providers' answers, but growth over time was evident for both infant/toddler and preschool providers.
- Future goals: More research on predictive validity (there is now a moderate correlation with growth in care-giving skills in the center-based setting).
- Possible uses and benefits include matching the status of a current PD program to the stages of change. This would include increasing the amount of time over which change is expected to occur, which would increase workforce retention by showing responsivity, and increase workforce capacity by helping some providers stay, while screening out those who are not ready to make changes or screening them out of the profession entirely.
- This is a way to meet caregivers where they are.

- **Summary of Presentation #2: Diane Paulsell**
  - Home-based care includes unlicensed (FFN) and licensed care. Many children are in home-based care and many are being cared for by relatives. Still, the caregivers and care-giving types are extremely diverse (including demographics, motivations, and challenges).

  - The OPRE-funded research project, "Supporting Quality in Home-Based Child Care," found more than 90 initiatives to improve home-based quality improvement. Review of these initiatives revealed several goals and service delivery methods that were frequently used (i.e., a continuum of services or more formal education participation).
    - The population is too diverse to use one type of initiative; readiness to change can be used to move provider into appropriately structured and intensive initiatives.
    - Caregivers are more likely to enroll in programs that they see as relevant to their needs. There is often a mismatch between what providers need and what is available.
    - Initiatives should use logic models and well-specified protocols.
    - Intensive programs should use screening techniques (such as readiness to change).
    - Caregiver goals can vary (wanting to be accredited versus wanting to help grandchildren be ready for school).
  - Strategies, such as incentives, may help move providers up the ready-to-change continuum.
  - There are numerous applications: Training and staff assessments, targeting services, identifying strategies, and individualizing PD for diverse populations.

- **Summary of Presentation #3: Carolyn Layzer**
  - Readiness to change could influence expectations for rates of change (longer and more variability), expectations for kinds of change, and expectations for consequences and rewards. These changes in expectations will also affect issues such as costs, study design lengths, and supervision/support.
  - PD studies now will have to include stages of change in the process model, process documentation in design and budget, and ways of talking with the client/funder.
  - We would expect different types of change depending on the focus of the PD, and the stages of change might work differently with these different aims of PD. Also, the measurement of stage of change might itself be used to determine where to focus PD (curriculum, instructional or interaction techniques, professional identity). Stages of

change could become an outcome, growth, or could be used as an index of readiness-to-change, which could be used to change a QRS or rating system formula.
- o *Questions for future research:*
    - Does the topic of PD (i.e., material- or interaction-focused) make a difference?
    - Could assessment of providers' readiness to change lead to determinism among mentors?
    - How do we change the training of mentors?
- o Challenges for mentors include individualizing professional development for teachers to match the teachers' individual stages of change.

3. Summary of Discussion with Presenters and Participants

- Need to look at the interactions between peoples' skills and their readiness to change: They could be inversely associated. Caregivers with gaps in skills are often eager to learn, while self-confident or certified teachers can be more resistant to change.
- Individuals with all levels of education/skills and readiness to change have been observed. Tailoring current and motivational factors appears to be the best factors to use.
- Is there a correlation between external factors and readiness to change? What can be done about stress/external factors and readiness to change?
    - o Stress can be a barrier to change; personal counseling might be needed to enable PD and change.
    - o Unreasonable expectations when moving people from contemplation to action can lead to maintenance failures in health. This should be considered for early care providers as well. Expectations need to be reasonable and achievable.
- The social support construct asks about provider perception of leadership support for change, which appears to be important. System development might need to be associated with individual PD at the community level.
- Mentors and coaches feel pressured to produce change among the providers they work with, so a shift in attitude is necessary. Sometimes planting an idea for change needs time to grow.
- Role of organizational systems: Anne Douglas from the University of Massachusetts is looking to make connections with other researchers on this topic. Organizational and individual motivations are very different (organizational has less to do with internal motivation).
- Seeing the outcomes of the changes can help motivate and encourage maintenance.
- This work challenges the idea that peoples' motivation is an enduring characteristic; people can be moved along the readiness-to-change continuum. Both concepts are important and some people need more help to change than others.
- TTM in the medical field is viewed as a linear scale; regressions only exist depending on how progress is measured (i.e., people can be in multiple stages at once and exist within their own personal motivation, external forces, and personal characteristics).
- People are often resistant to change, but when forced to reassess their ideas, people will react differently to larger structural changes. This needs to be explicitly incorporated into the readiness assessment model.
- How do readiness to change and cultural background interact?
- Individualist versus collective cultural contexts need to be studied to help determine more targeted and tailored strategies.

4. **Key Themes and Issues**
   - Early care uses specific quality measures that are rarely individualized or tailored to specific caregiver needs or characteristics.
   - Professional development focusing on individualization and tailoring according to early childhood educators' readiness to change can allow for more change and for the maintenance of this change over time.
   - Incorporating readiness to change into professional development initiatives will change expectations about the timeline of change and how professional development studies are run, but it will ultimately allow for more responsive and tailored professional development programs.