

WEST VIRGINIA
EARLY CHILDHOOD
PROVIDER
QUARTERLY

A young child with blonde hair, wearing a white knit hat with a pom-pom and a white ribbed sweater, is smiling and holding several pumpkins. The child is standing in a field of pumpkins under a bright sky. The background is slightly blurred, showing more pumpkins and trees in the distance.

Reaching "Resistant" Learners
Developmental Stages
of Teachers

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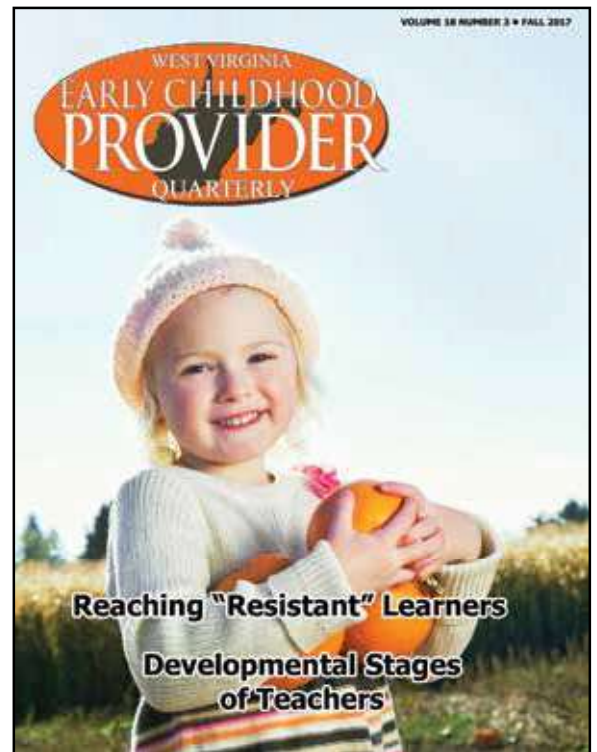
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Stage of Change Approach by Children's Institute: Professional Development for Family Child Care Providers

Article submitted by Amy Baker, MA, Children's Institute
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Here in a small conference room at the Eastside Community Center, a former neighborhood settlement house, Children's Institute is about to convene the first meeting of the Experienced Provider Discussion Group. Ten urban family child care providers have agreed to find out how these sessions will be different from any other classes they've attended.

"A long time ago," I tell them, "I used to teach classes for family child care providers the traditional way. I'd talk about one of the state's competency areas for 20 minutes or so, and then ask you to break up into small groups and talk about the topic amongst yourselves. I usually had a take-home lesson or two – some way for you to make your programs better."

I pause to look at their faces. "I wanted the classes to be interesting, but I was never sure. I was always the one who decided what was important."

They shift in their chairs. They know all about this. It's called mandatory training.

"This group will be different. It won't look like any class you've been to before and I won't be running it, even though it looks like that right now." Everyone laughs. "You will decide what you want to talk about and how you want to go about it. If you want to talk about one of the children in your program, that's okay. If you want to talk about your state licensor, that's okay. It's okay if you want to exchange recipes or activity ideas. It's up to you what you'll discuss. Sally and I will support whatever you think is best. We want you to enjoy the conversation and look forward to the next meeting."

I give them a moment to think about this. "If something happens that makes you unhappy – for example, you don't get a chance to talk as much as you want to – we can talk about it and, hopefully, we'll make it better. What happens is up to you."

This is such a novel idea, that I don't expect them to have much to say in return. Not yet. Right now, it's more important to me that they trust the process. So I continue, "You all are experienced providers. You've been running your programs for five years or longer. You all like working with children. You all see child care as important work. You're not in it for the money." (No one can go into this business in these neighborhoods for the money.) "You're in it for the long run. You want to help children succeed in school and in life. You all have experience to bring to the group."



Conversation begins to bubble around me: “We’re more than baby-sitters.” “The County doesn’t appreciate what we do. The State doesn’t either.”

I listen and agree. As a rule, urban family child care providers aren’t well understood, but they work hard and they care – often deeply – about the children in their programs. When the conversation slows down, I admit: “I couldn’t do your jobs...I’m too bookish. It would be too hard for someone like me.”

And then I ask them to tell me, off the top of their heads, what topics they’d like to talk about. My co-convenor, Sally, takes on the role of the scribe and writes their ideas on a flip chart. The list includes parent-provider communication, state regulations, contracts, child abuse and neglect, and the Child and Adult Care Food Program. When they’re finished, I ask them to pick a topic and then jump-start the conversation by asking: “What about that subject gets to you? Why did you choose it?”

They start talking about the parents who use their programs: a mom who is in too much of a hurry to listen to what her child did during the day, or a mother who sends her baby with a bottle of Kool Aid. When they finish, they switch to teen moms they’ve taken under their wings and talk about parenting the parent.

The Experienced Provider Discussion Group is off and running.

The Stage of Change Approach by Children’s Institute

The approach to this professional development grew out of our research into the evidence-based Trans-Theoretical Model (TTM) of change. Strategies that are stage-based (designed to meet learners where they are) have a greater impact, and TTM identifies five stages of readiness to change: Pre-contemplation, Contemplation, Preparation, Action, and Maintenance. Learners who are ready to change (in Stages 3 - 5) are receptive to new information, goal-setting and problem solving, but learners who are at early stages of readiness (Stages 1 and 2) don’t respond well to those approaches. In fact, they scare them off. For Stage 1 and Stage 2 learners, TTM supports experiential learning, the process of providing learners with opportunities to reflect on their own experience.

The Experienced Provider Discussion Group follows that model, giving caregivers time to talk about what they do and why they do it. We aren’t expecting these discussions to cause changes in behavior. What we expect is that these learners, who are stuck or overwhelmed by circumstances, will take a greater interest in the quality of their work.

We’re looking for changes in attitude. We want them to move from Pre-contemplation (“My licensor said I had to do it...” “No one ever complained about this before...”) and Contemplation (“I’d like to but...”) to Action (“I’d like to try that!”

“How do you do that?”). What we want is for them to feel excited about learning. We want them to feel motivated from within.

Providers own the process

The participants are asked to follow standard guidelines for small groups, upholding principles such as confidentiality, mutual respect, empathy, and acceptance of the idea that there can be many right answers to complicated questions. The group’s over-arching goal is to help the children in their care succeed in school and in life.

The conversation usually starts with a story related to that topic: “This child thinks he can get away with anything. He looks through my fridge for something to eat without even asking!” Others chime in: “I tell these children that when they’re in my house they have to follow my rules!” “I had a child like that and I had to let him go. He upset all the other children.”

The lessons emerge from the stories themselves: “You have to work with young parents if you want them to do the right thing.” “Sometimes you have to take care of the mothers, too.”

The amount of time the providers spend on each subject depends on their level of interest. Sometimes they stay with a single topic for an hour or more – especially a hot-button topic like parent-caregiver relationships or licensing regulations. If the training topic is mandated by the State and the providers seem to be learning from the discussion, they receive a certificate for training credit.

While the providers carry on the discussion, Sally and I listen appreciatively, but quietly, keeping to our role as conveners. When the conversation veers off track, we remind them of their purpose. Now and then, we provide information they ask for – an immunization schedule, the name and number of a person at an agency that might be able to help, clarification of CACFP guidelines – but other than that, we simply provide space, credit, and now and then a birthday cake.

Measuring outcomes

The day after the meeting, Sally and I write up what we remember of the discussion, including the issues that were raised, the people who raised them, the stories they told, and the lessons they learned. Our notes provide anecdotal evidence when it comes time to assess the provider’s stage of change at the end of the program.

Our measure is the Stage of Change Scale, which was designed and tested for reliability and internal consistency by Children’s Institute. It has seven items, each with five possible responses, and only takes a few minutes for a mentor, who knows the learner well, to fill out. All of the providers who took part in the Experienced



Provider Discussion Group last year were in Stage 1 (pre-contemplation) or Stage 2 (contemplation) upon entry into the program. They were intentional and committed to their work, but were stuck, overwhelmed by obstacles.

Last year, when the program was over, Sally and I administered the scale again, independently, drawing from our notes and formal provider interviews. Six of the providers moved up at least one stage of change to Stage 3 (Preparation), and two moved up to Stage 4 (Action). All of them were more confident and motivated to improve the quality of their programs, and better prepared to do so.

Here's what some of the participants had to say about their time in the group:

"Before I was in a rut, now I..."

"We talked about what needs to be talked about."

"I was pretty tense before. I feel different now. More at ease with people. It was de-stressing."

"It gave me more oomph. Motivation to do it better."

"I observe the children more. The class taught me to pay attention. I never was a teaching person, but now I know which ones count and which ones are learning to count and who knows how to say it a little better than the other one."

Looking ahead, Sally and I expect that the providers in this year's group will move up one stage of change as well.

What kept them coming back?

Even though the Stage of Change Scale let us know we had accomplished our goal, we weren't sure why the meetings had been so successful, so we interviewed the participants and asked what the experience was like for them. What kept them coming back?

Again, in their own words:

"Before, I was in serious depression dealing with my son's autism. I felt I could open up in the group. I could say I'm not doing well. I need help."

"The relationships kept me coming back. In class, we don't get to form relationships like this. I learned a lot. It was my getaway. Time for myself. I always help other people with their problems but this was for me."

"The classes never dragged. They kept you alert. I enjoyed the friendship, fellowship. I felt warm and good being around them."

Their responses confirmed what we had thought when Children's Institute designed the program: Learners benefit from talking and problem-solving with peers in small groups. The participants enjoyed talking with one another about their experience. What was a surprise was the sense of isolation that fueled this longing for connection. Nearly all the participants told us they felt fearful or intimidated by their State licensors and workers at the Department of Health and Human Services. They be-

lieved that if they went to the Child Care Resource & Referral Agency or the State licensing office with a question, they could get turned in or cited for being out of compliance.

They felt the same mistrust for other providers. They said that competition in their neighborhoods was so intense, it was impossible to ask another provider for help. The discussion group was different because they could trust one another. They could talk about their experience, and ask for advice without fear.

We had thought about provider isolation when we designed the program, but the fear and desperation that these urban providers expressed was deeper and more pervasive than we had imagined. The sense of isolation went a long way to explain their excitement, their commitment, and their wish that the group would continue indefinitely. The discussions met a deep unmet need for connection, understanding, appreciation, and empathy.

Summary thoughts

The Experienced Provider Discussion Group has been well received because it meets providers where they are. It meets their need for collegial relationships with peers who have similar challenges and goals. It meets the learners' need for fellowship – to enter into relationships with people who care about their stories and listen with understanding and empathy. It also meets the providers' need for professional development – training on topics of interest.

It is an example of stage-based professional development at its best. It follows the recommendation from the evidence-based Trans-Theoretical Model of Change, by meeting learners where they are, rather than where we want them to be. Rather than expect Stage 1 and Stage 2 learners to change their behavior, it offers experiential learning – opportunities for learners to talk about their experience in ways that meet their needs. The 90 percent attendance rate says it all: The Stage of Change Approach by Children's Institute motivates learners to evaluate and reinvest in their own programs. It is a professional development model that works.

Children's Institute is a national not-for-profit organization based in Rochester, NY that works to strengthen children's social and emotional health. Through sound research and evaluation, the organization develops and promotes effective prevention and early intervention programs, materials, and best practices for children, families, schools, and communities. Children's Institute is affiliated with the University of Rochester and has served the community for over 60 years. For more information, visit www.childrensinstitute.net.

