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Readiness Scale Gains National Attention



It is said that the only constant in life is change. Children, it seems, change moment to moment, but what about the early childhood professionals we entrust with their care? How do we know if they are open to change that will improve their child care practices? Children's Institute's Stage of Change Scale for Early Education and Care 2.0 and its Professional Manual provide an innovative set of tools to measure and respond to caregivers' readiness to change.

Research Associate, Shira Peterson, Ph.D., had an active role in developing the Stage of Change Scale with her colleagues while working on a professional development initiative. "Our mentors kept pointing out that the teachers had different levels of readiness, which is why professional development opportunities work out better for some than others," she explained. "Some were ready to jump right in, while others needed a lot more time to process new information."

A Note from Our Director



Picture yourself about to bite into a greasy burger, only to hear your four-year old child say, “That’s not good for your body—it’s a slow food. It will slow you down.”

Parents, early childhood providers, and teachers have heard these words of wisdom come out of the mouths of children because of the lessons they learn in classrooms and child care centers around Rochester. Children’s Institute is privileged to serve as the managing partner and evaluator of a collaboration that is testing the effectiveness of two obesity prevention programs in child care centers and family child care homes which is funded by the Greater Rochester Health Foundation. Statements from children in these programs indicate that the message is resonating with them. We await data to learn more about the program’s effectiveness.

As noted in the feature article, research and evaluation can play a critical role in improving the lives of children and families. Research helps determine the power of a program to change behavior. Assessment tools like the Stage of Change Scale may help improve the quality of professional development that child care providers receive, in turn making providers even more effective in working with children. Other researchers utilize our instruments, such as guest essayist Carolyn Layzer, Ph.D., who will apply our Stage of Change Scale in her own research on effective implementation of curricula and interventions in early childhood settings.

Also featured in this issue of *News & Views* are some of the local and national research efforts underway at Children’s Institute—projects that represent significant investments in the millions of dollars. Solid research and evaluation are at the core of our work with the intent of improving programs and helping policymakers, practitioners, and parents learn how to make a positive and lasting impact on children and their families.

Last, at the core of our work are talented, dedicated people who care deeply about the welfare of children. Bertha (Bert) Farrell, project coordinator at Children’s Institute, profoundly cared about each child with whom she worked, each family she helped, and each staff person she loved. This edition of *News and Views* is dedicated to Bert who left this world suddenly on December 7, 2009. Her love of children has made a lasting impact on us all.

—A. Dirk Hightower, Ph.D.
Executive Director



Children’s Institute Mourns Death of Bertha Farrell, December 7, 2009

Bert Farrell joined Children’s Institute as a project coordinator in 2002. Her work included behavioral consultation in early childhood classrooms, mentoring, and working to connect families with community resources. Bert had a profound impact on the children and families with whom she worked. She had a gentle, kind presence that moved mountains and the ability to sincerely connect with people from all walks of life.

Leaving a Legacy – *Living a Legacy*

Children’s Institute is pleased to announce the establishment of a Legacy Society in order to recognize those individuals who have the vision and foresight to make a planned gift to support our future work. Planned giving allows donors to leave a lasting legacy that will benefit children and families in the future. In some cases, gift planning allows donors to live a legacy by providing a gift that will make a difference during their own lifetimes.

Current planned giving opportunities include:

- Charitable bequests
- Gifts of life insurance
- Gifts of retirement plan assets

We are currently in the process of expanding opportunities for donors to make planned gifts through such vehicles as charitable gift annuities and pooled income funds.

We invite you to join other visionaries who have included Children’s Institute in their gift planning, and we welcome the opportunity to work with you to match your interests with the greatest needs of children. Please call Lori VanAuken (ext. 227) or Jane Passamonte (ext. 245) with your confidential inquiries about planned giving opportunities.

If you have already made a provision for Children’s Institute through a planned gift, please let us know so that we can thank you and honor your commitment to helping children by including your name in the listing of Founding Members. If you wish to keep your gift anonymous, we can include you in our Legacy Society without publishing your name.

Whether you decide to leave a legacy or live a legacy, you will be making a sound investment in the future of children and families and in our community.

Did You KNOW ?

Savings bonds left to your heirs will be taxed on the accumulated interest. By adding a codicil to your will that leaves your bonds to Children’s Institute, you avoid this tax burden, and Children’s Institute receives 100% of the value of your bonds upon your death. (Note: You cannot name a charitable organization as co-owner or beneficiary on the face of your bonds.)

Weighing-In on Childhood Obesity

Statistics from a recent local study show that nearly 40 percent of children ages 2 to 18 living in the city of Rochester are overweight or obese. As the managing partner and evaluator for Greater Rochester Healthy Child Care 2010 (GRHCC), Children's Institute has first-year data on two childhood overweight and obesity prevention programs that promote healthy habits for young children ages 2 to 5 years old in child care settings within Monroe County.

With funding from the Greater Rochester Health Foundation, Children's Institute is evaluating two programs that had some success, as well as achievable goals for children. The programs are the evidence-based curriculum, Hip-Hop to Health, Jr. for the children, and the New York State initiative Eat Well Play Hard, which provides on-site training to children, parents, and staff. Both curricula encourage better food choices, physical activity, and parent involvement.

Armed with measuring sticks, pedometers, and scales, home visitors or dietitians collected pre- and post-program data on the height, weight, and body mass index (BMI) of 700 children in the first year. Children's Institute found that many children had a reduced BMI, and that there was a shift away from the obese or overweight indices previously seen.

"It was a serendipitous finding," said Marjorie Allan, senior project coordinator for Children's Institute. "If we see the same in the second year data, which tracked 1,400 kids, then we'll have more evidence that the program makes a difference." But, Allan cautions, "Data aren't in yet." To determine any long-term impact results from the program, Children's Institute will re-measure the first-year children for sustained changes.



Analysis of the child care providers' menus, before and after the program, showed that some had added more fruits and vegetables and decreased or replaced sweet juices with more water and low-fat milk. Physical exercise also became a more prominent part of the children's day.



The Toddler's Workshop in Webster is one such center. "Having the nutritionist introduce new foods encouraged us to increase the amount of fresh fruits and vegetables on our menu and made the children more open to eating them. Hummus is now a center-wide snack, and more children are eating it every time," said Kelly Giudice, director of operations at the center. "We also received lots of exercise equipment, which has helped the children remain active, especially during these winter months."



Allan noted that while the \$2.1 million in funding for this three-year program does not support research, parents provide quite a bit of anecdotal evidence about the program's effectiveness as part of the evaluation activities. "They tell us that their children now discourage them from eating fast food," she said.

Children's Institute works on GRHCC with the Child Care Council, Golisano Children's Hospital at Strong, and Rochester Childfirst Network, along with a host of community advisors.

Readiness Scale Gains National Attention

CONTINUED FROM PAGE ONE

In response to this noticeable pattern, Peterson and her colleagues were introduced to the Transtheoretical Model of Change (TTM), a framework developed in the health behavior field and endorsed by the National Institutes of Health, which identifies the stages of behavior change when people are ready to act by board member Alida Merrill. They then applied the TTM to Children’s Institute’s work on two professional development projects involving early educators in child care centers and in home-based care. “We were able to see change on the scale from the beginning of the year to the end of the year, which means that we were seeing a change in people’s willingness to make improvements in their practice,” Peterson explained.

Other helpful patterns emerged from use of the Stage of Change Scale as well. Among the findings:

- There was no association between education level and readiness to change
- New teachers were often open to change
- Teachers who viewed child care as their profession were open to change and willing to try new things

The one-page Stage of Change Scales are easy to use. Both the self-report form for the early childhood provider and the mentor/coach form have seven questions about child care practices and programs they answer by choosing one of five statements that reflect the stages of readiness. The Professional Manual, co-authored with Peterson by Amy Baker, MA, and Melissa Weber, MS, describes intervention techniques that are most helpful for individuals at each stage. These techniques make it possible to reach the “hard to reach,” reducing frustration of mentors, trainers, and supervisors who work with this population. The scale also serves as an outcome measure that can detect effects of an intervention before changes in behavior can be observed.

The success of the Stage of Change Scale within the work of Children’s Institute has drawn national attention. At the U.S. Department of Education’s National Summit on the Science of Professional Development in Early Childhood, Readiness to change was highlighted as an important direction for the field. Peterson recently presented to the Child Care Policy Research Consortium on the stage of change

model and its application to early childhood. Since then, eight national organizations have contacted her. “It has touched a nerve in the early childhood field,” she added.

Assistant Research Scientist Juliet Bromer, Ph.D., of the Herr Research Center for Children and Social Policy at the Erikson Institute in Chicago attended Peterson’s plenary presentation. “It offered a new theoretical framework and tools for examining the practices of early childhood practitioners, which may help the field better understand how to improve quality in early childhood settings,” Bromer explained, adding that she’s considering using the scale in an evaluation of a professional development program for support staff/home visitors working with home-based child care providers. “We’re interested in understanding how a relationship-based, intensive training program for support staff helps them work effectively with child care providers. We would use the scale to assess staff readiness to change in their approach to helping and supporting providers over the course of the year-long program.”

Collaborations also are underway with other national organizations to further develop the model so that professional development efforts can be tailored to the person’s stage of change. Child Trends, with offices in Washington DC and Minneapolis, is interested in applying it to their efforts with children.

The Stage of Change Scale may very well revolutionize how professional development is designed and delivered to child care providers. That will be good for providers and even better for the children in their care, as providers more readily apply what they learn in their work with children.

Both the scale and its professional manual are available for purchase from Children’s Institute. For information about the Stage of Change Scale, contact Shira Peterson at speterson@childrensinstitute.net.

This assessment tool was used in the Partners in Family Child Care project. Home visitor observations of providers’ readiness to change include:

“One provider became more open to listening (to feedback). She didn’t want to do ‘any work,’ but was enthusiastic to actually see new activities and how kids responded. She became more involved with the activities and started using the information she learned.”

“Ms. D. was a little hesitant to make small changes at first...I started to make some suggestions and Ms. D started to ask questions...One morning I noticed several positive changes. Ms. D. had set up a cozy corner with a low shelf displaying books. Samples of children’s writing were displayed on the wall at the children’s eye level...Ms. D. is enthusiastic as she develops her lessons with the children in her care now... This program has opened up a whole new world for Ms. D. and is directly impacting the development of the children in her care.”

Stages of Change

	Stage	Description
1	Precontemplation	Not ready to change
2	Contemplation	Thinking about change, but overwhelmed by obstacles
3	Preparation	Ready to change
4	Action	Actively engaged in change
5	Maintenance	Maintaining change with vigilance

Guest Perspective



For decades the broader field of education has recognized the need to differentiate instruction in order to improve learning outcomes for children. Taking this approach to the next logical level—applying it to all learners, including teachers and caregivers—is another story. One reason for this could be the cost of individualizing professional development, but another has been reluctance to apply a theoretical framework for working effectively to change the behavior of adult learners.

Fortunately, Children’s Institute has applied the Transtheoretical Model, a modern behavior modification theory widely employed in the health field, in its development of the Stage of Change Scale, a measure that can be useful to professional development for caregivers in early childhood settings. This work is valuable both because of the characteristics of caregivers/teachers in early childhood settings, and because of the current interest in improving quality in these settings.

Nationally, our Early Childhood Education (ECE) workforce cares for nearly two-thirds of children less than five years of age for at least part of the children’s week. For this demanding work, caregivers are poorly paid and experience job dissatisfaction, burnout, depression, and isolation from other adults, which all contribute to a lack of professional identity. These characteristics negatively influence caregivers’ motivation and readiness to change, a fact that is largely ignored in the prevailing model of staff development for caregivers. Typically, training and development for ECE staff consists of one-time workshops with ideas for activities or ways to fulfill requirements (such as ongoing assessment, paperwork). Some training includes on-site visits by a mentor who demonstrates or explains health, safety, or other licensing-related practices.

Workshops linked to mentor/coach visits to the classroom or care setting have a better chance of success and are on the rise. However, pressure on mentors to move the caregiver along a predetermined path of steps to change her practice, and the reality that caregivers are at a variety of points in their readiness to implement new techniques or approaches can cause much frustration. Coaches/mentors also report that some caregivers and their settings have other issues that need to be addressed before they move on to implement a new intervention or improvement, also impacting the timeline for change.

Children’s Institute’s Stage of Change Scale provides an excellent tool for the ECE community to assess and guide mentors in identifying various starting points for professional development work, as well as the development of appropriate ways of tailoring training and coaching to individual caregivers. Dissemination of the findings also will be important in order to raise awareness among decision makers of the challenges involved in creating meaningful change.

I am excited about exploring the possibilities of using Children’s Institute’s Stage of Change Scale in our research on effective implementation of curricula and interventions in early childhood settings, in part because I feel it conveys respect for our ECE participants as individuals and takes into account the diversity of experience they bring to the change process.

—Carolyn Layzer, Ph.D.
Associate
Social and Economic Policy Division
Abt Associates Inc.
Cambridge, MA



Pictured left to right: Michael Tatelbaum, Jonathan Richwalder, Dave Long, Leanne McAndrews, and Jason Brundage.

Children’s Institute Welcomes...

Jason Brundage joins Children’s Institute as a Manager of Information Systems. Jason brings with him 17+ years of experience in Information Technology (IT). Jason will oversee daily and long term IT needs, with a constant focus on how to make IT best serve Children’s Institute and the community. Jason is also the Internet and Infrastructure Manager at SophiTEC, our IT development partner for COMET.

Dave Long, Ed.D., MBA, joins Children’s Institute as a Research Associate and Director of COMET. Dave received his Doctorate of Education from St. John Fisher College, holds an MBA from the University of Toledo, an MPA from the University of Oklahoma, and a Bachelor of Arts from Youngstown State University. With 25 years of organizational marketing experience, Dave will be working to extend COMET to new users in the education market, and other markets, such as health care. Dave holds a current secondary teaching certificate from the State of Ohio. He is a retired US Army officer and former president of an environmental biotechnology business.

Leanne McAndrews, LMSW, joins Children’s Institute as an Information Analyst working on the Monroe County ACCESS evaluation; a project aimed at improving mental health services for youth in Monroe County. Prior to joining Children’s Institute, Leanne completed graduate internships at the University of Rochester Medical Center and developed an interest in program evaluation and policy. She holds a bachelors in International Relations and Sociology from Boston University, and her Masters in Social Work from the Greater Rochester Collaborative program of Nazareth College and the College at Brockport.

Jonathan Richwalder joins Children’s Institute as a Systems Analyst. He obtained his bachelor’s degree in Computer Science from The College at Brockport in December 2009. While attending Brockport, Jonathan worked within the college’s IT department.

Michael Tatelbaum, MBA, joins Children’s Institute as a Financial Analyst. Michael recently completed his MBA in Management at Rochester Institute of Technology and has a B.S. in Psychology from SUNY Geneseo.

New Role...

Mary Anne Peabody LCSW, RPT-S, returns to Children’s Institute as Deputy Director of National Services. Mary Anne has served as a clinical associate for many years, representing Children’s Institute across the country as a national consultant and coordinator of national Primary Project training. In her new role, her duties expand to support the ever growing programs and services in the National Services area, managerial tasks, budget preparation and ongoing team and program development.



Doing the Most where Most Needed

PATHS® (Promoting Alternative Thinking Strategies) is a violence-prevention curriculum that promotes social and emotional learning, character development, bullying prevention, and builds the problem-solving abilities and other life skills required for positive relationships.

Children's Institute was one of seven sites nationally to conduct research on a variety of social and character development programs (PATHS at the Children's Institute site) with elementary school students funded by the U.S. Department of Education's Institute of Education Sciences (IES).

Rochester City School District teacher Michelle Repp has used PATHS in her classroom for many years with 5th and 6th grade students in an integrated setting. "Students were able to learn coping techniques and to work on activities to reinforce the basic concepts," she said. "We definitely noted success when we saw the children use the techniques throughout their school day, beyond our classroom setting."

Repp's school was one of 14 schools throughout the Rochester City School District and two suburban districts that Research Associate Hugh Crean, Ph.D., of Children's Institute enlisted for help with this study.

His preliminary research findings showed that PATHS had a positive effect on students' ability to process social information, particularly processes that predict later aggression, and a reduction in student learning problems and acting out behavior problems.

Specifically, positive changes in student behavior (as compared to a randomized control group of students) were noted in:

- Teacher rated aggression
- Teacher rated acting out behavior problems
- Teacher rated learning problems
- Self-reported normative beliefs about aggression
- Self-reported competent social problem solving
- Self-reported aggressive social problem solving
- Self-reported hostile attribution bias
- Self-reported aggressive reactions to neutral provocations

Happy with the preliminary findings, Crean noted that in almost every instance, they were most profound in the urban district, where more risk and fewer resources exist. "These prevention programs seem to be doing the most where they're needed the most," he said.

Helping Families with Access

Six years ago, the Monroe County Office of Mental Health launched ACCESS (Achieving Culturally Competent Effective Services and Supports), an initiative to transform its system of care for children diagnosed with a serious emotional disorder into one that is culturally competent, family driven, and youth guided. Children's Institute has been the evaluating partner in this work.

"Instead of sending a family to an expert for a diagnosis right from the start, the County encourages a discussion process that includes any people the youth wants to have on their team, such as a teacher or minister," said Research Associate Stephen Fielding, Ph.D., of Children's Institute. "The team develops a plan, which everyone agrees to, that will keep youth in the community and in their homes instead of relying on sending the youth off for treatment."

Currently 200 families from the county's Family Access and Connection Team (FACT) system participate in the ACCESS research. Kelly Moses, a national evaluation interviewer, meets with some of the families on behalf of Children's Institute. "Once the youth and their families are in care coordination, I notice them leave the crisis phase and start to work together with each other, and with the social entities that they've chosen to be part of the process," Moses explained. "It takes a little time because the process is as individualized as these families."

The County needs community buy-in for ACCESS to succeed. Children's Institute has begun to engage core stakeholders, youth, and family representatives in what Fielding calls empowerment evaluations. "By getting stakeholders' reactions to bits of data and educating them about what the data mean, we hope to find linkages with what their needs are and what the data tell us," Fielding explained.

"Families see their children getting better," Moses said. "Parents begin to see a noticeable improvement in the youth's behavior and social interactions in school and community settings, as well as at home, and are excited to tell me about the progress. By the 12-month observation point, their responses are changing on a positive note."

ACCESS has been funded by a grant awarded to Monroe County by the Substance Abuse and Mental Health Services Administration (SAMHSA). As the research winds down, Moses added that many of the families she works with hope that being a part of this important initiative will help other families as well.

BASIC

Takes on Challenging Behavior

Just as no two children are alike, no one program can meet the social and emotional needs of every child. That's why local providers, early childhood educators, and mental health professionals came together to design BASIC (Behavioral and Social Interventions for Children), which supports the delivery of an integrated, hierarchical set of evidence-based programs in child care centers.

"We are as systematic in our approach to social-emotional learning as we are with pre-academic skills," said Anne Barker, director at the Richard M. Guon Child Care Center at Monroe Community College, one of the seven nationally accredited centers in Rochester, NY included in the BASIC pilot. "As one of the co-designers of the BASIC concept, I have for many years seen the need for a multi-level approach for children and challenging behaviors."

In her role as director of BASIC, Lynn Smith, LMSW, from Children's Institute oversees the centers and coordinates each of the different components offered. "BASIC provides an integrated continuum of appropriate evidence-based prevention and intervention services to address the complexity of children's behavior."

BASIC follows the Teaching Pyramid Model (TPM), which provides nurturing environments for all students, targeted supports, and finally intensive interventions for those in need. The programs include PATHS® (Promoting Alternative Thinking Strategies), Primary Project, and the Incredible Years curriculum for parents. Behavioral health consultations, child/parent psychotherapy, and trauma-focused cognitive behavioral therapy complete the continuum.

As lead agency for BASIC, Children's Institute uses the Teacher-Child Rating Scale (T-CRS 2.1) to collect first-year data and determine its impact.

For Barker, an important component of BASIC is connecting families to counseling services at Mt. Hope Family Center. "For example, we have a family currently participating in this program, and I feel quite certain that they would not have used this service if it had not been coordinated through BASIC," she explained. "It is very intimidating for a family to reach out to a mental health provider on their own," said Barker.

This three-year initiative is funded by United Way of Greater Rochester through its *Blueprint for Change: Early Childhood*. Services are provided through a collaboration of agencies including Catholic Family Center, Children's Institute, Family Resource Centers, Mt. Hope Family Center, and the Society for the Protection and Care of Children. Participating child care centers include Baden Street Child Development Center, Friendship Children's Center, Lakeside Child and Family Center, YMCA Child Care Center at Lewis Street, Richard M. Guon Child Care Center at Monroe Community College, Rochester Childfirst Network, and Wilson Commencement Park Early Learning Center.



Primary Project Impact

Aligning research and program practice in the field is a demanding task. Research-based programs can produce disappointing results if program providers are not aware of the importance of and challenges to program fidelity. To address and support successful implementation, a dedicated effort from Children's Institute exists to provide quality training, technical assistance, and proactive support of Primary Project. Consultation to build local capacity and recent updates in our national certification process continue to enable schools to experience first hand the steps to better serve the diverse social-emotional needs of children.

There are no training materials or intervention guide manuals that will achieve quality implementation goals in the absence of committed staff with adequate support and resources. To this end, specific training for Primary Project supervisors has been developed, in addition to training for the whole team. This critical knowledge, in turn, leads to action.

Achieving and showing impact is the backbone of Primary Project. Recently, an evaluation of Primary Project was conducted by an independent organization. Statistically significant gains were seen among students in all four areas measured: Task orientation, behavior control, assertiveness, and peer social skills. This is great news as we continue to look for the strongest impact for children.



Connie Valk, M.Ed., CAS, Early Education and Care Specialist at Children's Institute has received the "Champion for Young Children" acknowledgement from the Rochester Association for the Education of Young Children (RAEYC), an affiliate of the national association, founded in 1926 with a mission to serve and act on behalf of the needs and well being of all young children. Currently, 90,000 members of local affiliates of the national association celebrate children by declaring April the "Month of the Young Child." As part of this celebration, Rochester's association honors Connie, a special individual in the community who epitomizes this mission in her life and work.

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COMET Corner

**The new COMET website has launched! Visit:
www.comet4children.com**

We encourage you to visit and learn how COMET increases the chances of success for children.

COMET statistics are updated automatically on the new COMET home page, showing the number of people authorized to use the system. As of March 2010, COMET is serving:

- 49,268 students in 286 schools
- 4,187 child professionals
- 84 instruments using 472 reports

Sites include school districts in New York, Connecticut, and North Carolina as well as not-for-profits like the YMCA and United Way of Greater Rochester, tutoring programs, and early education and care programs.

Webinar Offered

Learn more about COMET, our web-based data collection and management system, by attending a webinar at your convenience.

For further information and to arrange a time, contact:
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