

## Stage of Change Approach:

### Reaching “Resistant” Learners

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#### Purpose

How many times have you tried to change a caregiver’s practices – and been met with resistance? You want the infant/toddler caregiver to speak to the babies when she’s changing their diapers. You’ve told her to think of diapering as a time to let children know that they are cared *about* and not just cared for. The caregiver listens and nods in agreement, but when she’s alone, she goes right back to her assembly-line approach, changing one baby while scanning the room for the next in line.

Mentoring caregivers can feel like a tug-of-war. Every experienced director, mentor, or behavioral health consultant has felt the frustration of working with learners who aren’t ready to learn. They listen to you talk about national standards, but when they’re asked to change, they protest, “No one ever complained about my work before.” They go to classes, primarily because “My director made me.”

Several years ago, Children’s Institute began to take the question of “resistant learners” to heart. We hired two cadres of experienced mentors – one to work with infant/toddler teachers and the other to work with preschool staff – to take part in a three-year, federally-funded professional development project. Each mentor was trained in the essentials of mentoring – trust-building, effective communication skills, collaboration, goal-setting, and documentation—and received peer support and reflective supervision.

We were hopeful about the outcomes, but the results (as measured by the ECERS-R and the ITERS-R) at the end of the first year were unexceptional. The same was true for the outcomes at the end of Year 2. Some of the learners changed their practices, but many did not.

#### Trans-Theoretical Model of Change

A Children’s Institute board member with experience in behavioral health programs suggested that we look at the Trans-Theoretical Model of Change, an evidence-based approach with good results in changing people’s attitude toward smoking, diet, and exercise. Maybe this approach would shed light on our outcomes. Curious, we followed her lead.

The Trans-Theoretical model identifies five stages of readiness to change: Pre-contemplation, contemplation, preparation, action, and maintenance. Outcomes from users of this model show that learners who are ready to change (Stages 3-5) are receptive to new information and problem solving, but people at early stages of change (Stages 1 and 2) do not respond well to that approach. In fact, it scares them off.

For a person who has been told to stop smoking or take part in an exercise program, this means exploring questions such as: Why do you think your spouse wants you to exercise? Why do you feel overwhelmed by the thought of going on a diet? Tell me about your first cigarette. Why did you begin smoking? People in early stages of readiness need time to explore the issues and think about why the issues are important before deciding to change their behavior.

### **Stage of Change Scale**

Curious about the readiness of learners who took part in the mentoring project, we created a scale that could be used to assess the learner's stage of change. It included seven indicators: whether or not the learner planned to make a change, the learner's belief that she needed to change, the learner's conviction that change would make a difference to the children, the learner's belief that she has the power to make the change, the strength of her support, and her attitude toward her work as a professional.

We wanted to know whether there was any correlation between the learner's stage of readiness and the outcomes, so when the scale was ready, we asked the mentors to apply it retroactively to their mentees. The results aligned with findings from the trans-theoretical model. The learners who made the greatest progress were those who were "ready to change" when they entered the program. Those who did not change practices were not ready.

### **Experiential learning**

The Trans-theoretical model recommends meeting learners at Stage 1 and 2 of readiness with an "experiential learning" approach. The goal is to raise the learners' awareness of relevant issues and their importance – experiential learning offers the learner a way of reflecting on his/her experience. A mentor working with an infant/toddler caregiver who uses an assembly-line approach to diapering, might say, "Tell me about children who have been fun to diaper," or "Tell me about children who have hated getting their diapers changed. What do you do to get them to cooperate?"

The mentor is trying to move the learner from pre-contemplation ("No one ever asked me to do this before!") to "Huh!" ("This issue is more interesting than I thought.") The mentor is not trying to change the learner's behavior; the goal is to motivate the learner to take a deeper and more active interest in the subject.

## **“Should mothers swear in front of their children?”**

A few years ago, I was teaching infant/toddler care to a group of first-time mothers of young babies and I wanted them to think about the decisions they would make when it came time to guide their children's behavior. I asked them to pick a topic that interested them, and they chose swearing.

I wanted to give them an opportunity to explore the subject, so I started the conversation with neutral questions such as, “Do you swear in front of your baby?” “Does your baby's father?” “What are your thoughts about this?”

Most of them thought that it was all right to swear in front of their children because they were adults and adults can swear if they wanted to. So I asked: “Is it okay for your child to swear in front of you?” This time, their thinking was mixed. Some said it was okay for adults to swear, but not for children. Some said they didn't care whether their children swore or not. “Everyone swears! So what!”

I wanted to keep “expanding the paragraph,” so I asked whether they felt that some swear words were more objectionable than others. If some were considered more offensive, why did they think so? The discussion became deeper and more complicated as they thought about the emotion underlying the words – the condescension that comes with name-calling and the anger that lies behind the use of expletives.

The mothers loved this class because it met them where they were and gave them what they needed – an opportunity to explore their own experience, culture, and beliefs in a safe, neutral setting. I didn't tell them the right or the wrong way to raise a child. I didn't say they should think of themselves as role models or remind them that they were their child's first teacher. All I asked was that they explore the topic.

That's experiential learning.

## **Documenting change**

Shifts in behavior are typically documented using national standards such as NAEYC Accreditation or ECERS, but shifts in interest and attention can be documented as well. A learner expresses interest when she uncrosses her arms and leans forward in her chair. She expresses increased curiosity when she says: “What did you do with your own children?” She expresses excitement and motivation when she says: “I loved this class!” Changes like these are important precursors to behavior change.

We can document changes anecdotally or we can document them using the Stage of Change scale, first at the outset of our relationship and then again two or three or four months later. For example, when we first met the learner, she did not think that making a change would help the children, but recently she began to wonder whether the children would spend more time in the book corner if they had a rug to lie down on. The scale enables us to document changes in the learner's motivation, confidence, and curiosity.

## The Stage of Change Approach to professional development

Most early childhood professional development is one-size-fits-all. The mentor or director provides the learner with information about best practices and expects that the learner will adapt to meet the standard. The Stage of Change Approach is tailored to the learner's readiness to change. Its goal is to meet learners where they are.

In a nutshell, it is a six-step process. The mentor:

- Identifies the learner's stage of change using the Stage of Change scale.
- Picks an approach that matches the learner stage of readiness. If he or she is at Stage 1 or 2, the approach will be based on experiential learning.
- Sets a goal that meets the learner where she is. If the learner is ready, give her the information that she needs and set timelines for change. If the learner is at Stage 1 or 2, set experiential goals. For example, talk about the way she is raising her own children.
- Documents the process. If the learner changes her behavior, document that. If the learner reflects on her upbringing or her own experience as a parent, document that.
- Documents the change using the Stage of Change Scale.
- Plans the next step in keeping with the changes she or he has observed.

### Some summary thoughts

No matter how much or how quickly we want the early childhood workforce to change, the economic reality is that most people who work in the field don't come to the job with the necessary education. They come because they love working with children. The attitudes they bring with them are the ones they grew up with – interactions they saw played out at home and in their neighborhoods. Through no fault of their own, most have never reflected on "best practices." They have never taken a college course in child development, sat in on a seminar that explored cultural differences in childrearing, or read books on the history of the American family.

The Stage of Change Approach gives these learners what college has given early childhood leadership – a chance to look at the big picture in all its complexity and ambiguity. It gives them an opportunity to reflect on their beliefs and their practices and the beliefs and practices of the people around them. It gives them a chance to talk about WHY and lets *that* be their starting point.