

Protective Factors in Preschool Children with Internalizing and Externalizing Disorders

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Abstract

This poster examines the relationships between protective factors and behavioral concerns of preschoolers diagnosed with internalizing or externalizing disorders as identified by the DSM-IV. Preschool educators and early childhood professionals were encouraged to complete the Devereux Early Childhood Assessment for children in their programs. Data were collected on 128 children, ages two through five, from various early childhood centers across the United States. It was hypothesized that 1) behavioral symptoms associated with preschool psychopathology would not present as strengths on protective factors, 2) that preschoolers with internalizing disorders would score higher in Emotional Dysregulation and Withdrawal/Depression, 3) preschoolers with externalizing disorders would score higher in Aggression and Attention behavioral concerns. The results partially support this hypothesis by showing that protective factors and behavioral concerns are negatively correlated. Children with emotional and behavioral disorders do not score above average on the protective factor scales and score above average on behavioral concerns. These results lend support to the DECA's criterion related validity.

Introduction

The work of Emmy Werner (1982, 1992), Michael Rutter (1985), and others has demonstrated that there are some children who, in spite of great adversity and

risk, are able to fare well and in some instances even thrive. Such children are characterized as "resilient." Their positive outcomes, despite their risks, are attributed to "protective factors." Rutter, among others, has concluded that protective factors occur at three levels: in the community, in the family and within the child.

[The Devereux Early Childhood Assessment \(DECA\)](#) - Based on resilience theory, the DECA is a comprehensive, strength-based assessment of within-child protective factors in preschool-aged children. The 37-item DECA contains three protective factor scales: Initiative, Self-control and Attachment. These scales were identified and normed on a nationwide, representative sample of 2,000 children.

[The Current Study](#) - The DECA, as a measure of within-child protective factors related to resilience, is consistent with the larger paradigm shift within the assessment field to focus on child strengths. The strength-based perspective "represents a significant departure in how children are viewed, assessed, and treated" (Epstein & Sharma, 1998), and is predicated on the beliefs that 1) all children have strengths and that 2) treatment plans and services need to be based on those strengths.

The purpose of the present study was to examine the relationship between protective factors and behavioral concerns with children diagnosed with internalizing and externalizing disorders. It was thought that children with internalizing disorders would present with different behavioral concerns (Withdrawal/Depression, Emotional Dysregulation) than children with externalizing disorders (Attention, Aggression). This study was also motivated by the concern repeatedly raised by early child care and education professionals that exceptionally high scores on the DECA might be associated with emotional or behavioral problems. For example, high scores on Initiative might be associated with children who present with ADHD and high scores on Self-control might be associated with children who present with depression. If this were the case, it would call into question the validity of the DECA as a measure of protective factors.

Methods

Participants - Data were collected on 128 children, ages two through five, from various early childhood centers across the United States. There were 92 males and 36 females. Each child had one or more DSM-IV diagnoses and was placed into either the internalizing or externalizing group. The internalizing group was characterized by diagnoses of Depression, Separation Anxiety Disorder, Reactive Attachment Disorder, Post-Traumatic Stress Disorder, and Adjustment Disorder. The externalizing group was characterized by diagnoses of ADHD, ODD, CD, PDD, Mixed Receptive-Expressive Language Disorder, and Parent/Child Relational Problem.

Measures - The Devereux Early Childhood Assessment (DECA), Form B is a 72 item questionnaire that is very similar to the DECA in that it assesses the three within child protective factors: Initiative, Attachment and Self-control. However, Form B also assesses four behavioral concerns: Attention, Aggression, Emotional Dysregulation, and Withdrawal/Depression (Figure 1). Each item describes a behavior and raters are asked to rate the frequency that they observed that behavior from "Never" to "Very Frequently". Some examples of items from DECA Form B include, "How often in the past 4 weeks has the child teased or bullied others?" and "How often in the past 4 weeks has the child cooperated with others?" In addition, a Demographic Questionnaire was created to collect information regarding various diagnoses of the child, date of diagnosis, type of professional who gave the diagnosis, etc.

Procedure - Preschool teachers and early childhood professionals were asked to complete the DECA Form B and the Demographic Questionnaire on children in their programs with preexisting DSM-IV diagnoses.

Results

Table 1 presents the intercorrelation matrix of all the DECA Form B scales. All three protective factor scales were positively and significantly correlated with each other ($P < .05$). Similarly, all four behavioral concern scales were positively and significantly correlated with each other ($p < .05$). Lastly, each protective factor scale was negatively correlated to each behavioral concern scale with the exception of Attachment and Attention and Aggression and Initiative which were not correlated.

The mean T-scores for all protective factors and behavioral concern scales for children with internalizing and externalizing disorders are presented in Table 2. T-scores for protective factors on the DECA are classified into three descriptive groups: Concern (40 and below), Typical (41 to 59), and Strength (60 and above). T-scores for behavioral concerns on the DECA are classified into two groups: Concern (60 and above) and Typical (59 and below). Children with internalizing disorders scored in the concern range for Initiative (38.1) and had borderline to typical scores on Self-control and Attachment (42.5, 45.4). Children with internalizing disorders scored significantly higher on Self-Control (42.5) than did children with externalizing disorders (38.9), though both of these scores are below the average. Also, Children with internalizing disorders had high typical scores on 3 of 4 behavioral concerns with the highest score in Withdrawal/Depression (58.9). Their score on the Aggression scale was typical (52.3).

Children with externalizing disorders received low scores on all three protective factors including scores in the concern range for Initiative and Self-control (36.7, 38.9). Children with externalizing disorders scored high on all four behavioral concerns with the highest score being in Attention (61.7). Children with externalizing disorders scored higher on the Attention and Aggression Behavioral Concerns scales (61.7, 57.1) than did children with internalizing disorders (57.1, 52.3).

Discussion

As previously mentioned, the purpose of this study was to examine the pattern of relationships between protective factors and behavioral concerns in preschoolers with internalizing and externalizing disorders. Consistent with resilience theory, the results in Table 2 reveal that as a group, children with both internalizing and externalizing disorders have low protective factors and high behavioral concerns. Furthermore, children with internalizing disorders scored higher on Self-Control than did children with externalizing disorders. This result is congruent with the conjecture that internalizing disorders such as depression and anxiety describe children who are self-absorbed and attending to their own thoughts rather than responding to others in reciprocal interactions. On the contrary, children with externalizing disorders have more Behavioral Concerns in the areas of Attention and Aggression. Difficulties with these types of behaviors are more symptomatic of externalizing disorders such as ADHD and ODD.

It was expected that children with internalizing disorders would have more Behavioral Concerns in the area of Withdrawal/Depression than children with externalizing disorders. However, there was no difference between these two groups. One reason for this may be due to the way children were categorized as having either internalizing disorders or externalizing disorders. Since most children were diagnosed with co-morbid disorders, there were few children who were diagnosed with exclusively internalizing disorders. Children with at least one internalizing disorder were placed in the internalizing disorder group, regardless of a co-morbid diagnosis indicative of an externalizing disorder. On the other hand, children in the externalizing group were diagnosed exclusively with externalizing disorders. Therefore, the fact that some of the children diagnosed with internalizing disorders were also diagnosed with externalizing disorders may account for the lack of disparity between the way the two groups scored in the Withdrawal/Depression scale. One additional reason may be due to the small sample size of children with internalizing disorders. It was difficult to find children between the ages of 2 and 5 with diagnoses of depression and anxiety. These diagnoses are not frequently found in children of such a young age.

These results also provide construct validity for the DECA in general. The correlations obtained in Table 1 are similar to those obtained two years ago when the DECA was normed and standardized on 2,000 non-identified (normal) children. As in the past, the present results indicate that when behavioral concerns are high, protective factors tend to be low, and vice versa. Results further revealed that the concerns of early child-care professionals were unfounded; that is, strengths on the DECA are not associated with behaviors symptomatic of preschool psychopathology. In fact, high scores on protective factors in this group of children are quite infrequent. For example, it was thought that children with ADHD might be more likely to score high on Initiative. However, children with externalizing disorders scored lowest on this protective factor.

In conclusion, children with emotional/behavioral disorders as a group look like one would expect: with borderline-concern to concern ranges of problem behaviors as well as borderline-concern ranges of protective factors. Although we were able to make these conclusions using the DECA, it should be noted that this instrument's greatest utility is not in identifying strengths of preschoolers who have already been diagnosed with emotional/behavioral disorders, but in assessing children at

risk for the development of these disorders. The DECA is most effective when used by teachers and parents of preschool aged children as a primary prevention program for reducing problem behaviors and increasing protective factors.