

The Devereux Early Childhood Assessment:  
Promoting Resilience and School Readiness

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The Surgeon General has identified social/emotional health as “the springboard of thinking and communication skills, learning, emotional growth, resilience, and self-esteem” (U.S. Dept. of Health and Human Services, 1999). Research further implicates the crucial role that social/emotional health has in children’s academic preparedness and outcomes. For example, engagement in early interactive peer play is linked to higher receptive vocabulary skills and engagement in learning activities (Fantuzzo et al., 2004; Coolahan et al., 2000). The connection between early social/emotional health and school success becomes even more salient when considering long-term effects. To illustrate, early peer rejection is associated with less favorable views of school, higher levels of school avoidance, and lower performance levels over the school years into adolescence and adulthood (Ladd, 1990).

Focusing on social/emotional health as a proactive strategy to build school readiness is inline with the theoretical shift away from a deficit-vulnerability model towards a strength-based model that psychology has experienced over recent decades (Lam and Grossman, 1997). The DECA assessment and intervention program adopts a strength-based orientation in its efforts to foster long-term resilience and the ability to overcome risk in preschool-aged populations. The DECA program consists of a standardized, norm-referenced behavior rating scale that assesses positive behaviors exhibited by children ages 2-5, while also screening for behavior concerns. Following assessment, teachers and families implement classroom- and home-based DECA strategies to strengthen children’s social/emotional health and promote school success.

This research explores 1) the ability of the DECA to increase protective factors and decrease behavior concerns in young children; 2) the relationship between teacher knowledge of the intervention and effectiveness of the

intervention; and 3) the relationship between social/emotional health and indices of school readiness.

Participants include teachers (N=10) and children (ages 3-5; N=434) at a county-wide Head Start program that implements the DECA program. Active parental consent was used to gain access to student files. Researchers extracted data in the form of Teacher and Parent pre- and post-DECA scores; Brigance Screen scores of language, motor, social/emotional, and early learning skills; Creative Curriculum scale means for social/emotional, physical, cognitive, and language development; physical health, mental health, and conduct referrals; and Kindergarten Entrance Exam results. In addition, teachers completed pre-/post-self-assessments of knowledge of the DECA program.

Study 1 presents significant increases ( $p < .01$ ) in within-child protective factor scores based on Parent and Teacher pre- and post-DECA ratings over the 2004-2005 academic year; additionally, significant decreases in behavioral concerns according to Teacher ratings result ( $p = .01$ ). Study 2 presents correlations between being knowledgeable in program concepts and effecting positive changes in students' protective factor levels (Fig. 1).

Figure 1. Correlations between Teachers' Increase in Knowledge & Increase in Class' Average DECA Scores

		Aver. Change in Initiative T-Scores	Aver. Change in Self-Control T-Scores	Aver. Change in Attachment T-Scores	Aver. Change in TPF T-Scores	Aver. Change in Behavioral Concerns T-Scores
Incr. on Knowledge Test	Pearson r	.773*	.603	.804*	.768*	-.430
	Sig. (2-tailed)	.009	.065	.005	.009	.215

Study 3 explores the relationship between social/emotional health and indices of school readiness by correlating DECA scores with other assessments that measure social/emotional health, cognitive skills, and physical development. Results show that DECA scores correlate positively with other measures of social/emotional health and negatively with concerns about

social/emotional functioning. DECA protective factor scores also correlate positively with measurements of early cognitive, language, and physical abilities, while behavioral concerns correlate negatively with cognitive, language, and physical abilities.

The results of Studies 1 and 2 lend credence to the potential for external factors (i.e., strength-based interventions, teacher knowledge) to affect children's social/emotional development. Study 3 implicates both the ability of the DECA to reliably measure social/emotional health and the strong connection between social/emotional health and school readiness. For a more-detailed report of these findings, please e-mail [deca@devereux.org](mailto:deca@devereux.org).

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