

**Devereux Early Childhood Initiative**  
**Research Bulletin #7**  
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**Are Early Childhood Professionals Satisfied with DECA Training?**

**Summary:**

This study focused on evaluating a training curriculum found equally appealing among early prevention professionals from the mental health and education fields. The Devereux Early Childhood Assessment (DECA) Program developed the DECA Trainings to encourage a full implementation of this strength-based program designed to foster social-emotional health and resilience in preschoolers. An essential indicator of effective training is participant satisfaction. The present study examined the extent to which DECA Trainings met the expectations of 215 early childhood professionals. Professionals filled out a brief training evaluation after completing training with a certified DECA trainer. Results indicate that professionals highly regard trainings, and suggest that DECA Basic Training can effectively satisfy professionals from both the mental health and early education fields.

**Are Early Childhood Professionals Satisfied with DECA Training?**

As a first step in evaluating a training program and its potential to create effective program implementers, one must examine to what extent do the Devereux Early Childhood Assessment (DECA) Training programs satisfy early childhood professionals? Influenced by resiliency theory and positive psychology, the DECA Program is a primary prevention program created to support early childhood professionals and families in their goal of helping children overcome risks and develop healthy social/emotional skills. Through the use of this strength-based assessment and planning program, professionals may be able to prevent the development of emotional and behavioral disorders in young children. Attending the DECA Basic Implementation and the DECA Clinical Form Trainings help professionals apply DECA Program practices.

Establishing an evidence base for these trainings is of key importance. The University of Illinois's Collaborative for Academic, Social, and Emotional Learning currently reports eight early childhood intervention programs just specializing in the specific area of social and emotional learning and development ([http://www.casel.org/about\\_sel/SELprograms.php](http://www.casel.org/about_sel/SELprograms.php).) The professional development and implementation supports associated with each of these intervention programs cost a substantial amount of money; many programs charge close to \$200/professional just for an initial two day workshop. As indicated by the number of initiatives currently being advocated by the National Association for Education of Young Children (<http://www.naeyc.org/ece/critical.asp>) to address the lack of resources and funds in the United States needed to insure high quality early education, early childhood centers must be scrupulous in their selection of an early prevention program.

According to evaluation researcher Donald Kirkpatrick (1994), assessing satisfaction is the first step in a series of best practices for evaluating the effectiveness a training program. Many early childhood prevention programs overlook the importance of assessing satisfaction prior to the evaluation of knowledge/skill acquisition, program implementation, and program results (such as a decrease in special education referrals or increased school readiness). Components of participant satisfaction such as interest, attention, and motivation directly influence the extent to which a professional processes the new information introduced during training (Kirkpatrick & L'Alie, 2004). In the context of an early childhood prevention program, a professional who reacts aversively to training is less likely to process new skills and concepts. A full implementation of the program would thus be compromised. Consequently, the positive impact of the DECA Program anticipated results (such as fewer occurrences of challenging behaviors or more pro-social behaviors among children), may fail to occur.

By focusing first on the satisfaction level of training evaluation, the Devereux Early Childhood Initiative will set the evaluation standard for other early care and education training programs striving to become distinguished as evidence-based.

#### Methodology

The participants in the present study included 215 early childhood professionals who attended at least one of the fourteen DECA Training Programs offered from January 24<sup>th</sup> through May 4<sup>th</sup> of 2005 (1 Day Basic Trainings=four; 2 Day Basic Trainings=four; DECA-C Trainings=six). The early childhood professionals represented 7 areas of early childhood work: mental health coordinators, teachers, administrators/directors, disabilities coordinators, consultants, family advocates, and professionals identifying themselves as "other". The fourteen trainings occurred across all four regions of the United States, taking place in nine different states (Colorado, Washington, Vermont, Massachusetts, Pennsylvania, Arkansas, Ohio, Delaware, and Michigan). Seven certified DECA trainers with backgrounds in both education and mental health led the trainings. A mix of trainers with education and mental health backgrounds instructed the Basic Implementation Training, while only trainers with a mental health background provided DECA-C Training.

After completing training, professionals completed a brief satisfaction assessment. Using a Likert scale of 1-5, where 1=strongly disagree and 5=strongly agree, they answered 18 items rating different elements of training (e.g., clarity of training key concepts) and elements of the trainer (e.g., motivational ability). Additionally, professionals answered two qualitative questions exploring the most relevant parts of training and ways to improve future trainings.

## Results/Discussion

The tables below provide the means and standard deviations for each type of DECA Training Program and all the DECA Training Programs as a whole.

Training Items	All DECA Trainings N=215	1 Day Basic Implementation N=41	2 Day Basic Implementation N=94	Basic Implementation: 1 & 2 Day Combined N=135	DECA-C Trainings N=80
the key concepts/objectives of the training were clear (training 1)	M=4.7500 Std=.5807	M=4.7872 Std=.6024	M=4.8333 Std=.3772	M=4.8000 Std=.5436	M=4.6750 Std=.6320
the amount of time allotted for this training was just right. (training 2)	M=4.2857 Std=.9506	M=4.3763 Std=.8836	M=4.20511 Std=.0558	M=4.3206 Std=.9386	M=4.2308 Std=.9793
the training material was presented in an interesting way (training 3)	M=4.5648 Std=.6437	M=4.5851 Std=.6292	M=4.6905 Std=.5174	M=4.6148 Std=.5983	M=4.4875 Std=.7115
the training had a good balance between lectures by presenters and hands-on activities (training 4)	M=4.5139 Std=.7020	M=4.5745 Std=.6954	M=4.6429 Std=.5329	M=4.5926 Std=.6499	M=4.3875 Std=.7712
the audio/visual aids added to my understanding of the concepts and skills presented during training (training 5)	M=4.5442 Std=.6674	M=4.5914 Std=.6121	M=4.6190 Std=.6228	M=4.5970 Std=.6146	M=4.4625 Std=.7453
the handouts were helpful to me (training 6)	M=4.7361 Std=.5454	M=4.7660 Std=.4957	M=4.8095 Std=.4547	M=4.7778 Std=.4836	M=4.6750 Std=.6320
there were sufficient opportunities to ask questions and raise concerns. (training 7)	M=4.7824 Std=.5573	M=4.8085 Std=.5916	M=4.8571 Std=.3542	M=4.8222 Std=.5307	M=4.7250 Std=.5948
the training facilities were suitable (training 8)	M=4.4465 Std=.7887	M=4.4787 Std=.7582	M=4.4762 Std=.8036	M=4.4741 Std=.7710	M=4.4051 Std=.8246
the content of training meets my needs and interests (training 9)	M=4.6495 Std=.6668	M=4.6452 Std=.7467	M=4.7561 Std=.4889	M=4.6767 Std=.6803	M=4.6125 Std=.6462
the content of the training will be useful in my job (training 10)	M=4.6605 Std=.6564	M=4.6667 Std=.6810	M=4.8333 Std=.4371	M=4.7164 Std=.6206	M=4.5750 Std=.7076
overall, I am satisfied with the training (training 11)	M=4.7269 Std=.5902	M=4.7021 Std=.6364	M=4.8810 Std=.3278	M=4.7556 Std=.5660	M=4.6875 Std=.6283

Trainer Items	All DECA Trainings N=215	1 Day Basic Implementation N=41	2 Day Basic Implementation N=94	Basic Implementation: 1 & 2 Day Combined N=135	DECA-C Trainings N=80
trainer(s) was knowledgeable about the subject area (trainer 1)	M=4.9352 Std=.4154	M=4.9362 Std=.4352	M=4.9524 Std=.2155	M=4.9407 Std=.3817	M=4.9250 Std=.4713
trainer(s) kept the training alive and interesting (trainer 2)	M=4.7824 Std=.5573	M=4.7766 Std=.5709	M=4.9048 Std=.2971	M=4.8148 Std=.5065	M=4.7250 Std=.6359
trainer(s) was motivational (trainer 3)	M=4.8287 Std=.5312	M=4.8085 Std=.5916	M=4.9524 Std=.2155	M=4.8519 Std=.5113	M=4.8000 Std=.5603
trainer(s) clearly communicated information (trainer 4)	M=4.8194 Std=.5454	M=4.8085 Std=.6095	M=4.9286 Std=.2607	M=4.8444 Std=.5307	M=4.7750 Std=.5731
trainer(s) responded well to questions from participants (trainer 5)	M=4.8698 Std=.4753	M=4.8830 Std=.4832	M=4.9524 Std=.2155	M=4.9037 Std=.4210	M=4.8101 Std=.5565
trainer(s) maintained a friendly and helpful attitude (trainer 6)	M=4.9028 Std=.4470	M=4.9149 Std=.4558	M=4.9524 Std=.2155	M=4.9259 Std=.3983	M=4.8625 Std=.5215
overall, I am satisfied with the trainer(s) (trainer 7)	M=4.8843 Std=.4923	M=4.8936 Std=.5382	M=4.9762 Std=.1543	M=4.9185 Std=.4580	M=4.8250 Std=.5460

The 215 early childhood professionals rated the DECA Trainings extremely favorable across the 18 items, with means for each item in the 4 range of the established Likert Scale. In other words, early childhood professionals agreed that these different indicators of effective training were evident in the DECA Training Programs. On the above tables displaying item means, the items with the highest scores and lowest scores for each of the DECA Training Programs and the three types of DECA Training Programs combined are highlighted in pink and yellow, respectively. According to these means, professionals were most satisfied with elements of the trainer, namely their trainer's knowledge of the DECA Program, and the overall performance of the trainer. Across all the different types of DECA Training Programs, professionals were least satisfied with the length of the training.

Scores on training item 11 and trainer 7 asking teachers (n=29) and mental health coordinators (n=46) who attended Basic DECA Implementation

Trainings (1 & 2 Day Versions combined) to rate their overall satisfaction with the training and trainer were compared. Results of an independent paired t-test did not detect any statistically significant differences between these professionals who happen to represent the majority of professionals attending DECA trainings. These two professional groups equally felt that DECA Basic Training exceeded their expectations. The qualitative questions revealed that professionals felt the most relevant and useful part of DECA Basic Implementation Training was instruction on incorporating classroom strategies into their lesson plans. However, professionals felt that the most relevant and useful part of DECA-C Training was instruction on administering and scoring the DECA-C assessment. The fact that mental health coordinators, a professional group that traditionally administers and scores psychological instruments represented the majority of DECA-C Training participants may account for this finding.

A plausible explanation for the enthusiastic reactions to training across early childhood professional groups is that the DECA program concepts and skills introduced during training translated well into the professionals' job working with at-risk children; there was high correlation ( $r=.80$ ) between the overall training satisfaction and perceived utility of the training material (Training Item 9: "The content of training meets my needs and interests). The table below lists the intercorrelations between overall satisfaction with Training (Training Item 11) and overall satisfaction with trainer (Trainer Item 7).

Intercorrelations between Overall Satisfaction with Training, Overall Satisfaction with Trainer, and Items on Satisfaction Assessment for DECA Basic Implementation Training: 1 & 2 Day Versions Combined

Items	Training Item 11	Trainer Item 7
Early Childhood Professionals (n=135)		
Training 1 concepts clear	.7779	.7776
Training 2 time allotted	.5044	.4340
Training 3 material interesting	.6635	.4695

Training 4 good balance	.6428	.5967
Training 5 audio/visual aids	.5856	.4094
Training 6 handouts help	.6305	.5544
Training 7 questions	.7135	.7414
Training 8 facilities suitable	.5138	.4141
Training 9 meets needs/interests	.7965	.6847
Training 10 useful in job	.7008	.5434
Training 11 satisfied with training	1.0000	.7612
Trainer 1 knowledgeable	.6702	.8844
Trainer 2 alive and interesting	.6611	.7758
Trainer 3 motivational	.7416	.8811
Trainer 4 clearly communicated	.7196	.8661
Trainer 5 responded well to ?s	.7170	.8441
Trainer 6 friendly attitude	.6597	.8829
Trainer 7 satisfied with trainer	.7612	1.0000

Alpha= .96

Training evaluation literature asserts that a strong connection exists between training relevancy and satisfaction because perceived training relevancy taps into participant motivation (Kirkpatrick & L'Allier, 2004). In the context of training programs such as the DECA Basic Implementation Training, it is likely that direct service providers come to training equally motivated to expand their prevention repertoire, regardless of their role in the field(mental health vs. education). In accordance with best practice for evaluating training, the next step in this research is to 1) explore the interaction between trainer background, type of DECA Training Program, and type of early childhood professional on satisfaction, 2) evaluate participant acquisition of program concepts and skills, 3) measure integrity of program implementation, 4) measure socially valid outcome indicators. The Devereux Early Childhood Initiative plans to participate in this program evaluation research not only to set the standard for evidence-based practice, but for the continuous quality improvement of all DECA Training programs. By continuing these training evaluation studies, other prevention programs may look to the DECA program as a model for program evaluation.

#### References

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