

Devereux Early Childhood Assessment Ratings from Parents and Teachers in Delaware

By Scott Rosas, Ph.D.; Lynn Chaiken, M.S.W.; and Jane Case, M.S.

We analyzed Devereux Early Childhood Assessments (DECA) completed by parents and teachers in Delaware for a sample of 474 preschool children, predominantly in Head Start and Early Childhood Assistance Programs. The DECA is a 37-item measure used to assess a set of strengths and problem behaviors in children ages two to five years. We examined parent and teacher responses for specific behaviors, within two categories: protective factors (strengths) and behavioral concerns (problems). We found that parents and teachers agreed on the prevalence of strengths or positive behaviors observed in children far more than they agreed on the prevalence of behavior problems. Parents observed nearly twice the rate of problem behaviors in the children than teachers. Findings support the assertion that children’s behavior may vary according to environment. In this case, behavior varied between home and school settings. These findings can be useful to guide parents and teachers in working collectively to build children’s social and emotional skills. Teachers and parents can form working relationships by focusing on children’s strengths, about which they tended to agree, and then extend the benefits of these relationships to create shared approaches to addressing challenging behaviors.

Introduction

Nemours Health and Prevention Services (NHPS), in partnership with the Delaware Department of Education (DOE) and the Devereux Foundation, conducted an analysis of parent and teacher ratings of strengths and problem behaviors of children ages two to five years using the Devereux Early Childhood Assessment (DECA). Parents and childcare teachers completed the DECA between January and June of 2005. From these data, NHPS selected observations for 474 children from 14 early care and education settings that included Head Starts, Early Childhood Assistance Programs (ECAPs), and childcare centers.

The DECA is completed by both teachers and parents and is designed to assess protective factors and behavioral concerns in young children. The DECA is

used in Delaware in more than 30 early care and education settings as part of the Partners in Excellence (PIE) project.¹ Teachers in early care and education settings participating in PIE use the DECA to learn about and plan for the social-emotional needs of children. The DECA can be used to gather information on individual children as well as entire classrooms.

The current analysis is unique because it is the first to examine the DECA information to describe how parents and teachers may interpret the same child’s behavior and to describe these interpretations in a sample of children from Head Starts, ECAPs, and preschool programs across the state of Delaware.

Findings from these data may help guide the early care and education community to do the

following: 1) to focus attention on building protective factors in children to reduce their risk of behavioral concerns; 2) to find opportunities to enhance communication with parents about children's social-emotional development; and 3) to increase collaboration, education, and support for social-emotional competence-building strategies in Delaware.

Background

Several recent planning reports assert that Delaware's early care and education settings are experiencing an increase in challenging behaviors in young children.^{2,3} Specifically, some providers observed an increase in oppositional and defiant behavior, as well as in attention disorders.⁴ However, center staff, teachers, and parents have not been able to determine the extent of these problems due to the lack of state-specific data and the variation in the prevalence from national studies of behavioral problems in young children. These perceived increases in behavior problems may also affect how the needs of children are viewed and being met. A University of Delaware, Center for Disabilities Studies, report commissioned by the Delaware Department of Education noted that among 48 early care and education providers interviewed, nine percent had asked a family to withdraw a child from their care during 2001-2002. More than half of the providers surveyed reported that mental health services for young children were either needed or greatly needed for children in Delaware. They also noted that a "lack of emotional readiness" was among the chief concerns for children transitioning from the early care and education setting to school.⁴

Unaddressed or under-addressed behavioral problems in young children may not only affect their overall development while in preschool, such problems may also impact their readiness for school as they enter kindergarten. Young children with emotional and behavioral difficulties participate less in classroom learning and are less likely to be accepted by their classmates and teachers. Consequently, teachers provide infrequent positive feedback, leading children to like school less, learn less and attend less.⁵ This set of circumstances places children at risk for the inadequate development of social and behavioral competence: critical elements of school readiness. A study conducted by the University of Delaware found that kindergarten teachers' highest priority for children entering school were social and behavioral skills that allowed them to interact with others and to work in group situations. Indeed, the most important skill identified by teachers

in that study was the ability of children to exhibit self-control.⁶

Contexts for Behavior

Parent and teacher DECA reports reflect child behavior in two environments: the home and childcare settings. Although the DECA is used to assess particular strengths and problem behaviors in children, the conditions in the home and early care and education environments may influence these behaviors and may increase or decrease the likelihood of problems. Understanding these contexts can assist with interpreting DECA results since they are derived from very different perspectives. The descriptions below favor Head Start and ECAP settings because most of the children in our analysis attended one of those settings.

Children. Children in Head Start are enrolled based on their income eligibility or receipt of public assistance; few children are over this income limit. Most children have health insurance, and many receive Medicaid. A smaller number of children have no health insurance at all. The majority are African-American, Hispanic or Latino, White, or Bi-racial/multi-racial. While English is typically the primary language of use overall, Spanish is the primary language for a small but representative group of children in Head Start in Delaware. Very few children are referred for mental health services outside of Head Start, and even fewer are identified with a diagnosed emotional/behavioral disorder.⁷

Families-Home. Due to the income eligibility requirements for participation in Head Start and ECAPs, enrolled children are mostly from families at or below poverty level. Children and families living in poverty face several risk factors that are associated with children's behavior problems such as harsh discipline, maternal stress, and depression.⁸ Single parents head the majority of families in Head Start. More than half of parents or guardians have obtained a high school diploma or GED, and less than a quarter have education above a high school level. A little more than a quarter of parents have less than a high school graduate-level education. Regarding employment, in two-parent families, most have one parent or guardian employed, whereas in single-parent families, more parents are employed than unemployed.⁷

Teachers-Centers. In addition to conditions at home, the characteristics of a center can also affect children's behavior. Of the teachers working in Head Starts, education varies widely. Among Head Start

teachers in Delaware, 26% have no degree, 38% of teachers have an associate's degree, 23% have a bachelor's degree, and a little more than 1% have a graduate degree.⁷ In Head Start settings, there is also significant turnover of professional staff, and frequent changes in childcare arrangements have been associated with increased disruptive behavior problems in young children.⁹ The handling of behavior problems in early care and education settings can vary greatly. High levels of challenging behaviors present a set of issues for teachers and centers in terms of their ability to support young children's healthy social-emotional development. Within the classroom, increased behavioral problems shift the focus from support to behavior control. Moreover, more frequent incidence of aggressive behaviors in the classroom usually results in the practice of exclusion by teachers seeking to minimize disruption.¹⁰ Some have called for a shift away from problem-focused therapeutic treatment of individual children and towards more holistic, integrated prevention-oriented mental health services.¹¹ However, a recent study has found that only 7% of centers use program-centered consultation and spend less than 2% of their budget on mental health services.¹⁰

Research on Preschool Children's Behavior

Some researchers and health practitioners have observed that young children's mental health needs are often neglected.^{5, 11, 12} This neglect has been due, in part, to a focus on other areas of development, the stigma associated with mental health needs, and the reluctance to label young children negatively during a period of rapid change and development.¹²

Preschool children with emerging behavior problems are at significant risk for continued behavioral disturbances and more serious mental health problems throughout childhood.¹³ Previous research in this area has identified a complex pattern of factors associated with behavior problems including child characteristics, family characteristics, and environmental stressors, such as poverty. As the intensity and number of risk factors increase, the chances for developing behavioral problems also increase. This has led to an interest in developing strategies that build resilience by enhancing protective factors in young children. Some researchers have reported success in reducing negative outcomes, such as severe emotional and behavioral disorders, with the use of interventions that focus on and strengthen protective factors.^{14, 15}

In studies of preschool children without clinical problems, it has been difficult to determine the actual prevalence of behavior issues because rates vary greatly among studies. Consequently, our understanding of how often problem behaviors occur in typical children is limited. An even larger gap exists in our knowledge of how often strength behaviors occur in both the home and early care and education settings. Traditionally, behavior problems have been identified according to cut-off scores from behavior checklists completed by adults.¹⁶ Using this criterion, estimates of behavior problem prevalence have been between 3% and 6% in general populations, and a higher incidence (more than 30%) has been found among low-income preschool children.^{17, 18}

In addition, few studies have used both parent and teacher information to determine the extent of behavior problems among low-income preschool children.¹⁹⁻²² Even fewer have examined behavior problems using parent and teacher versions of the same measures.²³⁻²⁵ Consequently, our understanding of how often parents and teachers observe the same behaviors (both strengths and problems) in children remains incomplete.

Devereux Early Childhood Assessment (DECA)

The DECA is a relatively new measure developed for use with preschool children ages 2-5 years.²⁶ During the past decade, new measures like the DECA have become available for use in the early care and education field. Such measures have the potential to expand our knowledge about young children's social-emotional health and can help support the training of early care and education professionals.¹² What sets the DECA apart from other measures is that both strengths and problem behaviors are evaluated. Strengths are organized into protective factors – those characteristics that serve to buffer or “protect” the children from developing emotional and behavioral problems. According to the authors of the DECA, “protective factors offset or balance the effects of risk and adversity.”^{26, p. 2}

The DECA contains 27 positive behaviors that are organized into three subscales: *initiative*, *self-control*, and *attachment*. The authors define *initiative* as a child's ability “to use independent thought and action to meet his or her needs”; *self-control* as a child's ability “to experience a range of feelings and express them using words and actions that society considers appropriate”; and *attachment* as the child's ability to have “a mutual, strong and long-lasting

relationship between a child and significant adults, such as parents, family members and teachers.”^{26, p. 4}

The DECA also contains 10 problem behaviors organized in a behavioral concerns subscale, which measures a wide variety of challenging and problem behaviors seen in some preschool children. Many children may demonstrate these behaviors on occasion, but the DECA distinguishes this occasional occurrence from actual problem behavior. The DECA authors assert “these behaviors become problematic when they occur in excess and begin to interfere with major developmental tasks, cause adjustment problems for the child, or cause anxiety and worry for the parent(s) and/or teacher(s).”²⁷

For the initiative, self-control, and attachment subscales, scores from the parents and teachers place children in one of three categories: **typical** (strength behaviors considered average for the two- to five-year-old age group); **strength** (strength behaviors considered above average for the two- to five-year-old age group), and **concern** (strength behaviors considered below average for the two- to five-year-old age group).

For the behavioral concerns subscale, scores from the parents and teachers place children in one of two categories: **typical** (problem behaviors considered average for the two- to five-year-old age group) and **concern** (problem behaviors considered above average for the two- to five-year-old age group).

Critics of the DECA state that although the measure does not meet guidelines for sufficient sensitivity and cannot function as an assessment to identify mental health problems, it can serve as a “useful brief measure of children’s strengths and problems.”^{12, p. 123} Therefore, behavioral concerns reported by parents or teachers should be seen as a screening and not as clinical diagnoses. These are problem areas that may require further assessment. For children receiving higher-than-average ratings on the behavioral concerns subscale, further assessment is needed to identify problems and to develop a positive behavioral guidance plan.²⁶

Other than the studies conducted by the authors to develop the measure, studies including the DECA have been limited in the peer-reviewed research. Therefore, an analysis of cumulative DECA data provides a new opportunity to examine more broadly how the DECA can contribute as a strengths-based assessment approach for children with early behavior problems. Many assessments target problem

behaviors and pathology rather than strengths and protective factors. The DECA, however, is the first early childhood assessment to be based on resiliency theory. Resiliency scholars have emphasized that screening, assessment, and diagnosis in early intervention should focus on both protective factors and risks.²⁸ From this perspective, a young child’s ability to respond and adapt to adverse circumstances (resilience) is either promoted by protective factors that build resilience or hindered by risk factors that may contribute to increased behavioral concerns.

Findings

For this analysis, we selected only those DECA ratings of children for whom there were reports from both a teacher and a parent. Unfortunately, limited demographic information was available for these children. Consequently, only children’s age and gender were considered in the analysis. Of the 474 children, 225 (47.4%) were female and 249 (52.5%) were male; 120 (25.3%) of the 474 children were two to three years old, and 354 (74.6%) were four to five years old.

Most centers in this sample were located in New Castle County. Of the 14 centers from which the data were analyzed, seven were in New Castle County, providing data on 324 children or 68.3% of the sample. Three were in Kent County, providing data on 70 children or 14.7% of the sample. Four were in Sussex County, providing data on 80 children or 16.8% of the sample.

Baseline observations in this report were first-time DECA ratings by a parent and a teacher. A teacher could complete the DECA only after a minimum of 30 days of knowing the child. Proper administration of the DECA ensures that the rater has “sufficient exposure to the child over the past four weeks in order to rate accurately the preschooler’s behavior.”^{26, p. 9}

The percentages of children in a particular category can be compared with the standardization sample used to develop the DECA. The standardization sample consisted of more than 2,000 children, ages two to five years, throughout the U.S. Its developers found that 16% of the children exhibited behaviors characterized as concerns (below average), 68% as typical (average), and 16% as strengths (above average) for any of the subscales.²⁶

In our analysis, we found that both parents and teachers reported that more than half this sample

of young children was in the typical range for behavior for all of the protective factor subscales and for the behavioral concern subscale. Teachers, however, reported that more children exhibited typical behaviors than the parents. Across subscales, teachers reported 67.9% to 77.4% of children exhibited typical behaviors. Parents reported that 50.8% to 59.7% of children exhibited typical behaviors. Moreover, parents and teachers tended to agree on the presence of protective factors exhibited by children, with percentages at or near those found in the standardization sample. While both teachers and parents in this sample reported higher percentages of children with behavioral concerns than previously found in the standardization sample, parents rated significantly more children with behavioral concerns when compared with the teachers. Parents reported above-average behavioral concerns in 49.2% of the children, while teachers reported above-average behavioral concerns in only 22.6% of the children. Thus, parents saw a higher proportion of children with unusual or troubling behaviors. Of note, parents reported 27.4% and teachers reported 6.8% of children in the 95th percentile or above for behavioral problems, a clear indication of significant problem behaviors. The results of parent and teacher ratings by subscale are presented in Figure 1.

Gender. We found that the gender of a child affected how parents or teachers rated the behaviors. Teachers consistently rated girls as having higher levels of strengths across all three protective factor subscales and having lower levels of behavioral concerns than boys. Thus, teachers saw girls having a greater ability to use independent thought and action to meet needs, to experience and express a range of feelings using socially appropriate actions, and to develop a strong and long-lasting relationship with significant adults. They also reported that girls had fewer problems with aggression, withdrawal, attention, and extreme emotions than boys. On the other hand, parents rated girls as exhibiting more strength behaviors only for the protective behavior subscale of initiative, whereas in all of the remaining subscales, parents rated boys and girls the same. Thus, except for girl’s increased ability to use independent thought and actions to meet needs, parents saw no real differences between boys and girls for strengths and problem behaviors. Results of the ratings by gender are presented in Figures 2 and 3.

Age. We also determined that age of the child affected how parents or teachers rated their behaviors. Teachers reported that four- and five-year-olds exhibited more strengths in the area of initiative than two- and three-year-olds. However, teachers

Figure 1. Parent and teacher ratings by subscale

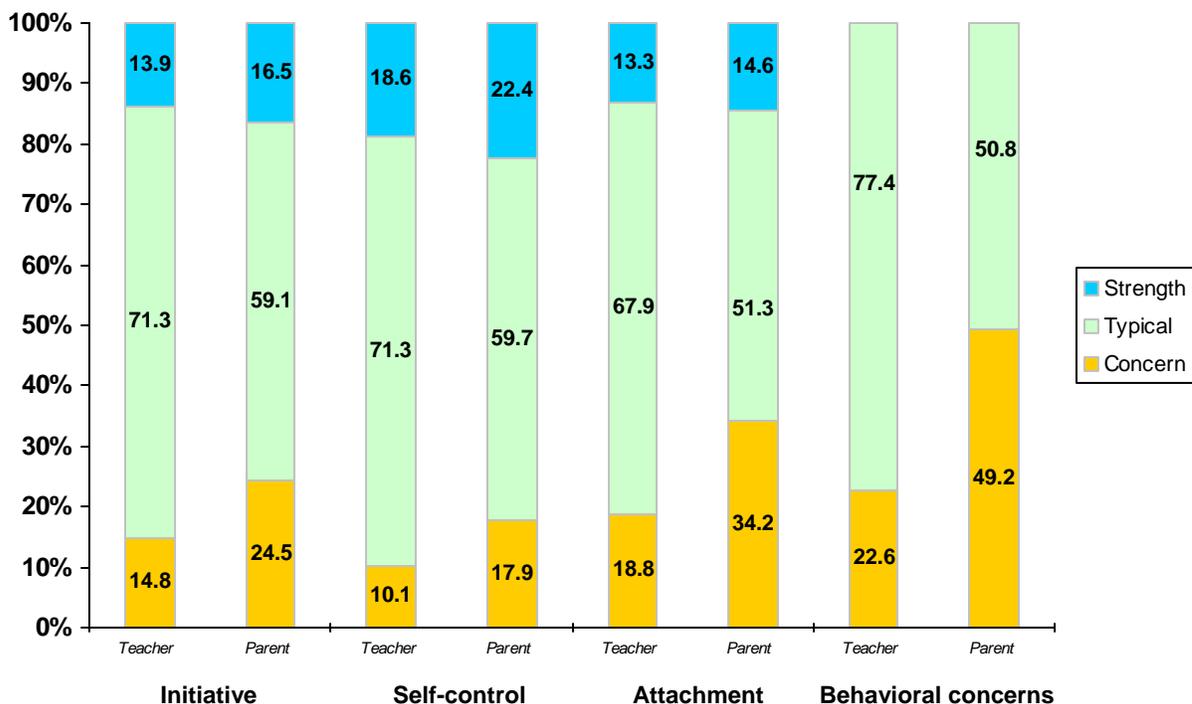


Figure 2. Teacher and parent ratings for girls by subscale

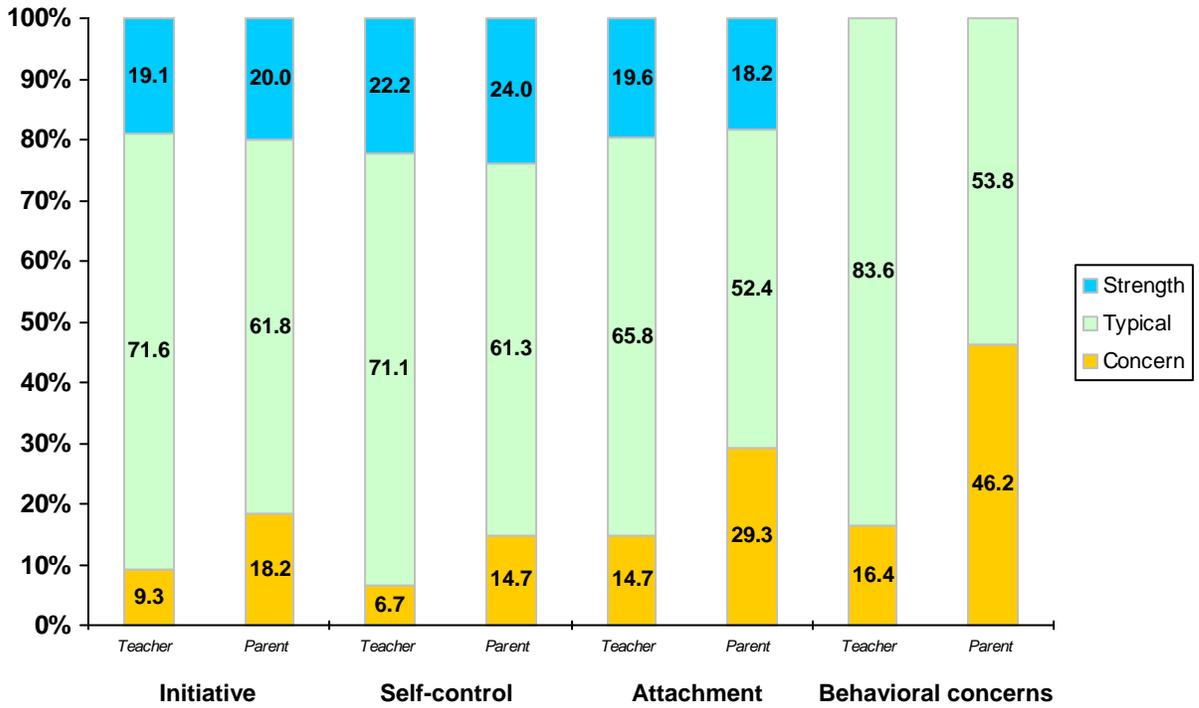
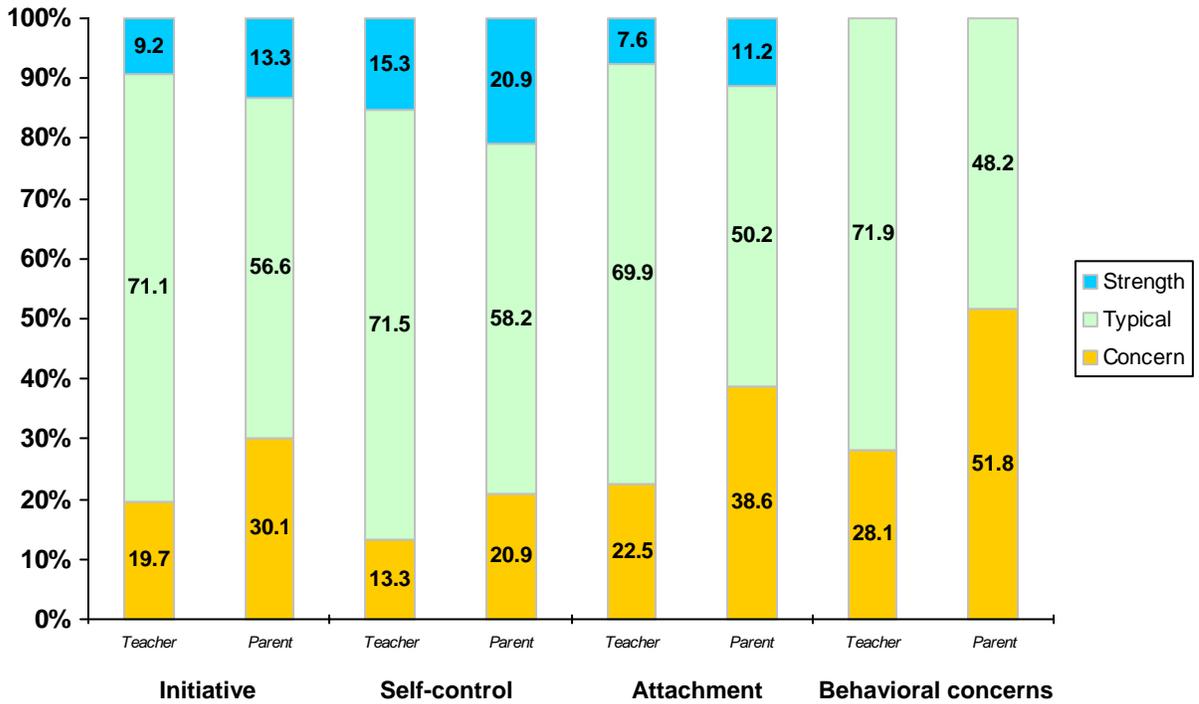


Figure 3. Teacher and parent ratings for boys by subscale



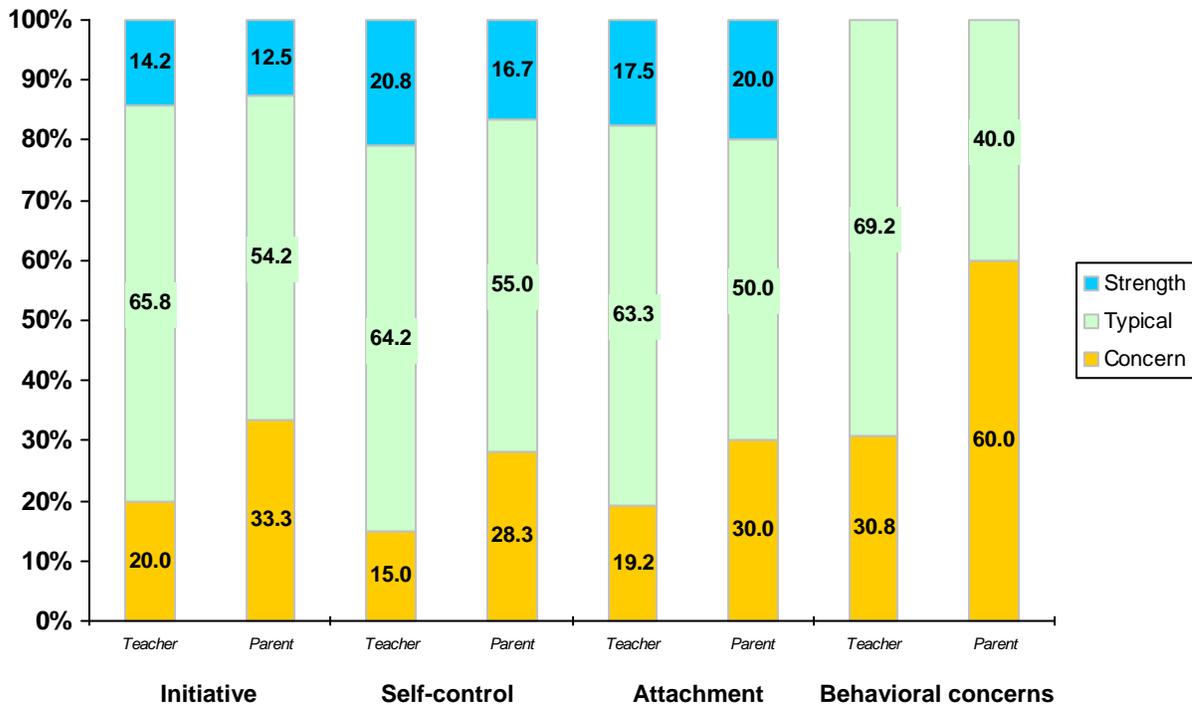
reported that two- and three-year-olds had more strength in the area of attachment. On the other hand, parents rated four- and five-year-olds as having more strength in the areas of initiative and self-control than two- and three-year-olds. Both parents and teachers reported higher degrees of behavioral concerns with the younger children when compared with the four- and five-year-olds. Thus, both the parents and teachers identified more problems with aggression, withdrawal, attention, and extreme emotions in the two- and three-year-olds olds when compared with the older group. Results of the ratings by age are presented in Figures 4 and 5.

a typical level of strength behaviors when compared with other preschool children. Thus, these children are not considered to be at-risk.

Our analysis: 27.4% of children by parent report, 45.1% of children by teacher report fit the “average scores” profile.

“Definite strengths”: Children who fit this profile showed protective factor subscale scores in the above-average range AND behavioral concerns scale scores in the below-average range. When compared with other

Figure 4. Parent and teacher ratings for 2-3 year olds by subscale



Profile Descriptions

Based on the behavior profile examples described in the DECA Users’ Guide, we determined the percentage of children fitting each particular profile.²⁶ While these do not represent every possible profile type, they are useful in highlighting common profiles that may emerge from ratings.

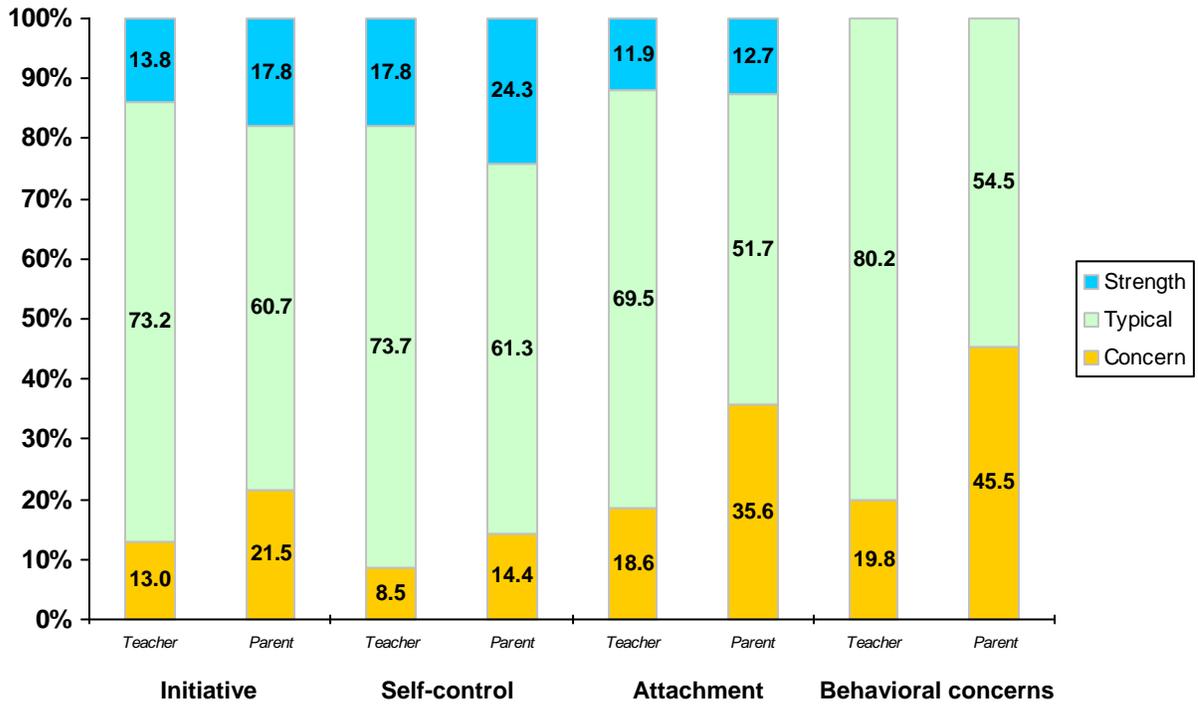
“Average scores”: Children who fit this profile exhibited behaviors typical of many children with all of the scores across subscales in the Average range. There is no indication of problems in any of the areas reported by the DECA. These children show

preschool children, they exhibited high levels of strength behaviors and no indication of behavior problems. Thus, these children are doing very well in the areas assessed by the DECA.

Our analysis: 1.3% of children by parent report, 6.3% of children by teacher report fit the “definite strengths” profile.

“At-risk”: Children with this profile showed protective factor subscale scores in the below-average range AND behavioral concerns in the average range.

Figure 5. Parent and teacher ratings for 4-5 year olds by subscale



Because children with this profile are exhibiting strength behaviors that are not well developed when compared with other preschool children, they are vulnerable to increases in stress or adversity and may well develop significant problems.

Our analysis: 8.0% of children by parent report, 5.5% of children by teacher report fit the “at-risk” profile.

“Behavior problems present”: Children with this profile had scores on the behavioral concerns scale in the above-average range AND protective factor subscale scores in the below-average range. This profile indicates that these children, when compared with other preschoolers, are having serious problems that require attention because of the intensity of the problem behaviors and the absence of strength behaviors.

Our analysis: 16.0% of children by parent report, 7.4% of children by teacher report fit the “behavioral problems present” profile.

Rater Agreement

Each of the 474 children in this analysis received both a parent and a teacher rating. Since

parents and teachers view children in very different environments and come from different backgrounds, perfect agreement is not expected. Using statistical analyses, we found a lack of agreement was often the case. Parents and teachers tended to disagree at both the individual item level and the subscale level. The “individual item level” refers to a single question on the DECA; the “subscale level” refers to groupings of these questions in particular categories, specifically initiative, attachment, self-control, and behavioral concern subscales.

Even when it appeared that parents and teachers in our sample agreed on the prevalence of a specific behavior, they often did not rate the presence of the behavior in the same child. For example, “Handling frustration well” was observed in children in our sample by 33% of parents and 40% of teachers. However, in only 17% of the children did they both rate that the behavior was present. This finding supports the notion that children may not display the same behaviors in different settings.

While we found a lack of agreement between parent and teacher ratings of children’s strengths and problem behaviors at the item level on the DECA, we did observe substantial correspondence in parent and teacher rankings of strengths and problem behaviors based on the percentage of children reported to exhibit each behavior. As illustrated in Table 1, parents’ and

Table 1. Percent of children with strength and problem behaviors present by parent and teacher report

| Strength behaviors | | |
|--------------------|---|-------|
| Parents | 17. Act happy or excited when parent/guardian returns? | 91.8% |
| | 2. Do things for himself/herself? | 87.1% |
| | 37. Show an interest in what children/adults are doing? | 86.9% |
| | 1. Act in a way that made adults smile or show interest in her/him? | 85.9% |
| | 22. Ask adults to play with or read to him/her? | 84.4% |
| Teachers | 37. Show an interest in what children/adults are doing? | 82.1% |
| | 17. Act happy or excited when parent/guardian returns? | 81.6% |
| | 29. Trust familiar adults and believe what they say? | 76.2% |
| | 2. Do things for himself/herself? | 75.5% |
| | 7. Participate actively in make-believe play with others (dress-up, etc.) | 75.1% |
| Problem behaviors | | |
| Parents | 35. Get easily distracted? | 28.7% |
| | 27. Become upset or cry easily? | 24.9% |
| | 11. Have temper tantrums? | 20.0% |
| | 23. Have a short attention span (difficulty concentrating)? | 19.6% |
| | 8. Fail to show joy or gladness at a happy occasion? | 10.8% |
| Teachers | 35. Get easily distracted? | 22.6% |
| | 23. Have a short attention span (difficulty concentrating)? | 17.9% |
| | 27. Become upset or cry easily? | 15.4% |
| | 26. Fight with other children? | 12.7% |
| | 11. Have temper tantrums? | 11.8% |

teachers' views of the most frequent strengths and problem behaviors are quite similar, agreeing on three of the five most prevalent strength behaviors and on four of the five most prevalent problem behaviors.

Discussion and Recommendations

In the spring of 2005, the Yale Child Study Center reported that Delaware's state pre-kindergarten system was the fifth highest, nationally, in expulsions. The report concluded that state pre-kindergarten systems "need to have support services in place that are able to meet the needs of children with severe behavior problems."²⁹ Equally important is the need to have a responsive system of supports for all children's social-emotional development to build a strong foundation for school readiness. Strategies toward this goal may include:

- Creating a common understanding of favorable social-emotional development and how it underlies later academic success.
- Building broad-based public and political will to make the healthy growth and comprehensive development of young children a priority.
- Committing public and private investment to programs and policies that are proven to result in greater success for young children and families.
- Building expertise for parents, families, providers, and teachers to promote strong social-emotional development in all young children, particularly in those at risk for serious problems and delays.
- Assuring good outcomes by assessing programs and tracking indicators of social-emotional development and its relationship to school readiness and academic success.

The DECA presents an opportunity for parents and early care and education professionals to work toward the mutual benefit of young children's social-emotional health. Within our results, however, there are many observable differences in how parents and teachers interpret the behavior of young children. Interpretations also can vary according to the age and gender of a child.

Our results should be interpreted cautiously, as they represent only a sample of preschool-aged children in predominantly Head Start settings and, as such, may not represent children across all childcare settings in the state. However, the findings in this report do yield valuable information. Below is a set of recommendations for Delaware's systems of social-emotional support for children in early care and education settings. In general, these recommendations focus on three issues: 1) the rating differences between parents and teachers, 2) use of the DECA by centers, teachers, and parents, and 3) continued exploration of the DECA and its use in the early care and education field in Delaware.

Recommendations

- 1) To focus on protective factors that decrease the risk of challenging behaviors in young children. Head Start and childcare centers can emphasize building strengths as a safe foundation to build communication and relationships with parents.
- 2) To increase the alignment of what parents and teachers expect from young children and increase this alignment to improve planning to foster healthy emotional and behavioral development.
- 3) To explore the DECA, along with other mechanisms, to better identify young children at risk of developing behavior problems to "describe specific behaviors to be targeted in intervention and to assess the effectiveness of the intervention."⁷
- 4) To emphasize the power of deriving information about young children from different sources in different contexts.
- 5) To employ environmental strategies that target a whole classroom to positively impact the social and emotional development of children. Children's behavior can affect and be affected by others in their environment.
- 6) To continue to explore what can be learned from the DECA. These results reflect observations made in a predominantly Head Start population. Expanded use of the DECA in a variety of early care and education settings may reveal different patterns of strengths and problem behaviors.
- 7) To support and expand the PIE program. Use of a tool like DECA within a larger supportive system is encouraged in the literature as a "multi-method approach" that links assessment findings into a broader continuum of services and training available to parents, teachers, and centers.¹¹
- 8) To address the disparities between the level of behavioral concerns in young children and the supports available to Head Start and childcare centers. Results from the DECA and other sources can help the DOE and its partners in the early care and education community to leverage for additional on-site mental health support.
- 9) To use the DECA information to help establish the needs of children in Head Start settings. Data reported in the Head Start Program Information Report (PIR) may not reflect actual emotional health needs in the Head Start population.
- 10) To address the impact of gender and age bias on expectations of young children's behavior in childcare settings and at home.
- 11) To examine the DECA's potential as an outcome measure at the individual (e.g., T-scores, profiles, etc.) and classroom levels. One of DECA's assets is its ability to profile classroom strengths and concerns based on scores from children across the classroom. Examination of changes in classroom profiles may help determine the success of classroom and center-wide strategies.
- 12) To continue to develop ways that DECA information can be used to support parent-teacher communication according to agreed-upon strengths and problem behaviors. When parents and teachers identify the same behaviors in the same children, strategies can be jointly developed using a non-blaming approach for the benefit of children.

Endnotes

¹ Partners in Excellence (PIE) is a training and support initiative through DOE that focuses on promoting social and emotional competencies in young children. Delaware is one of six demonstration sites where a select group of early care and education settings are using the PIE training modules designed by the Center for the Social and Emotional Foundations of Early Learning (CSEFEL) at the University of Illinois at Urbana-Champaign.

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We would like to acknowledge Doug Tynan, Ph.D., Psychologist at the Alfred I. duPont Hospital for Children; Betty Richardson, Head Start State Collaboration Director at the Delaware Department of Education; Dorothy Onn, ACSW, Senior Program and Policy Analyst at Nemours Health and Prevention Services; and Michelle Stofa of Nemours Editorial Services for their review of several drafts of this report.