

2010

Caregiver perceptions of aggression in preschool-aged boys

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CAREGIVER PERCEPTIONS OF AGGRESSION IN PRESCHOOL-AGED BOYS

A Thesis

Submitted to the Graduate Faculty of the
Louisiana State University and
Agricultural and Mechanical College
in partial fulfillment of the
requirements for the degree of
Master of Science
in
The School of Human Ecology

By
Charlene P. Jenkins
B.S., University of Phoenix, 2007
August 2010

ACKNOWLEDGEMENTS

I give the utmost praise to my Lord and Savior. I am grateful for his mercy and grace that was bestowed on me during this process. Mrs. Green and Mrs. Marks thank you both for your spiritual insight that encouraged me to push forward when I thought I could not go any further.

I am heartily thankful to Dr. Baumgartner, Dr. Chaney, Dr. Denny and Dr. DiCarlo whose encouragement, guidance and support from the beginning to the final chapter of this work enabled me to develop an understanding of the subject. I do appreciate all of your patience, kindness and many words of encouragement.

I owe my deepest gratitude to my wonderful husband, if it was not for you leaving for Iraq; I may not have begun this journey. Thank you for being my inspiration and the love of my life. I would like to thank my three children Javon, Kai, and Zuri, for supporting and encouraging me, and doing for doing extra chores. Thank you Zuri for the many notes that I have found on my pillow, telling me how much you love me.

To my dad and eight siblings thank you for your support and help. Lastly, I offer my regards and blessings to all of those who supported me in any respect during the completion of this thesis project.

TABLE OF CONTENTS

ACKNOWLEDGEMENTS.....	ii
LIST OF TABLES.....	v
LIST OF FIGURES.....	vi
ABSTRACT.....	vii
CHAPTER ONE: INTRODUCTION.....	1
Statement of the Problem.....	1
The Role of the Caregiver.....	2
The Importance of Caregiver Education.....	3
Rational of the Study.....	4
Conceptional Framework.....	4
Limitations.....	5
Assumptions.....	5
Summary.....	6
CHAPTER TWO: LITERATURE REVIEW.....	8
Socialization.....	8
Aggression vs. Rough and Tumble Play.....	12
Aggression.....	12
Rough and Tumble Play.....	14
Labeling.....	19
Dangers of Misperceptions.....	19
Causes of Misperceptions.....	21
CHAPTER THREE: METHODOLOGY.....	23
Subjects and Settings.....	23
Procedure.....	24
Videotapes.....	24
Validation of Vignette.....	26
Behavioral Definitions.....	27
Experimental Design.....	27
CHAPTER FOUR: RESULTS.....	28
CHAPTER FIVE: DISCUSSION.....	35
Danger of Perceptions.....	37
Limitations.....	38
Direction for Future Research.....	38
Clinical Significance.....	39

REFERENCES.....	40
APPENDIX A: LSU INSTITUTIONAL REVIEW BOARD APPLICATION.....	46
APPENDIX B: CONSENT FORM.....	48
APPENDIX C: SAMPLE DATA SHEETS.....	50
VITA.....	52

LIST OF TABLES

Table 1. Caregivers Experience and Ethnic Background.....	25
Table 2. Education and Percentage of Aggression in Preschool Age Boys.....	29
Table 3. Frequencies of Ethnicity- High School/GED Compared to Greater than High School..	30
Table 4. Descriptive Statistics- High School Caregivers compared to Caregivers with greater than a High School Degree	34

LIST OF FIGURES

Figure 1. Histogram-High School Education Group.....	31
Figure 2. Histogram-Greater than High School Education Group.....	32
Figure 3. Box Plot-High School and Greater than High School Percentage of Aggression.....	33

ABSTRACT

The purpose of this study was to examine the relationship between caregiver level of education and their perception of aggression in preschool boys. Accurately perceiving aggression is important in that it affects how caregivers interact with children in their care. Research has demonstrated that caregivers have an important role in helping a child shape his identity; getting accurate feedback would be important for a child's self-perception. It was hypothesized that caregivers with less education may be more likely to misperceive preschool boys play and label them aggressive. The results indicated that caregiver's with a high school or GED education were more likely to perceive more aggressive behaviors in preschool boys than caregivers with more education.

CHAPTER ONE: INTRODUCTION

Statement of the Problem

Sixty-seven percent of young children in the United States are enrolled in center-based or non-relative programs before entering kindergarten (Raver, Li-Grinning, Metzger, Jones, Zhai, & Solomon, 2009). The goal of quality childcare programs is to enhance a child's social, emotional, physical and language development and promote positive social relationships between children and adults, which are essential to developing a child's sense of worth and belonging (Ewing & Taylor, 2009; Hyson, Tomlinson, & Morris, 2009; Whitebook, 2003). According to the National Association for the Education of Young Children (NAEYC)'s Early Childhood Program Standards (2008),

Positive relationships are essential for the development of personal responsibility, capacity for self-regulation, constructive interactions with others, and for fostering academic functioning and mastery. Warm, sensitive, and responsive interactions help children develop a secure, positive sense of self and encourage them to respect and cooperate with others. Positive relationships also help children gain the benefits of instructional experiences and resources. Children who see themselves as highly valued are more likely to feel secure, thrive physically get along with others, learn well, and feel part of a community (p. 1)

However, the National Center for Early Development and Learning indicated that 46% of kindergarten caregivers reported that more than half of the children in their classes lacked the self-regulatory skills and social competences to function productively and learn in kindergarten (Rimm-Kaufman, Pianta & Cox, 2000; Webster-Stratton, Reid, & Stoolmiller, 2008). This is problematic as it puts these children at risk for academic failure, aggression, peer rejection, school dropout, delinquency, and later criminality. Children from low income and poverty are often taught by caregivers who are the least prepared to handle challenging behavior; these caregivers are more harsh, detached, and have ineffective teaching strategies (Webster-Stratton et al., 2008). This is important to the present study because the caregiver's perception of

children in their care could have a detrimental effect on the child's social competence and lead to problematic behaviors in typically developing young children when rough and tumble play behavior is perceived as aggressive.

The Role of the Caregiver

Bergin and Bergin (2009) found that in order for caregivers to be effective they have to connect and care for the children with respect, trust and warmth. When caregivers do not have time to develop close relationships with children, they may not be able to accurately perceive the child's behavior. High caregiver turnover directly affects children because it increases the number of adults who will provide care to children (Owens & Ring, 2007). This is problematic because the staff leaving negatively affects the caregiver-child relationship; new inexperienced caregivers may be less engaging, less responsive, and less accepting of the child (Bergin & Bergin, 2009). Children who have poor self-regulatory skills have problems regulating their attention, behavior, and emotions which will affect their schooling and later relationships. Children who are exposed to multiple poverty-related risks have increased odds of having less social competence and emotional self-regulation and more behavior problems than children who are more economically advantaged. In addition, low income is identified as a significant risk factor for early onset of academic underachievement and conduct problems (Webster-Stratton et al., 2008). African-American boys exposed to multiple poverty-related risks or low income are often represented in the literature as being academic underachievers and are associated with more conduct problems, such as aggression (Davis, 2003). A study by Colman, Hardy, Albert, Raffaelli and Crockett (2006) found correlations between punitive discipline practices by caregivers and the child's self-regulatory skills. When caregivers used punitive discipline practices children were observed having externalizing behaviors, such as aggression. Caregivers

were taught alternative disciplinary strategies; results demonstrated a decrease in children externalizing behaviors, including aggression. This suggests that caregivers contributed to aggressive behaviors through their use of punitive disciplinary practices. This study illustrates the importance of caregiver education on managing children's aggression.

Doumen, Verschueren, Buyse, Germeijs, Luyckx, and Soenens (2008) found that children who exhibited aggression were more likely to experience conflict with their caregiver, which was found to intensify the child's aggressive behavior over time. This circular pattern confirmed the negative expectations of the caregiver, thereby continuing the caregiver's negative relationship with the child. Other research identified warm teacher-child relationships with children who had behavior problems, enjoyed school more, and performed better academically (Palermo, Hanish, Martin, Fabes, & Reiser, 2007). These studies suggest that caregivers need education and training in order to break the cycle of aggression and negative caregiver relationships. The dangers of caregiver perceptions of aggression are in the ability of the caregiver to falsely affect a child's self-perception and the ability of a family to secure childcare services for their child. Proposed causes of caregiver perception of aggression included caregiver stress level (Raver et al. 2009), high turnover rate (Buck and Ambrosino, 2004), use of inappropriate disciplinary practices (which contribute to child aggression), (Webster-Stratton, 2005), and caregiver education in child development (Barnett, 2003).

The Importance of Caregiver Education

Childcare programs employing early childhood caregivers with at least a four-year degree provide better outcomes to young children (Sumsion, 2007; Whitebook, 2003). In a study of Head Start classrooms, Abbott-Shim, Lambert, McCarthy (2000) found that the educational level of the caregiver affected the caregiver beliefs on developmentally appropriate practices, which

minimized the amount of inappropriate classroom activities, effecting classroom quality. This finding is consistent with Hyson et al. (2009) who found that caregivers with higher education had the capacity to influence a child's learning and development in positive ways. Whitebook (2003) contends that caregivers shape learning opportunities and experiences for children within their classrooms, and that all three and four-year-olds should attend high quality childcare programs with caregivers that hold a bachelor's degree. These caregivers are well educated and can provide children the appropriate knowledge and skills in enhancing children learning. Whitebook suggests that the research reveals that these caregivers are more than likely to engage children in rich language environments, literacy, have better teacher-child interactions, be more sensitive to the children needs, and less punitive.

Rationale of the Study

The ultimate goal of this study is to examine the effect of caregiver education on their perception of aggression in preschool-aged boys. A large body of research has established a strong relationship between quality childcare programs and the caregiver's educational level (Barnett, 2003; Cunningham, Zibulsky, & Callahan 2009; Whitebook, 2003). However, little is known about the caregiver's perceived aggression in preschool age boys. The current study explored the possibility of a relationship between caregivers with a high school education and their perception to over-identify boys' play behaviors as aggressive.

Conceptual Framework

The conceptual framework that will guide this study is *Symbolic Interactionism*, which focuses on ways meaning emerges through interaction. This theory posits the *looking-glass self*, or the idea that self-perception is directly influenced by the perceptions that others hold of us (Cooley, 1902). Therefore, if a caregiver views a child as aggressive, this theory suggests that the

child would likely view himself as aggressive as well. This is particularly troubling when the caregiver is not accurate in their perception of the child's behavior. *Social Reaction Theory* (Becker, 1963) suggests that when children are *labeled* it changes not only the way they view themselves, but potentially the way they behave, creating a *self-fulfilling prophecy* (Merton, 1968); that is, the child fulfills the perception of the caregiver.

Limitations

Before the findings are presented, the limitations of this study should be noted. First, the statistical power presented in this study makes it difficult to generalize (.0697 compared to the adequacy standard of 0.80). Second, because the educated and less-educated groups are unequal, the difference in variance can affect the accuracy of the t-ratio. Last, Probability of Type 1 error increases with unequal sample sizes. Because of the limited number of studies assessing the relationship between caregiver education and early childhood aggression, more research is needed to examine if there is a direct relationship between these two variables. This study points to the complexity of the ways in which caregiver education may influence how aggression is perceived in young boys.

Assumptions

The following were assumed true and fundamental to this study. The data that measured caregiver perceptions of aggression was valid and reliable. Based on the design of the data sheet participants could accurately report their level of education. In addition, the caregiver's responses on the data sheet reflected their true perceptions.

Summary

One of the primary roles of preschool programs is to socialize children. Rough and tumble play is an important type of play in the socialization of young children because it teaches children how to appropriately manage their emotions. Through rough and tumble play, children learn how to conform their behavior to others and to cultural norms (McLin, 2003). When rough and tumble play is perceived as aggression, previous research has found that it is generally interrupted by caregivers (Jarvis, 2007). Research suggests that when caregivers have increased education, young children in their care experience better outcomes (Whitebook, 2003). This study seeks to examine the relationship between caregiver level of education and perception of aggression in preschool-aged boys.

Based on the findings of previous studies (Barnett, 2003; Cunningham et al., 2009; Whitebook, 2003), it is hypothesized that when compared with caregivers who have more education, caregivers with less education will be more likely to label the play behavior of preschool- boys as aggressive. The present study hypothesis is based on the notion that the caregiver educational level influence caregiver's perception of aggression in early childhood (Webster-Stratton, 2005). For example; Barnett, 2003 noted that preschool children in America are often taught by caregivers with less education and are less prepared to teach children when compared to caregivers with a four-year degree teaching in kindergarten with specialized training. This literature also states that young children learning and development is dependent on the educational level of their caregiver.

In summary, the role of preschool programs and caregivers is an important component in socializing children, which includes the development of the child's self-perception and his social

competence. Social competence has been associated in the literature with academic success. Caregivers with increased education are more likely to understand the difference between aggression and rough and tumble play, and have knowledge of disciplinary strategies that do not promote aggression as well as content knowledge on the social benefits of rough and tumble play.

CHAPTER TWO: LITERATURE REVIEW

The review of the literature is organized across major themes that contribute to understanding a potential relationship between the education level of the caregiver and her perception of a child's play (viewed as either aggressive or appropriate). The literature review establish preschool programs as having a socializing function, differentiates aggression from rough and tumble play, and presents the dangers and causes of misperception.

Socialization

Socialization is the process of "learning customs, attitudes, and values of a social group, community, or culture. Socialization is most strongly enforced by family, school, and peer groups and continues throughout an individual's lifetime" (Science Dictionary, 2010).

Socialization is also the ability of human beings to act in accordance with social standards and having the ability to regulate one's own behavior (Kochanska, Coy, & Murray, 2001). The goal of preschool programs is to promote social competence (Mendez, Fantuzzo, & Cicchetti, 2002), harmonious group dynamics, respect for others, and prevent egocentric behaviors in children (Lamb, 2004). Socialization also includes helping children develop a bond with caregivers (Ewing & Taylor, 2009), setting standards for children behavior, developing children feelings of self worth (Owens & Ring, 2007), and developing self-regulatory skills in children (Colman, et al., 2006). Caregivers provide children with opportunities to increase social competence by encouraging complex play. Complex play provides opportunities for children to increase their verbal skills, adapt their temperament to others, and increase their likelihood to approach and engage in new situations, all of which lead emotionally maturity (Mendez, et al., 2002). Webster-Stratton, et al. (2008) highlights the preschool period as critical. During this time, children develop social skills at a pace faster than any other stage of their life having flexible and

malleable behavior and cognitive development that is receptive to adult socialization practices (Webster-Stratton, et al., 2008). This relationship is fragile because it sets the foundation for later relationships and social skills, as well as, learning attitudes toward school.

Bandura's *Social Learning Theory* (1973) suggests that children have the ability to control their learning and behaviors by paying attention to modeled events. In particular, social learning occurs when the child gains attitudes, values and beliefs about themselves based on the information presented to them. When the child gains an understanding about the relationship and can reproduce it; this expands his knowledge and allows him to become more selective in what he chooses to model through motivation (Bandura, Barbaranelli, Caprara & Pastorelli, 2001).

Bergin and Bergin (2009) defined attachment as an affectionate bond that connects one person to another across time and space. Children who are securely attached to their caregiver will explore their surroundings, show a clear preference for the caregiver over others, and when distressed, will return to the caregiver to be soothed before returning to explore the environment. Securely attached children have positive, open, and engaging interactions with the caregiver. Bergin and Bergin described insecure/avoidant children as independent and displaying no clear preference for a caregiver. These children do not seek the caregiver in distress, or communicate distress or vulnerability. These researchers noted that the caregivers of insecure/avoidant children tend to be insensitive, intrusive, angry and rejecting. Children with insecure/resistant attachments have difficulty moving away from the caregiver to explore their environment, the children's emotions are exaggerated and they are difficult to soothe. Insecure/disorganized-disoriented attached children lack an organized response to the caregiver. The children appear apprehensive, and their stress behaviors intensify when they approach their caregiver. Bergin and Bergin indicated that the children may be responding to caregiver behaviors they find

frightening, such as looming into the child's face, aggressively approaching the child, or showing fearful facial expressions. However, studies have shown that children who have secure attachments to adults, including their caregivers, are more successful in getting along with others, they make friends easily, have academic achievement and are less likely to become bullies or victims of bullies (Riley, San Juan, Klinkner, & Rammingner, 2008; Bergin, & Bergin, 2009).

In addition to attachment behaviors, research has shown that children exposed to multiple-poverty risks have increased odds for poor social skills and more conduct problems, which effects how they interact with both adults and peers (Buck & Ambrosino, 2004; Webster-Stratton, et al., 2008). Young children who are sad, withdrawn, or disruptive will receive less instruction, have fewer opportunities for learning from their peers, and be less engaged and less positive learners (Raver, et al., 2009).

A caregiver can assist in a child's exploration of his or her learning environment by acting as a secure base (Ewing & Taylor, 2009). When a caregiver creates a relationship of warmth, open communication and support, this promotes the development of the child's language and academic skills. When children feel safe, they interact more with their environment, which includes materials, peers, and adults. These interactions set the stage for learning to occur. If a child does not feel safe, they are less likely to explore or interact with their environment. This highlights the importance of teacher-child relationship's which influence the child's pro-social behavior and academic school readiness (Bergin & Bergin, 2009; Ewing & Taylor, 2009; Palermo, et al., 2007; Stefan 2008).

Palermo, et al. (2007) examined the role of teacher-child relationship quality (quality was based on closeness, dependency or conflict) based on the caregivers' perception of preschool

children's readiness for kindergarten. These researchers found that close teacher-child relationships enhanced the child's pro-social behavior, and the child's pro-social attributes increased the teacher-child relationship closeness. Pro-social behavior was found to be associated with academic readiness. However, children with behavior or peer adjustments problems experienced more of a negative (dependency or conflict) teacher-child relationship. These researchers suggested that positive teacher-child interactions could deter short- and long-term school adjustments problems (behavior and social problems) and school failure. Consistent with previous research (Palermo, et al., 2007), research teacher-child closeness was associated with more academic readiness and less peer group exclusion (the children were more likely to behave prosocially). Ewing and Taylor, 2009 noted that while both teacher-child dependency and conflict was associated with less academic readiness directly due to the child's behavior and peer group exclusion, (the children were more likely to behave aggressively and less prosocial). That is, when children were aggressive and socially excluded, they experienced less academic readiness.

Caregivers in the classroom can provide opportunities for peer interaction by building quality peer relationships. In a study by Mendez, et al. (2002) researchers examined the play behaviors of preschool-aged children through parent and teacher rating scales. Play behaviors were used to classify children as displaying either *interactive competence* or *overactive disruptive play*. Interactive competence was defined as the child's ability to use a variety of social skills to engage in successful peer play interactions. Examples of interactive competence included adapting within classroom situations, positively approaching social situations, and effectively using receptive and expressive language. Children classified as displaying interactive competence shared some of the same characteristics, including having experienced

caregivers. Children classified as displaying overactive disruptive play experienced disruptive peer interactions. Examples of overactive disruptive behaviors included refusing to share toys, grabbing other's things, whining, or exhibiting a temper. In this study, experienced caregivers were associated with children who had interactive or social competence.

This literature supports the relationship between positive relationships between the teacher and child and enhanced social competence. When children have a secure relationship with their caregiver, they are more likely to explore their classroom environment. Children who are socially competent experience better relationships not only with their caregiver, but also with peers. These positive social relationships have been associated in the literature with increased academic performance. Therefore, preschool programs should strive to increase the social competence of children in their care in order to promote academic success.

Aggression vs. Rough and Tumble Play

Aggression is the intentional injury or harm to another person (Hendric & Weissman, 2006). In early childhood, aggression is a normal facet and a risk indicator for negative outcomes (Ostrov, Ries, Stauffacher, Godleski, & Mullins, 2008). Aggression has been categorized in the literature as either physical or relational (Zimmer-Gembekc, Geiger, & Crick, 2005). Physical aggression has been defined as the intent to hurt another person by using physical force, such as hitting, kicking, or pushing (Ostrov, et al., 2008). Relational aggression has been defined as inflecting harm through damage, threats, or the controlling of relationships (Juliano, Werner, & Cassidy, 2006; Ostrov & Keating, 2004; Ostrov, et al., 2008). Physical aggression is generally associated with boys, whereas, relational aggression is primarily seen in girls (Zimmer-Gembekc, et.al, 2005). Because physical aggression is much more overt, it is

usually what is thought of when characterizing aggression in young children, which may be why boys are generally viewed as more aggressive (Zimmer-Gembek et al., 2005).

Previous scholars have found that very young children display acts of aggression, however, two types of aggression emerge in early preschool years: *Instrumental aggression* and *Hostile Aggression* (Berk, 2006). *Instrumental Aggression* is the more common of the two.

Instrumental aggression is demonstrated when a child wants an object, privilege, or space. In trying to get it, they push, shout at, or attack a person who is in their way. The second type is *hostile aggression*, in which one individual intends to hurt another (Berk, 2006). Most research has been on physical or overt aggression, and more often seen in boys. This type of aggression takes the form of hitting, kicking pushing, forcefully taking objects or the intent to hurt another person by using physical force (Crick, 2009; Juliano et al., 2006; Spielman & Staub, 2000).

Verbal aggression is referred as behaviors that are directed at damaging another's self-esteem and includes nonverbal and verbal insults (Ostrov, et al., 2008). Relational aggression is defined as inflicting harm through damage, threats, or control of relationships; studies suggest this form of aggression is seen predominantly in girls (Juliano et al., 2006; Ostrov & Keating, 2004; Ostrov, et al., 2008). Maselli, Brown, and Veaco (2001) found that aggressive behavior is likely to increase when there is inconsistent discipline, inconsistent verbal communication, or lax discipline or reinforcement outside of the home.

Children display acts of aggression as early as 12 months of age (Alink, Mesman, van Zeijl, Stolk et al., 2006; Maselli et al., 2001), but as they move through the preschool period, the acts of aggressive behavior usually decline (Juliano et al., 2006; McComas et al., 2005). Ostrov et al., (2008) noted that typically developing children display higher levels of aggression between the ages of two and five. McComas, Johnson, and Symons (2005), studied naturally

occurring aggressive and prosocial behavior in 12 preschool children and how caregivers and peers responded to the behavior. Two groups emerged: high aggressors and low aggressors. The caregivers responded to the pro-social behavior of low aggressor rather than the high aggressors, and the peers responded equally to high and low aggressor pro-social behaviors. The study concluded that early aggressive behavior in preschool children could negatively influence positive social interactions with caregivers and suggested that the response of the caregiver may have a relationship to early aggression. Therefore, one could conclude that caregiver education on child development could enhance positive child outcomes.

The continuation of children engaging in aggressive behaviors can lead to serious negative outcomes. Del Vecchio and O'Leary (2006) stated that aggression can become stabilized in children as early as 2 years of age and in early childhood, chronic aggression can lead to risk factors such as physical violence, delinquency, and theft in adolescence. In addition, high levels of aggression in childhood is a predictor of negative adult outcomes such as drug use, criminal behavior, violence, and antisocial behaviors.

Rough and Tumble Play

The American Academy of Pediatrics (AAP) published a study indicating that "free and unstructured play is healthy and essential for helping children reach important social, emotional, and cognitive developmental milestones as well as helping them manage stress and become resilient." (p. 182). Play is defined as range of voluntary, intrinsically motivated activities that are normally associated with pleasure and enjoyment (Ginsburg, 2007). Play broadens the capacity for social, physical, and emotional development. As young children play, they can expand their imagination, resolve problems, and overcome obstacles. Play is an opportunity for

children to learn about their world, and develop relationships with peers (Miller & Almon, 2009; Tannock, 2008). Children who use more complex forms of play, such as socio-dramatic play, have more language skills, are more social, have more empathy, are less aggressive, have more self control, and have higher levels of thinking than other children. Miller and Almon noted that skilled caregivers provide a classroom that supports various types of play that includes large and small motor development, imaginative play, and rough and tumble play, and rule base play. In order to create healthy learning environments, Miller and Almon recommend that early childcare settings such as kindergarten, “change developmentally inappropriate practices that cause normal children behavior and learning patterns to be wrongly labeled as misbehavior, attention disorders, or learning disabilities.” (p. 6). It is believed in this present study, that caregivers who do not have an education in child development may perceive rough and tumble play as aggressive.

Rough and tumble play includes behaviors such as chasing, jumping, tumbling, wrestling, grappling, and play fighting. Interestingly, although these types of play have been found to be positive for the players involved (Jarvis, 2007; Paquette, Carbonneau, Dubeau, Bigras, & Tremblay, 2003; Smith, Smees, & Pellegrini, 2004), they are often erroneously misinterpreted as aggression (Flanders, Leo, Paquette, Phil, & Seguin, 2009). Some research have concluded that boys behaviors are more physically aggressive, dominate, active, impulsive and more adventurous. Boys will also engage in more rough and tumble play than girls (Paquette et al., 2003). In the literature rough and tumble play has been confused and combined with aggression when the two behaviors have been defined (Smith et al., 2004). Rough and tumble play and aggressive behavior consist of similar acts: such as hitting, kicking, grappling, or pushing. During the preschool years aggressive behavior declines, and rough and tumble play behaviors

such as play fighting and chase increases (Smith et al., 2004). The emergence of rough and tumble play during the preschool years is often misinterpreted because of caregiver's inability to distinguish between the behaviors associated with aggression versus those behaviors associated with rough and tumble play.

In contrast to aggression, *rough and tumble play* refers to vigorous behaviors such as wrestling, grappling, kicking tumbling and play fighting which appears aggressive except for the playful framework (Flanders, et al., 2010; Jarvis; 2007; Romano, Tremblay, Boulerice & Swisher, 2005). Rough and tumble play is a recognized play category deemed necessary for healthy child development by the NAEYC (Copple & Bredekamp, 2009). Previous research has elucidated significant gender differences in the type of play exhibited by fathers and mothers. In particular, fathers tend to play more vigorously with their sons, yet, the child can distinguish play signals from infancy through childhood that are positive and differ from aggressive behavior (Paquette, et al., 2003). As children develop, they learn how to manage their emotions in different social contexts (McLin, 2003). The literature suggests in the general child care population, for a small group of children, high levels of aggressive behaviors do persist beyond the ages of 2 and 3 instead of declining (Buck & Ambrosino, 2004; Flanders, et al, 2007). These children need supportive parents, caregivers and proper resources to assist them, which may prevent problems later in the child's life such as, alcoholism, adult crime, drug use, unemployment, and mental illness (Flanders, et al, 2007). However, rough and tumble play, in the form of play fighting, occurs more often in boys and often misinterpreted by caregivers (Flanders, et al, 2007). This misunderstanding of play fighting may be due to caregivers concern about accidental injuries, when play fighting leads to real fighting in 1% of the play bouts (Paquette, et al., 2003).

Tannock (2008) investigated rough and tumble play in two childcare programs. The participants were 11 caregivers, and 17 children who were 5-years of age. Ten of the caregiver was licensed educators. The caregivers and children were interviewed at their work sites. Five specific questions guided the interview process. However, terminology in the questions for the children was modified to ensure their understanding. The interview questions for the caregivers were:

(1)What do the programming guidelines of your setting say, if anything, about the inclusion of rough and tumble play? (2) How would you describe rough and tumble play for a parent? (3)Do you actively make provisions for rough and tumble play in your program? (4) What do you think the children learn when engaging in rough and tumble play? What value do you think rough and tumble play holds? (5) Where does rough and tumble play usually occur? Does it occur inside/outside? Is play different when inside/outside? (p.358).

The children were interviewed in groups of fours with a caregiver present. Each interview (caregiver and children) was audiotaped and later transcribed. Additionally, the caregiver in the session took notes to ensure the children comments were correctly credited to the right child.

The children interview questions were:

(1) What do you think about rough and tumble play? (2) Are there rules for play at school? (3) Do you ever “rough and tumble play” at school? (4) What happens if you “rough and tumble at school? (5) Where do you think “rough and tumble play” happens? Inside/outside? (6) What do your teachers think about “rough and tumble play” at school? (p. 358).

The findings suggested that caregivers and children recognized rough and tumble play as being a common form of play for young children, with most of the participants indicating that the play is not appropriate in early childhood programs. However, each child in the study was observed engaging in rough and tumble play after indicating that the play was not allowed in their programs. The caregivers indicated that they put restrictions on the play to keep all the children safe, but allowed for rough and tumble play in moderation. The children were observed grabbing onto one another, pushing one another, and making hitting and kicking motions. The

participants' primary concern was that no one gets hurt. Some of the caregivers used a child's cheerful face to distinguish rough and tumble play from aggressive interactions. The perception of rough and tumble play was different between the children and caregivers in the study. This may have been due to the lack of guidelines and knowledge about how to include rough and tumble play into their childcare programs. The caregivers knew the benefits of rough and tumble play and could articulate the importance in the children's development; however, the caregivers could not clearly define what forms of rough and tumble play were acceptable in their program. In addition, the findings concluded that caregivers did not plan for the play and lacked knowledge on how to effectively manage the play. This research suggests that to avoid confusion, there is a need for specific written guidelines on acceptable rough and tumble play and increased education and training in childcare programs.

In another example, Jarvis (2007) conducted a study on rough and tumble play in an elementary school in England. Boys' four-and-a-half to six-and-a-half were observed for 18 months during their playtime of football on the playground (which met their definition of rough and tumble play). Five interviews were conducted with children and the caregivers who supervised the playground. Jarvis noted that research indicated that for boys five-and-a-half years of age, the amount of time they engaged in rough and tumble play with other boys predicted their level of success in social problem solving a year later. Additional advantage of rough and tumble play were the opportunity to learn confidence, caring, and rule negotiation by expressing friendship from a masculine perspective. Jarvis compared her observations of the boys during their football play and found correlations with other research that indicated active competitive play exposed children to justice mediation and peace keeping skills, resulting in positive social interactions. The children made up their own rules and guidelines for their game

of football. However, the findings from the interview data suggested that the caregivers did not communicate any positive feeling associated with playground duty or to what the children were learning socially and cognitively during their play experiences. The caregivers found playground duty to be overwhelming, stressful, and they were unable to perceive the positive benefits that children gained from rough and tumble play.

In summary, aggression is associated with negative outcomes for young children and is often confused with rough and tumble play. Tannock's (2008) study regarding rough and tumble play concluded that it is essential for social and emotional development. She also noted that rough and tumble play provides children with the opportunity to make judgments, learn limits in play, and adjust their play to the abilities of other players.

Labeling

The teacher's perception of the child can have an effect on the child's performance at school, regardless whether the information is stereotypical or factual (Hill & Craft, 2003).

Labeling can provide a false description of the child's behavior that may become a self-fulfilling prophecy (Johnson & Templeton, 2008; Marion, 2007). Caregivers should focus on children's behavior without stereotyping (Johnson & Templeton, 2008). Labeling can greatly influence a child's self-concept, due to children's reliance on adult judgment (Marion, 2007). Labels such as aggressive, hyperactive, antisocial and delinquent can negatively affect a child's self-perception (Romano, et al., 2005).

Dangers of Misperception

Symbolic Interactionism (Cooley, 1902) states that individuals see themselves through the way they are reflected by others. This is referred to as the *looking glass self*. When children

are in the primary care of an adult, that adult helps shape the child's feelings about himself. Therefore, it is important that the caregiver reflect back information that is accurate. An example by Bowman (2006) indicated that "young child whose behavior on entering school conflicts with their teacher's expectations are less likely to learn well" (p 4). Ray, Bowman and Brownell (2006) stated that teacher's perceptions of children's sociability determined their assessment of the children teachability.

Relatedly, Social Reaction Theory (Becker, 1963) states that when individuals are *labeled*, they internalize that description of themselves into their self-perception. Stated another way, if a caregiver labels a child as aggressive, that child will begin to see himself in that way. Bowman and Moore (2006) stated that the interactions of individuals and social factors determine a child's ability to meet the demands of society's standards for behavior. However, when society's standards for behavior are not met, the child can experience later developmental and behavior problems, including low intelligence, poor emotional self-regulation, poor health, and low frustration tolerance. Merton (1968) refers to this as a *self-fulfilling prophecy*. When a child receives information about himself, by believing it, he causes it to happen. If the caregiver relates to the child that he can succeed in school, and the child believes it, therefore he will succeed. Caregivers have the ability to improve the outcome of children who might have difficulty succeeding in school through supportive and responsive teacher-child relationships. The relationship between caregiver-child can predict student grades and standardizes test scores (Ray, Bowman & Brownell, 2006).

A study by Buck and Ambrosino (2004) found that children exposed to multiple risk factors, such as poverty, unstable care giving, and poor family relationships are at greater risk for developing behavioral problems. In their sample, 50% of day care centers reported removing

children from their care due to behavior problems. The absence of affordable quality childcare has a negative impact on low-income families finding and keeping a job; this was attributed to a shortage of childcare centers in low-income areas and long waiting lists. Centers serving low-income families were inclined to have higher than recommended adult-to-child ratios, higher staff turnover, and used more harsh and detached caregivers than other childcare centers. Childcare centers in this study primarily served children of color, with 50% receiving subsidized childcare services, and reported higher percentages of behavior problems. Several of the programs did not have procedures in place to work with children with behavior problems; many programs used parents as an intervention strategy. Placing more stress on the family was associated with punitive parenting patterns. The danger of misperceiving child behavior as aggressive is that children who are engaging in appropriate rough and tumble play are being removed from childcare, causing additional problems for both the child and family.

Causes of Misperceptions

The quality of a program is important but not as important as the quality of the caregivers (Whitebook, 2003). Young children's learning depends on the educational qualifications of the caregiver. The most effective preschool caregivers have at least a four-year college degree with specialized training in early childhood education (Barnett, 2003). In the state of Louisiana, a high school diploma is not required for caregivers in licensed childcare programs. The minimum requirement of a caregiver is that he or she be at least 18 years of age, however a teenager 16 or 17 can be included in child-staff ratios, if they are directly supervised by a qualified staff (Louisiana Department Social Services, Child Day Care Minimum Class "A" Licensing, 2003).

A study of 12 in-home caregivers, (Owens & Ring, 2007) demonstrated how the demands of the job might influence the care caregivers provide to children. Work- family stress was

defined as the amount of time and attention that is in demand both at home and on the job. Because in-home caregivers run their business out of their homes, in addition to managing their own family demands, they experienced higher levels of stress than either working mothers or stay home mothers. There is a connection between the stress level of the mother who has a negative perception of her child's behavior and low quality parent-child interaction (Owens & Ring, 2007). Caregivers who have distant or authoritarian styles can have a negative impact on the social competence of children in their care (Lagace-Sequin & d'Entremont, 2004; Owens & Ring 2007). This literature suggests that caregivers should identify strategies to reduce their stress level when working with young children in order to have a more positive perception of the child's behavior and higher quality interactions. Additionally, stress reduction appears to be important in the prevention of caregiver turnover.

A study of preschool caregivers found that those who lacked disciplinary knowledge on early literacy tended to overestimate what they knew, creating a potential obstacle for the teacher seeking additional knowledge (Cunningham et al., 2009). Drawing from these findings, it is also logical to presume that caregivers who lack the disciplinary knowledge of child development may also overestimate what they know, which might also create a potential obstacle for caregivers seeking additional knowledge. This lack of knowledge may contribute to perceptions of aggressive behavior.

CHAPTER THREE: METHODOLOGY

Subjects and Settings

Data was collected from 94 caregivers employed at several community-based childcare centers serving preschool-aged children in a southern state. Caregivers with a High School education averaged 9 years of teaching experience (range, 0-34 years). The CDA caregivers averaged 10 years teaching experience (range, 2-22 years). The Associate Degree caregivers averaged 14 years teaching experience (range, 5-25 years). In the ECE-bachelor group, the caregivers averaged 8 years teaching experience (range, 1-16 years). Those who had a non-ECE bachelor's degree had 6 years teaching experience; those with a master's degree averaged 14 years experience (7-20 years) (see Table 1).

The sample in this the present study consisted of 188 data observations from the 94 early childhood caregivers. There were 140 data observation were obtained from caregivers with a High School diploma and 48 observations were obtained from caregivers with more than a high school education. The caregivers' data observations identified their ethnicity as 100-African American, 32-Caucasian, and 8-Hispanic. The CDA group had 14 data observations with the entire group consisting of African American caregivers. In the Associate Degree group, data observations identified the ethnicity of 10-African Americans and 2-Hispanics. The Bachelors Degree group data observations indentified three ethnicities of caregivers: 8-African American, 2-Caucasian, and 2-Asian. The Non-ECE Bachelor group data observations indicated the ethnicity of 2 caregivers who were Caucasian and the Master Degree data identified 8 caregivers who were African American. (see Table 1).

The childcare centers were located in a county of a southern state in which 18% of the population lives at or below the poverty level (U.S. Census Bureau, 2009). Institutional Review

Board approval was obtained (See Appendix A). Consent from parents to videotape their children was obtained prior to the viewing of the tapes by caregivers (See Appendix C). Both of the target children videotaped in the study were African-American males who were both 43 months old at the time of video.

Procedure

Permission was granted by an Early Head Start program for two of their preschool age boys to be videoed during their indoor and outdoor play. The requirement for enrollment into the program was the parent had to be an adolescent high school parent and of low-income status. The target children were 3 to 4 years-old. Child assent was obtained by asking the children in the class if it was okay to videotape them while they played. Several videotaping sessions were recorded to acclimate the children to being recorded prior to making the videotape used for this study; this was done to ensure that children played as they normally would and were not performing for the camera.

Videotapes

The primary caregiver from an Early Head Start program identified two African-American boys in her class whom she perceived to display extremely high levels of aggressive behavior to be selected for videotaping. Informed consent was obtained from the parents of both children. The two boys were videotaped approximately 15 to 25 minutes during outdoor play at their community-based childcare center. Caregivers were informed to conduct themselves as they would normally during outdoor play and to intervene only if the play endangered the child or other children. Furthermore, none of the children were harmed, injured, or in danger during the making of the video.

Table 1
Caregivers Experience and Ethnic Background

Education	Years Experience M (Range)	Ethnic Background Observations	Percent
High School	9 (0-34)	African American 100 Caucasian 32 Hispanic 8	71.4 22.9 5.7
CDA	10 (2-22)	African American 14	100.0
Associate degree	14 (5-25)	African American 10 Hispanic 2	83.3 16.7
ECE Bachelor's degree	8 (1-16)	African American 8 Caucasian 2 Asian 2	66.7 16.7 16.7
Non-ECE Bachelor's degree	6	Caucasian 2	100.0
Master's degree	14 (7-20)	African American 8	100.0

Several steps were taken to simplify the data collection procedure for caregivers, who were previously unfamiliar with research procedures. Number and letter coding was assigned to each interval both on the videotape and the data collection sheets (See Appendix D). Each minute was coded numerically and each 20-second interval within the minute was coded as A (:20), B (:40), or C (:60). For example, during the last 20 seconds of minute one, the videotape displayed “1A” cross the screen. The videotape also had visual breaks to assist with scoring in

the correct interval. A green caution light appeared on the videotape to indicate the beginning of each 20-second interval and a stop sign appeared when that interval ended. In addition, a 5-second pause was added to give participants time to mark their responses before the next interval began. The caregivers worked individually; and were asked not to discuss their responses while viewing the tapes.

Validation of Vignettes

The lead author and second author scored both tapes using the above procedures. The lead author was African American, had a bachelor's degree in ECE and 14 years experience working with young children. The second author was Caucasian, had a doctoral degree in ECE and 18 years experience working with young children. For video one, Jay, 37% of aggressive behavior was observed; for video two, Cam, 17% of aggressive behavior was observed. Inter-rater reliability was calculated on an interval-by-interval basis using the formula $\frac{\text{agreements}}{\text{agreements} + \text{disagreements}} \times 100$. Inter-rater agreement was 93% for videotape one, and 97% for videotape two.

To differentiate how the videos were coded an example of rough and tumble play and aggression are provided, as scored by the first and second authors. An example of an instance of rough and tumble play (which was scored as appropriate play) was recorded when the target child was playing with a classmate with foam blocks. In this scenario, the target child, Jay, is smiling with a green foam block in his hands. Jay took the block and began pressing it into the boy next to him, who was also laughing. Jay then began jumping, and swinging his arms in large circular motions, which was imitated by two classmates. An example of an instance of aggression was recorded when the target child started wrestling with another child. In this scenario, the target child, Jay, is interacting with three other boys who are swinging their arms,

and pulling and pushing each other, and throwing blocks. One of the four boys is not laughing and tells Jay he “does not want to play no more”. Jay continually hit the boy with the green foam block and grabbed the boy to keep him from moving as the child attempts to move away. The child also called out to his teacher.

Behavioral Definitions

The focus of this study was on caregiver *perception* of aggressive behavior; for this reason, aggression was not operationally defined for the participants. Based on caregivers’ education and knowledge each participant scored the target child’s play in each video as appropriate play or aggressive play during each of the observed intervals. A code was provided for non-occurrence, which caregivers were told to use if the child was not engaged in either appropriate play or aggressive play.

Experimental Design

In this study, it was hypothesized that caregivers with less education may perceive more aggression in boys. A t-test was used to examine the mean score between caregivers with a high school education and caregivers with greater than a high school education. The t-test is most commonly used test to compare two means (see Portney & Watkins, 1993). The t-test is appropriate when you have a single dependent and an independent variable. Studies with small samples use the t-test to test a hypothesis that assumes the sample is drawn from a normally distributed population. While this assumption appears to be restrictive, research has demonstrated that violations of this assumption have only minor effects on the computations of the test statistic. Because of the expected direction of the predicted effect, a one-tailed level of significance was used for the test condition.

CHAPTER FOUR: RESULTS

The purpose of the study was to investigate any association between caregiver level of education and caregiver perception of aggressive behavior in preschool-aged boys. The primary question was whether caregivers without an educational background in child development would perceive more or less aggressive behavior in preschool age boys. A t-test was used to examine the mean score between caregivers with a high school education and caregivers with greater than a high school education.

Table 2 presents the descriptive statistics for the amount of aggression reported by caregivers based on educational level. Caregivers with a high school diploma had a mean percentage of perceived aggression of 27 (range, 6% - 63%). Caregivers who had completed a CDA had a mean percentage of perceived aggression of 25 (range, 0 - 60%). Those with an associate degree group had a mean of 24 (range, 13% - 50%). Caregivers with an ECE Bachelor's degree had a mean of 22 (range, 10% - 37%). Those with a non-ECE Bachelor's degree had a mean of 6 (range, 6%). The caregivers who had a Master's degree had a mean of 24 (range 7% - 37%).

In order to examine if education was a factor in caregiver perception of aggression, education level was collapsed into two groups for further analysis: high school education and greater than high school education. Results indicated that those with a high school education had less experience teaching (although with a wider range of variability), and reported a higher level of aggression. Those with greater than a high school education had slightly more experience and perceived less aggression.

Table 2
Caregivers Education and Percentage of Aggression in Preschool-Aged Boys

<u>Education</u>	<u>Percentage of Aggression</u>	
	M (range)	SD
High School Diploma/GED	27 (6 – 63)	12.35
Child Development Associate Credential (CDA)	25 (0 – 60)	9.60
Associate’s degree	24 (13 – 50)	9.60
ECE Bachelor’s degree	22 (10 – 37)	7.62
Non-ECE Bachelor’s degree	19 (17 – 20)	2.12
Master’s degree	22 (7 – 37)	11.06

Comparison of frequency distributions in Table 3 provides the frequency distribution of caregivers by ethnicity – high school compared to greater than high school. The majority of caregivers were showed that the ethnic background of most caregivers in this sample was African American. In addition, the high school/GED group was indicates substantially different compared to high school and greater than high school education groups.

Table 3
Frequencies of Ethnicity- High School/GED Compared to Greater than High School

	High School/GED		Greater than High School	
	Frequency	Percent	Frequency	Percent
African American	100	71.4	40	83.3
Caucasian	32	22.9	4	8.3
Hispanic	8	5.7	2	4.2
Asian	0	0.0	2	4.2
Total	140	100.0	48	100.0

In this study, it was hypothesized that caregivers with less education would perceive more aggression in boys than caregivers with more education. A *t*-test was used to examine the mean score between caregivers with a high school education and caregivers with greater than a high school education. One of the main assumptions behind the *t*-test is that the data for each variable are normally distributed. To test to whether this data met the assumptions for a *t* test analysis the general distributions of the high school education and greater than a high school education groups were examined for normality. The histograms for both groups and box plot are displayed below in figures 1 through 3.

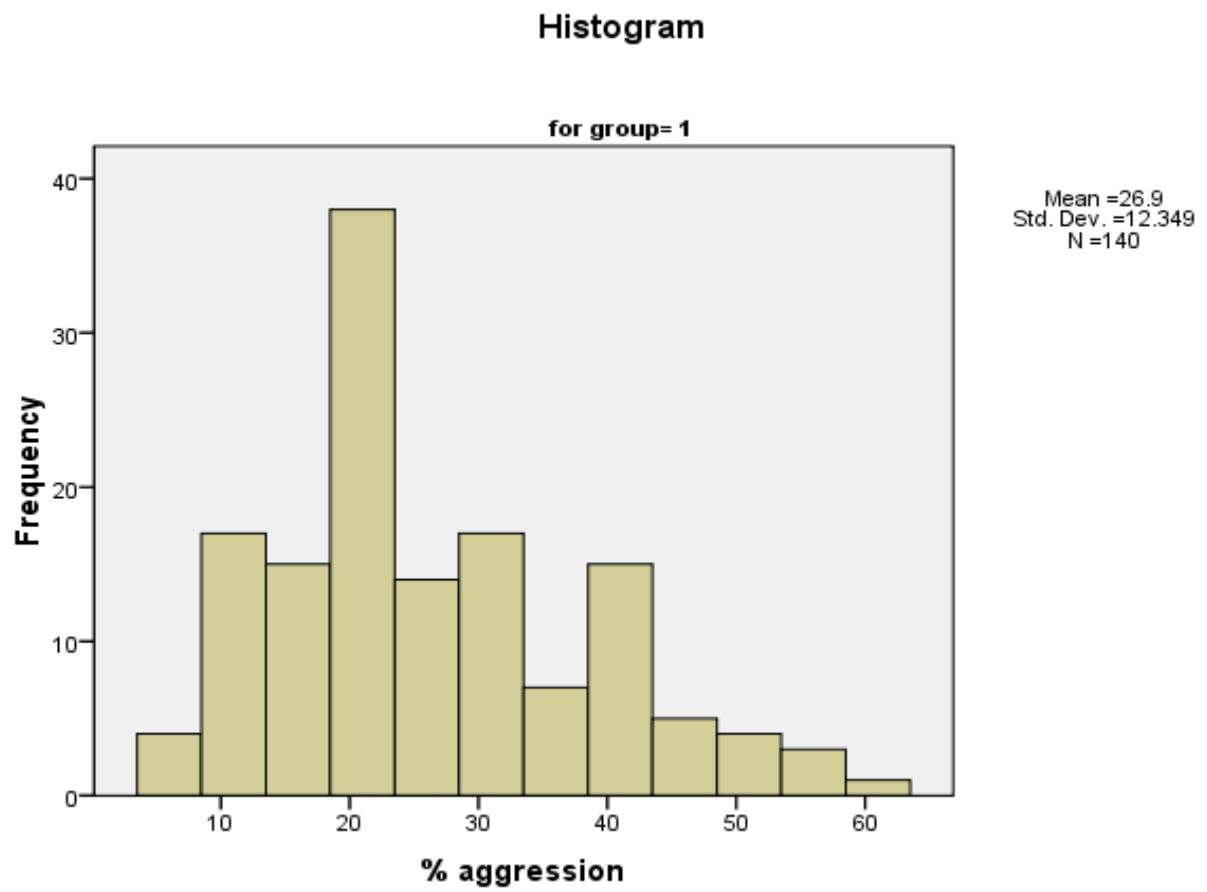


Figure 1
Histogram- High School Education Group

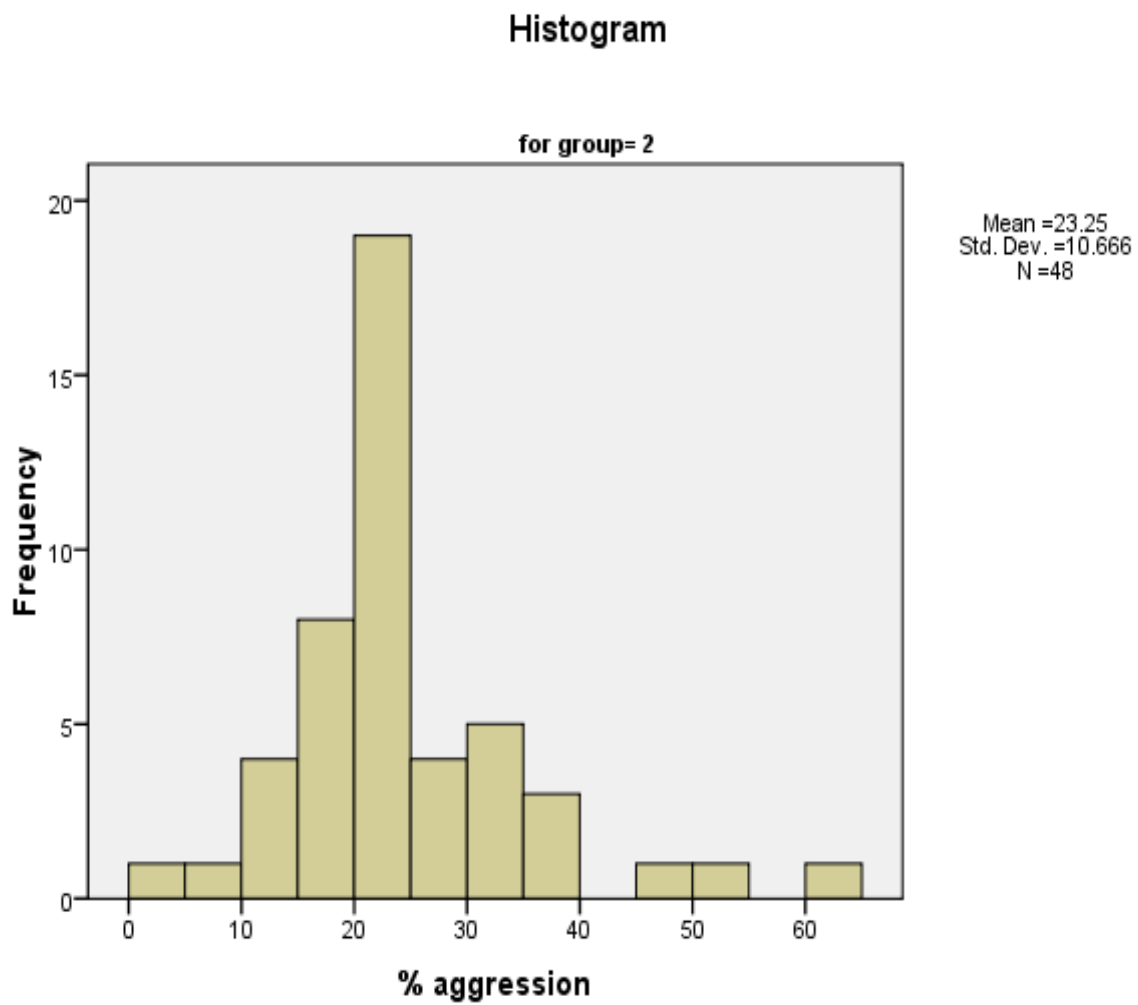


Figure 2
Histogram- Greater than High School Education Group

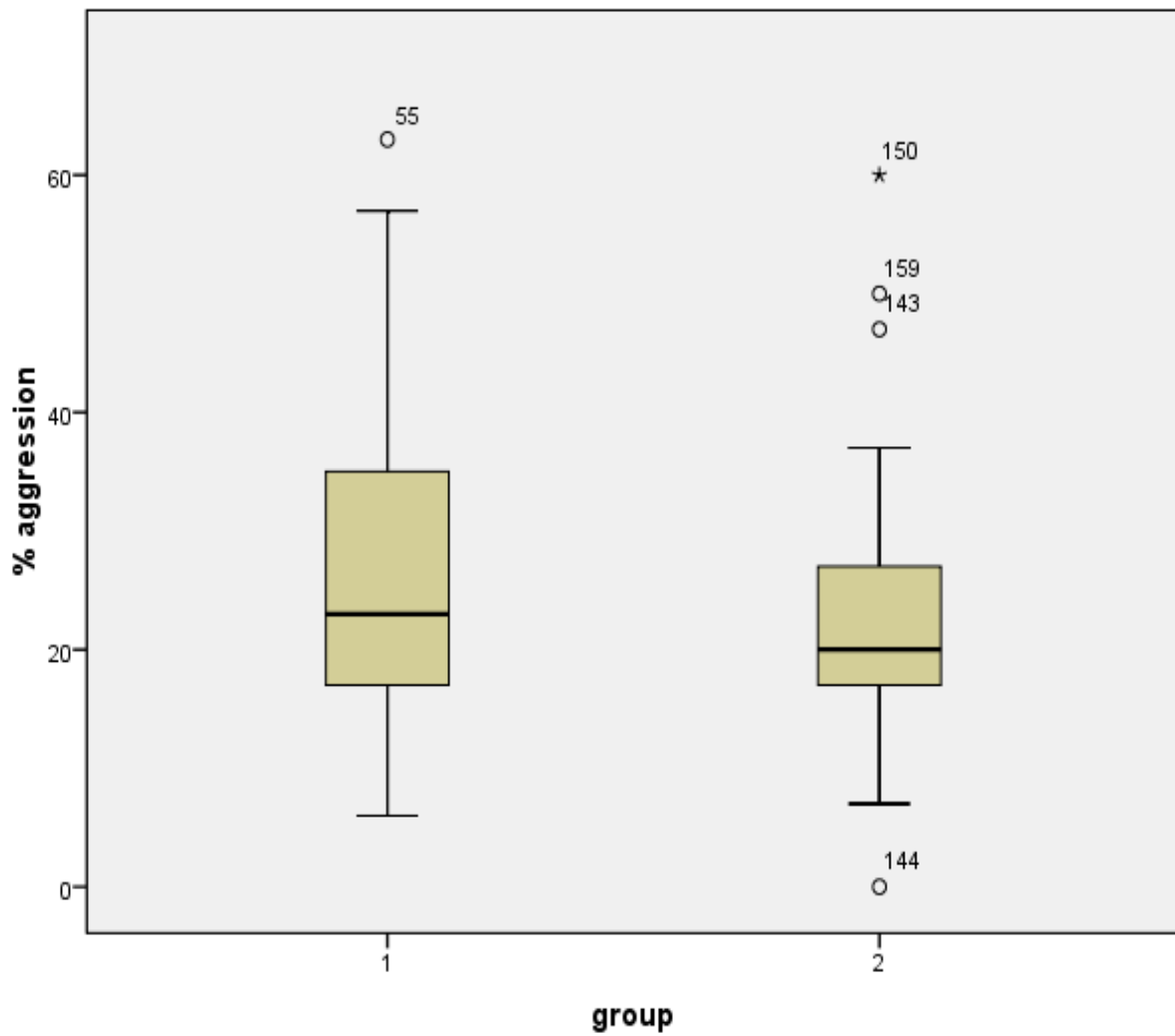


Figure 3
Box Plot-High School and Greater than High School Percentage of Aggression

While the distribution of the data is not perfectly normal, experts have noted that the robust t-test statistical technique can still be considered valid provided that the population is not extremely abnormal (Keller & Warrack, 1997). In the high school group (1) consists of one outlier and in the greater than high school group (2) four outliers are present which may be causing the data to be skewed. An independent-samples *t* test was conducted to evaluate whether the high school education group and greater than high school education group differed in their perception of preschool-aged boys aggression. Table 4 provides detailed data regarding the mean, standard deviation, standard error with 95% confidence intervals of the difference. Overall, caregivers differed on their perception of preschool-aged boys aggression based on education level, $t = 1.83, p = 0.034$. Caregivers with a high school education only perceived more aggression in preschool boys ($M = 26.90, SD = 12.35$) than caregivers with education beyond high school ($M = 23.25, SD = 10.66$). The standardized effect size index, *d*, was 0.3, indicating a moderate difference in the two distributions for the caregivers with high school education and caregivers with post high school education (see Figure 3). The 95% confidence interval for the mean difference between the two ratings was -0.29 to 7.59.

Table 4
Descriptive Statistics- High School Caregivers compared to Caregivers with greater than a High School Degree

		Group Statistics			
Group		N	Mean	Std. Deviation	Std. Error Mean
% aggression	1 High School	140	26.90	12.349	1.044
	2 Greater than High School	48	23.25	10.666	1.540

CHAPTER FIVE: DISCUSSION

The purpose of this study was to examine the relationship between caregivers' level of education and their perception of aggression in preschool-aged boys. Caregivers' perception of children's behaviors affects how they respond to children in their care. Caregivers have an important role in helping a child shape his identity; getting accurate feedback would be important for a child's self-perception. The caregiver-child relationship has been shown to influence social development and academic school readiness. Caregiver's level of education has been shown to impact their interactions with children (Whitebook, 2003). Indeed education and training may not only increase the appropriateness of responses, but also the underlying perceptions of children's behaviors. Specifically, it was expected that caregivers with less education might be more likely than their educated counterparts to perceive preschool-aged boys rough and tumble play as aggressive.

The results of the present study indicated that caregiver's with a high school or GED education were more likely to perceive aggressive behaviors in preschool-aged boys than caregivers with more education. Previous research has established that educated early childhood caregivers provide better outcomes for children (Abbott-Shim, Lambert, McCarthy, 2000; Sumsion, 2007; Whitebook, 2003). Caregivers who have an education in child development understand the need for children to become socially competent. The caregiver acts as a secure base for children to explore their learning environment. When a relationship between the caregiver-child is of warmth, open communication and support for the development of language and academic skills, the caregiver has the ability to persuade the child's school adjustment and readiness in a positive direction (Webster-Stratton et al., 2008). It is possible that increased education not only informs care-giving behaviors, but also assessments of children's behaviors.

Aggression and rough and tumble play both have their role in the development of young children. Ostrov (2008) found that aggression is a normal characteristic of early childhood, but as children move through the preschool period the acts of aggressive behavior usually decline (Juliano, et al, 2006; McComas et al, 2005). While viewing the video for this study, it was interesting when a Caucasian caregiver with a bachelor's degree in early childhood said,

“Aggression is determined by the program and the type of children enrolled. When I taught in a white rural preschool, the children could play fight, and it was ok to let them do so. Now I am at a more prominent program, when a 12-month old baby hits or bites the parents are informed with a written notice and the child is redirected immediately. Too many notices and the baby could be put out of the program.

What she was expressing is that different programs have different standards proscribing what types of behaviors will and will not be tolerated. Many of these programs lack written guidelines and caregiver trainings that specifically address appropriate childhood behaviors. This can lead to program inconsistencies and to inaccurate interpretations of child behaviors. Another caregiver with a high school diploma shared that if a child in her program hit another child, took other children toys, or pushed (this was considered aggressive) consecutively, the child could be dismissed from the program for possibly hurting other children. In these programs, children are not allowed to engage in rough and tumble play. These comments seem to coincide with Tannock's (2008) recommendation for clear, written guidelines for acceptable rough and tumble play to avoid confusion among caregivers.

After the viewing of the video in one session, the participants felt the children's behavior should be punished. Some caregivers suggested that parents should have intervened. However, no caregiver had suggestions or strategies to address the children's play behaviors during play fighting and chase, or ways to get the parents involved in the program. One participant commented that the children in her class aggressive behavior will not change because she cannot

get the parents involved, so there is nothing she could do about the behavior. Prior research has suggested that caregivers with increased education are associated with better child outcomes (Abbott-Shim, Lambert & McCarthy, 2000; Hyson, et al., 2009; Sumsion, 2007; Whitebook, 2003), which would include the ability to generate strategies for involving parents in their child's education. Additionally, caregivers spoke about how they dealt with aggressive behavior in their programs. More often than not, children who engaged in aggressive behavior were put in time-out, reprimanded and/or removed from their play for long time-periods, left unattended, or redirected to another activity without the teacher modeling or encouraging the appropriate expected behavior. These responses may be ineffective and may actually enforce the lessons that relationships are not important and learning is not fun. Research has found that punitive discipline can affect children's self-esteem, the development of self-regulatory skills and the way the children are viewed by peers and other adults (Coleman, et al., 2006). Coleman, et al. (2006) found that when caregivers used punitive disciplinary practices, children were more likely to engage in externalizing behaviors. In other words, caregivers can contribute to children's aggressive behaviors. This is of particular importance in light of the findings from the present study, which suggest that caregivers with less education are misperceiving rough and tumble play as aggression. In these instances, caregivers may be creating aggressive behavior.

Danger of Misperceptions

Owens and Ring (2010) stated that the perception of the caregiver could affect the child beliefs and ideas about himself either in a positive or negative way. This study posits that when rough-and-tumble play is mislabeled as aggressive by the caregiver, and the child believes the caregiver, then he will become what he believes (Cooley, 1902). In our sample of caregivers

attending a CDA preparation course, the majority who viewed the videotapes used words such as *bad or aggressive* in viewing the boys' behavior.

Throughout the viewing of the video, several caregivers made negative comments about the child's behavior. On average, this group of caregivers rated 27% of the video as aggressive; as compared to the researchers rating of 17% aggression. It is not clear whether the labeling of the child by the caregiver could have influenced the way other participants viewed the child. This incidence highlights the potential danger of labeling, as it may have the potential to change the way others view the child.

Limitations

This study only addressed level of education and percent of observed aggression. The sample size of all variables was extremely small; and aggression was not defined for the caregivers. The participants in the CDA classed asked the researcher to define aggression. However, these participants often defined aggression as *bad* children. Approximately, three of the caregivers knew the children in the videos, and the majority of the caregivers verbally labeled the two boys behavior as *bad* after scoring the data observations.

Directions for Future Research

Future data collection should include larger samples that strengthen the results and the power of the statistical analyses. A larger sample size representing all educational groups may result in stronger correlations among the variables, because a larger sample tends to minimize the probability of errors and maximize the accuracy of the population estimate, which would give the study greater power, and possibly increase generalizability. Future research should address measures that specifically address caregiver education as a direct impact on aggressive behaviors in young children.

Clinical Significance

There is evidence that high quality preschool programs are better at developing cognitive and social-emotional skills in children, which help prevent conduct problems (Owens & Rings, 2007). Therefore, interventions that increase caregiver training and higher education, may decrease the number of children entering kindergarten with aggression concerns. Therefore, it is recommended that the states provide training classes to caregivers that specifically address aggression in young children.

In summary, the present study suggests that caregivers with a high school education/GED perceived more aggression in preschool-aged boys as compared to caregivers with higher levels of education. This suggests that caregivers with less education mislabel rough and tumble play as aggressive. Interventions should be designed to encourage educational attainment among caregivers who work in childcare programs. Training that specifically addresses rough and tumble play and the role it plays in young children socialization skills is critical for caregivers and the programs they work where they are employed. In addition, childcare programs should have policies and procedures that encourage caregivers to aspire to obtain higher education. The goal is to enhance the quality of life for children, while providing them better opportunities to grow and develop into successful and productive citizens.

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APPENDIX A: LSU INSTITUTIONAL REVIEW BOARD APPLICATION

Application for Exemption from Institutional Oversight

Unless qualified as meeting the specific criteria for exemption from Institutional Review Board (IRB) oversight, ALL LSU research/projects using living humans as subjects, or samples or data obtained from humans, directly or indirectly, with or without their consent, must be approved or exempted in advance by the LSU IRB. This Form helps the PI determine if a project may be exempted, and is used to request an exemption.



Institutional Review Board
Dr. Robert Mathews, Chair
203 B-1 David Boyd Hall
Baton Rouge, LA 70803
P: 225.578.8692
F: 225.578.6792
irb@lsu.edu | lsu.edu/irb

- Applicant, Please fill out the application in its entirety and include the completed application as well as parts A-E, listed below, when submitting to the IRB. Once the application is completed, please submit two copies of the completed application to the IRB Office or to a member of the Human Subjects Screening Committee. Members of this committee can be found at <http://www.lsu.edu/irb/screeningmembers.shtml>
- A Complete Application Includes All of the Following:
 - (A) Two copies of this completed form and two copies of parts B thru E.
 - (B) A brief project description (adequate to evaluate risks to subjects and to explain your responses to Parts 1 & 2)
 - (C) Copies of all instruments to be used.
 - If this proposal is part of a grant proposal, include a copy of the proposal and all recruitment material.
 - (D) The consent form that you will use in the study (see part 3 for more information.)
 - (E) Certificate of Completion of Human Subjects Protection Training for all personnel involved in the project, including students who are involved with testing or handling data, unless already on file with the IRB.
Training link: (<http://phrp.nihtraining.com/users/login.php>.)

1) Principal Investigator: Cynthia F. DiCarlo Rank: Assistant Professor

Dept.: Human Ecology Ph: 5787005 E-mail: cdicar2@lsu.edu

2) Co Investigator(s): please include department, rank, phone and e-mail for each

* If student, please identify and name supervising professor in this space

Charlene Jenkins, graduate student, 578-7007, jenkinscharlenep@yahoo.com

3) Project Title: Play behavior in preschool-aged boys

4) LSU Proposal?(yes or no) N If Yes, LSU Proposal Number _____

Also, if YES, either ☐ This application completely matches the scope of work in the grant

OR

☐ More IRB Applications will be filed later

5) Subject pool (e.g. Psychology Students) children < 18

• Circle any "vulnerable populations" to be used: (children <18; the mentally impaired, pregnant women, the aged, other). Projects with incarcerated persons cannot be exempted.

6) PI Signature [Signature] ** Date 1-26-09 (no per signatures)

"I certify my responses are accurate and complete. If the project scope or design is later changed I will resubmit for review. I will obtain written approval from the Authorized Representative of all non-LSU institutions in which the study is conducted. I also understand that it is my responsibility to maintain copies of all consent forms at LSU for three years after completion of the study. If I leave LSU before that time the consent forms should be preserved in the Departmental Office.

Screening Committee Action: Exempted ☒ Not Exempted _____ Category/Paragraph 1

Reviewer Mathews Signature [Signature] Date 2/5/09

Study Exempted By: Dr. Robert C. Mathews, Chairman
Institutional Review Board
Louisiana State University
203 B-1 David Boyd Hall
Baton Rouge, LA 70803
225-578-8692 | www.lsu.edu/irb
Exemption Expires: 2-4-2012

IRB# F4392 LSU Proposal# _____
Complete Application
Human Subjects Training

APPENDIX B: CONSENT FORM

1. Study Title:

Play behavior in preschool-aged boys

2. Performance Sites:

3. 3Contacts: M-F 8:30 a.m.-3:00p.m.

Dr. Cynthia Dicarlo, Assistant Professor, (225) 578-7005

Charlene Jenkins, graduate student, (225) 578-7007

4. Purpose of the Study:

The purpose of the present study is to examine teacher's perceptions of play in preschool-aged boys.

5. Subjects:

A. Inclusion Criteria

Preschool-aged boys who are enrolled in a Istrouma Early Head Start.

B. Exclusion Criteria

Boys who are not preschool-aged; girls in the preschool.

C. Maximum number of subjects: 8 preschool-aged boys

6. Study Procedures:

Preschool-aged boys will be videotaped during their normal free-play period, either indoors or outdoors, while they interact with their friends. Each child's regularly occurring routine will be preserved and no changes to the classroom schedule will occur.

7. Benefits:

As a result of your child being videotaped, teacher's will have the opportunity to learn more about the play behaviors of preschool-aged boys

8. Risks/Discomforts:

There are no known risks for participation in this study.

9. Measures taken to reduce risk:

There are no known risks for participation in this study.

10. Right to refuse:

Participation in the study is voluntary and subjects may change their mind and withdraw from the study at any time without penalty.

11. Privacy:

This study is confidential. Results of the study may be publicly presented for educational purposes and no identifying information will be included in the presentation. Specific information concerning a child other than their own will not be shared with parents.

12. Financial Information:

No incentives will be delivered.

13. Withdrawal:

Subjects may withdraw at any time.

14. Removal

Individuals will be removed from the study at their request.

15. Signatures:

The study has been discussed with me and all my questions have been answered. I may direct additional questions regarding study specifics to the investigators. If I have any questions about subjects' rights or other concerns, I can contact Robert C. Matthews, Chairman, LSU Institutional Review Board, (225) 578-8692. I agree to participate in the study described above and acknowledge the researchers' obligation to provide me with a copy of this consent form if signed by me.

My child, _____, has permission to participate in the "Play behavior in preschool-aged boys" study.

Parent Signature _____ Date _____ 2. Child Assent

For the videotapes that will be viewed in this study:

A researcher will read the following statement:

"Someone will videotape you playing with your friends. Is it ok if we watch you play with your friends?"

Subject Signature _____ Date _____

Students may write their name, mark an X, or give verbal assent.

Student gives verbal assent _____

Student does not give verbal assent _____

APPENDIX C: DATA SHEETS

Cam Blue sheet: Boy In Striped Green Shirt		Initials:	In what year were you born?	Number of years working in the childcare field: _____ year(s)	
Ethnic Background (please circle)		Highest level of education (please circle)			
(1)Asian (2)American Indian (3)African American		(1)Less than High School (2)High School/GED			
(4)Indian (5)Caucasian (6)Hispanic (7)Other		(3)CDA Credential (4)Associates Degree in ECE			
		(5)Graduate Degree			

Mark responses by using a / Type of degree if not in ECE _____ Name of program _____

	A					B					C				
	App Play	Non-Occur	App Play	Non-Occur	App Play	App Play	Non-Occur	App Play	Non-Occur	App Play	App Play	Non-Occur	App Play	Non-Occur	App Play
1	P M A A P M A A P M A	P M A A P M A	P M A A P M A	P M A A P M A	P M A A P M A	P M A A P M A	P M A A P M A	P M A A P M A	P M A A P M A	P M A A P M A	P M A A P M A	P M A A P M A	P M A A P M A	P M A A P M A	P M A A P M A
2	App Play	Non-Occur	App Play	Non-Occur	App Play	App Play	Non-Occur	App Play	Non-Occur	App Play	App Play	Non-Occur	App Play	Non-Occur	App Play
3	P M A A P M A A P M A	P M A A P M A	P M A A P M A	P M A A P M A	P M A A P M A	P M A A P M A	P M A A P M A	P M A A P M A	P M A A P M A	P M A A P M A	P M A A P M A	P M A A P M A	P M A A P M A	P M A A P M A	P M A A P M A
4	App Play	Non-Occur	App Play	Non-Occur	App Play	App Play	Non-Occur	App Play	Non-Occur	App Play	App Play	Non-Occur	App Play	Non-Occur	App Play
5	P M A A P M A A P M A	P M A A P M A	P M A A P M A	P M A A P M A	P M A A P M A	P M A A P M A	P M A A P M A	P M A A P M A	P M A A P M A	P M A A P M A	P M A A P M A	P M A A P M A	P M A A P M A	P M A A P M A	P M A A P M A
6	App Play	Non-Occur	App Play	Non-Occur	App Play	App Play	Non-Occur	App Play	Non-Occur	App Play	App Play	Non-Occur	App Play	Non-Occur	App Play
7	P M A A P M A A P M A	P M A A P M A	P M A A P M A	P M A A P M A	P M A A P M A	P M A A P M A	P M A A P M A	P M A A P M A	P M A A P M A	P M A A P M A	P M A A P M A	P M A A P M A	P M A A P M A	P M A A P M A	P M A A P M A
8	App Play	Non-Occur	App Play	Non-Occur	App Play	App Play	Non-Occur	App Play	Non-Occur	App Play	App Play	Non-Occur	App Play	Non-Occur	App Play
9	P M A A P M A A P M A	P M A A P M A	P M A A P M A	P M A A P M A	P M A A P M A	P M A A P M A	P M A A P M A	P M A A P M A	P M A A P M A	P M A A P M A	P M A A P M A	P M A A P M A	P M A A P M A	P M A A P M A	P M A A P M A
10	App Play	Non-Occur	App Play	Non-Occur	App Play	App Play	Non-Occur	App Play	Non-Occur	App Play	App Play	Non-Occur	App Play	Non-Occur	App Play
	P M A A P M A A P M A	P M A A P M A	P M A A P M A	P M A A P M A	P M A A P M A	P M A A P M A	P M A A P M A	P M A A P M A	P M A A P M A	P M A A P M A	P M A A P M A	P M A A P M A	P M A A P M A	P M A A P M A	P M A A P M A

0- Green sheet: Boy in Red Shirt
 Ethnic Back ground (please circle)
 1)Asian (2)American Indian (3)African American
)Indian (5)Caucasian (6)Hispanic (7)Other _____

Initials: _____

In what year were you born? _____

Number of years working in the childcare field: _____ year(s)

Peer		App Play		Appropriate Play	
P	M	Non-Occur	Agg Play	Non-Occur	Aggressive Play
M					
A					

Mark responses by using a / Type of degree if not in ECE _____ Name of program _____

A										B										C									
App Play					Non-Occur					Agg Play					App Play					Non-Occur					Agg Play				
P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A
App Play					Non-Occur					Agg Play					App Play					Non-Occur					Agg Play				
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App Play					Non-Occur					Agg Play					App Play					Non-Occur					Agg Play				
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App Play					Non-Occur					Agg Play					App Play					Non-Occur					Agg Play				
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App Play					Non-Occur					Agg Play					App Play					Non-Occur					Agg Play				
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App Play					Non-Occur					Agg Play					App Play					Non-Occur					Agg Play				
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App Play					Non-Occur					Agg Play					App Play					Non-Occur					Agg Play				
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App Play					Non-Occur					Agg Play					App Play					Non-Occur					Agg Play				
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App Play					Non-Occur					Agg Play					App Play					Non-Occur					Agg Play				
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App Play					Non-Occur					Agg Play					App Play					Non-Occur					Agg Play				
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App Play					Non-Occur					Agg Play					App Play					Non-Occur					Agg Play				
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App Play					Non-Occur					Agg Play					App Play					Non-Occur					Agg Play				
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App Play					Non-Occur					Agg Play					App Play					Non-Occur					Agg Play				
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App Play					Non-Occur					Agg Play					App Play					Non-Occur					Agg Play				
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App Play					Non-Occur					Agg Play					App Play					Non-Occur					Agg Play				
P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A
App Play					Non-Occur					Agg Play					App Play					Non-Occur					Agg Play				
P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A
App Play					Non-Occur					Agg Play					App Play					Non-Occur					Agg Play				
P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A
App Play					Non-Occur					Agg Play					App Play					Non-Occur					Agg Play				
P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A
App Play					Non-Occur					Agg Play					App Play					Non-Occur					Agg Play				
P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A
App Play					Non-Occur					Agg Play					App Play					Non-Occur					Agg Play				
P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A
App Play					Non-Occur					Agg Play					App Play					Non-Occur					Agg Play				
P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A
App Play					Non-Occur					Agg Play					App Play					Non-Occur					Agg Play				
P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A
App Play					Non-Occur					Agg Play					App Play					Non-Occur					Agg Play				
P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A
App Play					Non-Occur					Agg Play					App Play					Non-Occur					Agg Play				
P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A
App Play					Non-Occur					Agg Play					App Play					Non-Occur					Agg Play				
P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A
App Play					Non-Occur					Agg Play					App Play					Non-Occur					Agg Play				
P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A
App Play					Non-Occur					Agg Play					App Play					Non-Occur					Agg Play				
P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A
App Play					Non-Occur					Agg Play					App Play					Non-Occur					Agg Play				
P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A
App Play					Non-Occur					Agg Play					App Play					Non-Occur					Agg Play				
P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A
App Play					Non-Occur					Agg Play					App Play					Non-Occur					Agg Play				
P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A
App Play					Non-Occur					Agg Play					App Play					Non-Occur					Agg Play				
P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A
App Play					Non-Occur					Agg Play					App Play					Non-Occur					Agg Play				
P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A
App Play					Non-Occur					Agg Play					App Play					Non-Occur					Agg Play				
P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A
App Play					Non-Occur					Agg Play					App Play					Non-Occur					Agg Play				
P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A
App Play					Non-Occur					Agg Play					App Play					Non-Occur					Agg Play				
P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A
App Play					Non-Occur					Agg Play					App Play					Non-Occur					Agg Play				
P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A
App Play					Non-Occur					Agg Play					App Play					Non-Occur					Agg Play				
P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A
App Play					Non-Occur					Agg Play					App Play					Non-Occur					Agg Play				
P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A
App Play					Non-Occur					Agg Play					App Play					Non-Occur					Agg Play				
P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A
App Play					Non-Occur					Agg Play					App Play					Non-Occur					Agg Play				
P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A
App Play					Non-Occur					Agg Play					App Play					Non-Occur					Agg Play				
P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A
App Play					Non-Occur					Agg Play					App Play					Non-Occur					Agg Play				
P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A
App Play					Non-Occur					Agg Play					App Play					Non-Occur					Agg Play				
P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A
App Play					Non-Occur					Agg Play					App Play					Non-Occur					Agg Play				
P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A	P	M	A
App Play					Non-Occur																								

VITA

Charlene Jenkins was born in Palmetto, Louisiana, where she attended elementary and high school. In 1994, Charlene began her career in child development by working as a classroom teacher in Sigonella, Italy. When she returned to the United States, she received an Associate Degree in early childhood education and successfully directed six Early Head Start programs. In 2007, she received a Bachelor of Science degree in business management and in that same year she returned to school to work on her master's degree in child and family studies at Louisiana State University. As a graduate student, she worked as a graduate assistant and as an adjunct instructor at the Louisiana Technical College. In November 2009, Charlene and a select group of her colleagues presented at the national conference for the NAEYC (National Association for the Education of Young Children). She is a Certified Early Childhood Trainer in the State of Louisiana.