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## SOCIAL FUNCTIONING OF STUDENTS WITH INTERNALIZING BEHAVIORAL PROBLEMS

**Summary:** The school is a period of intensive development of the child, the child's socialization, creation and formation of attitudes, opinions and behavior patterns and others. During this period, the child comes in part from the protective environment of their parents and enters the world of social relations and interactions. Through interactions with peers a child achieves success and achievement, develops a sense of competence, self-confidence and autonomy. After starting school may be some problems in forming relationships with others arise, which can lead to problems in social and emotional development of the child. For this reason it is very important to pay special attention to the development and improvement of social functioning.

Internalizing behavioral problems have a significant negative impact on many areas of development and competences, which can lead to peer rejection, social isolation and poor school achievement. Children who have frequent internalizing behavioral problems often have a low sociometric status, which can significantly lead to future adaptive difficulties and in adulthood.

This paper presents the results of a research on social functioning of students with internalizing behavioral problems (N = 111). We used the Scale of social behavior at school (School Social Behavior Scale-SSBS-2). Data were collected from seven elementary schools in Belgrade. The most important results of the study are as follows: 45.05% of students with internalizing behavioral problems have a risk level of social competence; risk level of relations with peers was found in 42.34% of the students; 50.45% of the students exhibit antisocial behavior; 53.36% of students show both the deficit of social competence and antisocial behavior.

Identifying the level of social functioning children with internalizing behavioral problems in behavior is one of the basic prerequisites for the successful implementation of prevention and promotion of behavioral problems students and programs for enhancing social functioning in educational institutions.

**Keywords:** schools, social functioning, social competence, antisocial behavior, internalizing behavioral problems.

### 1. INTRODUCTION

Social connections can be exercised from the earliest days of a child's life, first with parents, and then with the wider community. With the family, the school is one of the most important places where children create and develop social connections and relationships.

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Social competence is necessary for successful achievements in school and life (Eldar & Ayvaz, 2009), and lack thereof, accompanied by emotional experiences and events, it cannot replace the development of cognitive areas. Unfortunately, in schools, more attention is paid to acquiring different kinds of knowledge than the social aspect of child development, and the development of his social skills. Given that social skills are one of the important preconditions for achieving positive social relationships, and thus the acceptance in their peer group (Katz & McClellan, 1999), their development should be seen as a priority for today's schools and not as a side result of the acquisition of certain knowledge that often have no practical use in everyday life.

When it comes to educational institutions in our region, there is a need to improve the assessment of student conduct, interventions and programs aimed at improving social and emotional development of students and the need for professional development of teachers in this area (Zunic Pavlovic et al. 2009).

### **Social competence**

Social competence is a broad term that is commonly used to indicate the performance of a person, and depends on many factors, among which the most important are social skills, social awareness and self-confidence (Milasin et al., 2009). Different authors variously defined the term social competence. Thus, according to Buljubasic Kuzmanovic (2010) social competence is a condition in which a person possesses social, emotional and intellectual skills and behaviors that are needed to make this person a successful member of the group and society, while Markic (2010) argues that social competence includes all communication and interpersonal skills, as well as intrapersonal and other skills, such as recognizing other people and their feelings, assertiveness, coping with fear, self and others.

After starting school there may be some problems in creating and maintaining relationships with peers, which can cause anxiety and loneliness, even in early childhood. Exclusion from peer groups deprives child the possibility of developing and adopting adaptive social behavior (Milasin et al., 2009). To develop socially competent personalities is an important to develop and maintain close and mutual relations, or friendships in childhood. The friendships that develop in childhood leave a trace in the way people treats others throughout their lives. It is therefore necessary to allow children to gain skills appropriate for their age, which will help them gain friends (Katz & McClellan 1999).

For this reason, it is very important to pay special attention to devoted social development, as well as how to help children to develop and improve social competence, as developed social skills are one of the major prerequisites for the achievement of positive social relationships, and thus the acceptance of the peer group.

### **Antisocial behavior**

Antisocial behavior in modern society is becoming an increasing problem and is gaining increasing attention. Antisocial behavior incorporates behaviors such as violence, delinquency and criminal behavior, antisocial behavior and personality disorders (Stoff et al., 1997, in Sakic et al., 2002). It is the whole spectrum against social behavioral manifestations: disrespectful behavior, lying, stealing, different types of aggression and other (Zunic Pavlovic, Kovacevic Lepojevic & Pavlovic, 2009).

Antisocial behavior in many cases appears early and stable manifestations can be observed during the early school age. Loeber (1990, in Hrnčić, 2005) has made the division into three main types of antisocial behavior: aggressive/versatile type, non-aggressive type, and the type of substance abuse. The aggressive/versatile type is characterized by early onset (in the preschool period) of problems in relationships with peers and adults, problems in family and school. This type shows greater persistence of antisocial behavior in adulthood. The non-aggressive type is characterized by a late start of antisocial behavior (in late childhood or early adolescence). They are not aggressive in their behavior and are more likely to have good relationships with peers and parents, and among them there is little chance for the maintenance of antisocial behavior in the future. The third type is the type of substance abuse that begins in early or middle adolescence, and where antisocial behavior is often basically caused by substance abuse. The author also points out the existence of open and covert forms of antisocial behavior, whereby disclosed or confrontational forms of antisocial behavior are in direct conflict with the environment (fights, assaults, fights, etc.); disguised forms of antisocial behavior include substance abuse, running away from school, theft and the like (Zunic Pavlovic, Kovacevic Lepojevic & Pavlovic, 2009).

Positive, prosocial behavior in children is most commonly associated with the acceptance by peers, while antisocial behavior is usually accompanied by poor relationships with their peers. As pointed out Zunic Pavlovic and colleagues (2009), a social competence and antisocial behavior, there is some correlation, which is reflected in the fact that children and adolescents with antisocial behavior often have inadequate social competence, and deficient social skills; although some people with antisocial behavior can have a solid or above average developed social skills.

Antisocial behavior limits the individual, his relationships and society as a whole. Children who exhibit antisocial behavior have problems in school and are often discarded by their peers. Disruption of social behavior of children is often chronic in nature, difficult to be treated and considered the main precursor of antisocial behavior in adulthood (Essau & Conradt, 2006).

## **2. SOCIAL FUNCTIONING OF STUDENTS WITH INTERNALIZING BEHAVIORAL PROBLEMS**

Internalizing problems include behavior that is controlled and mainly directed towards oneself, and which creates difficulties for the person who has them (Bouillet & Uzelac, 2007). Internalizing problems include three syndromes: anxiety/depression, withdrawal/depression and somatic complaints. The syndrome anxiety/depression include: frequent crying, fear (of animals, milestones, circumstances, places), fear that the person may have done something wrong, perfectionism, feelings of lack of love, a sense of worthlessness and inferiority, nervousness, anxiety, excessive guilt, preoccupation with themselves, sensitivity to criticism, concern and talking and thinking about suicide. Behaviors that fall under the syndrome withdrawal/depression are: withdrawal, depression, inactivity and slow, shyness, moodiness, refusal to communicate with others, the lack of things that they enjoy, the feeling that it is nicer to be alone, while syndrome somatic complaints include: dizziness, nightmares, more fatigue, pain and suffering, headache, nausea, problems with the eyes, skin problems, stomach pains and vomiting (Achenbach & Rescorla, 2001).

Numerous studies have shown that the internalizing behavior problems are relatively stable during childhood, but increased during adolescence. Internalizing problems are more common

in girls than boys, but the manifestation of certain forms of behavior depend on their age (Bongers et al., 2003; Twenge & Nolen Hoeksema, 2002, in Leve, Kim & Pears, 2005).

Theoretical knowledge and empirical data confirm that basically internalizing problems consist of three interrelated aspects: the irrational negative thoughts (cognitive level), fear (presence of symptoms of physical tension) and the deficit of social skills (behavioral component). Persons who have internalizing problems show considerable inhibition, difficulty to start communication and reluctance to approach others, even if they want to (Kingery et al., 2010). Most often they avoid situations in which one can see their lack of social competence and self-efficacy (Alfano, Beidel & Turner, 2006; Smari, Pétursdóttir & Þorsteinsdóttir, 2001), making it difficult to acquire a positive self-image (Oland & Shaw, 2005). They are extremely careful with social norms and show excessive self-control (Hannesdóttir & Ollendick, 2007), they are unsure when they run into obstacles, withdrawn, easily confused, and show a lack of self-confidence (Greco & Morris, 2005). Feelings of powerlessness and fear of failure, rigidity, excessive self-criticism, negative expectations and low self-esteem contribute to the avoidance of redressing the reluctance of contact with other people (Mahon et al., 2006). Reduced interaction with others, especially peers, preventing them to develop skills and socio-cognitive mechanisms that underlie confident, socially competent behavior (Kingery et al., 2010).

Internalizing problem may also have adverse long-term consequences, such as learning problems, school failure and difficulties in relationships with other people (Cole, 1990). Anxious children have more negative social expectations, less support from classmates and have the impression that they are not accepted by their companions (LaGreka & Lopez, 1998). Because they involve behavior directed toward them, internalizing behavioral problems in children are not given enough attention by adults, as is the case with externalizing problems. This can have negative outcomes as children with internalizing behavioral problems, who can later develop depression and even suicidal intentions (Fine et al., 2003).

### 3. RESEARCH METHODOLOGY

#### Scope and Purpose

Assessment of social functioning is particularly important, both because of its importance for development outcomes in many domains, but also because of the specific relationship with internalizing behavioral problems. For this reason, as the subject of the research we have selected social competence, antisocial behavior and social functioning of students with internalizing behavioral problems.

The aim of the survey is to determine the level of social functioning of children with internalizing behavioral problems, namely, level of social competence and level of antisocial behavior. Identifying internalizing behavioral problems of students and determining the level of their social functioning is one of the main characteristics that the successful implementation and promotion of prevention of behavioral problems and interventions that are used for the purpose of improving social and emotional development of students.

#### Research tasks

From such a research goal, the following research tasks were selected, and latter analysed:

1. Determine the level of social competence in children with internalizing behavioral problems;

2. Determine the level of antisocial behavior in children with internalizing behavioral problems;
3. Determine the level of social functioning in students with internalizing behavioral problems;
4. Examine whether there are differences according to gender and age in the level of social functioning in students with internalizing behavioral problems;
5. Analyze the association between internalizing behavior problems of students and the level of social functioning.

### **Research hypotheses**

Based on the set objectives and tasks of the research the following hypotheses are defined:

1. Students with internalizing behavioral problems have a risk level of social competence;
2. Students with internalizing behavioral problems have a risk level of antisocial behavior;
3. Students with internalizing behavioral problems have a risk level of social functioning;
4. There are full, and age differences in the level of social functioning in students with internalizing behavioral problems;
5. There is a link between internalizing behavior problems of students and the level of social functioning.

### **Methods and instruments**

For the assessment of behavioral problems the YSR scale (Youth Self-Report) was used, version for young people, which is used for the assessment of adaptive functioning and behavioral problems, a part of the system Achenbach empirically based estimates (Achenbach System of Empirically Based Assessment - ASEBA), which was used in a number of studies (Achenbach & Rescorla, 2001). Internalizing problems are measured on the basis of scales: anxiety/depression (e.g., "Feels that nobody likes her/him"), withdrawal/depression (e.g. "Refuse to talk"), and somatic complaints (e.g. "I feel burned out"). The respondents correspond choosing one of the answers "false", "partly true" and "true". High scores on scales indicate numerous and serious problems, based on normative data that can be determined whether the record in the "normal", "border" or "clinical" range. Youth Self-Report - YSR has good psychometric properties, with the measured test-retest with the reliability of 0.82 and internal consistency of 0.71 to 0.95 based on an empirical scale of the problem (Achenbach & Rescorla, 2001). Scale of social behavior at school Social Behavior Scales (SSBS-2, Merrell, 2002) provides a comprehensive assessment of social competence and antisocial behavior of students in the school and the school environment. It consists of 64 questions distributed into two scales first of which measures social competence and other antisocial behavior.

Respondents answered on a five-point scale from "never" to "often". Scale of social competence contains descriptions of positive social skills, traits and behaviors that characterize a well-adjusted and socially successful student and consists of three subscales: peer relationships, self-direction and obedience and school behavior. Scale of antisocial behavior consists of descriptions of problematic behaviors that can lead to delinquent behavior or negative social side effects- peer rejection, distortion in other relationships, and consists of three subscales: hostility and irritability, antisocial and aggressive behavior and defiant and disruptive behavior. Based on the scores obtained on the scale and subscale social competence and antisocial behavior, determines the level of social functioning students. The instrument has good psychometric properties: a high consistency of 0.91 to 0.96 for both scale and adequate reliability of from 0.76 to 0.83 of the imminent social competence and from 0.60 to 0.73 with scores of antisocial behavior (Merrell, 2002).

### The research sample

The study sample consisted of 630 students from fifth to eighth grade, of both sexes, aged 11 to 14 years. The survey was conducted in seven elementary schools in the city of Belgrade. From each school randomly allocated after a class V, VI, VII and VIII grades, a total of 28 departments.

Table 1. Sample structure by school age and gender

Class	Gender		Total
	Male	Female	
V	75 48,08	81 51,92	156 100,00
VI	77 48,12	83 51,88	160 100,00
VII	76 48,72	80 51,28	156 100,00
VIII	75 47,47	83 52,53	158 100,00
Total	303 48,10	327 51,90	630 100,00

## 4. RESEARCH RESULTS

### Representation of internalizing behavioral problems of students

The results we obtained after processing the data obtained using the TRF scale (Table 2) show that the total number of students who had formed the research sample (N = 630), while 111 students have recorded the presence of internalizing behavioral problems. Their record, T > 63 belongs to the "clinical" scope and these students need professional help. When 34 students T = 60-63, they fall into the "borderline" range while other students (N = 457) had a T < 60 and they belong to the "normal" range.

Table 2. Descriptive indicators with scores of YSR-a

Internalizing behavioral problems			
Score	N	M	SD
Students with T > 63	111	31,52	6,42
Students with T = 60-63	34	13,75	5,93
Students with T < 60	485	29,92	7,98

Table 3. Structure of the sample of students with internalizing behavioral problems by school age and gender

Class	Gender		Total
	Male	Female	
V	5 20,00	20 80,00	25 22,52
VI	8 29,63	19 70,37	27 24,32
VII	4 17,39	19 82,61	23 20,72
VIII	10 27,78	26 72,22	36 32,44
Total	27 24,32	84 75,68	111 100,00

### Social competence of children with internalized behavioral problems

According to the total score of the scale of social competence (Table 4.), the largest number of students with internalizing behavioral problems (45.05%) belongs to the category of risk level and points to the existence of inadequate social skills. A somewhat smaller number of students (25.22%) belongs to the high-risk category which is characterized by the existence of a significant deficit of social competencies. Then follows the average level (15.32%), which includes students who possess adequate social skills. The minimum number of students (14.41) shows highly functional level, which indicates the existence of good social skills; i.e. openness, social adaptability and excellent relationships with peers and adults.

For students which belonging to the high risk group is necessary to apply the intervention that will be aimed at improving social skills.

Table 4. The level of social competence of children with internalizing behavioral problems

The level of social functioning	Relationships with peers	Self-direction	School behavior	Social competence
Highly functional	14 12,61	12 10,81	16 14,41	16 14,41
Average	21 18,92	26 23,42	23 20,72	17 15,32
Risky	47 42,34	41 36,94	42 37,84	50 45,05
High-risk	29 26,13	32 28,83	30 27,03	28 25,22
Total	111 100,00	111 100,00	111 100,00	111 100,00

### Antisocial behavior of students with internalized behavioral problems

According to the total score of the scale of antisocial behavior (Table 5), the largest number of students with internalizing behavioral problems (50.45%) belongs to the category of risk level indicating a risk of developing a form of antisocial behavior. A somewhat smaller number of students (35.13%) fall into the category of high-risk level, which indicates that these students have a significant presence of antisocial behavior, problems in social adjustment. This group of students need to apply for educational programs and interventions to reduce existing problems and prevent the emergence of new and serious problems in the future. The minimum number of students are classified into the category average level (17.12%), which means that these students do not show, or very rarely exhibit patterns of antisocial behavior.

Table 5. The level of antisocial behavior of students with internalized behavioral problems

Level	Hostile-irritating	Antisocial-aggressive	Defiantly-disruptive	Antisocial behavior
Average	19 17,12	25 22,53	22 19,82	24 21,62
Risky	53 47,75	50 45,04	49 48,14	56 50,45
High-risk	39 35,13	36 32,43	40 36,04	31 27,93
Total	111 100,00	111 100,00	111 100,00	111 100,00

### Social functioning of students with internalizing behavioral problems

The level of social functioning children with internalizing problems in behavior is determined based on the total scores of the scale of social competence and antisocial behavior scale (Table 6) and the students are divided into 12 categories. The largest number of students (53.02%) belongs to the category of risk level of social competence and risky levels of antisocial behavior, a slightly smaller number of students (27.52%) belongs to the category of risk level of social competence and low level anti-social behavior, and to the students who have deficit of social skills or do not display antisocial behavior patterns. Representation of students in other categories is much lower.

Table 6. Level of social functioning of children with internalized behavioral problems

Level of social competence	Level of antisocial behavior		
	Average	Risky	High-risk
Highly functional	19 12,75	16 10,74	8 5,37
Average	10 6,71	30 20,13	1 0,67
Risky	41 27,52	81 53,36	5 3,35
High-risk	23 15,44	22 14,17	10 6,71

### Gender and age differences in the level of social functioning in students with internalizing behavioral problems

The results of one-way analysis of variance shown in Table 7. a statistically significant difference in the level of social functioning among students of different genders and classes. The mean value of the scores on this scale is higher in boys than in girls, which means that in boys the higher level of social functioning than girls. With increasing age and declining record the scores on the scale, which means that with the increase of the students age the social functioning level decreases.

Table 7. Results-way analysis of variance for students with internalized behavioral problems

Social functioning				
Gender	N	Min-Max	M	SD
Male	27	33-160	31,23	6,88
Female	84	38-160	35,74	5,67
F = 16,453    df = 1,853    p < 0,001				

Class	N	Min-Max	M	SD
V	25	34-160	37,25	6,14
VI	27	37-160	36,02	5,21
VII	23	40-160	32,58	6,32
VIII	36	32-160	31,19	6,47
F = 31,587    df = 3,860    p < 0,001				



### **The correlation between internalizing behavioral problems of students and the level of social functioning**

By calculating the Pearson correlation coefficient, a correlation between internalizing behavioral problems of students and social functioning ( $r = 0.83$ ) was established. This means that there is a connection between low levels of social functioning and greater severity internalizing behavioral problems. Research results have confirmed all the set hypotheses. In accordance with the results of earlier studies (Bongers et al., 2003; Twenge & Nolen Hoeksema, 2002 in Leve, Kim & Pears, 2005), our data shows that internalized behavior problems showed stability during the primary period-a significant number of students of this age exhibited internalizing certain behavioral problems. The mere presence of internalizing behavioral problems among students of this age can be explained and related to the period of puberty and adolescence. Internalizing behavioral problems were more frequent in girls than in boys, which is consistent with previous studies (Bouillet & Uzelac, 2007).

Internalizing symptoms can lead to peer rejection, social isolation, manifesting forms of antisocial behavior, etc. As shown by numerous studies (LaGreka & Lopez, 1998; Mahon et al., 2006; Oland & Shaw, 2005) is not surprising that our research showed that the largest number of students with internalized behavior problems (53.36%) belongs to the category of risk level of social competence and risky levels of antisocial behavior. These levels are more frequent in girls and with increasing age and declining record the scores on the scale, which means that with increasing age of the students have all the lower level of social functioning.

The positive climate in the school, quality relationships between students, teachers, and students and teachers, providing incentives and motivation, understanding, adequate control and supervision, the implementation of various programs and intervention with the aim advancement of the social functioning of pupils may have a protective function in reducing internalizing behavioral problems.

### **5. CONCLUSION**

It is obvious that on the basis of our results we may show that attention should be focused on developing social competence and preventing further development of forms of antisocial behavior of students. Although this is not only the responsibility of schools, we believe, however, that its role and contribution of outstanding significance. This means you need to work on improving social skills and behavior of students, development of desirable personality traits and the formation of certain value orientations. When working with students, who have difficulty in achieving positive social relations, teachers should take appropriate steps in order to help them improve interpersonal effectiveness. Through the efforts of teachers and schools in general as well as applying different prevention and intervention programs the social behavior of students can be influenced, their peer status improved and their anti-social behavior reduced. The improvement of peer relationships and the active engagement of school members and staff in encouraging and developing these relations will contribute not only to social and emotional progress of students, but also the realization of desired educational outcomes.

We also emphasize the need for implementation of various programs and intervention programs of the Faculty of education to ensure that future teachers receive proper training for their application in practice.

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