

# **Combined Family and School Interventions – Adequate Support for Students with Behavioral Disorders<sup>1</sup>**

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This paper presents the causes of disorders in student behavior. The steps towards preventive interventions have been clearly outlined. The aim of research was to determine the possibilities of family and school preventive interventions aimed at offering support to students with behavioral disorders. The assumption is that such interventions would help students solve problems of discomfort, poor functioning in activities and personal failure, which may occur as a consequence of the disorders. Combined family and school interventions can be seen in the context of clearly defined causes and signs of disorders. We opted for the two behavioral disorders in children, which are easily recognized and are common examples in practice: aggression and poor concentration. The research was conducted using descriptive and comparative methods, procedure of content analysis and interviews with high school students and their dormitory educators. Results confirmed our hypotheses: a) that any behavioral disorder must be perceived complexly, b) the individual's behavioral problems are interconnected and interdependent. Without a clearly defined cause and recognition of a common ground, it is not possible to plan adequate prevention of behavioral disorders in order to offer support to a child (student). Prevention involves three levels of adult intervention for children: 1) prevention of occurrence of disorders, 2) early detection of disorders, 3) prevention of recurrence of the disorders. Each of these levels implies determination of the specific procedures and clear boundaries of family and school interventions for children with behavioral disorders.

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## *Introduction*

One of the main requirements of modern education system is adequate collaboration between family and school. It involves combined intervention of parents and teachers, joint planning and realization of activities in order to provide incentives for learning and development of children. This requires good knowledge of the age characteristics of children by their parents. It is also important that teachers who work with children have timely and accurate information about the specifics of the individual development of each child, as well as about family conditions in which a child is growing up.

When it comes to students with behavioral disorders, this collaboration becomes more specific and more complicated. These students have difficulties following curricular activities, are unable to properly perform school tasks, there are problems of their emotional stability and problems in social communication with peers. In such circumstances, the family-school collaboration involves combined preventive interventions for the children, implementing appropriate techniques of supervision, monitoring and controlling their behavior, in order to assist them in development and learning (Kopas-Vukašinić, 2009). First it is necessary to recognize the signs of a certain behavioral disorder, and to determine its causes, so that one can plan the intervention procedures for children (students). This involves technical and professional competence of teachers and associates at the school, which is an essential condition for achieving adequate collaboration with parents.

This paper presents behavioral disorders in high school students. During the pedagogic practice, students of the Faculty of Pedagogical Sciences of the University of Kragujevac (Jagodina, Republic of Serbia) conducted personal interviews with high school students who had according to teachers and associates at the school exhibited behavioral disorders. These disorders occur most frequently and are most easily recognized: a) aggression, b) poor concentration. Students who have conducted the observations are future high school dormitory educators, who will mainly deal with the upbringing of high school students. These activities were done within the subject Prevention of behavioral disorders.

This paper will present responses of high school students who have exhibited the aforementioned behavioral disorders, the causes of their occurrence, signs of their recognition, quality of intervention and parent-teacher collaboration. It will also present responses of educators in the dormitories where these students are residing during

the attendance of high school which is not in their usual place of residence. These data will be compared with the theoretical context of the problem, i.e. science-based requirements for adequate parent-teacher collaboration, in order to help children with behavioral disorders.

### *Theoretical context of the problem*

a) *Definition of basic concepts and possibilities of educational intervention for children with behavioral disorders.* Behavioral disorders involve deviation from socially accepted norms of behavior of individuals in the community. They are determined by the specific "inner" experience of children, which may be the cause but also the consequence of their challenging behavior. Most often the results of this behavior are inner restlessness, discomfort, failure to perform everyday activities, poor functioning and physiological state of the body, difficulties in education (Winkel, 1996).

Preventive interventions for individuals (students) who exhibit behavioral disorders can be achieved at three levels: a) 1) prevention of occurrence of disorders (preventive prevention), 2) early detection of disorders (secondary prevention), 3) prevention of recurrence of disorders (tertiary prevention). Quality prevention involves combined consideration of all of these levels in the context of interventions for individuals. The boundaries of the quality interventions for students need to be clearly determined, which are defined by *rules of managing their behavior and supervision techniques* (Cowley, 2006). These boundaries involve combined intervention of family and the institution (school). It is important to set up identical rules of behavior at school and at home, that parents and teachers together determine the rules of managing child behavior and interventions for children (Lazarevic & Kopas-Vukasinovic, 2007). Demands that are placed on the child primarily need to be *clear*. The problem that a parent or a teacher recognizes in a child also needs to be clear, justified and explain the possible consequences of the child's behavior. Whenever possible, one should try and *find a model of positive response* to children's mischief or challenging behavior. In situations where children are punished it is important that they understand the *punishment as a result of their misbehavior*, disregard of the rules that apply to all students, which have previously been explained to the children and agreed on by the whole class (or group). One must not allow in such situations that children understand the punishment as an attack on their personality, as in such case *consistency* cannot be discussed as a model of proper educational intervention. In the process of preventive intervention for

children it is important that parents and teachers *sincerely express their emotions* caused by the child's misbehavior (sadness, disappointment, frustration, fear, ...), and at the same time *give the child a chance to change*, if and to what extent it is possible at that point. (Cowley, 2006). These are basic guidelines for parents and teachers on how to react in situations when children (students) are behaving inappropriately and do not want to do what is expected of them. They are part of the theoretical context of the problem of this research. They determine the quality of adult interventions for children, preceded by determination of the cause of behavioral disorders and signs of their recognition in a system of combined preventive interventions of family and school.

*b) Aggression and poor concentration of high school students: causes, signs of recognition and directions of possible preventive interventions.* In this part of the paper we will give a brief theoretical overview of the disorders that have been dealt with in the research. Dormitory educators, with whom our students have worked with during their pedagogic practice, have pointed out that there are high school students who have displayed aggression in dealing with peers, and a number of students who have displayed lack of concentration for learning. In all of these students poor academic achievement is evident, which is why dormitory educators are trying to establish collaboration between the parents of high school students and their teachers.

The causes of these disorders, their signs of recognition and directions of possible preventive interventions are presented in tables (*Table 1*). The reason for this presentation is better visibility of data and the possibility of comparative consideration of the contents.

Table 1. *Aggression and poor concentration of students: causes, signs of recognition and preventive interventions*

	<b>Behavioral Disorder</b>	
	<b>Aggression</b>	<b>Poor Concentration</b>
<b>Causes of the disorder</b>	<ul style="list-style-type: none"> <li>* inadequate upbringing interventions in the family and inconsequential upbringing style of the parents;</li> <li>* inconsistency of teachers;</li> <li>* deficiencies in children's development (inadequate perception of social events;</li> <li>* a sense of insecurity and mistrust;</li> <li>* the need to highlight their superiority in relation to the group, the need for self-assertion, the need for an attractive presentation in the group;</li> <li>* learning by the model;</li> <li>* learning by reinforcement ...</li> </ul>	<ul style="list-style-type: none"> <li>* lack of interest in activities;</li> <li>* inappropriateness of organized activities to the age of children;</li> <li>* boredom due to inadequate organization of activities and choice of contents;</li> <li>* accelerated pace of life of parents, and thus their children (last-minute society);</li> <li>* psychosomatic disorders, problems in emotional development and behavioral disorders (neuroses, fears, anxiety, lack of sleep, hyperactivity, ...).</li> </ul>
<b>Signs of recognition</b>	<ul style="list-style-type: none"> <li>* defiance;</li> <li>* social maladjustment;</li> <li>* poor achievement;</li> <li>* problems in the development of cognitive skills;</li> <li>* problems in communication with peers;</li> <li>* force as a means of self-representation in a group;</li> <li>* intention of the individual to show off...</li> </ul>	<ul style="list-style-type: none"> <li>* lack of selective perception of selected contents from the outside world;</li> <li>* inadequate understanding of contents;</li> <li>* short-term memory of contents;</li> <li>* lack of interest, poor motivation;</li> <li>* poor achievement in school, ...</li> </ul>
<b>Preventive interventions</b>	<ol style="list-style-type: none"> <li>1. <i>identifying types of aggression</i> (open, hidden, physical, verbal, directed toward another person or someone else's property, ...)</li> <li>2. <i>determining the cause;</i></li> <li>3. <i>determining the psychological and pedagogical actions of adults</i> (through modeling clay, relaxation exercises, games for the development of tolerance, role-playing games, ...)</li> <li>4. <i>consequentially highlighting the unacceptable behavior</i>, upon establishing clear rules and boundaries of behavior, ...</li> </ol> <ul style="list-style-type: none"> <li>* attempts to rationally talk with the child;</li> <li>* being consistent so the child knows what to expect;</li> <li>* developing skills and training of social communication, ...</li> </ul>	<ul style="list-style-type: none"> <li>* adequate replacement of different activities;</li> <li>* timely alternation of work and rest;</li> <li>* directing children's activities;</li> <li>* meditation exercises, autoregulation exercises;</li> <li>* motor and nervous system relaxation exercises;</li> <li>* educator (teacher, instructor, parent) as a model;</li> <li>* didactic rule: "Give children time to learn, you yourselves should not be subject to the dictates of time" ("<i>School of silence and stillness,</i>" <i>practicing silence</i>);</li> <li>* well-structured learning environment;</li> <li>* well chosen and appropriate didactic material, ...</li> </ul>

(Peterman & Peterman, 1996; Winkel, 1996; Spasenović, 2008; DeBord, 2013, Bushman J.B & Huesmann, 2013)

The fact is that we find the causes of aggressive behavior in children and their poor concentration in their family and at school (inadequate upbringing interventions, accelerated pace of life, inadequate organization of activities, inappropriateness of activities to the age of children...). Also, the data in *Table 1* confirm that the preventive intervention for students includes joint and timely actions of parents and school (recognizing disorders, determining the cause, adequate organization and articulation of activities, enabling learning environment...). It can be noted that some of the causes and signs of recognition are identical for both disorders (e.g., inadequate upbringing interventions in the family, poor achievement in school, problems in the development of cognitive abilities). Therefore, one can assume that in some cases, aggression and poor concentration in students are mutually interdependent, and that occurrence of one disorder may be the cause for the manifestation of the other.

## *Methodology*

a) *The aim of this research* was to determine whether and to what extent family and school use combined preventive interventions for students with behavioral disorders.

b) *Research tasks:*

- 1) To examine how students with behavioral disorders and their educators determine the causes of disorders;
- 2) Identify the signs of recognizing student behavioral disorders;
- 3) Determine whether and to what extent parents and institutions (schools, dormitories) help students overcome the existing behavioral disorder.

c) *Research methods and procedures.* The research was conducted using the descriptive method. The following procedures have been applied: a) interview (unstructured) with high school students and dormitory educators, b) content analysis. The obtained data were processed using qualitative content analysis. For better clarity and comparability, the results have been presented in tables.

d) *Research sample* consisted of students with behavioral problems (aggression and / or poor concentration). The research included 8 male students who have displayed aggressive behavior and 3 students (2 girls and a boy) with poor concentration. These students attend high school outside their place of residence, and during the week they are staying in dormitories. In these dormitories, there are educators that take care of them and that are responsible for their behavior. The interview was conducted with a total of 11 students

(third and fourth year of high school) and 5 dormitory educators. For the purposes of our research a smaller convenient sample was elected. It was important in the planning of this research to prepare our students to interview high school students whose disorder was diagnosed by experts, and there was a small number of such high school students.

e) *Time and course of the research.* The research was conducted during the school year 2011/12 and 2012/13. The interview with the high school students was conducted at the Faculty of Pedagogical Sciences, University of Kragujevac, based in Jagodina (Republic of Serbia). This activity was organized as part of the subject Prevention of behavioral disorders, implemented at the mentioned university, with the students of final (third) year of undergraduate studies, majoring in the course Dormitory Educators.

## *Research results*

a) *Aggression as a behavioral disorder in students.* Interviews were conducted with high school students with this behavioral disorder and their dormitory educators and provided answers to the following questions: 1) What are the causes of aggressive behavior in students? 2) What are the signs of recognition of this disorder in students? 3) Whether and to what extent adults (parents, teachers, dormitory educators) help students overcome their behavioral problems? (*Table 2*).

Data in Table 2 confirm that the interviewed students and their dormitory educators clearly define the causes and signs of this behavioral disorder. Their observations correspond to theoretical aspects of this problem. Unlike children's aggression in younger children, which is generally recognized as a temporary state, aggressive behavior in high school students is defined as a behavioral disorder, it is very risky and the potential consequences of this disorder are far greater. At this age aggressive behavior and actions become more extreme, and the consequences are more severe (Bushman & Huesmann, 2013).

Table 2. *Causes, signs of recognition and possibilities of preventive interventions for aggressive students*

Type of behavioral disorder	Causes of disorder	Signs of recognition	Possibilities for helping children (preventive interventions) by adults
Aggressive behavior	<ul style="list-style-type: none"> <li>*boredom in the classes;</li> <li>*parents often punish them and impose bans;</li> <li>*parents, teachers and dormitory educators often criticize them;</li> <li>* difference of opinion with peers;</li> <li>* are not accept by peers in the new environment;</li> <li>* rejection by peers, neglect;</li> <li>* belittling in the group, labeling, humiliation;</li> <li>* inadequate upbringing interventions,</li> <li>* learning by reinforcement ("Fight back ").</li> </ul>	<ul style="list-style-type: none"> <li>* often are absent from school without permission;</li> <li>* believe that parents do not deserve their respect;</li> <li>* confront parents;</li> <li>* run away from home;</li> <li>* communicate in indecent manner, use insulting words, arguments;</li> <li>* want to be noticed by peers, prove themselves, show strength;</li> <li>* mock and belittle adults and peers;</li> <li>* need to get back at those who criticize them;</li> <li>* bang doors, shout, <u>are angry</u>;</li> <li>* do not want to deviate from their opinion;</li> <li>* refuse to perform tasks, ...</li> <li>* bang on the desk using hard objects;</li> <li>* throw pens around the classroom and on the board,</li> <li>* threaten teachers and students, insult them;</li> <li>* hit and kick other students;</li> <li>* initiate the fight among peers;</li> <li>* do not answer questions when they do not want;</li> <li>* do not accept any rules.</li> </ul>	<ul style="list-style-type: none"> <li>* weakness or indifference of adults (<i>"That's just the way she is, and that's how she'll remain!"</i>).</li> <li>* parents rarely come to school or dormitories, the ones asking about students are relatives with whom they spend their free time, respect them and trust them;</li> <li>* monitoring and recording the behavior of children in dormitories;</li> <li>* educators talk to teachers who most often criticize the children, do not want to listen to them, do not trust them;</li> <li>* help children through organized workshop group activities on the topic of affirmation and decentration;</li> <li>* praise to students by the educator who monitors their achievements;</li> <li>* educator counseling with students and peers in their group;</li> <li>* cultivating students' emotions through activities in the dormitory ("wish box" for students);</li> <li>* collaboration with teachers and associates;</li> </ul>

What is evident as the cause of aggressive behavior is *inadequate upbringing intervention of parents and teachers*, unhealthy relations in the family and at school (punishment of children, bans, criticism, negative reinforcement, ...). What is noted among the causes is *inadequate relation and social behavior of peers in a group* (disapproval, non-acceptance, rejection, belittlement, etc.). Certainly one must seek the reasons for this phenomenon in families in which children are growing up, as parents from an early age affect the development of children's social communication skills. One should also not ignore the fact that *inadequately organized curricular activities and boredom in classes* are identified by students as the cause of occurrence of their aggressiveness, which in some sense can determine the competency of teachers.

Responses of students and educators confirm that family and school represent underlying factors that determine the behavior of older students, and it is significant that they use combined interventions. In support of this statement goes the fact that we came upon in search of ways of adult intervention for aggressive students. Responses of interviewed students confirmed that their relationship with their parents is inadequate or the child's problem in the family is neglected. Parents, who do not reside in a place where their child attends high school, rarely interact with school teachers and dormitory educators. Responses of aggressive students and their dormitory educators in each case do not acknowledge collaboration between educators (teachers) and parents. Upbringing interventions for students who display aggression are primarily implemented by their dormitory educators (talk, praise, counseling, workshops, ...) . From the responses of students and their educators it is clear that neither parents nor schools have taken an active part in these activities to prevent behavioral disorders in students, nor have implemented combined interventions for this purpose.

b) *Students with poor concentration.* Students with poor concentration and their dormitory educators have also clearly defined the causes of this disorder (too many responsibilities for students in and out of school, boredom in classes, fear of failure, etc.). The most common signs of recognition of this disorder are in the domain of school activities (forgetfulness, lack of interest in school activities, poor achievement). Preventive intervention for students with poor concentration is initiated by educators in preschool institutions, in collaboration with school teachers. Combined interventions of parents and educators (teachers) was not recorded as an example of good practice in case of poor concentration in interviewed high school students and their educators (Table 3).

An interesting fact is that, in children with poor concentration disintegrating emotions are clearly demonstrated (fear and anxiety). They are more frequently found and recognized in the behavior of

these students than the interviewed aggressive students who have mentioned anger. It is certain that these students' emotions hinder or adversely affect their learning and development. In such situations, it is possible that one behavioral disorder encourages the development of another behavioral disorder, which further complicates the identification and preventive intervention for students by adults (e.g., aggressiveness and irritability or poor concentration and depression).

Table 3. *Causes, signs recognition and possibilities of preventive interventions for students with poor concentration*

Type of behavioral disorder	Causes of disorder	Signs of recognition	Possibilities for helping children (preventive interventions) by adults
Poor concentration	<ul style="list-style-type: none"> <li>* boredom in classes, lack of interest in activity;</li> <li>* teacher requirements do not comply with student abilities, "We are expected to do more than we are able";</li> <li>* teacher usually teaches and the students listen and their opinion does not matter;</li> <li>* heavy workload in and out of school, <u>fear</u> of not being able to fulfill the obligations;</li> <li>* high expectations of students' parents;</li> <li>* <u>fear</u> of failure and poor grades, "When I get poor grades my parents criticize me for days, and when I get good grades they never compliment me, it is implied that I am to be successful";</li> <li>* <u>nervousness</u> in family relations, "No one in my family has time for anyone, everyone is always rushing somewhere."</li> </ul>	<ul style="list-style-type: none"> <li>* "Something or someone always distracts me";</li> <li>* "I do not understand when the teacher teaches, and it <u>annoys</u> me terribly, and I'm <u>afraid</u> to ask him to explain it to me";</li> <li>* "I learn a lesson quickly, but I also forget it quickly";</li> <li>* lack of interest for curriculum content by the students;</li> <li>* poor achievement in school, ...</li> </ul>	<ul style="list-style-type: none"> <li>* helping children through counseling and organized workshop group activities (on the methods and procedures for quality learning, developing work habits);</li> <li>* students being commended by the teacher who monitors and observes their achievements (that they have improved their grades, calmed down in class);</li> <li>* regularly informing parents on the progress of students'.</li> <li>* collaboration with teachers and associates (gradually introducing more difficult educational activities, individual approach to students);</li> </ul>

Regarding the possibilities of adults helping children with poor concentration, theoretical findings confirm that those possibilities are numerous (adequate replacement of organized activities, well-structured learning environment, quality selection of didactic materials, etc.) (Table 1). Combined upbringing interventions of parents and educators (teachers) for students with this disorder involve respect for children's needs, interests, abilities and cultivation of their emotions. A successful upbringing work with students involves respecting the didactic rule: "Give children time to learn, you yourselves should not be subject to the dictates of time" (Winkel, 1996). The data in *Table 3* confirm that dormitory educators organize activities to help children with poor concentration (counseling, praise, workshop activities, information on the achievements and progress of children in school, etc.). Collaboration with parents is recognized in the initiative of educators to inform them about the achievements of their children. However, in student responses we did not get the data on the activities of their parents. Neither students nor educators in their responses have confirmed that there is combined preventive intervention of families and teachers (educators) for students with poor concentration.

## *Conclusions and Discussion*

Combined intervention of family and institutions for upbringing and education contribute to the achievement of adequate support for students with behavioral disorders. This research tried to determine whether and to what extent adults (parents, teachers, educators) may implement combined preventive interventions for high school students who had displayed aggression or have poor concentration. Using unstructured interview we have surveyed children with these disorders and their dormitory educators. We have collected information about the causes of these disorders, their signs of recognition and ways of prevention by adults in order to help children.

It has been confirmed that the most common cause of aggressive behavior in secondary school students is *inadequate upbringing style of their parents*, while for students with poor concentration the cause of this behavior is recognized in *inadequacy of the organization of curricular activities*. It is clear that family and school are underlying factors of behavior, learning and development of children (students). This implies the need for their continued combined intervention. However, the responses of students and educators do not support this conclusion. Namely, preventive activities of parents of most of the surveyed students are absent, while the activities of teachers are

mostly informative (on failure or lack of discipline in students). Regardless of whether it is the parents or the teachers, it is clear that in these cases the complementarity of their impact on the child (student) is not recognized. When mentioning possibilities for helping children, neither students nor teachers acknowledge the activities of parents, or examples of their effective collaboration with the institution.

The fact is that the data obtained by this research cannot be generalized, primarily because of the small sample. Also, the reality is that only a small number of high school students are recognized and diagnosed with a behavioral disorder. Unfortunately, many of these students remain unnoticed or their behavior qualifies as educational neglect due to inadequate parental care. Therefore, in dormitories for high school students there is a small number of those for whom we have official information about their behavioral disorders, although both educators and teachers in schools often complain that there is an apparent lack of discipline in students and problems in their learning (Kopas-Vukašinić, 2007; Krnjajić, 2004).

We believe that the data obtained in this paper will contribute to interested researchers to deal with behavioral problems in high school students, to pursue possibilities for implementation of combined preventive interventions of family and school. One should also not lose sight of the need to cultivate children's emotions, starting with the fact that their potentials are sometimes deeply hidden and that it is necessary to identify them and create conditions for their expression (Ber & Frick Ber, 2011; Kopas-Vukašinić, 2008). This aspect of children's development must be recognized by parents and teachers as children's emotions and their behaviors are complementary and mutually conditioned. In this way, the preventive intervention of adults for children with behavioral disorders would be more comprehensive and the outcomes of interventions would be more effective.

When it comes to the quality of prevention of behavioral disorders in students, it is necessary to familiarize the parents with the causes of disorders, signs of recognition of intervention possibilities for the child. It is assumed that a timely and professional information of parents will contribute to adequate perception of the problem, that parents will recognize the behavioral problem of their children on time, understand the problem and know how to look for the causes of its occurrence. Based on irrefutable facts and common approach to the problem it is possible that parents and teachers plan together, implement combined and quality preventive interventions for children (students).

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