Editors Nikoleta Gutvajn Milja Vujačić

CHALLENGES AND PERSPECTIVES

OF INCLUSIVE EDUCATION



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THE SYMPTOMS OF EMOTIONAL AND BEHAVIORAL PROBLEMS IN OLDER PRIMARY SCHOOL STUDENTS

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Students with disabilities in their emotional and social development constitute one of the categories of children to whom, in the context of an inclusive education system, it is necessary to provide additional support. Although prevalence rates of individual emotional and behavioral problems of school children varies across different countries, the range is on average from 10 to 20 percent in developed Western countries (eg. Abu-Rayya & Yang, 2012; Kieling et al., 2011; Ravens Sieberer et al., 2008) to 50 percent in countries in development (eg. Hussein, 2010; Muzammil et al., 2009; Reddy et al., 2011; Thabet et al., 2000). It is undisputed that early identification of students with disabilities in emotional and behavioral functioning has significance for further assessment and treatment of specific problems, and taking measures of additional educational, health or social support, especially because there is strong scientific evidence that school achievement and commitment to schoolwork are associated with emotional and behavioral difficulties (Hossain, 2013).

In addition to the multitude of instruments covering specific domains of emotional and behavioral problems (eg, ADHD, anxiety, behavioral disorders) two instruments that provide the possibility of valid and reliable assessment of a large number of problems of children and adolescents are well known and widely used in science: Achenbach system of Empiricaly based assessment - ASEBA (Achenbach, 1991) and Goodman's Strengths and difficulties questionnaire (The Strengths and difficulties questionnaire - SDQ; Goodman, 1997). The advantages of these instruments are reflected in the fact that they cover a wide range of emotional and behavioral problems, they are directed not only at weaknesses but also at positive behavioral characteristics, and there are versions available for different informants (teachers, parents and adolescent self-assessment) (Rothenberger & Woerner, 2004).

Achenbach's system of Empirically based assessment is primarily focused on the clinical evaluation of emotional and behavioral problems of children and adolescents. Because of test procedures, which are time-consuming, and the fact that they contain a

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number of items that are not relevant for the majority of children, this system is not often used for research purposes and for assessment needs in non-clinical terms (Koskelainen, 2008). Goodman's Strengths and Difficulties Questionnaire is used much more frequently to assess emotional and behavioral problems in the general population, especially in terms of the school environment, because the implementation is not time-consuming, it is short in form, and it provides the possibility of a preliminary insight into the nature of the problem (Goodman & Scott, 1999; Goodman et al., 2000; Klasen et al., 2000; Stone et al., 2010; Woerner et al., 2004).

This questionnaire, translated into more than 60 languages, contains the basic version of 25 items covering five domains of emotional and social functioning: emotional problems, behavioral problems, hyperactivity, peer problems, and prosocial behavior. The first four domains are related to difficulties in the functioning of the child, while the fifth domain describes the strengths and potentials of the child. Symptoms of emotional problems, which are internalized by their nature, are reflected in somatic complaints (often complaints about headaches and stomach pains) and a series of emotional states that a child exhibits (when a child has a lot of concerns, is often unhappy, depressed or tearful, nervous or dependent in new situations, often fearful and easy to scare). Behavioral problems, as the next difficulty in emotional and behavioral functioning, primarily includes symptoms of externalized problems, such as anger tantrums and irritability, disobedience and refusal to oblige with the requests of adults, frequent fights and bullying other children, lying, and stealing at home, at school and elsewhere. Excessive activity and restlessness of the child, easily losing concentration, incompletion of tasks and rashness (when the child does not think before they do something) are symptoms of hyperactivity, while the indicators for problematic relationships with peers, as a fourth difficulty in emotional and social development, is linked with with the prevailing loneliness of a child, rejection, teasing and bullying by other children, as well as the absence of good friends. The last domain, referring to pro-social behavior as a kind of strength of a child, includes interpersonal interaction in terms of expressing interest for the feelings of others, willingness to share with other children, the desire to help anyone who was hurt or upset, voluntarily helping others, and dedicating attention to younger ones.

In addition to the basic version of the questionnaire which evaluates symptoms of emotional and behavioral problems, there is also a version with the addition of the impact of difficulties, which provides an indication of the degree of deterioration in overall social functioning. This version contains a scale of five items that describe personal concern for the child's present difficulties, as well as the impact of symptoms on a sphere of life at home, the area of socializing, studying, and leisure activities.

The average duration of assessment by completing the questionnaire takes no more than 15 minutes, which greatly facilitates its use in the school setting. Moreover,

an additional advantage is reflected in the fact that on the basis of the manifestation of symptoms one can assess the degree of need for intervention. In fact, for all the individual scales of emotional and social functioning, including the scale of impact, as well as the integrated scale of difficulties, approximate norms or critical scores indicating a moderate to high need for intervention are proposed. Finally, the instrument is characterized by very good metric characteristics that have been evaluated in a number of international studies (eg. Bourdon et al., 2005; De Giacomo et al., 2012; Goodman, 2001; Goodman et al., 2003; Muris et al., 2003; Svedin & Priebe, 2008; Woerner et al., 2004).

Given the importance of early detection of children with difficulties in behavioral-emotional functioning in order to facilitate adequate timely interventions, and taking into account the opportunities that are provided by use of Gudman's questionnaire, a survey was conducted to examine the frequency of symptoms of emotional and behavioral problems in students in higher grades of elementary school, and thus the possible need for providing additional support. In addition, for the sake of obtaining a more complete picture of the distibution of these difficulties, gender differences in the presence of symptoms were examined, as well as respondents' perceptions of the impact of difficulties on their own functioning.

METHODOLOGY

Sample. The survey was conducted on a sample of 630 senior class students from five elementary schools in Belgrade. The average age of students was 13.4 years (SD=1.09), ranged from 11 to 15 years. The sample consisted of 22.1% fifth grade students (N=139), 29.5% sixth grade students (N=186), 27.1% of seventh grade students (N=171) and 21.3% of eighth graders (N=134). The sample consisted of 47.6% boys (N=280) and 52.4% girls (N=308).

Instrument. The Strengths and Difficulties Questionnaire (SDQ-Srp) (Goodman, 1997) version for the self-assessment of adolescents aged 11 to 16 years (S 11-16) was applied, with the addition of the impact of symptoms translated into Serbian language (Žegarac & Džamonja-Ignjatović, 2010). The basic version of the questionnaire consists of 25 items, grouped into 5 scales with 5 items, four of which aseess problems (emotional problems, behavioral problems, hyperactivity, problems with peers), and one assess strengths (prosocial behavior). Answer items are presented on a three-point Likert scale (0 = false, 1 = somewhat true, 2 = completely true). Each scale can have a maximum of 10 points. A total score is obtained by adding the scores on scales of difficulties, not counting the scale of prosocial behavior, and can vary from 0 to 40 points. Orientation norms for the version of the questionnaire for self-assessment of adolescents shown in Table 1, are grouped into three categories according to the degree of need for intervention.

An average score on the scale indicates a low clinical significance of symptoms, which implies the absence of need for intervention. A "marginal" score, in terms of high scores on the scale of difficulties and lower scores on the prosocial scale, may indicate the presence of problems that are clinically significant, and the need for intervention is estimated moderate. A high score on the scales of difficulties, or low score on a scale of prosocial behavior is an "abnormal" score, indicating a significant risk of clinically significant problems, thus the need for professional help is considered high.

The appendix with the impact of symptoms consists of a scale of 5 items that are scored from 0 to 2, depending on the answer to a four-point Likert scale (0 = not at all or very little, 1 and 2 = quite = very much). A total score of influence can be from 0 to 10. A score of 2 or more indicates a high need to intervee, a score of 1 is moderate, while a score of 0 indicates a low need. A test question of the existence of difficulties relating to emotions, behavior, peers, or concentration precedes this part of the questionnaire and if the answer is negative, students do not continue to fill in the questionnaire and a recorded impact of 0 is automatically entered.

Table 1. Approximate standard for S 11-16

	The need for intervention				
	No needs	Moderate needs	High needs		
Total difficulties score	0 - 15	16 - 19	20 - 40		
Emotional symptoms score	0 - 5	6	7 - 10		
Behavioral problems score	0 - 3	4	5 - 10		
Hyperactivity score	0 - 5	6	7 - 10		
Problems with peers score	0 - 3	4 - 5	6 - 10		
Prosocial behavior score	6 - 10	5	0 - 4		
Impact score	0	1	2		

Note: Approximate standards are set according to criteria based on information that 80% of children do not have problems in a particular area, 10% have some needs, while 10% have a high level of need.

Procedure. The research was conducted during regular classes in the period of the first week of April 2013. Testing was observed by the teacher and examiner, who, after general notes for the purpose and method of completing the questionnaire, was available to students to provide additional clarifications and eliminate any ambiguities in the formulation of items, although there was no such requirement. All students in a class were tested at the same time, and filling in the questionnaire took up to 15 minutes on average.

Data processing. Information relating to the total scores on the scales and the degree of need for additional intervention were analyzed by descriptive statistics (frequency, percentage, mean, standard deviation). To check the statistical significance of gender differences among respondents the t-test for independent samples and chi-square test of independence were used. Correlations between scales were studied using Pearson coefficient of linear correlation. The internal consistency of the scale was checked with Cronbach reliability coefficient values and inter-item correlation. The data was analyzed by SPSS, version 19.

RESULTS

The research results show that the reliability of the questionnaire as a whole, expressed by Cronbach's alpha coefficient of internal consistency, is relatively satisfactory with the value of .78, which is in line with the results of other studies (Giannakopoulos et al., 2009; Goodman, 2001, Hawes & Dadds, 2004; Koskelainen, 2008; Van Widenfelt et al., 2003). A slightly lower level of reliability, but acceptable given the number of items, was recorded on the individual scales, in which the values range from .57 (for behavioral problems) to .73 (for prosocial behavior). However, the value of the average inter-item correlations, which range from .31 to .43, indicate a satisfactory level of confidence for isolated scales.

Descriptive indicators for individual scales shown in Table 2 indicate that in the student sample, emotional and behavioral problems that require additional intervention were present. On average, about 6% of the students expressed symptoms assessed as clinically significant and requiring some intervensive treatment, while 9% of the students presented symptoms to the extent that pointed to a risk of further development of the problem, and the need for intervention was moderate. Exceptions are behavioral problems where a high score which indicates the existence of serious problems was noted in 11% of all cases. In addition, if the combined percentages of students who have above-average scores on scales of difficulties are observed as the most common problems problems with peers also stand out (20.3%) in addition to behavioral problems (21.7%). Emotional problems, viewed in this way, are present in 12.5% of cases, and hyperactivity, as the least frequent problem, in 8.4%. When it comes to pro-social behavior, the findings suggest that additional support should be provided in 10.3% of cases. From the aspect of the impact that the students attach to their own difficulties, the need for intervention was present in 23.9% of the students, of which at 15.3% a high level of need was estimated.

Table 2. Descriptive indicators of the scales scores and the degree of need for intervention

Scale	N	Min-Max	М	SD	The level of need for intervention N (%)	
					Moderate	High
Total difficulties	604	0-35	10.04	5.41	55 (9.1)	36 (6.0)
Emotional difficulties	626	0-9	2.68	2.20	37 (5.9)	43 (6.9)
Behavior problems	620	0-10	2.50	1.67	66 (10.6)	69 (11.1)
Hyperactivity	621	0-9	2.75	1.99	25 (4.0)	27 (4.4)
Peer problems	619	0-10	2.05	1.89	90 (14.5)	36 (5.8)
Prosocial behavior	625	0-10	8.03	1.90	33 (5.3)	31 (5.0)
The impact of the difficulties	626	0-10	.62	1.43	54 (8.6)	96 (15.3)

The results shown in Table 3 were obtained by crossing the established degree of need for intervention to be carried out on the basis of the total difficulties score, on one hand, and the score of the impact of difficulties, on the other hand. In these terms, 2.8% of students are in a state of high need for intervention, both from the standpoint of the estimated total difficulties and in terms of their personal perception of the impact of difficulties. The percentage of students for whom it can be said that they have a moderate need for intervention (high scores on one scale and a moderate score on the other scale) is 5.6%, while 11.5% of students presented a low need for intervention (moderate scores on both scales, as well as a high score on the one scale, and a low score on the other scale).

Table 3. Descriptive indicators of the need for intervention based on crossing the total score of difficulties and the impact score

The need for intervention		Total difficulties score			
		None	None Moderate		
	None	417 (69.4)	23 (3.8)	15 (2.5)*	
Impact score	Moderate	41 (6.8)	9 (1.5)*	2 (0.3)**	
	High	54 (9.0)*	23 (3.8)**	17 (2.8)***	

Note: Students who have no perceived difficulties are also included, and they automatically have a score 0 on the scale;*** Students who have a high level of need for interventions; ** Students who have a moderate level of need for interventions; * Students who have a low level of need for intervention.

Descriptive indicators of achieved scores on scales within the categories of boys and girls are shown in Table 4. Testing the statistical significance of differences, significant gender differences were found in the direction of higher frequency of behavioral problems, problems with peers, and hyperactivity in boys rather than in girls. On the other hand, girls recorded higher scores on the scale of emotional problems and prosocial behavior

scale. There were no significant differences obtained between boys and girls in terms of overall difficulty scores and the impact of difficulties.

Table 4. Descriptive indicators score on the scales by gender and results of the t-test

Scale	Gender M (SD)		DF	t
	Boys	Girls		
Total Difficulties	10.20 (5.44)	9.73 (5.15)	564	1.063
Emotional problems	2.28 (2.10)	3.06 (2.20)	583	-4.419***
Behavioral problems	2.66 (1.72)	2.28 (1.50)	578	2.888**
Hyperactivity	2.93 (2.04)	2.58 (2.04)	578	2.068*
Peer problems	2.29 (1.94)	1.76 (1.71)	575	3.505***
Prosocial behavior	7.71 (1.96)	8.35 (1.73)	581	-4.201***

Note: Maximum total on the total difficulties scale is 33 for boys and 28 in girls. On other scales range of scores is ranging from 0 to 9, except for prosocial behavior scale, where the maximum score in both gender groups is 10.

Differences between boys and girls in terms of the percentage of the difficulties in emotional and social functioning, and the degree of the need for interventions are given in Table 5.

Table 5. Descriptive indicators of the need for intervention by gender

Scale	The need for intervention N (%)				
	Mod	Moderate		gh	
	Boys	Boys Girls		Girls	
Total difficulties	26 (9.6)	25 (8.4)	15 (5.6)	16 (5.4)	
Emotional problems	12 (4.3)	22 (7.2)	15 (5.4)	25 (8.2)	
Behavioral problems	41 (14.8)	22 (7.3)	37 (13.4)	24 (7.9)	
Hyperactivity	5 (1.8)	17 (5.6)	14 (5.1)	12 (3.9)	
Peer problems	46 (16.7)	35 (11.6)	18 (6.5)	13 (4.3)	
Prosocial behavior	16 (5.8)	16 (5.2)	21 (7.6)	6 (2.0)	
Impact of difficulties	24 (8.7)	26 (8.5)	39 (14.1)	52 (16.9)	

When it comes to relations between the scales, the results of the Pearson correlation test, shown in Table 6, confirm the existence of a statistically significant positive correlation between the various difficulties in emotional and social functioning. The strongest relationship was observed between hyperactivity and behavioral problems, a relatively strong correlation was recorded between problems with peers and behavioral problems, as well as emotional problems. When it comes to the connection between

^{***} p<.001; ** p<.01; * p<.05

the prosocial behavior scale and individual scales of difficulties, the results indicate a statistically significant negative correlations with all scales except the emotional problems scale, where the connection with behavioral problems and hyperactivity is stronger than the connection with problems with peers. Relationship difficulties of individual scales with the impacts scale are statistically significant and positive, with the strongest relationship observed with emotional problems and the weakest with behavioral problems. The connection between prosocial behavior and the impact of difficulties has a negative sign, but this is not statistically significant.

Table 6. Correlations between the scales

Skale	1	2	3	4	5
1 Emotional problems	-				
2 Behavioural problems	.230***	-			
3 Hyperactivity	.266***	.475***	-		
4 Peer problems	.372***	.369***	.186***	-	
5 Prosocial behavior	.007	412***	382***	244***	-
6 Impact of difficulties	.404**	.191**	.286**	.299**	038

Note: N=626 *** p<.001, ** p<.01

Results of the perceived impact of difficulties show that 46.7% of students (N=294) believe that they have difficulties in emotions, concentration, behavior or the ability to get along with other people (41.7% minor difficulties, 4% greater difficulties, serious difficulties 1%). These are the students who responded positively to the question in the annex concerning the impact of symptoms. Data on the impact of the perceived difficulties in different life domains is given in Table 7.

Table 7. Descriptive indicators of the impact of difficulties in different life domains by gender and results of the chi-square test

Life domains	Impact of difficulties N (%)				
	Ger	nder	Total	χ2	
	Boys	Girls			
Personal concerns	30 (23.8)	37 (24.2)	67 (24.0)	.731	
Life at home	20 (15.9)	25 (16.3)	45 (16.1)	.556	
Friendships	25 (19.8)	31 (20.3)	56 (20.1)	.643	
Studying	38 (30.2)	53 (34.6)	91 (32.6)	2.473	
Leisure	16 (12.7)	15 (9.8)	31 (11.1)	.032	

Note: N = 279. Exclusively students who perceived significant difficulties ("quite" or "very") are included.

DISCUSSION

The key research results show that 15% of surveyed students have difficulties present in emotional and social functioning, of which 6% of the students present symptoms to an extent that points to clinical significance of the problem and a need to undertake appropriate treatment interventions. Observed by specific difficulties, behavior problems (22%) and problems with peers (20%) stand out as the most common problems, present in one fifth of the students,. The third most frequent symptoms, but almost twice-lower in prevalence, are emotional problems (13%), followed by problems in the domain of prosocial behavior (10%) and hyperactivity (8%). However, when considering only students whose symptoms indicate a high level of need for intervention, the order and differences in the frequency of difficulties are somewhat different. Behavioral problems, viewed in this way, retain first place (11%), but emotional problems (7%) are behind them, while problems with peers occupy third place (6%), followed by problems in prosocial behavior (5%) and hyperactivity (4%). Comparing the percentage ratio between students with established moderate levels of need for intervention and those whose level of need is high, a ratio of 2:1 is notable, meaning that the percentage of students with moderate levels of need is twice higher than those with high needs. Exceptions are problems with peers in which this ratio is 3:1, which can indicate the existence of a somewhat less favorable peer climate among students, causing an increased risk of developing problems. However, we should bear in mind the developmental phase in which students are tested, usually characterized by increased feelings of loneliness and rejection by peers, as well as more frequent mutual teasing, which can have an impact on the results.

Compared with the data on the prevalence of emotional and behavioral problems in adolescents from other European countries, the results obtained in our sample do not differ significantly in terms of the frequency of total dificulties, but there are differences in terms of individual problems. For example, the mean value of scores obtained by self-reporting of adolescents in Nordic countries (Denmark, Finland, Norway, Sweden) (Koskelainen et al., 2001; Obel et al., 2004) show that problems with peers, problems in prosocial behavior, emotional problems, and especially hyperactivity are less frequent among adolescents in our sample, but, on the other hand, behavior problems are more prevalent. Compared with adolescents from different countries of southern Europe (Italy, Spain, Portugal) (Marzocchi et al., 2004; Ortuño-Sierra et al., 2014), as well as Great Britain (Van Widenfelt et al., 2003) respondents in our sample have higher scores on the behavior problem scale and on the scale of emotional problems, while more favorable scores are recorded on the scale of prosocial behavior and hyperactivity. In terms of problems with peers, scores are not significantly different. On the other hand, in comparison with countries of South Asia, for example Pakistan or India, adolescents in our sample have

a significantly favorable scores on all scales of difficulties. In these countries, more than 35% of adolescents have difficulties present in their emotional and social functioning, with almost 40% in behavioral problems or problems with peers (Seenivasan & Kumar, 2014).

The results of analysis of emotional and behavioral problems in terms of their impact on different life domains of adolescents indicate that the need for intervention, estimated by the score on the scale of impact of difficulties, is present in nearly one-quarter of the students (24%), with 15% of students having a high level of needs estimated, which is twice higher than when the need for intervention is assessed on the basis of the score on the scale of total difficulties (6%). However, crossing the level of need for intervention carried out on the basis of the total difficulties score and the impact score, we get data that shows that a very high level of need, taking into account both aspects, is present in only 2.8% of students. This percentage is lower than that which was found in other studies where this type of analysis was conducted, for example in Norway, where this percentage is 3.7% (Van Roy et al., 2006) or Germany where it reaches 4.9% (Ravens-Sieberer et al., 2008), but slightly higher than the average established in adolescents from American countries, in which the level of need is 2.1% (Pastor et al., 2012). It is interesting that 9% of pupils perceived their difficulties as requiring a high need for intervention, butfrom the standpoint of the overall presence of difficulties it is estimated that they do not have a need for additional support. This finding suggests that it is possible that this is a case of symptoms that were not included in the screening, but which students believe have a strong impact on their functioning, so further investigation in this direction would be desirable. On the other hand, 2.5% of students indicated the presence of clinically significant symptoms in their total difficulties score, but they themselves did not perceive their negative impact.

When it comes to gender differences in the prevalence of emotional and behavioral problems, this study confirmed the findings consistent with all previous studies (Giannakopoulos et al., 2009; Koskelainen et al., 2001; Marzocchi et al., 2004; Ortuño-Sierra et al., 2014; Saur & Loureiro, 2014; Van Roy et al., 2006; Van Widenfelt et al., 2003), according to which emotional problems are more common in girls, and all other problems, especially behavioral ones are more common in boys. In this study it was also determined that the only scale on which girls achieved higher scores than boys is the emotional problem scale. These problems are present in 15% of girls and 10% boys. On the other hand, behavioral problems, problems with peers, problems in the domain of prosocial behavior, and hyperactivity were more common in boys. The most pronounced difference is in behavioral problems, whose presence is recorded in one third of the boys in the sample (28%) but in less than half as many of the girls (15.2%).

In terms of specific areas in which students perceived the negative impact of their own difficulties, results indicate that 23% of students (of those who said they experienced some difficulties in emotions, concentration, behaviour, or the ability to get along with other people) are quite or very worried and upset because of the difficulties they have. In fact, 33% of students believe that the present difficulties adversely reflect on the quality of their studies, 20% of students perceived negative impacts in the area of friendships, 16% in the field of life at home, while the lowest percentage (11%) linked the impact of their difficulties to leisure. Although differences between boys and girls are not statistically significant, the results indicate an increasing perception of the impact of difficulties on the area of studying when it comes to girls, and greater influence on leisure-time activities when it comes to boys, which has been confirmed in other studies (eg. Van Roy et al., 2006). Taking into account differences in the prevalence of specific problems among students of different sexes, the findings can be interpreted in the context of the fact that emotional problems, which are over-represented among the girls, to a greater extent affect the quality of their studying, while behavioral problems, more prevalent in boys, have a greater impact on their free time.

Finally, when analyzing the correlations between scales, these findings suggest that there are joint behavioral problems and hyperactivity symptoms in a number of students, which, given the nature of the symptoms that were evaluated, can be regarded as expected since both are related to externalized problems. This is in line with the suggestions of the author regarding the instrument that in smaller samples and in nonclinical terms these two scales can be treated as one (Goodman et al., 2010). The situation is similar to the relationship between emotional problems and problems with peers, since both scales are basically assessing internalized problems, and in accordance with the previously mentioned suggestions of the author these two scales can also be viewed jointly. However, although the nature of these correlations should be examined further, it is significant that a number of students who have emotional problems are at the same time largely isolated and rejected by their peers, or a subject of their ridicule and teasing. On the other hand, one should mention that a positive correlation between behavioral problems and problems with peers was also established, which supports the view that pupils with behavioral problems are often unpopular in their peer group, and that rejected students can manifest their dissatisfaction with peer relationships through various forms of problematic behavior. The finding of the interconnectedness of the difficulties and strengths is also significant, which suggests that pupils with behavioral problems and those with symptoms of hyperactivity are prosocially oriented to a lesser extent and less willing to express sympathy when interacting with their peers, and unwilling to provide voluntary help or support. In addition, if we take into account the negative impact of difficulties in emotional and social functioning on their daily live,, according to the perceptions of students it is possible to assume that pupils with behavioral problems are

those who minimally feel the consequences of their own difficulties, while, on the other hand, the adverse impact of difficulties is largely perceived by students with emotional problems.

CONCLUSIONS

Despite the limitations of this research, which are primarily related to the relatively small sample (not large enough to retrieve reliable data on the prevalence of emotional and behavioral problems), as well as the non-use of comparative assessment measures from other informants, the results can still be a significant starting point for planning additional measures of educational, social and health support for pupils with difficulties in emotional and social development. The research data supports the initial assumption that in the context of an inclusive education system, students with symptoms of emotional and behavioral problems require special attention. The finding that 15% of surveyed students have difficulties in emotional and social functioning, where 6% of the students present problems of clinical significance, indicates the necessity of planning and implementing early intervention in the school curricula, which would, by engaging parents, teachers and students, not only workin the direction of reducing existing and preventing the possible future development of difficulties, but also be effective in terms of maintaining achieved positive changes. In doing so, the focus of intervention, according to the incidence and gender distribution of individual difficulties, should be directed toward behavioral problems and problems in peer relationships, especially when it comes to boys, (since the presence of these difficulties is observed in one-fifth of the students) while among the girls the focus should follow the symptoms of emotional problems. In addition, it should be noted that a significant percentage of pupils (24%) self-perceived the negative impact of perceived difficulties, primarily on the quality of their own studying and establishing positive peer relations, which can be a good motivational basis for their active participation in programs of early intervention. In addition, taking into account the advantages of using the Strengths and Difficulties Questionnaire in the school environment, and especially the simplicity of its application and the fact that it provides a solid insight into the presence of symptoms of emotional and behavioral problems, one should consider its wider use by teachers, for the purposes of early identification of students with difficulties in emotional and social functioning and possible referral for further assessment and treatment of the individual.

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