

The Influence of the Monitored Youth Mentoring Program for Adolescents with Behavioural Problems and Behavioural Disorders

Sofija Boras and Zora Itković Zuckerman

Department of Pedagogy, University of Zadar, Zadar, Croatia

ABSTRACT

This aimed to measure the influence of the Monitored Youth Mentoring Program (MYMP) for adolescents with behavioural problems and behavioural disorders. The MYMP commenced in 1997 and was completed in 2003. The model of the program was for one university student of Pedagogy to mentor one pupil between the ages of 13 and 17 years, demonstrating risk seeking behaviours for a whole school year. The specimen group was made up of 141 pupils, approximately 20 pupils from each year level. The short-term goal was to influence positive change in participants demonstrating risk seeking behaviour. The long-term goal was to enhance the respective school's programs to enable preventative approaches to lessen negative and risk seeking behaviours amongst pupils with behavioural problems and behavioural disorders. The research results demonstrate statistically significant success of the applied program in two measured variables. Firstly, learning success ($p < 0.05$), and secondly a decrease in truancy and disciplinary misdemeanours ($p < 0.05$). Both of which were observed in participants with behavioural problems. The program was not as successful for participants with behavioural disorders, but not without some effect. Although the program can be generally described as achieving a medium level of success, the fact that there was a lack of progressive worsening in participant's behaviour is a substantial bi-product of the program. The mentors involved in the program made it extremely clear by their feedback that, MYMP positively enhanced their formal Pedagogy training, through hands-on practise that they otherwise would not have received through their academic programs. They were provided with vital exposure to a preventative program and managed to gain insight into the possibilities of introducing early intervention and prevention into Croatian schools.

Key words: youth mentoring, pedagogy, risky behaviour, case study, Zadar, Croatia

Introduction

Empirical research of youth mentoring programs is not new, but to date we are unaware of such research being conducted in Croatia. Particularly, research that has measured the influence of preventative strategies and corresponding changes in pupils' conduct with demonstrated behavioural problems and behavioural disorders. Results from monitored youth mentoring programs outside of Croatia, especially in USA, indicate significant positive contributions to adolescent are personal development¹. Positive affects on their self-respect, a decrease in the rate of recidivism into juvenile delinquency², and reduction in drug abuse have all been recorded³. Positive changes in school performance and an overall increase in competency, including a decrease in truancy, improvement in relationships with parents and peers have all been observed in comparative studies abroad⁴. The main

component for the success of these programs has been the strong relationship between mentors and adolescents. Since adolescents who demonstrate risk seeking behaviours often have unsatisfactory relationships with adults, parents, and teachers, the introduction of a good and caring relationship with an adult (their mentor) becomes a correctional/positive relationship for them⁵. The provision of emotional support and positive feedback the mentor plays a vital role in enhancing the adolescent's self-image and self-respect^{6,7}, which is connected to their own perception of themselves and their school performance⁸⁻¹⁰. The mentor becomes a tangible and realistic model upon which the adolescent is provoked to bring about cognitive changes in thinking^{11,12}. The incentive for potential cognitive changes in adolescents is based on the Bonding Theory. The development of a positive rela-

tionship between mentor and adolescent precipitates a change in perception of the relationships the young person has with other adults and peers¹³. According to the theory, children create a cognitive representation of relations through their early childhood experiences with their parents¹⁴. These experienced models of behaviour become part of their personality and to some extent influences their inter-personal relationships and behaviour throughout their lives^{15,16}. Even though, their acquired models of behaviour remain fairly stable, adolescence is a time when new models of thinking appear and this enhances the chances for change¹⁷.

According to many authors, any issues with pupils' behaviour can cause problems with the quality of work being done in school^{18,21}. Research recently undertaken in Croatia indicates that teachers are predominantly occupied with the behavioural characteristics of pupils which directly affect their socialisation, and academic performance in the classroom. Their emotional problems are left unattended. Adolescents, often, present with more emotional issues in comparison to other age groups²². Unfortunately, it is becoming more and more common for behavioural issues and actions warranting disciplinary intervention to present in the younger student population throughout the world, including Croatia^{23,24}. Behavioural disorders on the other hand are characterised by more severe disciplinary violations, often repeated and uncontrolled. Behavioural disorders also represent a concern for the broader community, not just the school community compared to relatively short-term, benign behavioural issues²⁵. Scientific studies indicate that behavioural problems represent a normal component of growing up. They are spontaneous expressions of a Childs' inability to adjust to certain situations. Behavioural disorders comprise more serious psychological difficulties and anti-social acts. They are therefore, most commonly a reflection of negative bio-physical influences and environmental influences during upbringing²⁶. Our research confirms the premise that pupils with behavioural problems show no connection between different forms of unsuitable behaviour. As opposed to pupils with behavioural disorders with whom a significant correlation was recorded. An example of this was recorded amongst seventh grade pupils that had used marijuana, more than 39% of them had attacked someone with a weapon, and 45% admitted committing burglary and only 5% of students that had not used marijuana committed the same violations²⁷.

There are many theories that explain the causes of accessional behavioral problems and more so an increasing amount of literature on behavioral disorders. For instance the genetic modality of behavioral disorders²⁸. This is the connection between the appearance of negative behavioural forms and the affects of negative family upbringing²⁹. There is also learning by imitation theories which warn that children learn aggression not only from their parents but also from other adults with whom they have contact³⁰, combined with unsupervised and unlimited access to television can adversely affect children and

young people³¹. The relationship theory is the most significant theory that informed this research. It was the most significant theory relating to the young people involved in the MYMP. The Relationship Theory explains a variety of behavioural problems through different aspects of young people's interpersonal relationships on both a macro level (interpersonal) and micro level (intrapersonal)^{32–34}. Many sociological theories imply a connection between risk factors such as unemployment, family dysfunction and breakdown, difficulty at school, and involvement in sub cultural groups^{35–39}.

There are specific cultural and social issues which have negatively impacted upon young people in Croatia. It is a new country that is still in transition but being confronted by significant social challenges. The significance of family and education are being eroded in a society that is placing more and more focus on easily obtained wealth, success, and social status which is simultaneously undermining the traditional purpose of further education and career training. And the traumatic consequences of the recent war which are ever present, and continue to adversely affect the youth population in this country as well.

The aim of this research was to empirically test theoretical propositions about the effects of youth mentoring on the youth population characterised by risk seeking behaviour in school, either indicating behavioural problems or behavioural disorders (aged 13–17 years). Is there a relationship between MYMP and pupils' behaviour? Are there significant differences in the effects of the strategy amongst pupils with behavioural problems and pupils with behavioural disorders? To what extent does MYMP affect improvements in communication within the family and at school? Does the program influence change in participants' attitudes? Hence the primary goals of this research were to test the extent of the program influencing positive changes in pupils' behaviour through continued mentor based assessment, interactive communication with participants and support structures, including feedback and implementation of early intervention strategies. Also to ascertain if there is a mutual modality between new/changed behaviours/attitudes, frequency of school attendance, academic competency and improved communication at home and school, and demonstrate the theoretical and pedagogical meaning of 'discreet' protection of pupils whilst at school. Finally, to get a grasp on the degree of interest demonstrated by university students to get involved in such a program. The data collected throughout this research has significant importance for the implementation of future preventative programs in schools in Croatia. And demonstrate the need for new inclusive approaches to be adopted in schools to benefit pupils with behavioural issues.

Subjects and Methods

Subjects

The specimen consisted of 141 pupils from the Educational Centre in Zadar and regional schools. Group A

participants were aged between 13–17 years (Grade 7 and 8 Primary and Grade 1 and 2 Secondary), they were randomly chosen from pupils lists of problematic pupils supplied by the Educational Centre and regional schools. They were sorted according to disciplinary misdemeanours records (source: school documentation and Ed. Centre documentation) into two categories: pupils with behavioural problems; and pupils with behavioural disorders²⁶. The first category consisted of pupils with the following characteristics: occasional arguing and conflicts with peers; school truancy; increasing bad grades; and occasion communication problems at school and at home. The second category consisted of pupils with the following characteristics: frequent aggressive behaviour at home and at school; alcohol and drug abuse (heroin, marijuana); law violations; and juvenile delinquency. The control group (Group B) was selected by a corresponding method according to age and aforementioned characteristics from the same institutions. Table 1 indicates that more than two thirds of pupils from both groups (A and B) in our specimen showed behavioural problems and less that a third of the pupils demonstrated behavioural disorders. In our specimen there were no significant differences regarding the complete (53.2%) or incomplete (46.8%) family. Table 2 implies that pupils from a 'traditional' family are equally exposed to risk factors that can cause children to demonstrate behavioural problems and disorders. The percentage of single child families, on average 10–15%, can be interpreted in two ways. Firstly, that this proportion represents the average number of single child families in Croatia and has no significant relevance to behavioural disorders. Secondly, if on average there are a greater number of single child families in Croatia, then we could conclude that single children have a lower risk of presenting with behavioural disorders. Unfortunately, we are unable to make any conclusions as such data is unavailable in Croatia.

The following instruments were applied:

- a) Questionnaire – on the quality of communication within the family. It consisted of a number of variables such as:
 - discussion of life issues and troubles with parents
 - family atmosphere
 - frequency of arguments
 - communication method/s
 - communication with siblings
 They were all rated on a 3 point scale: I disagree, not sure, and I agree.
- b) Questionnaire – on the quality of communication at school. It consisted of a number of variables such as:
 - quality of communication with teachers
 - quality of discussion with teachers
 - how they communicated with peers and others at school
 They were all rated on a 3 point scale: I disagree, not sure, and I agree.

They were all rated on a 3 point scale: I disagree, not sure, and I agree.

TABLE 1
CATEGORY OF BEHAVIOUR DEMONSTRATED
BY INCLUDED PUPILS

Years	Category of behavior			
	Behaviour problems		Behaviour disorders	
	A N %	B N %	A N %	B N %
1997	15 75	14 70	5 25	6 30
1998	17 85	15 75	3 15	5 25
1999	18 72	19 76	7 28	6 24
2000	12 66	14 77	6 34	4 23
2001	12 63	14 74	7 37	5 26
2002	14 70	14 70	6 30	6 30
2003	11 58	14 73	8 42	5 27
Totally	99 70.21	104 73.76	42 29.79	37 26.24

A – treated group, B – control group

TABLE 2
DATA ON FAMILIES OF PUPILS INCLUDED IN THE PROGRAM

Years	Families				
	A(N=141)		B (N=141)		S
	C %	I %	C %	I %	A % B %
1997	55	45	60	40	15 10
1998	50	50	60	40	10 10
1999	48	52	52	48	16 12
2000	66	33	62	38	11 16
2001	47	52	58	42	26 32
2002	60	40	70	30	15 15
2003	47	52	58	42	15 11
Totally	53.2	46.8	59.6	40.4	15.6 14.9

A – treated group, B – control group, C – complete family, I – incomplete family, S – single-child family

The questionnaires were standardised through testing with an independent group of pupils. The survey was kept anonymous and was conducted by MYMP mentors with the assistance of researchers.

- c) Special Assessment Forms were compiled by participating mentors. The assessments were compiled by reviewing information collected from school documentation including pedagogical reports about pupils' learning success and disciplinary misdemeanours. They were compared with documentation initially gathered from the Educational Centre, and analysed after detailed interviews were conducted with pupils' teachers and other professionals within the schools.
- d) Regular outlines were provided to the mentors, outlining the basis for observation. The outlines were followed during all observations of pupils activates during mentoring and free form reporting.

Methods

The »one-to-one« mentor program (MYMP) was applied based on interactive communication. We matched university pedagogy students (hereinafter: mentor/s) with pupils with demonstrated behavioural issues for a whole year. Mentors were provided with training about the research including methods and goals of intervention. Consent for pupils' participation was obtained from parents. All educators and classroom teachers of participants were informed about the research.

The first meeting of pupil, parent and mentor was conducted either in the home or the Educational Centre. Mentors informed parents and pupils about the program and discussed mutual expectations. The role of the mentor was to provide support through direct casework with pupils⁴⁰.

Mentoring tasks

The tasks of the mentor were:

1. To establish good communication and develop mutual trust by exchanging mobile numbers, and organizing regular meetings (at least once a week)
2. To ascertain and influence pupil's attitudes toward formal learning and school by:
 - a) Ascertaining pupil's possible usage of illicit substances
 - b) Influencing pupil's critical attitude towards companionship and friendship
 - c) Developing pupil's interest for activities during their free time
 - d) Developing pupil's cognition of acceptable social behavior
3. To create a program including discreet pedagogic protection including interventions where the pupil can identify consequences of their behavior, have a capacity to recognize positive behavior on others in general, have a consciousness about the benefits of healthy behavior, and acquiring good behavior skills as a benefit to themselves, school, family and local community.
4. To visit the pupil's home and talk with parents and class-teacher at regular intervals, once a month, more when required.
5. To continuously check on success achieved by pupils in school work, truancy and discipline.
6. To try to meet pupil's friends.

Primary goals and hypotheses

Primary goals of researched intervening program were:

- a) A decreased number of unjustified absences in school,
- b) Change of attitude toward school and learning as well as an improvement of negative evaluation grades,
- c) The development of awareness regarding the benefits of work and learning by creating a vision of their future life,

- d) The development of working habits and improving school competencies,
- e) Socially acceptable behavior toward teachers, peers, parents and the local community,
- f) Rejection of progressive forms of conduct disorders.

In relation to these, four hypotheses have been set:

1. There is a significant correlation between the performance of the researched intervention program and the pupils' school competencies, behavior and developing quality of communication in family and school;
2. The effect of the intervention program is bigger on pupils with behavioral problems than pupils with behavioral disorders;
3. During the program there is no progressive worsening of pupils' behavior;
4. The mentor-students are very interested in this type of hands on experience.

Statistical analysis

Statistically significant differences (post testing phase) of the research between the treated and control group regarding school grades were observed by t-test. Other examined variables expressed in frequencies (truancy and quality of communication in family and school) were tested by χ^2 -test. The data was processed in the statistical programme, Statistica.

Results

School competency

Pupils with behavioral problems in school have, in the greatest percentage, good marks (between 30 and 40%) and sufficient marks (up to 50%). The number of pupils repeating grades oscillates between 3 and 7 (Table 3). After participating in the MYMP, the school marks of pupils improved statistically quite significantly confirming our first hypothesis. The control group (not included in the program) experienced no statistically significant differences between the initial and post-testing phase of the research. Moreover, the treated (A) and control (B) group in the post testing phase of research significantly differ within the behavioral problems group, but not so in the behavioral disorders group (Table 5). This confirms the thesis that the intervention program shows positive effects amongst pupils whose behavior does not considerably differ from the socially accepted behavior or expected behavior in school.

Truancy and disciplinary misdemeanors in school

A significant part of unjustified absence confirms, experience from practice, that in this kind of population problems are directly reflected through negative schooling practice. Unsatisfactory school competencies on the one hand and truancy along with discipline misdemeanors on the other (Table 6.). The most frequent violations were: assaulting teachers and peers, smoking in the

TABLE 3
SCHOOL GRADES BEFORE AND AFTER PARTICIPATION IN THE PROGRAM (ALL YEARS TOGETHER)

School grades	A (N=141)				B (N=141)			
	BP (N=99) %		BD (N=42) %		BP (N=99) %		BD (N=42) %	
	Pre	Post	Pre	Post	Pre	Post	Pre	Post
Excellent	0	2.0	0	0	0	2.0	0	0
Very good	3.1	8.2	0	0	4.1	2.0	2.4	4.7
Good	44.4	46.5	28.5	40.5	42.4	43.4	33.3	35.7
Sufficient	49.4	43.3	47.7	50.0	48.4	47.5	47.6	42.9
Pupils repeating the grade	3.1	0	23.8	9.5	5.1	5.1	16.7	16.7

A – treated group, B – control group, BP–behavioural problems, BD – behavioural disorders, Pre – before participation, Post – after participation

TABLE 4
MEAN SCORES AND STANDARD DEVIATIONS OF SCHOOL GRADES BEFORE AND AFTER PARTICIPATION IN THE PROGRAM

Groups	X		SD	
	Pre	Post	Pre	Post
Group A – BP	2.47	2.68	0.61	0.70
Group A – BD	2.05	2.30	0.73	0.64
Group B – BP	2.45	2.48	0.66	0.71
Group B – BD	2.21	2.28	0.75	0.80

A – treated group, B – control group, BP – behavioural problems, BD – behavioural disorders, Pre – before participation, Post – after participation

TABLE 5
t-TEST COMPARISON OF SCHOOL GRADES BEFORE AND AFTER PARTICIPATION IN THE PROGRAM

Groups	t-test	df
Group A – BP Pre/Post	5.13*	98
Group A–BD Pre/Post	3.81*	41
Group B – BP Pre/Post	1.75	98
Group B – BD Pre/Post	1.77	41
Group A vs. B – BP Post	1.98*	196
Group A vs. B – BD Post	0.14	82

*statistically significant (p<0.05), A – treated group, B – control group, BP – behavioural problems, BD – behavioural disorders, Pre – before participation, Post – after participation

school area, disturbing public order and peace, and in some cases, smoking marijuana and in one case selling tranquillizing drugs illegally.

Positive changes in behavior regarding truancy and disciplinary misdemeanors in school are statistically sig-

nificant only for the treated group categorized as demonstrating behavioral problems. It can be concluded that the intervention program shows positive effects only with those pupils whose behavior does not considerably differ from the socially accepted behavior or expected behavior of pupils in school. Moreover, treated (A) and control

TABLE 6
TRUANCY AND DISCIPLINARY MISDEMEANORS IN SCHOOLS SHOWN IN A CUMULATIVE MANNER FOR OVER 30 HOURS, BEFORE AND AFTER THE PROGRAM IMPLEMENTATION

Group	Before				After			
	BP		BD		BP		BD	
	f	%	f	%	f	%	f	%
A	74	74.7	32	76.1	28	28.2	22	52.3
B	72	72.7	32	76.1	64	64.6	30	71.4

A – treated group, B – control group, BP – behavioural problems, BD – behavioural disorders

TABLE 7
 χ^2 -TEST COMPARISON OF TRUANCY BEFORE AND AFTER THE PROGRAM IMPLEMENTATION

Groups	χ^2	df
Group A – BP Pre vs. Post	19.85*	1
Group A – BD Pre vs. Post	0.36	1
Group B – BP Pre vs. Post	0.47	1
Group B – BD Pre vs. Post	0.02	1
Group A – BP vs. B – BP –Post	12.70*	1
Group A – BD vs. B – BD – Post	0.94	1

*statistically significant (p<0.05), A – treated group, B – control group, BP – behavioural problems, BD – behavioural disorders, Pre – before participation, Post – after participation

TABLE 8
 FREQUENCY OF COMMUNICATION QUALITY IN THE FAMILY IN THE TREATED GROUP »A« (N=141) BEFORE
 TAKING PART IN THE PROGRAM

Accordance on proposed statement on communication quality in the family	Not agree		Not sure		Agree	
	BP	BD	BP	BD	BP	BD
I often discuss about important life issues and confidential matters with my parents	71	36	15	4	13	2
My parents have a harmonious relationship	65	30	22	8	12	4
My parents rarely have arguments	53	28	33	10	13	4
Parents do not impose subjects which I do not want to discuss with them	77	34	18	4	4	4
My parents almost always listen to me when I am telling them something	70	32	16	4	13	6
Parents rarely yell on me and they do not insult me	71	34	12	5	16	3
I cannot talk about everything with my brothers and sisters	52	32	33	5	14	5
Total (%)	66.2	76.9	21.5	13.6	12.2	8.8
M	65.5	32.2	21.2	5.7	12.1	3.7

BP – behavioural problems, BD – behavioural disorders

(B) group with behavioral problems in the post-testing phase of research significantly differ in comparison ($p < 0.05$, Table 7). However, this was not the case amongst the groups with behavioral disorders (Table 7). The hypothesis about the impact of the intervention program was partially confirmed.

The quality of communication in the family

In the initial phase of research (before the program was implemented) an alarming level of communication problems in pupils' families was noticed, between parents themselves and between parents and children (Table 8). Many pupils made up for weaknesses in communication with their parents with good communication with

their sibling. But in our analysis we were not able to gather information on the possible problems or behavioral disorders of brothers and sisters, i.e. their influence on pupils.

The application of the intervention program contributed to the improvement of the quality of communication between parents and children, in particular, improving everyone's understanding of their positions in the family. Parents yelled less and insulted their children less, and corrected approaching some negative attitudes especially in regard to unwanted conversations.

The pupils trust in their parents increased compared to the beginning of the program (Table 9). However, no statistically significant changes in family communica-

TABLE 9
 FREQUENCY OF COMMUNICATION QUALITY IN THE FAMILY IN THE TREATED GROUP »A« (N=141) AFTER TAKING PART IN THE PROGRAM

Accordance on proposed statement on communication quality in the family	Not agree		Not sure		Agree	
	BP	BD	BP	BD	BP	BD
I often discuss about important life issues and confidential matters with my parents	50	30	14	6	35	6
My parents have harmonious relationship	62	28	25	10	12	4
My parents rarely have arguments	50	28	36	10	14	4
Parents do not impose subjects which I do Not want to discuss with them	60	30	22	8	17	4
My parents almost always listen to me when I am telling them something	70	28	16	8	13	6
Parents rarely yell on me and they do not insult me	58	28	22	10	19	4
I cannot talk about everything with my brothers and sisters	50	34	34	6	14	2
Total (%)	47.6	70.1	24.3	19.7	19.3	10.2
M	47.1	29.4	24.1	8.3	17.7	4.3

BP – behavioural problems, BD – behavioural disorders

TABLE 10
c2-TEST COMPARISON OF COMMUNICATION IN THE FAMILY
BEFORE AND AFTER PARTICIPATION IN THE PROGRAM
AMONGST THE TREATED GROUP

Treated group – A Pre vs. Post	χ^2	df
BP	1.87*	1
BD	0.14*	1

*not significant ($p < 0.05$), BP – Behavioural problems, BD – Behavioural disorders, Pre – before participation, Post – after participation

tion, especially between parents, were recorded. Even with the pupils with behavior disorders the family communication changed, but in comparison to the initial state not statistically significant ($p < 0.05$, Table 10). According to data in the control group, which we are not presenting because of the limitations, there was no im-

provement in family communication during the research period. The initial hypothesis is only partially confirmed.

The quality of communication in the school

Information from initial assessments demonstrates that two thirds of pupils do not consider school to be a place where their real problems can be solved. Pupils with problems or behavioral disorders, mostly, have poor communication with their teachers and peers, and are searching for self-confirmation outside of the school (Table 11).

The intervention program enabled improvements in school communication (Table 12) which unfortunately are not statistically significant ($p < 0.05$, Table 13). The initial hypothesis was not confirmed. However, the hypothesis that the intervention program positively effect pupils with problem behavior, rather than pupils with behavioral disorders, has been confirmed through the analysis of the monitored variables.

TABLE 11
FREQUENCY OF COMMUNICATION QUALITY IN THE SCHOOL IN THE TREATED GROUP »A« (N=141)
BEFORE TAKING PART IN THE PROGRAM

Accordance on proposed statement on communication quality in the school	Not agree		Not sure		Agree	
	BP	BD	BP	BD	BP	BD
I can always talk to my class-teacher about everything	51	30	17	8	31	4
Teachers mostly converse kindly	55	26	16	10	28	6
Teachers enable us to put up questions	64	28	20	8	15	6
I can always talk about my real problems in school	78	32	12	5	9	5
Most of the teachers give fair marks	55	26	20	8	24	8
Teachers trust me	78	28	14	10	7	4
My friends are mostly from class and school	68	32	20	4	11	6
Total (%)	64.7	68.7	17.1	18.2	18.0	13.2
M	64.1	28.8	17.0	7.5	17.8	5.6

BP – behavioural problems, BD – behavioural disorders

TABLE 12
FREQUENCY OF COMMUNICATION QUALITY IN THE SCHOOL IN THE TREATED GROUP »A« (N=141)
AFTER TAKING PART IN THE PROGRAM

Accordance on proposed statement on communication quality in the school	Not agree		Not sure		Agree	
	BP	BD	BP	BD	BP	BD
I can always talk to my class-teacher about everything	50	30	10	10	39	2
Teachers mostly converse kindly	55	24	20	11	24	7
Teachers enable us to put up questions	65	25	12	10	22	7
I can always talk about my real problems in school	62	30	14	6	23	6
Most of the teachers give fair marks	58	26	18	10	23	6
Teachers trust me	64	26	14	10	21	6
My friends are mostly from class and school	62	28	20	6	17	8
Total (%)	60.0	64.2	15.5	21.4	24.3	14.2
M	59.4	27.0	15.4	9.0	24.1	6.0

BP – behavioural problems, BD – behavioural disorders

TABLE 13
 χ^2 -TEST COMPARISON OF COMMUNICATION IN THE SCHOOL BEFORE AND AFTER PARTICIPATION IN THE MYMP IN THE TREATED GROUP

Treated group – A Pre vs. Post	χ^2	df
BP	1.61*	1
BD	0.02*	1

The statements of mentors on the intervention program

The views of mentors in regards to the success of the intervention program were obtained through individual testimony. The success has been rated into four categories: favorable result, partially favorable result, unchanged condition, adverse result: further progressive manifestation of behavioral disorders.

Students rate results of the intervention program with pupils that have behavioral problems significantly better (Table 14) than pupils that have behavioral disorders (Table 15). 5–10% of cases demonstrated an unchanged condition after the intervention program with pupils that have behavioral problems and 30% of cases with pupils that have behavioral disorders in (Table 15).

During the intervention program not a single case with adverse results was noticed, which is the most significant result for the program. However, some information in the students' reports was alarming. For example: generally speaking, communication obtained with parents and pupils was much better than that obtained with teachers in school; teachers often had no time to speak with the students, and students visits to school often came down to reviewing school books in order to find data on marks and absences.

Most of the mentors claimed satisfaction with the practical experience they gained by participating in the program (Table 16). Most of them stated that the project was demanding and that it sometimes obstructed them from performing other activities attached to their studies, sometimes influencing on their private life. Some considered terminating their participation, but did not do so because of the relationships with the researchers or that the project was a substitute for their compulsory

TABLE 14
 ATTITUDES OF MENTORS (N=99) ON THE SUCCESS OF THE PROGRAM WITH PUPILS EXPERIENCING BEHAVIOURAL PROBLEMS

Outcomes (%)	Years						
	1997.	1998.	1999.	2000.	2001.	2002.	2003.
Favorable	66.0	64.0	67.0	76.0	50.0	63.0	73.0
Partially Favorable	34.0	30.0	33.0	16.0	40.0	37.0	27.0
Unchanged	0.0	6.0	0.0	8.0	10.0	0.0	0.0
Adverse	0.0	0.0	0.0	0.0	0.0	0.0	0.0

TABLE 15
 ATTITUDES OF MENTORS (N=99) ON THE SUCCESS OF THE PROGRAM WITH PUPILS EXPERIENCING BEHAVIOURAL DISORDERS

Outcomes (%)	Years						
	1997.	1998.	1999.	2000.	2001.	2002.	2003.
Favorable	0.0	33.0	25.0	0.0	40.0	42.0	40.0
Partially Favorable	60.0	34.0	50.0	50.0	20.0	16.0	40.0
Unchanged	20.0	33.0	25.0	50.0	20.0	28.0	20.0
Adverse	20.0	0.0	0.0	0.0	20.0	14.0	0.0

TABLE 16
 THE FEELING OF MENTORS SATISFACTION WITH PRACTICAL EXPERIENCE OBTAINED DURING PARTICIPATION IN THE PROGRAM

Mentors satisfaction							
Very satisfied		Partially satisfied		Unsatisfied		Do not know	
N	%	N	%	N	%	N	%
89	63.4	52	36.6	0	0	0	0

seminar work. This explains the high percentage of partially satisfied mentors (Table 16).

Discussion and Conclusions

Analytically speaking, our intervention research has confirmed the standing point of other researchers that behavioural problems or disorders amongst young people depend mostly on their overall perception of their own life⁴¹. Hence, the research conducted confirms that the behavior of young people is initially supported by their internal attitude of the sense of purpose and influenced by other people surrounding them such as parents, siblings, teachers, peers and of course, their mentors^{30,32–33,34–42}. The intervention of the mentors in MYMP contributed to behavioural changes, especially amongst pupils demonstrating behavioural problems²⁶. The results present confirm the generally accepted theoretical assumptions that successful prevention of unwanted behavior in children and adolescent is a complicated process, and not a side interest or an occasional activity⁴³. While creating the MYMP special importance was given to the assumption that no child can behave in a socially accepted manner if a minimum of support and balance cannot be secured in respect to their internal needs (biological and psychological) and norms implied by the broader community⁴⁴. Special focus was also placed on the close relationship between pupil and his mentor, which was shown to be a crucial factor not only in this research but other similar studies^{45,46–47}. Needless to say, our research confirmed that causes of behavioural problems in young people are complex and require an interdisciplinary approach⁴⁸. Even though most of our results have not reached a level

of statistical significance, they compliment and confirm results of similar studies. Particularly research that has referred to school marks and competency decreases in truancy, improved attitude towards schooling, improved relationships and increases in self-esteem^{47,9–49,12}. The work of mentors most likely did not influence the general indicators of self-respect, but we can assume that the overall improvement in school based performance during participation in the program led to an increase in self-esteem amongst pupils⁵⁰. The relationship formed between mentors and pupils (lasting one school-year) significantly contributed to the positive results measured such as improved attitude towards school and general improvement of behavior. Any shorter the relationship between mentor and pupil and we could have produced an adverse effect⁴⁷. One of the most important factors of this pedagogic intervention was the partnership created with parents and teachers (mainly class-teachers), whose joint participation was the basis for successful work and cooperation, it made MYMP a significant experience^{51,22–54}. Developmental changes amongst functions adolescents lead to a shifting focus away from their parents to their peers. Many important psychological mechanisms unfold dynamically and adolescents tend to keep their problems to themselves, not wanting to share them with their parents anymore⁵⁵. This is the period in which a mentor can play an important role, establishing a direct relationship with pupil; the pupil is able to learn from example^{56,47–57,11}. The pupil feels accepted by their mentor, as achieved in this study, and their self-confidence is lifted^{47,6–7}. From statements made by our participating mentors, the pupils wanted to be respected within their surroundings, which confirming our previously stated theoretical assumption that low self-esteem leads to negative or risk seeking behavior in young people⁵². Pupils from our specimen group seeked acknowledgement for everything they performed well, more than usual. Not having achieved many successes for a long time they were frustrated^{58,43}. Whilst involved in MYMP, mentors confirmed that the establishment of a beneficial and trusting relationship greatly impacted on the pupils. We have also concluded

that the establishment of such relationships was responsible in halting the progressive worsening of some pupil's behaviour. The research has been encouraging because of the positive views and experiences of the mentors themselves, similarly recorded in similar studies conducted in the US⁵⁹.

The results obtained by this research suggest the following conclusions: a »one to one« model mentoring program for pupils with behavioural issues can to a certain extent enhance positive changes in behaviour; significantly enhance school competency and significantly decreases truancy; and partially enhances interpersonal communication within the family and school. The positive results obtained can be described as moderate, corresponding to similar results obtained in similar programs conducted in the US⁴⁵.

Research results confirm theoretical expectations regarding the positive correlation between the degree of behavioural disorder and attitudes towards school, explaining better results in marks and discipline amongst pupils that have mild behavioural disorders, i.e. behavioural problems.

The changes regarding communication with family and in school, were not statistically significant, but are indicative of the complexity of communication problems and the need to undertake additional pedagogical interventions and psychosocial therapies. The applied method of case study has provided much better insights into pupils' general condition, but did not have the strength of scientific confirmation of obtained changes. That is why it should be complemented with imperical data. Mentors, on the whole, stated their satisfaction in being able to required hands on experience to compliment their university studies, but when overloaded with theoretical study they found themselves less motivated. The lack of balance between their theoretical studies and the opportunity for hands on experience requires structural change within the faculty itself. As no progressive worsening in any participants behaviour was observed we find this to be the most significant success of the applied strategy.

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S. Boras

Department of Pedagogy, University of Zadar, Zadar, Obala Kralja Petra Krešimira IV 2, 23000 Zadar, Croatia
e-mail: sboras@student.mef.hr

UTJECAJ ISPITIVANOG MENTORSKOG PROGRAMA NA PROMJENE U PONAŠANJU KOD ADOLESCENATA S PROBLEMIMA I POREMEĆAJIMA U PONAŠANJU

SAŽETAK

U ovom se istraživanju mjeri utjecaj provedenog mentorskog programa na promjene ponašanja kod adolescenata s problemima ophođenja odnosno s poremećajima ophođenja. Program se provodio od 1997 – 2003. god. po koncepciji jedan sveučilišni student pedagogije-mentor na jednog učenika (adolescenta starosne dobi 13–17 godina određenog rizičnog ponašanja) tijekom jedne školske godine. Uzorak se sastojao od ukupno 141 učenika, u prosjeku njih 20 tijekom jedne školske godine. Kratkoročni ciljevi odnose se na izazivanje pozitivnih promjena kod učenika (adolescenata) rizičnog ponašanja: jednih s problemima i drugih s poremećajima ophođenja. Dugoročni cilj je poboljšanje školskog programa prevencije poremećaja u ponašanju učenika. Rezultati su pokazali statistički značajan uspjeh primijenjenog programa samo u dvije mjerene varijable – uspjeh u učenju ($p=0,05$) i smanjenje neopravdanih izostanaka i disciplinskih prekršaja ($p=0,05$) i to kod učenika s problemima u ophođenju. Kod učenika s poremećajima ophođenja ishodi programa pokazali su se manje uspješnima, premda ne potpuno neučinkovitima. Iako se postignuti rezultati općenito mogu opisati osrednje uspješnim, izostanak progresivnog pogoršanja ponašanja kod učenika uključenih u program, kao i zadovoljstvo sveučilišnih studenata pedagogije-mentora stečenim znanjem kroz praksu, ispitivani mentorski program otvara nove mogućnosti preventivnog rada u školi kao i korisne metode stjecanja praktičnog iskustva na studiju pedagogije.

Appendix

In order for the reader to get a clearer impression of the implementation of the case study method, we review two case studies, while noting that this method was used in the same way with the other program participants.

Case history: Iva (17 years old)

Father, unknown. Stepfather (47) without steady employment; mother (39) elementary school, sells vegetables; two younger half-brothers; the financial situation in the family is below average.

Iva is the eldest child in the family. The stepfather is a chronic alcoholic, without steady employment or occupation. He sometimes helps his spouse with her work or does odd jobs on the black market to earn some money for his family. One brother finished the elementary school through an adjusted program. Because he committed a crime the court ordered him to be supervised and be taken extra care of, which did not give any results. The younger brother is in fifth grade. At the moment the mother is the only one earning a steady wage in the family, but she is very rarely at home. Iva has suffered from asthmatic bronchitis since early childhood, because of which she was often in hospital. She is now in her first year of high-school. She is older than the other pupils because she started school a year later (because of her illness) and she repeated the sixth grade. Iva is of average intelligence and is rather introverted. She likes to help her mother with the housework and understands that her mother can't give her everything she wants. Of all the people in the house she has the best relations with her mother. She hardly talks to her brothers and she doesn't communicate at all with her stepfather. Despite her illness she smokes a pack of cigarettes a day, her mother regularly gives her money ('Better than if she took it from someone else, or that she hid it from me', her mother says). Sometimes she smokes marijuana, which her mother knows ('Everyone smokes it anyway, it's not a real drug and she's not an addict', her mother says).

From the student's report

11.11.02. From a conversation with the mother and daughter at their house I realized that the mother is persistently deceiving herself. She claims that her daughter is the best in her class, even though she is a below average student, has failing grades and skips her classes. The mother also says that her son, who has been indicted twice, is an honest boy and is »on the right road«. I realized it would be senseless to disillusion her.

11.12.02. I went to talk to the class-mistress. Iva goes to the first year of high-school and goes to her classes ir-

regularly. She already has 15 unexcused absences and another 10 that no one has excused yet. She has 6 failing grades. Furthermore the class-mistress says that Iva keeps company with problematic pupils.

11.18.02. After a couple of days I went to Iva's home for a talk. I noticed that she was quite nervous, distrustful and reserved. Even so, she told me her thoughts about herself and her life. She thinks school is boring and is generally disinterested in any type of education. She says that at school she has »her gang« and that they're almost inseparable. From our conversation I found out that her friends are sacred to her and she protects them at all costs. She says that everyone in the gang smokes. She started in the sixth grade. They don't use pot, except for special occasions, like a birthday. She hates alcohol ever since she once got so drunk that she was very sick. She claims she has good relations with her mother and older brother, although she thinks her mother »sometimes has old-fashioned opinions« about sex. I came to realize that her knowledge is lacking, she isn't well-read, and she doesn't comprehend some basic terms. It seems she doesn't understand her behavioral disorder. After these two conversations I concluded:

a) Iva is emotionally deficient, she doesn't understand the consequences of her acts, she is overly suspicious and is open only with »her gang«.

b) She is completely disinterested in school and indifferent, she has no working habits.

c) She keeps the company of problematic pupils, to whom she is probably sub-ordinate, and that might be the cause of her playing hooky and the large number of unexcused absences.

d) She has no tendency towards aggressiveness and is quite calm by nature.

e) She has no formed opinions about life and has no special interests, except hanging out with her friends.

f) She seems insecure and timid in all fields (verbal expression, behavior, body movements).

g) Nevertheless she gives the impression of an emotionally warm girl, especially when the subject of the conversation are animals (she says she wants a big house with lot of animals).

I conclude that it will take a lot of effort and patience for Iva to realize her true state and behavior, and in order to eliminate her behavioral disorder.

A summary of several reports from the student:

In January Iva missed three meetings with the student, but then in February she called her on the telephone and asked to talk to her. »I'm making progress«, writes the student in her report, »Iva is asking for my

help«. In the second semester the school guidance counselor and the counselor from the Education Center put together a program for intensified control and monitoring with the student. A great number of meetings followed between the mentor and Iva. Iva started complaining about some of her friends. She says they abused her trust and were very dishonest. The student explained to her that life teaches us many things, among which is how to learn from our mistakes. She told her that with time she would learn how to judge people better and to feel who she could trust. Iva decided to improve her grades and switch to another vocation, which she had always wanted. »I'm happy that I can discern progress and that I myself participated in it« writes the student in her report.

... In the further meetings Iva started talking more and the student listened. She gave her advice on how to improve her grades and how to achieve her goal. She suggested »that she views school subjects as hurdles that she had to jump over«.

In the final report it says: »Iva is hardly ever absent from school. She has corrected some failing grades. There is a chance that next year she might sign up for her desired vocation. I am very pleased that our communication has improved with time and that certain progress was achieved, in school, as well as in the whole personality of the pupil. I must admit that I am proud of myself«.

Pedagogical diagnosis

Iva has a slight communication disorder; she is constantly in danger of drugs.

Pedagogical discussion based on the case study method

As it can be concluded from this case children do not choose to be endangered by drugs. In Iva's case the danger occurred at a very early stage of her growing up. The reasons were manifold and she required help outside her family to resist it. In an analytical sense, from Iva's case study we see that the danger of going from marijuana to consuming harder drugs was mostly caused by external factors. (Iva's mother, brothers and surroundings didn't condemn marijuana usage).

Three factors played an important role in the positive outcome of this case:

the personality of the subject (in our case Iva), the characteristics of the environment (in this case, the inadequate family situation, which was opposed by the support for a healthy choice of behavior, which Iva found in the Education Center and at school), external action (the student-helper in the »One to One« program, and later the intensified system of monitoring instated by the school with the help of the Education Center).

All three factors influenced each other. It should be pointed out that changes in one area of life bring on changes in other, only superficially unrelated areas. The fact that Iva was enrolled in our program helped her become aware of her own situation, in the company of her

age group which caused her behavioral problems, as well as in the not objective »protection« of her mother. The controlling of her behavior from the outside and the insights she received from the conversations, helped her develop the ability to overcome life's problems. The development of the mentioned ability did not depend only on the experience Iva gained in her life up until then, but also on the immediate assistance of the student in real problems which existed or were developing at that time. It was obvious that Iva, in spite of her bronchitis, reached for cigarettes as a substitute for her failure in school, so that people her age in the »gang« would accept her (because they all smoked). The »One to One« project allowed Iva to satisfy her needs in a different way, especially her need for security, belonging, love and respect. Iva thus had someone to share the mutual happiness with because of her success with and that was a key influence in her change, since young people at that age are much more susceptible to external influences than later on. An adequate substitute for Iva's »acquired« technique for handling stress – smoking too much, an occasional joint and drunkenness: the experience of success and a goal in life. In that matter the student-helper played a key role.

Conclusions

This example shows that as a part of their educational function contemporary schools must often supplement the parents' upbringing. The prevention of addiction in schools must be understood as an active process in which help is offered during the maturing of personalities. The measures of intervention with the aid of the student-helper enabled the avoidance of further unfavorable consequences (further failures in studying, further absences from classes, the strengthening of negative feelings towards herself, the loss of self-esteem). From the case study reviewed here it can be concluded that it was our program specifically that enabled the prevention of the progression of the behavioral disorder of the pupil. The progression would have in the end led to narcotics. However, the correction of the aberrant forms of behavior required almost a year of devoted effort by the student-helper and the rest of the expert personnel at the school and the Education Center. Within the scope of his activities the school counselor contributed significantly to the development of positive character traits in the pupil, by focusing on her needs and interests. By realizing the value of co-decision making, the counselor helped the basic tenet of prevention to be realized in practice, which is for the pupil to, guided by her own experience, make the decision which would change her opinions and choice of behavior, by herself. In the reviewed case it was not a matter of achieving success in one or two school subjects, rather it was a matter of acting educationally on the complete personality of the pupil. Iva really did realize that bad company, excessive behavior or narcotics were not necessary for her to form a happier life. In this specific case the parents (mother and stepfather) weren't directly included in creating the program of intervention,

but they didn't obstruct our purpose either. This case showed that the prevention of drug abuse in pupils at risk must be carried out individually, each case separately, while respecting the complete personalities of the subjects.

In the case reviewed the basic principles of drug prevention in schools were clearly expressed. In their prevention work schools need to target activity at:

- strengthening the pupils' feeling of self worth (in Iva's case by achieving success, that is by correcting her failing grades),
- increasing the social awareness of the pupils (in our case by Iva's awareness of her position in the group which motivated her to act unacceptably or realizing the consequences of her unexcused absences, or her realization that the school cared about her etc.),
- Building an attitude of healthy behavior (which led to the desired choice of behavior by Iva to graduate from her desired vocation).

Case history: Zlatan (14 years old)

No father, mother (33) works as a cleaning woman; they live with a grandmother and a half-brother in a one-room apartment. The financial situation in the family is very poor.

The pupil attends the eighth grade. He has been receiving extra institutional treatment since he was five. He now stays at the reform school for half the day because of a criminal offence he committed... The student met the mother and Z. M. at the Center for Social Services when they accepted the »One to One« program. A conversation at their house was arranged, but the next day the pupil called on the telephone to say that his mother and grandmother had decided she shouldn't come to their apartment and for her not to meddle in their life because she wasn't wanted there... She continued contacting the pupil at the reform school.

From the student's report

I came to the reform school every day, but Z. and I never did homework or studied together because he never brought his books or notebooks, nor did he know his schedule of classes. He simply didn't want to learn. In the beginning I gave him time to get used to me, I didn't force the matter of school. As time went by I wanted to start working on solving his problems at school. When I told him that, I was very surprised by his reaction. He started cursing, yelling, throwing his school books, he told me not to come again and that he wasn't a retarded person who needed help with his homework. I came again the next day anyway hoping that he might have calmed down, but he was even worse. When I notified his counselor, she told me not get upset because he was being sent to a correctional institution, because he disregarded the court's order to attend school and change his behavior. At the time he had 100 periods of truancy, so that the Center for Social Work and the Court had intervened.

I continued to come anyway and managed to communicate with him. He told me only what he wanted to and mostly he just lied. His counselor told me the whole reform school together couldn't help him. I got the impression that he liked being the bad guy, he's aggressive when he doesn't like something, he thinks he's the smartest, and his role models are the older boys with behavioral disorders. He thinks he's a »big shot« because he's going to a correctional institution. At first I thought he was uncomfortable, so I tried to get closer to him by playing basketball, football (for the first time in my life) and computer games with him. But, it didn't seem to mean anything to him. In our conversations he told me money was everything to him and was even the only condition under which he would change for the better.

When I tried to remind him of his obligations again, he told me never to come again and that his life was none of my business.

From his counselor I found out he was keeping bad company that they were meeting in an old house, that the police knew about it and it was just a matter of time before they intervened. He was becoming more and more unkempt, with dirty hair, rotten teeth, always in the same clothes. It was obvious that he had entered the world of drugs even before the program. Soon he went away to Mali Lošinj to the correctional institution.

Now when I write this it looks like a crime story. I can't understand his behavior, his rejection, his negation of all help; he seemed too young to be involved in drugs. I'm sorry his life marked him that way. I hope another institution will have more success reforming him.

Pedagogical diagnosis

Student has a serious behavioural disorder.

Pedagogical discussion based on the case study method

It is obvious that this is a matter of a drug addict who hadn't yet been registered as such, because he hadn't yet had drug related contact with the police. But, his behavior and constant readiness for aggression isn't typical addict behavior. The disorder of the student behavior occurred much earlier than the addiction itself. From the analysis of the case one gets the impression that Z. became addicted to force and aggression as the only means of self-presentation. There are also indications of lack of emotions for anyone else. When he is called to account for his deeds he doesn't realize he has done wrong, rather he gets very insulted. He cannot bear defeat or criticism. His main behavioural traits are: expressive aggressiveness in the form of verbal outbursts of rage and uncontrolled action based on aggressive impulses, a disturbing intention to show off, identification with models of force, aggressive communicational practices which include the perception of force as the »right« means of self-presentation, extremely low tolerance of frustration which is a result of a sense of insecurity and a total lack of any support in his life, an almost pathological tendency to im-

press people and a need to prove himself. Aggressiveness has to a certain degree become the main trait of his personality.

Conclusions

We can conclude that he has been under the influence of many risk factors for a long time: his upbringing was lacking and he was educationally neglected, he failed to overcome a serious inferiority complex, he identified himself with models of force, which was probably caused by the abundant supply of attractive portrayals of force in the media, by force he acquired certain »advantages« from children of the same age as him, it can be presumed that he was physically abused in his family, his acceptance of drugs is just a consequence of a whole panoply of influences upon him.

Therapeutic steps that should be taken

The subject is a young man who will require much patience and perseverance for things to start getting better. First of all the status of his drug abuse must be ascertained and measures should be taken accordingly. Of the educational measures required he needs therapy which will make him aware of his aggressive tendencies, as well as an explanation of its causes. Therapeutic measures must be taken in order for him to overcome his feelings of suspicion towards others and his insecurity in himself. He needs to be enabled to achieve a greater tolerance for frustration, which is achieved by a feeling of success. The complete social sensibility of the pupil needs to be reshaped, in order to create fertile grounds for further action. From this case we see how hard, and often almost unachievable, it is to correct or make up for what was lacking or done incorrectly in early childhood.