

Effects of an Assertive Behavior Program on the Reduction of Anxiety in Future Teachers and Preschool Teachers

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Abstract

Starting from the significance of assertiveness in the context of the professional competencies of teachers and preschool teachers and the knowledge of the connection between assertiveness and anxiety, the aim of this paper was to examine the possibility of reducing anxiety in students, future preschool teachers and teachers, by implementing an assertive behavior program. The total sample consisted of 120 students of the Faculty of Education of the University of Kragujevac. The following instruments were used: *The Assertiveness Assessment Scale* and *The Anxiety Assessment Scale*. The research design involved three stages: 1) initial assessment of anxiety and selection of students with high scores on the anxiety scale; 2) implementation of the assertive behavior exercise program (2 introductory theoretical lessons and 8 exercise lessons); and 3) final assessment of anxiety and assertiveness. Significant differences were obtained, in the scores on the applied anxiety scale, between the initial and the final assessment ($t=27.855; p<0.000$). The results point to the need and justifiableness of planned activities aimed at providing additional support to anxious students during the course of their studies, in order for them to strengthen control and master the skills of reducing anxiety in social contexts.

Keywords: Anxiety; Assertive behavior; Improvement of social competencies; Initial education of future preschool teachers and teachers

Introduction

In the context of social competencies, assertiveness is viewed as a social skill that contributes to the adequate adaptation of a person in social interactions, maintenance of socially desirable relationships and emotional well-being of the participants in social interaction [1]. It is most often described based on a comparison with two opposite forms of social behaviour, submissive and aggressive [2], as a middle path, as the skill of expressing thoughts, feelings and beliefs in a straightforward and

honest way, while respecting the rights of others [3]. An assertive message in an interaction is a form of self-expression without dominance, humiliation or any other type of threat or injury to the feelings or rights of the other person. Assertive people respect themselves as much as they respect others, they are able to control their emotions, they do not seek out nor avoid conflicts and are able to handle conflicts well, they do not hesitate to express their opinions and disagreements, and they are open to new solutions and possess a high degree of responsibility. While aggression can be described by the

statement "I am important, you are not important" and passivity by the statement "I am not important, you are important", assertiveness is best described by the statement "I am important, you are important" [4]. Assertive people get what they want more often than others, they have a more developed social network and good relationships with others, they respect themselves and their own energy, they are more confident in themselves, they develop a greater degree of responsibility even in difficult situations, allow others to feel good as well and share the experience of victory, they are open to new solutions and able to cope with stress [5].

The previous studies have demonstrated the existence of a high correlation between assertiveness and self-esteem [6]. In literature, self-esteem is viewed as a reflection of the type and quality of the relationship that one has with others [7]. In the context of social competencies, high self-esteem reduces the potential for failure in social relationships and inappropriate behaviour and increases the likelihood of desirable, adaptive and useful forms of behaviour.

Studies have also found a high negative correlation between assertiveness and social anxiety. The results of many studies indicate that the lack of assertiveness implies a component of anxiety and confirm the positive influence of assertiveness, both on self-esteem and on the reduction of social anxiety and improvement of social functioning [8]. Assertiveness was first studied in the domain of anxiety and depression disorders. Within their clinical application, assertive trainings, being among the oldest models of behavioural therapy, represent a significant field of therapeutic action for many therapists who seek to help people who lack social skills to overcome social anxiety which results in unsatisfactory, problematic and emotionally painful social interactions and interpersonal relations [9].

In literature, anxiety is described as a psychological condition characterized by a feeling of unease which varies in intensity, all the way to panic without an obvious cause, accompanied by tension and motor unrest, as a type of trepidation or as a vague, subject-less, objectless fear, a type of diffuse, free floating fear [10]. The word *anxiety* itself originates from the Latin word *anxietas* meaning discomposure, worry, and *trepidation* or *unease*, as is most commonly translated in our language. In accordance with these definitions, any fear that does not have a clear, visible and determined cause may be identified as anxiety.

In the experience of people, anxiety occurs in various forms, most often as a medium intensity change in mood or as affect in the form of panic, as an adequate or inadequate emotion. Given that anxiety is often the result of a person's unconscious assessment that there is an imbalance between his/her strengths and the demands of the world in which he/she lives in, it can also be incomprehensible to the very person experiencing it. The feeling that the Ego had become overwhelmed by the feeling of anxiety is extremely unpleasant, causing the person to attempt to deal with it in different ways. One of the most common ways to do this is somatization. Since anxiety is accompanied by certain physiological changes, the person focuses on these physiological reactions (for example, rapid heartbeat) and begins to interpret them as a source of anxiety [11].

The existential position of a person experiencing chronic feelings of anxiety is very similar to the existential position of a person experiencing chronic feelings of depression. While the depressed person is aware that he/she is not able to live in a world where he/she finds no sense or hope, the anxious person is aware that he/she is not able to live independently and sees his/her exit in attaching himself/herself to another person. In this sense, anxiety is nevertheless a healthier feeling than depression, since the anxious person has lost faith in himself/herself, but not in other people [12].

We can discuss anxiety disorders in those cases where anxiety limits a person in his/her day to day social and professional activities. Anxiety which is related to being assessed by other people (fear of negative evaluation, fear that a person will be laughed at and embarrassed) leads the person towards different forms of avoidance behaviours, to avoiding social contacts and a significant reduction in social behaviour [13]. In such cases, it is possible to talk about social anxiety. Authors stress the fear of being negatively evaluated by others as the essence of social anxiety [14]. According to the International Classification of Diseases, social anxiety is defined as a disorder characterized by the fear of a person that he/she will be humiliated in social situations and that others will reject him/her for these reasons [15]. There are authors who point out that social anxiety occurs in people with low self-esteem who fear that they will be exposed in situations such as public appearances of any kind. Tovilović (2004) [16] defines social anxiety through three key components: 1) preoccupation with the fear of negative assessment, 2) reaction of the autonomic nervous system, and 3) avoidance or desire to avoid the

social situation. The social functioning of the person, as the author emphasizes, is significantly undermined. Situations in which social anxiety is particularly noteworthy include, among others, situations that require assertive behaviour which involves expressing one's opinion, expressing disagreement or confrontation. Assertive behaviour is unattainable for most people with social anxiety, which results in withdrawal from social contacts and a number of other psychologically and socially destructive consequences (for example, a tendency to interpret vague social stimuli as powerful, dangerous, dismissive and threatening) [17].

The times we live in are characterized by numerous and rapid changes both in the broader social and in the educational context. The significance of the means of mass communication, as well as of the skills of direct social interaction and creation of successful social contacts and relationships are being emphasized ever more. In addition to this, let us remind ourselves that today, the concept of professional competencies of teachers has been adopted in various frames of reference, according to which a contemporary teacher should possess a whole range of competencies, many of which belong to the category of social competencies [18]. Since teaching is seen as a form of social interaction and management of a classroom as a social group as the aspect of the teachers' role which best reflects the professional competencies of teachers, social anxiety can be regarded as one of the most significantly interfering factors in the teaching profession. Additionally, anxiety is inhibiting, when it comes to the learning process itself as well as to the ability to manifest knowledge in test situations [19].

The professional development of preschool teachers and teachers is a continuous process and it is clear that their professional competencies cannot be discussed independently of their education and the programs of their professional development [20]. Since assertiveness is learned, the key issue in this context is the issue of the possibility to reduce anxiety in students by applying the program of assertive behaviour exercises. It is our belief that such and similar studies may point to the direction the curriculum should take in order to improve and encourage the potentials of future preschool teachers and teachers, and also to organize preventive action.

Method

Sample: The total sample consisted of 120 first and second year students of the Faculty of Education of the

University of Kragujevac, future teachers and preschool teachers.

Procedure: The research was organized in three stages. The first stage involved the initial assessment of anxiety in students (N=370). After the initial testing, the students who were selected (those who achieved the scores that classified them into the highly anxious category on the applied scale N = 120) first completed the assertiveness scale and were then subjected to the planned program which implied 2 lessons of theoretical instruction and 8 lessons of assertive behaviour exercises (theoretical teaching contents were: the concept of assertiveness, assertiveness and social competencies, types of assertive behaviour; the exercises included: basic assertiveness – how to stand up for oneself in specific social interactions, how to say "no", i.e. reject someone's request or demand, how to make requests and ask for favours, start and finish conversations, confrontational assertiveness – how to express an opposite opinion, how to confront someone or face them with their inconsistencies, how to use the I-speech; and assertive criticism – how to state a clear criticism of behaviour rather than personality, how to use effective formulations such as: I am bothered by, I do not like something, it does not suit me, etc.). In the final stage, the students were subjected to the final assessment of anxiety and assertiveness. The data was collected in 2013/14/15/16/17.

Instruments: In order to assess assertiveness, the *Assertiveness Assessment Scale (A Scale)* by Tovilović, et al. was used, consisting of items that, according to the authors, describe reactions and behaviours which are typical for the (non-)manifestation of assertiveness. The person being assessed is instructed to provide a response, in accordance with his/her reactions in social situations that require assertiveness, by using a five-point Likert type scale, in the range from the continuous absence of said reactions or behaviours (never), to their constant presence (always). Out of a total of 27 items on the A Scale, 13 represent items with a positive orientation (in the direction of assertiveness), while 14 items have a negative orientation [21]. The reliability of the A Scale is high (Cronbach's Alpha = 0.960). The representativeness of the scale expressed by the normalized KMO equals 0.926, which places the scale in the group of scales with high representativeness. Scale validation tests are in favour of a good concurrent and construct validity of the A Scale.

The *Anxiety Assessment Scale* was used in assessing anxiety (*AT 29 Scale*, [21]). The instrument consists of 29 items which are answered by using a four-point Likert type scale. According to the authors, the scale aims to measure the permanent disposition for anxious reactions as a one-dimensional construct or "pure" measure of anxiety. The reliability of the scale is very high (Cronbach's Alpha = .960). The representativeness of the items expressed by the KMO coefficient equals 0.964. These indicators point to the conclusion that the AT29 anxiety scale belongs to the group of scales with high reliability and representativeness.

Analysis procedures: Data processing included methods of descriptive statistics (mean, standard deviation), as

	N	m	Sd	Min	Max
Total sample (anxious students)	120	65.39	7.35	11	98

Table 1: Descriptive indicators of anxiety levels in the total sample in the initial assessment.

The obtained average values in the total sample were significantly higher ($t=-5.271$; $p=0.000$) compared to the normative sample for the applied assertiveness scale [22]. The mean value of the assessed students' anxiety scores

well as methods of analytical statistics for the assessment of the significance of differences. *The paired samples t-test* was used to test the significance of differences between the two groups of data.

Results

The selected sample included students who obtained scores that classified them into the highly anxious category on the anxiety scale. Table 1 shows the descriptive indicators of anxiety scores achieved by these students on the applied anxiety scale in the initial assessment.

belongs to the category characterized by highly manifested anxiety.

Table 2 demonstrates the distribution of students according to the categories of anxiety.

	f	%
Extremely high anxiety	37	30.83
High anxiety	83	69.16
Σ	120	100

Table 2: Distribution of students according to categories of anxiety in the total sample.

The highest percentage of students had achieved scores that classified them in the category characterized by high anxiety (69.16). As many as 30.83% of assessed students were classified in the category characterized by extremely high anxiety.

Table 3 shows the descriptive indicators of the level of assertiveness achieved by the assessed students on the applied assertiveness scale in the initial assessment.

	N	m	Sd	Min	Max
Total sample (anxious students)	120	86.19	11.89	58	101

Table 3: Descriptive indicators of assertiveness in the total sample in the initial assessment.

The obtained mean values in the total sample were significantly lower ($t=-4.182$; $p=0.000$) compared to the normative sample for the applied assertiveness scale [22].

The mean value of the assessed students' assertiveness belongs to the category of low assertiveness.

	f	%
Extremely low assertiveness	75	62.50
Low assertiveness	45	37.50
Σ	120	100

Table 4: Distribution according to categories of assertiveness in the total sample in the initial assessment.

The highest percentage, as many as 62.50% of anxious students, had achieved scores that classified them in the category of extremely low assertiveness.

Table 5 shows the distribution of students with extremely low and low assertiveness according to the categories of anxiety.

	Extremely high anxiety		High anxiety		Σ
	f	%	f	%	
Extremely low assertiveness	19	51.35	56	67.46	75
Low assertiveness	18	48.64	27	32.53	45
Σ	37	100	83	100	120

Table 5: Distribution of students with extremely low and low assertiveness according to categories of anxiety.

Table 6 provides a comparative overview of the descriptive indicators in the initial and final assessment of anxiety, for the total sample.

	m	N	Sd	St. Er.
Initial assessment	65.39	120	7.35	.67137
Final assessment	56.35	120	6.74	.61605

Table 6: Comparative overview of descriptive indicators in the initial and final assessment of anxiety.

The mean value of the anxiety score in the final assessment conducted after the implementation of the program of assertive behaviour exercises, is lower for as much as 9.04 and located at the lower limit of the category characterized by highly manifested anxiety (it is

closer to the category characterized by average anxiety).

Table 7 provides a comparative overview of the descriptive indicators in the initial and final assessment of anxiety, for the total sample.

	m	N	Sd
Initial assessment	86.19	120	11.89
Final assessment	88.34	120	9.54

Table 7: Comparative overview of descriptive indicators in the initial and final assessment of assertiveness.

The mean value of the assertiveness scores in the final assessment conducted after the implementation of the program of assertive behaviour exercises, is higher by 2.15 and located at the lower limit of the average assertiveness category.

In order to determine if the obtained differences were statistically significant, the *paired samples t-test* was used.

Table 8 shows the values of the test applied in order to examine the significance of differences between the scores in the initial and final assessment of anxiety.

	m	Sd	St.er.	95%CI		t	df	Sig.
				L	U			
Initial assessment	9.033	3.552	.324	8.391	9.675	27.855	119	.000
Final assessment								

Table 8: Significance of differences between scores in the initial and final assessment.

Based on the results of the applied statistical procedure it was established that there is a statistically highly significant difference between the anxiety scores obtained in the initial and final assessment. In other words, student anxiety was significantly reduced

following the implementation of the program of assertive behaviour exercises.

Table 9 shows the values of the test applied in order to examine the significance of differences between the scores in the initial and final assessment of assertiveness.

	m	Sd	St.er.	95%CI		t	df	Sig.
				L	U			
Initial assessment Final assessment	9.033	3.552	.324	8.391	9.675	98.741	119	.432

Table 9: The significance of differences between scores in the initial and final assessment of assertiveness.

Based on the results of the applied statistical procedure it was determined that there was no statistically significant difference between the assertiveness scores obtained in the initial and final assessment ($p=.432$). In other words, student assertiveness did not significantly increase following the implementation of the program of assertive behaviour exercises.

Discussion

Starting from the notion that assertiveness and social anxiety occupy an extremely significant place in communication and social interaction, this paper was aimed at examining the possibility of reducing social anxiety in students, future preschool teachers and teachers, by implementing an assertive behaviour program. The results have shown that the mean values of the scores on the applied anxiety test differ in favour of the final assessment. Statistically highly significant differences in the level of anxiety between the initial and final assessment were determined by applying the paired samples t-test ($t=27.855$; $p=.000$). In other words, the level of anxiety (high and extremely high anxiety) of students who participated in the research, significantly decreased after they were subjected to the assertive behaviour program. By practicing assertive behaviour in a safe social situation, in interaction with individuals and groups in which they received positive feedback and had the opportunity to familiarize them with the position of others for whom they themselves represented a threat, the students, according to the results of the final assessment, became less anxious. In spite of this, the results show that student assertiveness did not significantly improve after the implementation of the program. Specifically, although the mean values of the scores on the applied assertiveness test were higher in the final assessment, based on the results of the applied

statistical procedure, it was determined that there was no statistically significant difference between the assertiveness scores obtained in the initial and final assessment ($p=.432$). In other words, student assertiveness did not significantly increase after the implementation of the program of assertive behaviour exercises. This finding can be discussed in light of the fact that the applied assertiveness scale examines relatively permanent dispositions to react assertively while the anxiety scale is constructed to examine the tendency to react with anxiety in very specific situations [22]. However, since assertiveness has been examined in relation to the dimension of social anxiety and social phobia, as the most prominent forms of social function disorders, it is necessary to examine these findings in further research.

We can view the obtained results as encouraging in a certain sense, since the absence of social anxiety is equally important in both professions [23]. Given that teaching is seen as a form of social interaction and managing a classroom as a social group is seen as the aspect of the teachers' role which best reflects the professional competencies of teachers, social anxiety can be regarded as one of the most significantly interfering factors in the teaching profession. Let us remind ourselves that the professional activity of teachers and preschool teachers takes place in situations in which social anxiety is manifested. These are situations in which the person's appearance, behaviour and other characteristics can be observed and evaluated by other people: the situations in which a person is observed while performing an action, formal speech and interaction (speaking before an audience, in meetings, public appearances), informal speech and interaction (attending formal visits, encounters with strangers) [24]. In the context of professional competencies, it is therefore essential for preschool teachers and teachers to feel secure in social

interactions, in order to be able to ensure safe and effective cooperation and communication for their students and preschool children. By expressing their feelings, attitudes and requests honestly, clearly and directly, without anxiety, they can, among other things, strengthen the self-confidence of those with whom they work and provide a good basis for constructive communication that leads to the achievement of goals. Since members of both professions are expected to be managers and leaders, the absence of social anxiety would enable them to act in a motivating way so that those with whom they work could also freely express their feelings and attitudes. Their job also implies the empowerment of those with whom they work towards improving personal autonomy [25].

The obtained results are in accordance with the results of previous studies which suggested that assertive programs can be effective in reducing social anxiety [26,27]. Let us remind ourselves that, within their clinical application, assertive trainings, being among the oldest models of behavioural therapy, represent a significant field of therapeutic action for many therapists who seek to help people who lack social skills to overcome social anxiety which results in unsatisfactory, problematic and emotionally painful social interactions and interpersonal relations [28].

Unlike the assertive trainings and programs which were used in other studies, the program that was implemented in this research was relatively short (2 lessons of theoretical instruction and 8 lessons of exercises). The results of this research are encouraging, among other things, because they indicate that an implementation a short program which contains a series of specific assertive behaviour exercises (how to stand up for oneself in specific social interactions, how to say "no", i.e. reject someone's request or demand, how to make requests and ask for favours, start and finish conversations, how to express an opposite opinion, how to confront someone or face them with their inconsistencies, how to use the I-speech, how to state a clear criticism of behaviour rather than personality, how to use effective formulations such as: I am bothered, I do not like something, it does not suit me, etc.) can significantly reduce social anxiety in students.

Given the fact that social anxiety inhibits both the learning process itself and the ability to manifest knowledge in test situations and that it falls into the category of highly interfering factors when it comes to the

teaching profession, this finding can have significant pedagogical implications. If we take into consideration that a research had recently been conducted, showing that among the candidates for the Faculty of Education there are many young people who, according to the obtained scores on the anxiety scale, can be classified into the category characterized by highly manifested anxiety [28], it is our opinion that the students need to be monitored during the course of their studies and provided with every type of support in order to overcome the difficulties caused by their anxiety in social interactions. In this sense, the results of this research are significant and reasonably point to a concrete and efficient way which can reduce anxiety in students and thus affect the improvement of their social competencies and professional development in general.

Conclusion

The paper starts from the notion that social anxiety inhibits the learning process itself, the ability to manifest knowledge in test situations and that it falls into the category of highly interfering factors in the teaching profession. By researching the possibilities of reducing social anxiety in students, future teachers and preschool teachers, the results were obtained based on which it can be concluded that an implementation of a relatively short program of assertive behaviour exercises can significantly reduce social anxiety in students. The obtained results are yet another confirmation of the previous studies, with an emphasis on the fact that, in contrast to these other studies, a relatively short-term program was implemented in this research. The obtained results can have significant implications for both pedagogical and preventive work with students.

References

1. Sarkova M, Orosova O, Geckova AM, Katreniakova Z, Klein D, et al. (2013) Associations between assertiveness, psychological well-being, and self-esteem in adolescent. *J Appl Social Psychol* 43(1): 147-154.
2. Van Dyk D, Evans CS (2008) Opponent assessment in lizards: examining the effect of aggressive and submissive signals. *Behav Eco* 19(4) 895-901.
3. Lange AJ, Jakubowski P, McGovern TV (1976) *Responsible Assertive Behavior: Cognitive/Behavioral Procedures for Trainers*. Michigan: Research Press, pp: 323.

4. Mandić T (2003) Komunikologija: Psihologija komunikacije. Beograd: Clio.
5. Shiina A, Nakazato M, Mitsumory M, Koizumi H, Shimizu E, et al. (2005) An open trial of outpatient group therapy for bulimic disorders: combination program of cognitive behavioral therapy with assertive trainin and self-esteem anhancement. *Psychiatry Clini Neurosci* 59(6): 690-696.
6. Mirjanić Li, Milas G (2009) Uloga samopoštovanja u održavanju subjektivne dobrobiti u primjeni strategija suočavanja sa stresom. *Društvena istraživanja* 20(3): 711-727.
7. Burušić J (2007) *Samopredstavljanje: taktike i stilovi*. Jastrebarsko: Naklada Slap, pp: 226.
8. Lin Y, Wu M, Yang C, Chen T, Hsu CC, et al. (2008) Evaluation of assertive training for psychiatric patients. *J Clin Nurs* 17(21): 2875-2883.
9. Wolpe J (1958) *Psychotherapy by Reciprocal Inhibition*. Conditional reflex : a Pavlovian journal of research & therapy, California: Stanford University Press 3(4): 234-240.
10. Calkins AW, Otto MW, Cohen LS, Soares CN, Vitonis AF, et al. (2009) Psychosocial predictors of the onset of anxiety disorders in women: results from a prospective 3-year longitudinal study. *J Anx Dis* 23(8): 1165-1169.
11. Alinčić M (2013) Osobine ličnosti i asertivnosti kao prediktori samopoštovanja i socijalne anksioznosti. *Primjenjena psihologija* 6(2): 139-154.
12. Milivojević Z (1993) *Emocije*. Beograd: Clio.
13. Cambon K, Dos-Santos Coura R, Groc L, Carbon A, Weissmann D, et al. (2010) Aggressive behavior during social interaction in mice is controlled by the modulation of tyrosine hydroxylase expression in the prefrontal cortex. *Neurosci* 171(3): 840-851.
14. Hollander E, Simeon D (2006) *Anksiozni poremećaji*. Jastrebarsko: Naklada Slap, pp: 254.
15. World Health Organizacion (2011) *International statistical classification of diseases and related health problems-10th revision, edition 2010, Volume 2 (2011)*.
16. Tovilović S (2005) Asertivni trening: efekti tretmana, održivost promena i udeo terapeuta u terapijskom ishodu. *Psihologija* 38(1): 35-54.
17. Den Hartog DN (2004) Assertiveness. In: RJ Houes, PJ Hanges, M Javidan, PW Dorfman, V Gupta (Eds.), *Culture, Leadreship and Organizations*. Thousand Oaks, CA: Sage. 395-436.
18. Milovanović R (2010) Interakcija i komunikacija u vaspitnom radu. *Jagodina: Pedagoški fakultet*.
19. Eskin M (2003) Self-reported assertiveness in Swedish and Turkish adolescents: A cross-cultural comparison. *Scand J Psychol* 44(1): 7-12.
20. Locke KD, Sadler P (2007) Self-efficacy, values and complementartity indyadic interactions: Integrating interpersonal and social-cognitive theory. *Personality Social Psychology Bulletin* 33(1): 94-109.
21. Tovilović S, Okanović Pi Krstić T (2009) Procena asertivnosti. Biro UM, Smederevaci S, Novović Z (Ur.), *Procena psiholoških i psihopatoloških fenomena*. Beograd: Centar za primenjenu psihologiju 16(2): 63-72.
22. Biro M, Smederevac S, Novovic Z (2009) Procena psiholoskih i psihopatolskih fenomena. Beograd: CPP.
23. Lawton S, Stewart F (2005) Assertiveness: making yourself heard in district nursing. *British J Community Nurs* 10(6): 281-283.
24. Leary MR, Kowalski RM (1997) *Social anxiety*. New York: Guilford Press, pp: 244.
25. Watanabe A (2010) The relationship between four components of assertiveness and interpersonal behaviors, interpersonal adjustment in high school students' friendship. *Shinrigaku Kenkyu* 81(1): 56-62.
26. Azais F, Granger B, Debray Q, Ducroix C (1999) Cognitive and emotional approach to assertiveness. *Encephale* 25(4): 353-367.
27. Beesdo K (2009) Anxiety and anxiety disorders in children and adolescents: developmental issues and implications for DSM-V. *Psihiatric clin North Ame* 32(3): 483-524.

28. Milovanović R (2018) Social competences of future teachers and educators. Jagodina: Faculty of

Pedagogical Sciences, University of Kragujevac.

