

## PSYCHOSOCIAL EDUCATIONAL FOR HEARING IMPAIRED CHILDREN IN LATVIA

### Psihosociālā izglītība bērniem ar dzirdes traucējumiem Latvijā

Larisa Brokāne, Inamora Zaiceva

Rezekne Higher Education Institution, Latvia

E-mail: inamora2@inbox.lv

**Abstract.** *The article deals with the approach of psychosocial educational problems for hearing impaired children. These problems based on skill teaching and social interaction for hearing impaired children in Latvia. This review investigates the theories behind psychosocial educational and to be mostly based on psychoeducation theory. The findings of this review provide support for the use and further expansion of psychosocial educational interventions for hearing impaired children.*

**Keywords:** *psychosocial education, hearing impaired children.*

#### Introduction

There are various psychosocial educational interventions many of which incorporate psychoeducational theories and principles (Christopher A. Griffiths BSc, Researcher. The theories, mechanisms, benefits, and practical delivery of psychosocial educational interventions for people with mental health disorders. (Christopher A. Griffiths BSc, 2008).

Particular psychosocial educational interventions have included topics such skill teaching and social interaction. To date there have been no comprehensive reviews of psychosocial educational problems for hearing impaired children. This article review will consider the theories behind psychoeducation, the benefits that psychosocial educational interventions can provide hearing impaired children, the mechanisms involved, and the specific practical aspects of psychosocial educational intervention programmes that provide any beneficial effects.

Since Latvia joined the European Union, the UN General Assembly adapted Special Session Declaration “World Fit for Children” has also become binding. Clause 5 of the Declaration states: “We stress our commitment to create a world fit for children, in which sustainable human development, taking into account the best interests of the child, is founded on principles of democracy, equality, non-discrimination, peace and social justice and universality, indivisibility, interdependence and interrelatedness of all human rights, including the right to development.” This clause explains what is meant by the words “A World Fit for Children”. (viewed 2011.28. 09., [www.european-agency.org](http://www.european-agency.org))

Clause 21 of the declaration “World Fit for Children” which says “We will take all measures to ensure full and equal enjoyment of all human rights and fundamental freedoms, including equal access to health, education and recreational services by children with disabilities and children with special needs to ensure the recognition of their dignity, to promote their self-reliance, and to facilitate their active involvement in the community” must be mentioned as an important

component in the declaration “World Fit for Children” because directly referring to all children, including disabled children and children with special needs; Clause 37 of the same declaration also states that it is necessary to provide effective access to social services – “to ensure effective access to integrated services to disabled children and children with special needs, including rehabilitation and health care, and to develop family care support systems for these children’s parents, families, guardians and care takers”. ([www.european-agency.org](http://www.european-agency.org). viewed 2012.01.29.)

According to the statistical data, approximately 4-6% of the world’s population is hearing impaired, 2% of them do not hear with both ears. It can be partly explained by heredity, partly by the increase in the intensity of life, domineering noise in everyday life – too loud music, noise at work. We cannot also deny the harmful effects of certain medications on hearing. Skull injuries and some illnesses can also cause a significant hearing loss (meningitis, encephalitis, influenza). Some of the hearing impairment is associated with aging. It is significant to establish the hearing impairment as early as possible. Children need hearing for language development and learning. For adult patients, it is important for communication with the society: at school, at work and in life. ([www.vcbikernieki.lv/index.php](http://www.vcbikernieki.lv/index.php); viewed 20.10.2011.)

In Latvia there are approximately 942 children under 18 with different types of hearing impairment. As shown by the author’s research, half of these children get integrated into the hearing community’s educational institutions, and the other half attends special education institutions. (viewed 2011.23.10. [www.european-agency.org](http://www.european-agency.org))

### **Problem and its relevance**

Morse (2004) explained that the theory behind psychoeducation is based upon individual psychology; a holistic approach to understanding what it means to be human. There are three strands embodied in individual psychology. Firstly, dynamic psychology, which is the study of emotional aspects, for example: motivation, purpose, fears, hopes, goals, and perceptions of self. Secondly, how we learn and acquire new knowledge and skills. Thirdly, developmental psychology, which incorporates biological substrata, organic factors, and individually unique maturational processes (Morse, W. C., 2004). Psychoeducational Perspective Overview. University of Michigan - a transcript of spoken commentary.

In addition to these three strands, Morse stated that participant social interactions are considered to be crucial in the delivery of psychoeducation. Furthermore, Wood, Brendtro, Fecser & Nichols (1999) stated the importance of cognitive psychology in psychoeducation, as it involve challenging maladaptive thinking processes and suggesting alternative adaptive patterns of thinking. Wood et al. described the theoretical perspective of psychoeducation as integrated, holistic, multicultural, multimodal, functional, systemic, comprehensive, and functional. This inclusive, adaptive and flexible theoretical perspective underpins many different psychosocial educational interventions and has been applied in a

variety of forms and situations. (Wood, Brendtro, Fecser, & Nichols, 1999). Psychoeducation: an idea whose time has come. The Council for Exceptional Children, Virginia.

One of the mechanisms by which psychosocial educational interventions are effective is in the creation of a positive cycle involving education and rehabilitation. Colom et al. (2005) argued that the psychoeducation is based on a tripod model composed of lifestyle regularity and healthy habits, early detection of prodromal signs, and treatment compliance. The rest of this review will consider what specific practical aspects of psychosocial educational interventions are involved in providing the recorded beneficial effects (Colom & Lam, 2005). Psychoeducation: improving outcomes in bipolar disorder. *European Psychiatry*, 20, 359-364.

One aspect of psychosocial educational interventions that appears to be very important is participant's interactions with their peers. Ascher-Svanum & Whitesel (1999) stated that individuals can gain information by interacting to their peers. They argued that the benefits of educating individuals with physical impairment may be due non-specific treatment effects rather than any specific applied learning theories. The beneficial non-specific treatment effects they identified included participant expectations, motivation to participate, the level of interpersonal support from study peers, participant opportunities to express and validate their concerns and questions, the presence of positive peer role models, being part of a cohesive group. (Ascher-Svanum & Whitesel, 1999).

Two other important aspects of a psychosocial educational intervention are its form and content. Kopolewicz & Liberman (2003, p. 1495) stated that effective psychosocial educational interventions need to contain "elements of practicality, concrete problem solving for everyday challenges, incremental shaping of social and independent living skills, and specific and attainable goals." Furthermore, they stated that "a continuing positive and collaborative relationship infused with hope, optimism, and mutual respect is central for individuals with physical impairment". Kopolewicz & Liberman noted that motivating an individual to pursue and complete a psychosocial educational intervention can only be achieved by connecting the intervention with an individual's personal goals. (Kopolewicz & Liberman, 2003, p. 1495).

Regardless the type of disturbances a child has, education and its environment have a significant role in personality development. In comparison with the primary school level in mainstream school at the basic school level hearing impaired children, who integrate into these schools, experience great psychological and social problems; in this case actually rehabilitation is needed more than at the primary school level, but statistics show that the children of this age group do not use it. They also do not use consultations with pedagogues and psychologists, thus aggravating their learning problems. The way teachers and school implements inclusion into a school or a course can be expressed differently. ([www.european-agency.org/about-us/key-documents](http://www.european-agency.org/about-us/key-documents) viewed 16.10.2011.)

Teachers have to cooperate with a lot of colleagues and they need practical and flexible support of colleagues. Sometimes a hearing impaired child needs specific help. In this case teachers and supporting staff are involved being flexible in solving this issue. Development of good plan, cooperation between adults and a child, learning in a team – all of these can be referred the cooperation between education and rehabilitation centres. ([www.social.lv/portal/izgliba/.../1924-grozijumi-visparejas-izglibas-likuma](http://www.social.lv/portal/izgliba/.../1924-grozijumi-visparejas-izglibas-likuma))

Inclusive education is facilitated by a range of factors, which could be grouped as cooperative learning. Cooperative learning refers to all kinds of cooperation between a class/group teacher and an assistant teacher, a teacher's colleague and some other involved specialist. The main characteristic of this cooperative learning is that a child shall not be taken out of the classroom to have support, it is provided right there ([www.european-agency.org/about-us/key-documents](http://www.european-agency.org/about-us/key-documents) viewed 16.10.2011.).

To make the following amendments to the General Education Law:

1. to add Clause 14 to Section 1, Part Two having the following formulation:

"14) special needs – the necessity to receive such kind of support and rehabilitation that provides an opportunity for the student to master an educational programme taking into consideration his/her health condition, abilities and level of development."

"Section 50. Implementation of Special Education Programmes:

(1) Special education programmes shall be implemented taking into consideration the main aims, tasks and compulsory content of education programmes in accordance with the type of developmental disorder, skills and health condition of the students.

(4) Vocational education programmes for students with special needs may be implemented during a period of one to three years in any special educational institution after completion of a basic education or general secondary education.

(5) Special education programmes designed for students having mental development disturbances and impaired vision or hearing are provided for a period of 10 years, but special education programmes for deaf students having mental development disturbances – for 11 years.

(6) Special educational programmes for acquisition of the general basic education designed for deaf or hearing impaired students are provided for a period of 11 years, but for acquisition of general secondary education – 3 years.

(7) Special educational programmes for acquisition of the general basic education for students with learning disturbances or serious speech disturbances shall be provided for a period of 10 years.

(9) Special educational programmes for acquisition of the general basic education designed for students with hearing disturbances are provided for hearing impaired students a period of 10 years, but for acquisition of general secondary education – 3 years.

([www.lizda.lv/content/files/izm\\_jaunumi%202011\\_2012.pdf](http://www.lizda.lv/content/files/izm_jaunumi%202011_2012.pdf); [www.tiesibsargs.lv/lat/tiesibu\\_akti/ano\\_dokumenti/?doc=49](http://www.tiesibsargs.lv/lat/tiesibu_akti/ano_dokumenti/?doc=49) ).

“Section 53. Integration of Children with Special Needs in General Educational Institutions:

(1) General basic educational and secondary educational institutions, which have the appropriate provisions, may integrate students with special needs. The requirements for general basic education and general secondary education institutions to ensure integration of students with special needs into the educational institutions mentioned above shall be determined by the Cabinet.

(2) Availability of corresponding support measures for students with special needs, who are integrated into a general education institution, shall be ensured by the educational institution. The educational institution shall develop an individual plan for acquisition of the educational programme for each integrated student with special needs." (www.likumi.lv/doc.php?id=140695; www.social.lv/portal/izgltba/.../1924-grozijumi-visparejas-izglitibas-likuma).

According to the system of levels one of the pre-school education institutions for children with serious hearing disturbances is Riga Special Pre-School Education Institution No. 218 being attended by 40 children under the age of 7. It shall be noted that at this age parents quite often do not notice hearing problems as well as children do not attend pre-school education institutions. As regards minority pre-school education institutions, there is Daugavpils Speech Therapy School, which is attended by 12 children. Valmiera Secondary Boarding School for Hearing Impaired Children – Development Centre (VSBSHIC-DC) has pre-school education groups of 12 children with medium and severe hearing impairment. Therefore, overall 64 children attend pre-school education institutions, but 42 children attend mainstream kindergartens having specialized groups, the same number of children integrate into mainstream kindergartens. (www.vvbis-ac.valmiera.lv/index.php?option.viewed 21.10.2011.)

Children with severe hearing impairment acquire basic education at Riga Basic Boarding School for Deaf Children and Valmiera Secondary Boarding School for Hearing Impaired Children – Development Centre having 227 children with severe and medium hearing impairment. Children of minorities can acquire education at Riga Secondary School of Humanities No. 51 having 26 children, but at Daugavpils Speech Therapy School – 13 children. Thus, 266 children acquire basic education at special schools. 42 children attend specialized schools, e.g., art, sports, but 42 integrate into mainstream schools.

Secondary education is acquired at Riga J.Rainis (Shift) Evening School No.8 – 34 students, Valmiera Secondary Boarding School for Hearing Impaired Children – Development Centre – 12 students, 16 students of minorities learn at Riga Secondary School of Humanities No. 51. Professional and general education is acquired at SIVA Jurmala Professional Secondary School – 13 students, Alsviki Professional School – 9 students, Barkava Vocational Secondary School – 24 students, Riga Professional Secondary School of Car Mechanics – 10 students, LU P.Stradins Medical College – 2 students. Thus, in 2010 overall 120 students acquired secondary and professional education. (

www.lns.lv/lat/jaunumi/avize\_\_kopsoli\_/www.mk.gov.lv/doc/2005/LMNstP6\_310107.doc 15.10.2011.)

Acquisition of the levels of education for hearing impaired children is depicted in Figure 1.

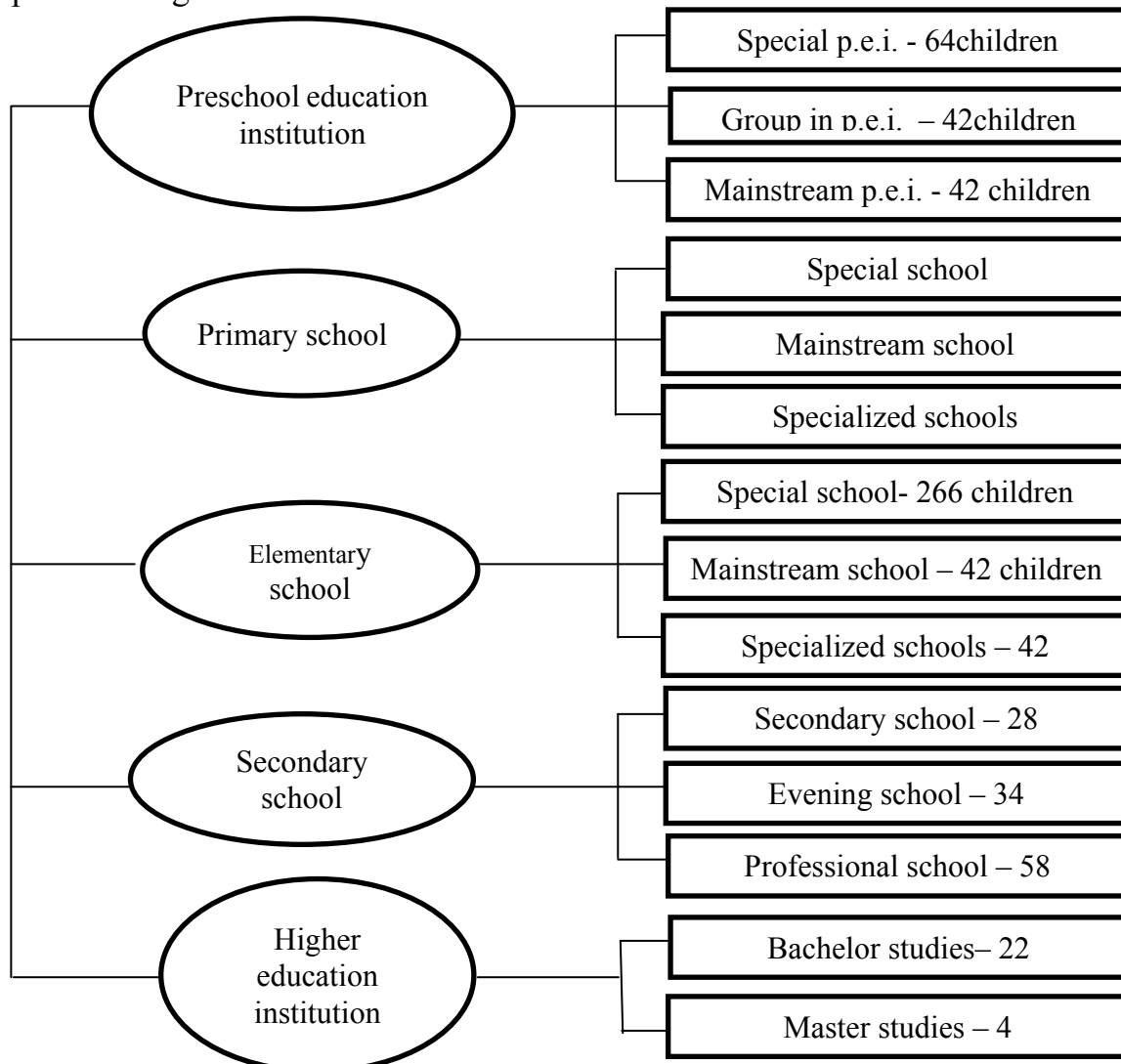


Figure 1. System of educational levels (I.Zaiceva construction)

In 2010, 22 deaf people acquired a bachelor degree, and 4 – a master degree. 23 deaf people are studying at higher education institutions.

### Methods and research

**Pedagogical research** should be held to certain standards of quality which help determine how well it meets the needs of the hearing impaired children. Each evaluation should have "quality indicators" reflected both in the assessment design and in the pedagogical report that summarize findings about the children with hearing impairment learning, communication, and social skills. Quality indicators include the following ones:

- Identification of specific educational and psychosocial concerns to be addressed;
- Use of assessment tasks and activities that are meaningful to the children with hearing impairment and relevant to their educational program and needs;
- Use of multiple procedures and instruments to obtain information about the hearing impaired children (e.g., observations, one-to-one learning tasks, checklists...);
- Multiple observations of hearing impaired children's communication behaviours and social interaction skills while he or she participates in natural activities and routines;
- Description of the hearing impaired children's degree of participation in tasks and activities, as opposed to description of failures and inabilities;
- Focus on the process of learning (e.g., how the student actively acquires new information), rather than on test scores;
- Involvement of teachers, parents, and other related-service providers in review of relevant concerns and information gathering;
- Assessment of pragmatic, functional home and community skills. ([www.nationaldb.org/NCDBProducts.php?prodID=40](http://www.nationaldb.org/NCDBProducts.php?prodID=40)).

### **What roles do parents play in the evaluation process?**

Parents should have active roles in psychological evaluations. Parents can provide information and insights about their children that might not be observed within the limited time frame of an evaluation. Previous reports, samples of the child's work, videotapes, and other kinds of information are often helpful to the evaluator. Psychologists may need to consider, for example:

- Specific goals parents have for their children;
- Teaching strategies that parents find effective;
- Concerns at home or in the community;
- Competencies and areas of progress that might not be reflected by tests;
- Recent medical and health history;
- Behavioural problems or concerns over emotional functioning;

In order to find out the role of parents in the evaluation of child's social interaction there was conducted a research in February, 2012 in a special pre-school educational establishment. During the researched there were surveyed parents having children with impaired hearing. 18 parents were involved in it, but 3 of them refused to answer 5 given questions, thus 3 questionnaires were invalid.

The questionnaire included closed questions aimed at finding out about the visits to a special teacher, a sign and speech therapist, a psychologist and a psychiatrist. They key questions evaluated openness and trust to consultations at the specialists. The basic questions evaluated the team work of the Hearing Centre and a special educational establishment.

Providing questionnaires to the parents having hearing impaired children or children with some additional diagnoses, it is observed that children’s social interaction is a problem for their parents because there is incomplete information of no information at all about specialists or about the available consultations and classes.

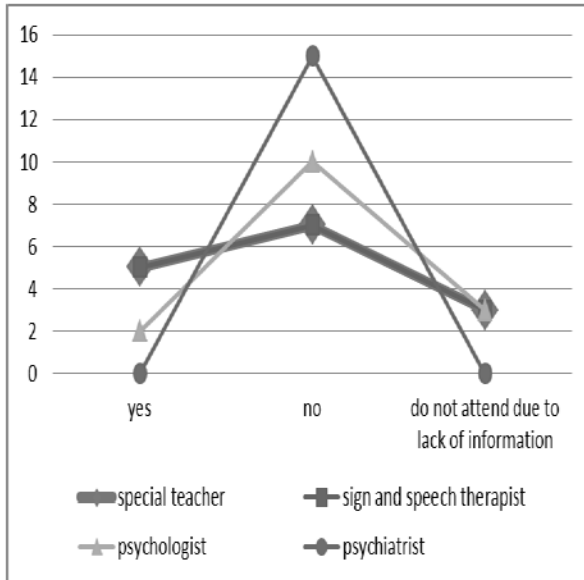


Fig. 2. Attending of consultations

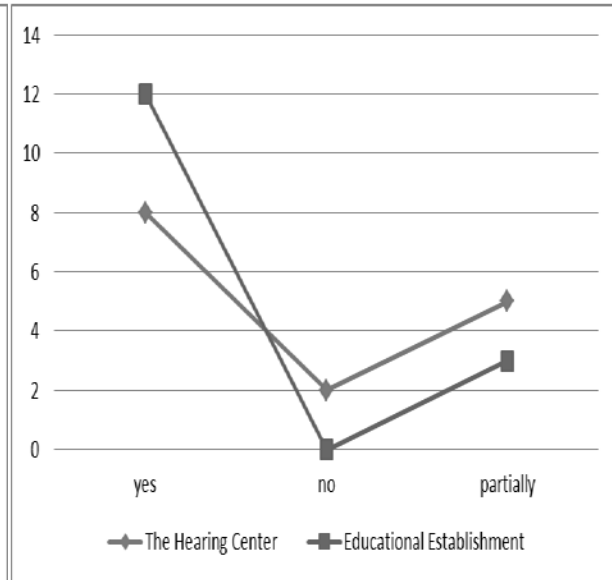


Fig. 3. Trust towards specialists

Analysing Figure 2., it is seen that parents have incomplete information of no information at all about their field of work, thus, more successful social interaction of hearing impaired children and the development of cognitive skills integration are impeded. After the conducted research consultations and classes at a special teacher and sign and speech therapist are more often attended, but parents do not consider it to be necessary to visit a psychologist or a psychiatrist.

It is depicted in Figure 3., that hearing impaired children from hearing parents families have greater inclusion problems of social interaction than children from hearing impaired parents families because hearing parents have greater distrust to the specialists in the Hearing Centre. However, parents’ attitude towards specialists at the educational establishment and its team work is trustful in 12 cases and partially trustful in 3 cases, which induces further cooperation and a better solution for acquisition of the syllabus.

As the research showed, we requested to evaluate the team work in a 5-point system, only in 7 cases parents evaluated the team work at the educational establishment by “5” and in 8 cases by “4”, but the team work of the specialists at the Hearing Centre was evaluated by “5” only in 4 cases. In 8 cases the evaluation was “3” and in 1 case – “1”. In 2 cases the work was evaluated by “4”. It causes problems to find an optimal solution for a hearing impaired child in the application of favourable teaching methods in the syllabus.



### **What are the desired outcomes of pedagogical evaluation?**

It is crucial that **pedagogical** evaluation leads directly to positive outcomes for the children with hearing impairment, their parents, and the educational team. Observations and results must be translated into recommendations that suggest effective interventions, teaching strategies, and supports to enhance the hearing impaired children's learning, communication, and life skills. The translation of results is complex as there are many educational objectives and learning activities to develop. Desired outcomes include the following ones:

- Increased understanding of the hearing impaired children's range and forms of communication behaviours, and identification of the activities, communication partners, opportunities, and strategies that enhance communication;
- A written report that objectively describes the hearing impaired children's competencies and areas of difficulty, degree of progress across areas, circumstances or environmental factors that might have enhanced or interfered with performance during the assessment, emotional or behavioural concerns, and specific recommendations for supports and services that can be realistically implemented. Reports should avoid using jargon or technical language, making unnecessary references to scores or age levels, and comparing the hearing impaired children's performance to that of the "norm";
- A description of the hearing-impaired children's social interaction skills, involvement with peers, and participation in school and community activities. Opportunities to develop social relationships are limited for many youngsters who are hearing and the other addition diagnoses, or deaf-blind, and strategies to increase the hearing-impaired children's participation in activities with peers and schoolmates are important but often overlooked.
- Consideration of what goals the hearing impaired children might be expected to achieve in communication, social, and/or daily living skills given their current competencies and past progress;

Pedagogical evaluation should be viewed as a process that reviews hearing impaired children's past achievements and addresses current concerns as well as the long-term plans and goals of the hearing impaired children and family. A successful evaluation suggests interventions and supports that can help the hearing impaired children achieve immediate goals. It also guides the educational team to make informed decisions that will affect the hearing impaired children's life. [17]

The conducted research has shown parents' trust to the specialists of educational establishments, what can be explained as social interaction of children and specialists and their team, and interaction of parents and specialists, too. In the Hearing Centre children stay with parents for a short time, thus their social behaviour is passive interaction; but at the special educational establishment children have active interaction. Thus, parents evaluate the team work of the Hearing Centre and special educational establishment differently. The data of the

questionnaire provided in February, 2012 prove that hearing impaired children receive more qualitative education at a special educational establishment because the Hearing Centre provides only rehabilitation and it is an additional opportunity for child's development.

The research data confirm that parents believe long-term cooperation of the team of specialists from the educational establishment is more effective than short-term team work in the Hearing Centre.

The research indicates a topical problem – inadequate evaluation of a child by parents in social interaction and necessity to provide more detailed information about the work of specialists, their opportunities.

Substantiating the research problem it can be concluded that parents believe if a child is hearing impaired, s/he cannot have an additional diagnose or disorder. None of parents consider it to be necessary to visit psychiatrist's or neurologist's consultations although a special teacher has advised it. Parents are not aware that a hearing impaired child needs specialists' consultations and assistance in health care. If it is not provided timely, it might influence the child's development, education and inclusion into the society.

### **Discussions**

Strategies to help parents and teachers deal with problem behaviours using positive support such as reinforcers, preferred activities, redirection, and communication training shall be discussed. If necessary, a plan to monitor behavioural issues should be outlined.

Suggestions about age-appropriate and meaningful materials and activities that can increase the hearing impaired children's social and teaching participation, and enhance particular skills;

Thoughtful consideration of needed supports and services for the hearing impaired children, including review of the important issues. The specific reasons for recommending, for example, counselling, assistive technology, or consultation from an itinerant vision teacher should be provided, with reference to findings of the evaluation.

A differentiated syllabus will be needed at special education institutions for children having impaired hearing, combined disturbances and hearing and mental disturbances.

At general education institutions it would be necessary to inform teachers and develop their practical skills to work with children having various kinds of hearing impairment.

### **Conclusions**

Psycho-social educational problems for hearing impaired children are based on skill teaching and social interaction for hearing impaired children in Latvia. This review investigates the theories behind psycho-social educational mostly based on the psycho-education theory. The findings of this review provide support for the

use and further expansion of psycho-social educational interventions for hearing impaired children.

The legislation of Latvia is based on international normative documents and national normative acts. As follows from legislation, rehabilitation of disabled children is closely related to education. Each parent chooses the most appropriate institution for the child as well as hearing rehabilitation.

In compliance with the legislation it is determined to have hearing screening of new-borns, but it would be advisable to have additional screening at the age of 12-18 months because it is a risk age group. It would let discover hearing impairment facilitated by pathological factors in this period of development.

It would be advisable to promote parents' awareness of hearing and speech development and the features of their disturbances.

It would be necessary to inform parents actively, for example, by organizing seminars, educational camps together with children to acquire practical skills in communication with the child.

Early diagnostics has a significant role, thus closer cooperation is needed between Latvia Children Aural Centre and paediatricians, neurologists and otolaryngologists at children health institutions by informing about early and late diagnostics.

Hearing diagnostics can be done for children having speech and mental disturbances because according to the statistical data 20% of weakened hearing is observed among children having autism, but it is up to 70% for Down's syndrome 80 % for uranoshcisis.

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<b>Larisa Brokāne</b>	Rezekne Higher Education Institution Personality Socialization Research Institute Atbrivosanas aleja 115, Rezekne, LV-4601, Latvia E-mail: Larisa.Brokane@llu.lv
<b>Inamora Zaiceva</b>	Rezekne Higher Education Institution Atbrivosanas aleja 115, Rezekne, LV-4601, Latvia E-mail: inamora2@inbox.lv