

THEORETICAL AND PRACTICAL STUDY OF THE CONCEPT OF SOCIAL AND EMOTIONAL HEALTH BY MICHAEL J. FURLONG APPLIED TO THE SELECTION OF TEENAGERS AND YOUTH

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Abstract

Based on the analysis of scientific research, it has been concluded that methodology “Social Emotional Health Survey - Secondary” (SEHS-S) with meta-construct of Covitality is a universal tool in order to define the social and emotional health of teenagers and young people; it has also been found that the meta-construct of Covitality is essentially related to other psychological constructs, such as emotional intelligence, vitality, social competence and mental health. In the research that was conducted in Riga Teacher Training and Educational Management Academy (Timofejeva, 2015), the method of M.J. Furlong has been adapted to the Russian language, Latvian language interpretation of the notion of Covitality has been proposed offering terms “Sociāli emocionālās veselības faktors” or SEV (Social and Emotional Health factor) or “sinerģiskā vitalitāte” (“Synergic vitality”). Furthermore, theoretically constructive model of author has been created. Within this model, a new correlation has been hypothetically predicted between meta-construct of Covitality (SEV-factor) and other scientifically acknowledged psycho-social constructs and notions: psycho-social prerequisites of the SEV-factor and psychological options that depend on the level of the SEV-factor.

During the research, a selection of several teenagers and young people - students of comprehensive schools of Riga - with Russian as their native language was made (n=184). It was found that the applied methodology is valid for the selection of Russian-speaking teenagers/youth of Latvia and that it can be recommended to the psychologists of schools as a new psychometric tool for their professionally practical duties.

The data obtained within the research is planned to be used for comparisons with a similar research conducted in Lithuania (Lithuanian University of Educational Sciences), led by prof. A. Petrulytė.

Key words: social and emotional health, age phase of teenagers/youth, emotional intelligence, synergic vitality, social competence.

Introduction

In accordance with the common priority aims of World Health Organisation (WHO) and American Psychology Association (APA) towards monitoring the social and psychological health of

the young generation (Furlong, 2015), for the past 10 years prof. Michael J. Furlong (director of the Centre for School-Based Youth) has been leading theoretical and practical researches in the University of California (Santa Barbara) that strive to create and implement usage of a universal and convenient psychometric tool (test) for predicting the social and emotional health of the teenagers and youth. During this research work methodology, intended for testing teenagers and youth in schools, named „Social Emotional Health Survey” was created.

The methodology was piloted in the USA, Australia, Japan, South Korea, Turkey, Peru and other states (Furlong, 2015; You et al, 2015). Therefore, in order to obtain information about the situation of social and emotional health of teenagers and youth in Baltic states, a cooperation between Michael J. Furlong and prof. Ala Petrulytė (Lithuanian University of Educational Sciences) has already been established. Michael J. Furlong is showing an interest in piloting and practically using the methodology „Social Emotional Health Survey - Secondary” (SEHS - S) in Latvia. Thus, the particular research is to be considered as a part of this internationally wide cooperation.

Aim of the Research

The aim of the research is to perform a theoretical and practical study of the social and emotional health concept by M.J. Furlong „Social Emotional Health Survey - Secondary” (SEHS-S) with its meta-construct of Covitality and other constructs related to it.

Methodology of Research

Within the research, the following theoretical and empirical questions are highlighted:

1. What is the essence of the tool for M.J. Furlong’s social emotional health „Social Emotional Health Survey - Secondary” (SEHS-S) concept, privilege and possibilities for application?
2. With what kind of other psychological health indicators is the M.J. Furlong’s concept connected?
3. What are the linguistic 1st stage adaptation validity indicators of M. J. Furlong’s social emotional health research tool “Social Emotional Health Survey - Secondary” (SEHS-S) in Latvia?
4. Is there an important mathematical, statistical difference between various teenager and youth social demographical groups, using the indicator from M.J. Furlong’s method of „Social Emotional Health Survey - Secondary” (SEHS-S)?

There are M. J. Furlong’s research concept on „Social Emotional Health Survey - Secondary” (SEHS-S) and results of similar theoretical analysis and a creation of theoretical author model (Timofejeva, 2015) about Covitality factor have been used in this research in Latvia. There has been used the following empirical research procedure: the 1st stage of linguistic adaption of the method “Social Emotional Health Survey - Secondary” (SEHS-S) has been carried out in Latvia in 3 stages.

1 stage - respondent focus group (n=20) survey.

2 stage – respondent main selection (n=184) survey.

3 stage – data processing, using quantitative data research methodology. Mathematical – for statistical processing special program SPSS (Statistical Package for the Social Science for Windows) was used: Descriptive statistic; Nonparametric Mann-Whitney criterion – importance of difference evaluation between 2 independent variables (group); One factor dispersion analysis (ANOVA) – importance of difference evaluation between 3 and more independent variable (group) average values. The Control of the validity and credibility of the methodology „Social Emotional Health Survey - Secondary” (SEHS-S). To make the psychometrical tool approbation effective, a focus group survey has been made. For this survey, a random selection was made of 20 respondents in age 12-18 and from various schools of Riga (approximately 10% of the entire research group). Considering that the selected pupil’s native language is Russian, the original content of the methodology “Social Emotional Health Survey - Secondary” (SEHS-S) was translated from English to Russian. The translation procedure consisted of the following translation stages:

- 1) The translation from English to Russian by a philologist (native Russian speaker)
- 2) The translation from psychologist's point of view by the research author (native Russian speaker);
- 3) The creation of appropriate text for the questionnaire together with a psychologist from academic high school.
- 4) The evaluation by an independent psychologist (native Russian speaker);
- 5) Terminological specification of the language conformity with the language use in the original of the methodology.

After the survey of the focus group, a psychometrical check of the test translation's psycholinguistic conformity was conducted. In essence, the investigated methodology is a self-assessment test that contains 36 Statements, each of which needs to be answered to what extent a statement corresponds with the respondent's own feelings: from minimum to maximum, according to the scale of (1-4) or (1-5) points. All 36 test questions are grouped by 3 according to 12 initial psychosocial concepts. These 12 concepts are united in four first-order constructs: Belief in Self, Belief in Others, Emotional Competence and Engaged Living, which together form Covitality - the synergetic, second-order metaconstruct (Furlong et al, 2014; Furlong, 2015). As survey includes 5 grids, each scale's coherence was controlled (Tab.1).

Table 1. SEHS-S Cronbach's alphas indicators for teenagers and youth main focus group.

Constructs	Cronbach's alpha
Belief in Self	0.64
Belief in Others	0.76
Emotional Competence	0.81
Engaged Living	0.90
Covitality (SEHS-S); Mean – 110,70; SD – 12.72	0.80

As seen in the Table 1, the statement coherence indicator in the translation of the methodology to Russian is sufficient to make this translation reliable and use it in the following research stage. The examination of methodology „Social Emotional Health Survey - Secondary” (SEHS-S) in the main selection survey of the research: teenagers and youths of 12 – 18 years, whose native language is Russian, and pupils from various educational places in Riga participated in the research. In November of 2015, a survey during three weeks was made in four different schools in the region of Riga's city (A, B, C, D), which were selected randomly. The total amount of respondents: n=184. Boys - 88 respondents, 47.8%; girls - 96 respondents, 52.2%. 12 – 18 year old respondents participated in the research, who were split in 12-13 years old - 59 respondents, 32.1% (young teenage years); 14-15 years - 53 respondents, 28.8% (older teenage years); 16-18 years - 72 respondents, 39.1% (early youth). Pupils from following classes participated in the survey: School A: class– 8th, 9th, 12th; School B: class – 6th, 7th, 8th; School C: 12th class; School D: classes – 10th a, 10th b.

Results of Research

According to M.J. Furlong (Furlong et al, 2014; Jones et al, 2013) – in research of positive psychology, there is no united definition of what would clearly describe phenomena resilience (In Latvia -‘vitality’, Svence, 2015) and related factor (life reliability, ability to adapt and renew the power of soul) interaction. Therefore, a research has been started to build that kind of concept that would express multidimensionality of vitality. As in the construct of vitality one of the variables is health, then in connection with the emotional and social intelligence of teenagers and youth, which is also correlating with the phenomena of vitality, a metaconstruct of Covitality was made, which is the indicator of interaction of such positive health constructs as wellness, confidence and overall health synergy. M.J. Furlong emphasizes that this research is directed to optimal exploration of human functions, due

to hypothesis that the first-order positive psychological constructs (Belief in Self, Belief in Others, Emotional Competence and Engaged Living) combination builds second-order synergic metaconstruct Covitality, which is a good tool for teenagers and youths' understanding of life quality level and prognosis of success and well-being in present and later life (Furlong et al, 2014). In the Figure 1 M. J. Furlong's principled model is shown.

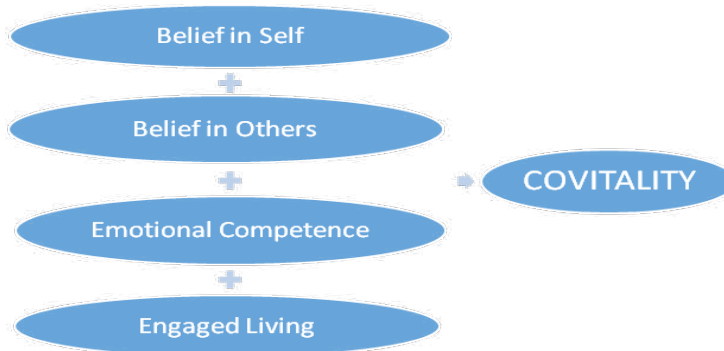


Figure 1: Model of M.J. Furlong's metaconstruct Covitality.

The term *Covitality* is a concept to define social emotional health, which is an original M.J. Furlong and his college's invention that was made during this research. This term is in context of positive psychology and occurs only in this author's research group publications. Anyhow, it hasn't been found in various data bases and in other authors' researches. This term can be considered as novelty in theory and practise of positive psychology. After analysing M. J. Furlong's access to definition of metaconcept Covitality, in author's opinion, this term could be translated in Latvian as Social emotional health factor (in short version – SEH factor) (Timofejeva, 2015). Other variant of translation could be – Synergetic vitality (Timofejeva, 2015). Based on M.J. Furlong's research group and other scientific research analysis, the author has made a hypothetical metaconstruct Covitality model of interactions with other known psychological constructs (Figure 2).

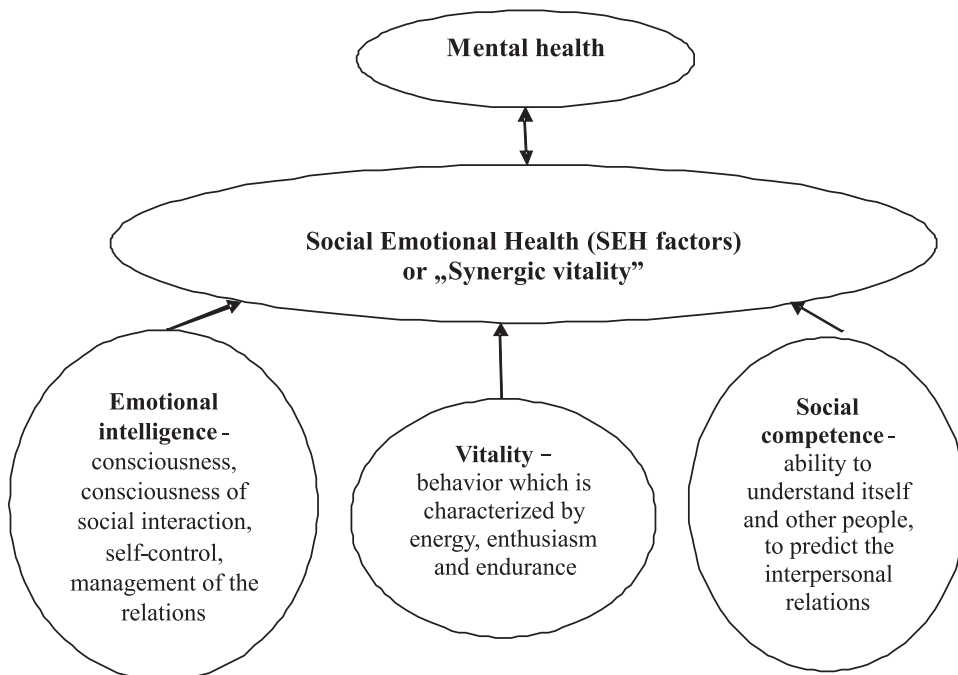


Figure 2: Theoretical author model (Timofejeva, 2015) on social emotional health connection with similar psychological constructs.

According to M.J. Furlong's statement, the research shows that all psychological constructs that build the metaconstruct Covitality model are correlated with high psychological health level (Furlong et al, 2014). As shown in Figure 2, the analysis of known psychological constructs – Emotional intelligence (Zeidner et al, 2003), Vitality (Александрова, 2014) and social competence (Deci, 2008; Davis et al, 2014) also shows that harmonic progress of each category is the condition for good health. It can be considered that good level of synergetic metaconstruct Covitality indicator can show also good level of psychic health.

Based on M.J. Furlong's scientific group conclusion (Furlong et al, 2014, as well based on the analysis of psychological phenomena that can be considered as forming factors of the metaconstruct Covitality, the author has made hypothetical theoretical model (Figure 3), which includes Covitality precondition and possibilities dependent from Covitality level development. This model could be improved and consummated. But the main fact is that big reserves of vitality and confidence, emotional and social competence, increasing in synergetic interactions, overall allow people to grow with harmony and develop productively. Respectively, if the precondition has a negative tendency, then it is more difficult to get a high Covitality level for a young person. (Fosco et al, 2012; Sarikam, 2015) Therefore, the evaluation of Covitality level with real teenagers and youths' social and emotional health aims to understand the situation and find out risk groups that have necessity for help (Lenzi et al, 2015), as well as potential leaders, high class specialists and, most importantly, people who are able to develop themselves.



SEH-factor level psychosocial preconditions

Figure 3: Theoretical author model (Timofejeva, 2015) of other variables influencing SEH factor - the psychosocial opportunities depending on SEH factor level.

The overall statistical indicators of the control of the research methodology in teenager and youth main selection survey are shown in Table 2.

Table 2. Covitality (SEHS-S) factor psychometrical indicators for all teenager and youth main selection

Indicator	Mean	SD	Cronbach's alpha	Skewness	Kurtosis
Covitality (SEHS-S factor)	105,38	14,27	0,85	-0,69	1,43

The Table 2 data show that, in general, the probabilities distribution of the metaconstruct Covitality (SEHS-S) factor indicator in this selection can be considered as close to normal.

In this research, the Covitality (SHES-S) psychometrical indicator can be compared with the results from various countries and social cultural groups obtained by the authors of methodology. The table 2 shows that the methodology of “Social Emotional Health Survey - Secondary” (SEHS-S) in the selected research group turned out to be trustable enough: Cronbach’s alpha – 0.85. But in M. J. Furlong’s research group analysis this indicator is much higher – 0.95 (Furlong, 2015). Yet, it is necessary to understand that selections of respondents in his analysis were much larger. The average amount of Covitality (SEHS-S) in this research – 105.38 – is almost the same as the average amount – 105.29 – in M. J. Furlong’s research group analysis with Latin American respondents (Furlong, 2015). The standard deviation in this research is much smaller than what has been shown by the authors of the methodology (Furlong, 2015). It is shown that in this research selection the different meanings of Covitality (SEHS-S) indicator are more grouped around the mean indicator. The skewness indicator is close to the one showed in the researches by the authors of the methodology and indicate normal distributions. Kurtosis in this distribution is less than 3, which also suggest that this distribution is acceptable to the norm regularities. Therefore, the results in this research approve the results that were made in other socio-cultural respondent selections by the authors of the methodology.

After estimating the overall Covitality indicators in the selection, M.J.Furlong and his colleagues’ (Furlong, 2015) interpretation of Covitality levels were taken into account. The authors offer to split Covitality (SEHS-S factor) index size to 4 levels: low: ≤ 85 ; below average: 86-106; higher than average: 107-127; high: ≥ 128 . According to this breakdown, Figure.6 shows the percentage of respondents depending from the Covitality (SEHS-S r) indicator size for the entire selection.

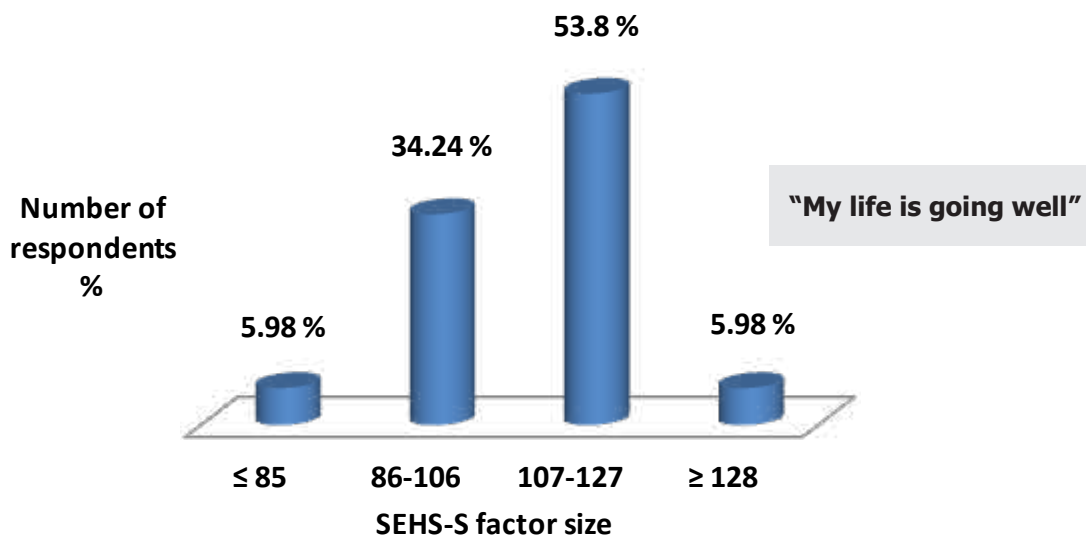


Figure 4: Percentage distribution of respondents in 4 groups, depending on Covitality (SEHS-S) factor indicator size.

As results show in Figure 4, almost 60% of the respondents’ Covitality (SEHS-S) indicator is higher than the average. In the selection, the respondents’ social emotional health in general can be considered to be satisfactory. M. J. Furlong emphasizes that his research team’s studies have shown:

respondents Covitality rate is higher, the more often these respondents characterize their well-being with a statement – “My life is going well” (Furlong et al, 2014).

The results could determine the risk group – respondents, whose Covitality (SEHS-S) is less than 85 points. Causes for the reduced level of this factor may be different, but it is a signal that these teenagers or young people must be given special attention, as they may have weak health, learning difficulties, depression symptoms or any other negative social and psychological factors, for example, in family. In addition, they may be prone to deviation behaviour, narcotics, unsocial tendencies. But an individual school psychologist should be working with risk group of respondents, because the reasons for the negative tendency signs can be very different in each case.

Also, special attention should be given to the respondents group with very high Covitality (SEHS-S) indicator, because these may be people with high vitality, high-end capabilities and characteristics. The respondents are given more opportunities for fuller revelation of their potential.

The sample was analysed according to the mixed characteristics of different variables - sex, age subgroups:

1) based on sex distribution. Results of calculation are shown in Figure 5.

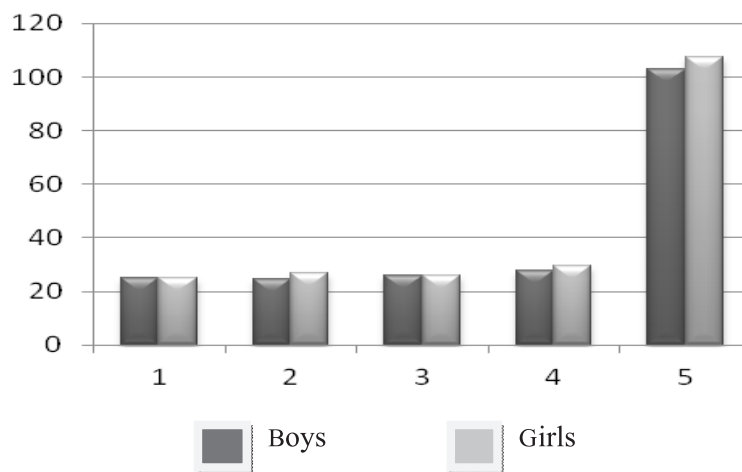


Figure 5: The differences between teenage boys and girls 5 SEHS-S factor scales.

The first-order scale indicators:

1 – Belief in Self; 2 – Belief in Others;

3 – Emotional Competence; 4 – Engaged Living

Synergic indicator:

5 – Covitality (SEHS-S)

A statistically significant difference between boys and girls is formed between scales entries of constructs of Engaged Living and Covitality (SEHS-S) - $p < 0.05$. In M. J. Furlong’s studies, it was noted that the “Social Emotional Health Survey - Secondary” (SEHS-S) methodology is the universal definition of gender indicators (Furlong et al, 2014). Therefore, it may be used, without restrictions or clarifications, with both girls and boys. Similarly, M. J. Furlong’s studies revealed that girls showed higher rates of emotional competence and confidence than others. But boys have higher rates of confidence about themselves (Furlong, et al, 2014). In the current study, unlike M. J. Furlong’s results (Furlong, El Al, 2014), it is observed that for the girls the first-order and the metaconstruct Covitality (SEH factor) social emotional health indicators are higher. M. J. Furlong’s studies demonstrate that the methodology “Social Emotional Health Survey - Secondary” (SEHS-S) is trustful for all the teenagers and young people in all age groups (Furlong et al, 2014). Now, we will take a look at whether there are significant differences in the methodology “Social Emotional Health Survey - Secondary” (SEHS-S) between the three research age groups, as well as between schools and between classes of each school.

2) according to the indication of age subgroups. The calculation results are displayed in Figure 6. The difference between the different age group indicators was not statistically significant – $p > 0.05$.

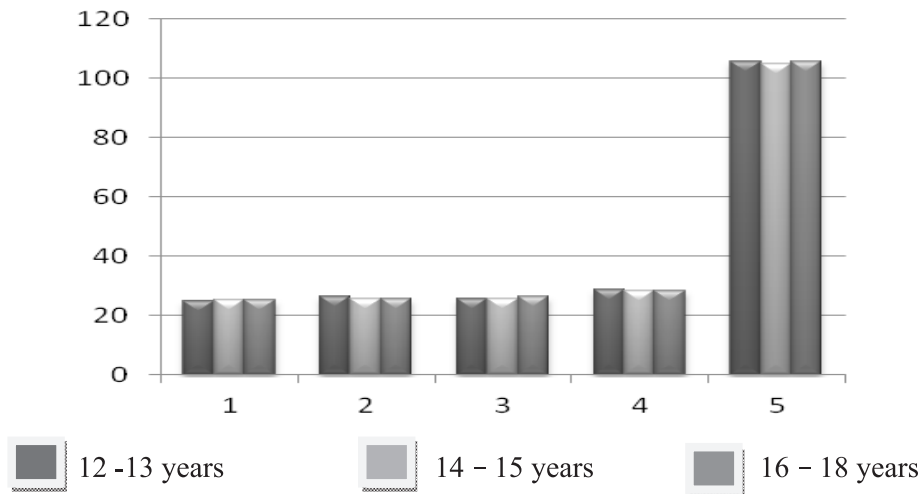


Figure 6: Teenagers and youth main SEHS-S indicators of three age subgroups.

The first part of the scale indicators:

- 1 –Belief in Self; 2 –Belief in Other;
- 3 – Emotional Competence; 4 – Engaged Living

Synergic indicator:

- 5 – Covitality (SEHS-S factor)

- 3) According to various school characteristics. The differences between the 4 different schools, were not statistically important ($p > 0.05$).
- 4) The data obtained in the study allow to compare the performance among different school classes.

The differences between the 3 School A, 3 School B and 2 School D classes were not statistically important ($p > 0.05$).

Therefore, the study shows that a statistically significant difference was not detected between the teenage age groups, schools and school classes. It is found that a detailed distribution by age subgroups, school and class groups does not matter to determine the social emotional health factors, differences in the selection of teenagers / young. In general, the results of the study suggest that the methodology “Social Emotional Health Survey - Secondary” (SEHS-S) may be considered to be a universal socio-emotional health assessment psychometric tool.

Discussion

Mr. J. Furlong’s methodology “Social Emotional Health Survey - Secondary “ (SEHS-S) is an original and, for the first time in psychology, an adapted detection tool for teenager and youth socio-emotional health metaconstruct Covitality, where the indicator Covitality combines in synergical interaction positive socio-emotional health psychological constructs Belief in Self, Belief in Others, Emotional Competence, Engaged Living.

From the terminology aspect, the new psychological concept Covitality can be interpreted as the Social Emotional Health factor (SEH factor) or as Synergic Vitality. According to the theoretical source analysis, a hypothetical author model has been developed on determining the adolescents and youths’ social emotional health (SEH factor), where further research defines other mixed variable factors, which may affect the SEH factor development, on the one hand, and predict the possibility and improve good personal achievement opportunities later in life. The metaconstruct Covitality is associated with such mental constructs as the Emotional intelligence (Zeidner et al, 2003), Vitality (Arnett, 2005), the Social competence (Deci, 2008; Davis et al, 2014) and interacts with the construct Psychological health (WHO, 2014).

The psychometric control of psycholinguistic conformity of the translation of the methodology "Social Emotional Health Survey - Secondary" (SEHS-S) in the Russian language showed that the coherence of test's paragraphs is sufficient to consider this methodology version as reliable and use in following studies.

In this study, only the version for teenagers and young people (12-17 years) of the methodology "Social Emotional Health Survey - Secondary" (SEHS-S) was adapted. Since the authors of the methodology offer test versions for the younger pupils (10-12 years) and older students (18-26 years) (Jones et al, 2013), then this methodology should be adapted in Latvia for all 3 of these age groups.

It would be interesting to explore the methodology „Social Emotional Health Survey” use not only for children, teenagers and young people, but also for all other people in other age groups and nationalities. The methodology should be adapted to respondents whose mother tongue is Latvian. The adapted methodology would be interesting to study not only for the social and emotional health findings, but also as a diagnostic tool at the beginning of improving intervention of the social emotional health of teenagers and young people, and at the end of its success control.

Conclusions

The study of main selection (n = 184) showed that: the confidence level is high (Cronbach's alpha = 0.85), the distribution of the sample probability density is normal; the statistical data of the conducted study are sufficiently in conformity with the results from studies of the authors of the methodology (Furlong et al, 2015). The risk group of respondents (with low SEH factor) were detected, as well as the group with potentially excellent characteristics (with high SEH factor) that could help the school counsellor to develop specific measures to help the group with low SEH factors and give more opportunities for development for the group with high SEH factors.

It was found that the methodology can be also applied for the determination of statistical indicators in both groups and in the individual socio-emotional health of individuals; there is a statistically significant difference between boys and girls' SEH factor indicators: all indicators of the girls are higher. There were no statistically significant differences in SEH factor indicators among respondents of 3 age groups, and it also shows that at least in the case of this sample research the methodology can be considered as an appropriate psychometrical instrument for this age subgroups.

But it must be admitted that the given research has some limitations: the sample size of respondents (the authors of the methodology conducted a survey with much larger respondent groups - an average of 4000 – 6000 of respondents (Furlong, 2014); the study involved only teenagers and youths, which Russian as native language. Therefore, there is currently no information about what could be the result of SEH factor of adolescents whose mother tongue is Latvian, as well as of teenagers and young people of other nationalities living in Latvia; a more precise approbation of the methodology would require much more wider survey of respondents in Latvia's cities and regions, including not only general education schools, but also other types of educational institutions, as well as organisations and institutions where different type of activities is carried out by adolescents and young people.

References

- Arnett, J. J. (2005). The vitality criterion: A new standard of publication for journal of adolescent research. *Journal of Adolescent Research*, 20 (1), 3-7.
- Davis, S. K., Humphrey, N. (2014). Ability versus trait emotional intelligence: Dual influences on adolescent psychological adaptation. *Journal of Individual Differences*, 35 (1), 54-62.
- Deci, E. L., Ryan, R. M., (2008). Self-Determination Theory: A macrotheory of human motivation, development, and health. *Canadian Psychology*, 49 (3), 182–185.
- Fosco, G. M., Caruthers, A. S., Thomas, J., Dishion, T. J. (2012). A six-year predictive test of adolescent family relationship quality and effortful control pathways to emerging adult social and emotional health. *Journal of Family Psychology*, 26 (4), 565–575.
- Furlong, M. J. (2015). *Social emotional health survey system*. University of California, Santa Barbara, Center for

School-Based Youth Development Counseling, Clinical, and School Psychology Department. Retrieved from <http://www.michaelfurlong.info/social-emotional-health.html>

- Furlong, M. J. (2015). *Psychological health of adolescents: Comparative study*. Letter to Professor Ala Petrutite, Lituianian University of Educational Sciences (Unpublished).
- Furlong, M. J., You, S., Renshaw, T. L., Smith, D. S., O'Malley, M. D. (2014). Preliminary development and validation of the social and emotional health survey for secondary school students. *Social Indicators Research*, 117, 1011–1032.
- Furlong, M. J. (2014). *Research and updated information about the system*. Center for School-Based Youth Development, University of California, Santa Barbara. Retrieved from <http://michaelfurlong.info/research/covitality.html>.
- Furlong, M. J., Dowdy, E., Carnazzo, K., Kim, E. (2014). *Covitality: Fostering the building blocks of complete mental health*. Retrieved from <http://www.researchgate.net/publication/270571062>.
- Furlong, M. J., Dowdy, E., Carnazzo, K., Boverly, B. L., Kim, E., (2014). Research-based practice covitality: Fostering the building blocks of complete mental health. Retrieved from <http://www.nasponline.org/publications/cq/42/8/covitality.aspx>.
- Jones, C. N., You, S., J. Furlong, M. J. (2013). A preliminary examination of covitality as integrated well-being in college students. *Social Indicators Research*, 111 (2), 511-526. DOI 10.1007/s11205-012-0017-9.
- Lenzi, M., Furlong, M. J., Dowdy, E., Sharkey, J., (2015). The quantity and variety across domains of psychological and social assets associated with school victimization. *Psychology of Violence*, 5 (4), 411–421.
- Sarikam H., (2015). Mediating role of self efficacy on the relationship between subjective vitality and school burnout in Turkish adolescents. *The International Journal of Educational Researchers*, 6 (1), 1-12.
- Svence, G. (2015). Dzīvesspēka kategorija pozitīvajā psiholoģijā. Attīstības iespējas (Resilience category in the positive psychology. Development possibilities). Rīga: Zinātne, 160 lpp.
- WHO (2014) Mental health: strengthening our response <http://www.who.int/mediacentre/factsheets/fs220/en/>.
- You, S., Furlong, M. J., Felix, E., O'Malley, M. D. (2015). Validation of the social and emotional health survey for five sociocultural groups: Multigroup invariance and latent mean analyses. *Psychology in the Schools*. Advanced online publication. doi:10.1002/pits.
- Zeidner, M., Matthews, G., Roberts, R. D., McCann, C. (2003). Development of emotional intelligence: Towards a multi-level investment model. *Human Development*, 46, 69–96.
- Александрова, Л. А. (2014). Субъективная витальность как предмет исследования [Subjective vitality as a research object]. *Журнал Высшей школы экономики*, 11 (1), 133–163.

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