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Educating Social-Profile Specialists for Working with a Family of a Child with Health Limitations: Competence Approach.

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ABSTRACT

Present article addresses studying the problems of educating social-profile specialists for working with families that have children with health limitations. The aim of present study is to develop and test a model of professional competence development in social-profile specialists in the field of working with children's with health limitations families during the post-secondary professional education. The authors of the study take the methodologic position, according to which a model of professional competence development in social-profile specialists during the work with children's with health limitations families during post-secondary professional education is based on the competence approach. It includes goal-oriented, methodologic, content, technologic and evaluative-control blocks. The authors make an attempt to define the level of social-profile specialists' competence development in the field of working with children's with health limitations families by the following criterions and characteristics: motivational (positive motivation for supporting the families of children with health limitations), personal (personality traits, such as tolerance and empathy), cognitive (knowledge in the field of working with the families of children with health limitations) and activity (knowledge and skills in the field of working with the families of children with health limitations).

Keywords: family of a child with health limitations, social-profile specialist, professional competence, model of professional competence development, pedagogic conditions, competence approach, post-secondary professional education.

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INTRODUCTION

General characteristic of professional education

In the present conditions of political, social and cultural changes the issues, related to the problems of family, have activated (Kryukova et al., 2015). Russian law, in accordance with the international regulations, guarantees each child, including a child with health limitations, a right to live and be fostered in a family, a right for parental care, as well as the parents' right and responsibility to foster their children, be responsible for their development and healthcare and for physical, mental, spiritual and moral development of the children.

The general term "a family of a child with health limitations" includes families that have a fostering potential for functioning in the family upbringing of the children from 0 to 18 years old with physical and/or mental development abnormalities. The issues of fostering a child with health limitations in a family are addressed in the number of works by O.O. Zavarzina (2015), R.V. Kozyakov (2015), M.N. Konygina (2013), O.O. Kopnina (2013), I.Yu. Levchenko (2008), L.V. Mardakhaev (2015), Yu.V. Shimanovkaya (2014) and others.

According to the data of Ministry of Labor of Russia, the number of children with congenital abnormalities (developmental abnormalities) annually increases by approximately 15 thousands, among which almost 78% are fostered in families. Because of this it is highly important not only to solve the issue of social adaptation of a child with a certain severe impairment, but also to support the family that is fostering him. At the present stage high significance is attributed to the problems of educating social-field specialists for working with families of children with health limitations, of developing their professionalism, expanding the general human-resources potential of social services and finding ways of its increase, related to re-educating social-profile specialists (social teachers, psychologists, speech pathologists, tutors, etc.) for working with families of children with health limitations. As A.M. Egorychev notes, national spiritual traditions of family upbringing are related to supporting and helping the families of children with health limitations, as well as to educating the specialists, who are capable of providing this help (Egorychev, 2013).

Professional education of social-profile specialists, based on the competence approach, focuses on the education results. S.N. Fomina notes that during the competence approach actualization the basic criterion of education quality evaluation is professional competence as an integral characteristic of a specialist's professional training (Fomina, 2013).

The need to increase the quality of specialists' professional education stimulated the issues of educating and increasing the qualification level of specialists, including the social-profile ones (in works by Anikeeva, 2014, Kozyakov, 2014, Kopnina, 2013, Mardakhaev, 2015, Rybakova, 2012, Sizikova, 2013, Starovoytova, 2014, Fomina, 2013, Shulgam 2014 and others) (Konygina & Kopnina, 2013; Starovoytova et al., 2014; Fomina, 2013; Shulga & Evenko, 2014; Vinogradova et al., 2014, Ilina et al., 2015). Analysis of various studies shows that currently the system of professional education needs the programs, oriented at increasing professional competence of social services specialists in the activity with families of children with health limitations.

Supporting families of children with health limitations is a relatively new area of professional activity, which emerged as one of the directions in the system of complex children with health limitations rehabilitation. According to L.V. Mardakhaev, "the process of support includes stimulating the understanding of the essence and the possible solution of the present problem (difficulty) in communication, successful studying, life and professional settling (in communication, care, development and mentoring the child), finding a mean to overcome it and stimulating independence and self-activity in it" (Mardakhaev, 2015). In order to conduct the efficient support of a family with child with health limitations an additional professional education for a social-profile specialist is required, because this process affects the lives of relatively big category of families, who have various functional impairments.

In the opinion of I.Yu. Levchenko and V.V. Tkacheva, a social-profile specialist's work in supporting a family of a child with health limitations has to aim at: decreasing the psychological traumatization of family members as a consequence of a birth of a child with health limitations; developing parents' positive motivation for helping the child with disabilities and teaching them psychological and pedagogic techniques;

neutralizing the unacceptance of child's personality characteristics; and supporting family's self-actualization in social integration, which implies expanding its social status and eliminating the social blocks (Levchenko & Tkacheva, 2008). Another significant aspect is decreasing the conflicts in such families. According to A.M. Mityaeva, "learning the techniques of conflict solving allows significantly lowering the family violence" (Mityaeva, 2014). S.N. Fomina also points out the relation between family conflicts and violence towards a child (Fomina, 2010). In her opinion, constructive solution of emerging conflicts has a positive effect on the psychological climate in families of children with health limitations.

Specific characteristics of social-profile specialists' work with families of children with health limitations defines high requirements towards the specialist, starting from the beginning stages of his professional activity.

By viewing professional competence of a social-profile specialist, working with families of a child with health limitations, as an integrative personality characteristic, which provides readiness and ability to conduct professional social, psychological and pedagogic support for the family of a child with health limitations, we can state that the content of social-profile specialist's competence in working with families of children with health limitations is a unity of the following components: motivational, personal, cognitive and activity.

The main components of professional education.

Motivational component reflects the stable system of motivational constructs – needs, motives and interests. It includes the representations of positive motivation towards professional social, psychologic and pedagogic support of families of children with health limitations, as well as the needs and interest towards professional activity in this field.

Personal component implies the presence of professionally significant personality traits of a social-profile specialist, working with families of children with health limitations, such as tolerance and empathy.

- Cognitive component reflects the level of knowledge system in the field of working with families of children with health limitations:
- about the main forms of governmental help and support of the families of children with health limitations;
- about the essence and meaning of socialization in context of working with families of children with health limitations;
- about problems of families of children with health limitations on various stages of socialization;
- about methodologic and theoretical bases of social, psychologic and pedagogic work with families of children with health limitations;
- about the essence, patterns, context and techniques of working with families of children with health limitations;
- about the patterns, stages and crises of family relationships in families of children with health limitations;
- about organizing the interaction of family members of the family with a child with health limitations and the social surroundings with the fostering process.
- Activity component implies the presence of the following skills and abilities:
- diagnostics of personality, family- and interpersonal relationships;
- consulting work in the three-dimensional consulting model context;
- actualization of the traditional and innovative correctional techniques in working with families of children with health limitation with regard to age- and nosology characteristics of a child, as well as to the needs and potential opportunities of the family;
- use and combination of various methods of social, psychological and pedagogic work with families of a child with health limitations in accordance with the set goals;
- organization of teamwork, coordination of the activity of various social services in order to provide for the interests of families of children with health limitations;
- prognosis of the changes in development dynamics of family relationships, as well as of the events, which provoke stress and trouble for family members of the family of a child with health limitations;

- use of methods for prophylactics and neutralization of personality professional deformation and provision of complex social and professional activity;
- analysis of one's own professional activity.

Another significant moment of present study was the definition of criterions and characteristics of the social-profile specialists' professional competence development within the work with families of children with health limitations. We defined: motivation criterion and its characteristic (positive motivation to support the families of children with health limitations); personality criterion and its characteristic (personality traits, such as tolerance, kindness and empathy); cognitive criterion and its characteristic (knowledge in the field of working with families of children with health limitations); and activity criterion and its characteristic (skills and abilities for working with families of children with health limitations).

Theoretical and methodologic bases of the study are the works of Bonkalo T.I., Galkina T.A., Petrova E.A., Karpov E.B., Mardakhaev L.V., Orlova E.A., Sizikova V.V. and others (Bonkalo et al., 2014; Galkina et al., 2015; Petrova et al., 2014; Egorychev et al., 2013; Egorychev, 2013; Mardakhaev, 2015; Rybakova, 2008; Rybakova et al., 2012; Sizikova et al, 2015), which allowed us to define the levels of social-profile specialists' professional competence development in the field of working with families of children with health limitations. Specialists of the high level have robust positive motivation for supporting the families of children with health limitations; tolerance and empathy are systematically manifesting personality traits are; they have complete and versatile knowledge in the field of working with families of children with health limitations and imply that knowledge in practical work.

Specialists of the medium level have positive motivation to support the families of children with health limitations in most cases; tolerance and empathy are revealed in some situations; knowledge on working with families of children with health limitations are not sufficiently complete but are relatively versatile and are often used in practice.

Specialists of the low level do not have a robust positive motivation to support the families of children with health limitations; they rarely demonstrate empathy and tolerance; knowledge on working with families of children with health limitations are not systematic, but rather fragmented; skills and abilities in this field are not sufficiently developed.

METHODS

In order to study the present problem we used a number of methods:

- theoretical methods: analysis of psychological, pedagogic, sociologic and special literature, conceptual analysis, comparison and generalization and pedagogic modelling;
- empirical methods: observation, questionnaire, testing and pedagogic experiment;
- statistical methods: quantitative, qualitative and correlation analysis.

The study was conducted at the Department of Post-secondary Education of Moscow Social-Humanitarian Institute and at the Department of Post-secondary Professional Education of Russian State Social University. Participants in the study were 232 students from the Department of Post-secondary Education of Moscow Social-Humanitarian Institute and 114 students from the Department of Post-secondary Professional Education of Russian State Social University.

We defined experimental and control groups, as well as the criterions and characteristics of different levels of social-profile specialists' professional competence development in the field of working with families of children with health limitations. We also selected the methods and techniques for studying the development of social-profile specialists' professional competence in their work with families of children with health limitations (see table 1).

Table 1. Criteria and characteristics of the development of social-profile specialists' professional competence in their work with families of children with health limitations, diagnostic methods and techniques.

#	Criteria	Characteristics	Methods and techniques of studying
1.	Motivational	Positive motivation towards the professional activity in the field of supporting a child with health limitations	Questionnaire, observation
2.	Personal	Tolerance, empathy	Interview, observation, express-questionnaire "Tolerance index" (G. Soldatova et al.), Method of assessing empathy level (I.M. Yusupov)
3.	Cognitive	Knowledge in the field of working with families of children with health limitations	Video-test, analysis of conducting independent works, expert evaluation
4.	Activity	Skills and abilities in the field of working with families of children with health limitations	Video-test, observation, evaluation of independent creative activity results, business games and the training procedure

RESULTS

General characteristic of the specialists' professional education model description

During the study we developed a model of professional education of social-profile specialists for working with families of children with health limitations. The model is based on the integrative, systemic, competence and activity approaches and includes goal-oriented (goals and tasks), methodologic (principles and approaches), technologic (forms, methods and techniques), content and evaluative-control (results and diagnostic complex) blocks. During the experimental study we evaluated this model with the appropriate technique.

The main goal of the model was the development of social-profile specialists' competence in the field of working with families of children with health limitations. It was defined by the main goals: during the introductory stage – increasing the students' motivation to work with families of children with health limitations, developing a diagnostic complex for evaluating development level of social-profile specialists' professional competence in working with families of children with health limitations; during the main stage – conducting the work aimed at developing motivational, personal, cognitive and activity components of social-profile specialists' professional competence in working with families of children with health limitations, assessing the intermediate results of the study, correcting the studied process; and during the control and conclusive stage – controlling, analyzing and evaluating the experiment results.

The model included the general pedagogic principles of complexity, social definition, consistency, perspective and scientific value.

Content of the authors' model realization included theoretical and practical directions. Theoretical direction implied: theoretical and methodic training of students during post-secondary education courses on the issue of "Working with families fostering a child with health limitations". Practical direction included extra-curricular and curricular practical activity of the students.

The model realization represents various organizational types of education: individual, pair and group work, traditional lecture, problem-oriented lecture, training, seminar, independent work of reproductive, creative, exploratory and experimental nature, business games, etc. We implied the following education methods: active learning method (business game, role-playing a professional activity situation, training, game projecting, testing, problem-oriented lecture, lecture with planned mistakes, educational discussion and independent work with the literature); interactive education methods (emotional stimulation, creating a professional future perspective, consideration of individual achievements, discussion of videos on the studied problem, discussion, round table, workshop, analysis of the control and self-control results, evaluation of obtained knowledge and skills significance, consideration of the students' personal experience, practical orientation and open education planning). The developed model implied the use of the following means: illustrative materials (photos, tables, diagrams, pictures, etc.); technical means (multimedia projector, computer, etc.); scientific, encyclopedic, educational and methodic literature, printed materials from the mass

media, fiction and documentary films, etc.; electronic (presentations, video-materials, Internet-resources, etc.).

Evaluative-control block of the model included a diagnostic complex, which allowed assessing the level of social-profile specialists' professional competence development in the field of working with families of children with health limitations (surveys, questionnaire, standardized video-test, program of observation and forms for fixating diagnostic results).

During the stating stage of work we conducted the study of the control and experimental groups' respondents on the problem of the study. We defined the initial levels of specialists' professional competence development in the field of working with families of children with health limitations. The diagnostic results revealed that the levels of social-profile specialists' professional competence development in the field of working with families of children with health limitations are relatively equal in the control and experimental groups. Moreover, the differences between the students from the Department of Post-secondary Education of Moscow Social-Humanitarian Institute and the students from the Department of Post-secondary Professional Education of Russian State Social University are minimal (see table 2).

Specific characteristics of the experimental work of evaluating the developed model.

Developmental stage of the experimental work included the evaluation of the developed model and the realization of pedagogic conditions for the development of specialists' professional competence in the field of working with families of children with health limitations during post-secondary education. The first pedagogic condition implied integrating a course "Working with families fostering a child with health limitations" in the education program.

The program was constructed based on the analysis of previous program-development experience, including the programs of post-secondary education courses (Konydina & Konina, 2013; Mardakhaev, 2015; Rybakoba, 2009; Sizikova & Anikeeva, 2012) with regard to the principles of consistency (presence of logical connections with the general college disciplines) and self-development (promotion of the development of the ability to use previous experience, skills of taking responsibility, lifting the limitations, etc.).

Program characteristic in line with the developed model.

The program was oriented at 144 hours, of which 80 hours were for classwork and 64 hours – for independent work. Students' independent work implied professional communication with the specialists of education profile, analysis of the certain professional situations, watching the recommended fictional and documentary films and reading fictional and non-fiction literature on the topic with the following group discussion. Seminars implied free communication and discussion of the problematic questions on the studied topic on the basis of preliminary preparation.

The topics of the program are divided into three parts: theoretical bases of working with families of children with health limitations; content of education area on the problems of families of children with health limitations; modern technologies of practical work with families of children with health limitations. The information was presented from the most general questions about families' of children with health limitations position in the present-day social and cultural condition, the description of general and specific problems, depending on the child's nosology and age characteristics, - to the detailed gradual description of the mechanisms and patterns of practical social, psychological and pedagogic support of families of children with health limitations. This allows the students to define the optimal ways of work, intermediate and final control.

The conditions for the successful experimental work conduction in line with the developed model.

The program included: the requirements towards the level of its acquisition by the students; recommendations on organizing education process; the list of educational and scientific literature and law degrees on realization of the rights of a child with health limitations and his family; textbook for students with tasks on each of the program sections; materials, establishing the content (texts, topics of the control tasks, topics of the seminars and tasks for independent creative works) and the order of the course conduction. The next pedagogic condition is the predominant use of active and interactive education techniques.

Using active education techniques is aimed at social-profile specialists' involvement in the active cognitive and practical activity during the process of learning the material for working with families of children with health limitations. The educational process included imitational methods of active learning (game methods – business game, role-playing the situation of professional activity, training, game-projecting; and non-game methods – testing), as well as non-imitational methods (problem-oriented lecture, lecture with planned mistakes, educational discussion and independent work with the literature). Using the interactive methods during post-secondary professional education of social-profile specialists in the field of working with families of children with health limitations allowed conducting a wider interaction of students with the teacher, as well as with each other with orientation on the predominance of students' activity. During the experiment we used the following groups of interactive education techniques: methods of creating positive motivation (emotional stimulation, creating a professional future perspective, consideration of individual achievements); methods of organizing students' interactive cognitive and practical activity (discussion, round table, workshops); reflexive and evaluative methods (analysis of the control and self-control results, evaluation of obtained knowledge and skills significance); and methods of personal educational environment development (consideration of the students' personal experience, practical orientation and open education planning).

The third pedagogic condition is including the students in independent creative activity. We define independent creative work as an activity, which is organized by a group of students by specially created problem-oriented tasks that facilitate independent transfer of knowledge and skills into a new situation, independent combination of existing means of activity into new ones and lead to the development of the abilities to create a new way of solving the task, different from the existing ones.

Groups of students, attending the post-secondary education courses, were offered independent creative tasks, which required: to analyze the image of a young father-leader; to develop a list of games and exercise for a new training of assertive behavior development for parents of a child with health limitations; to create a diagram and content of informational poster for the parents on the problems of preparing a child with early childhood autism for school; to describe a scenario of three-dimensional consulting model on the problem of "Gender-role upbringing of a 7-10-year old child with a moderate level of intellectual deficiency" from the perspective of specialists from various categories, etc. (Alatortseva, 2011; Zavarzina & Kozjakov, 2015; Kozjakov & Potashova, 2014; Potashova, 2012).

The fourth pedagogic condition is controlling and correction the process of post-secondary professional education of social-profile specialists in the field of working with families of children with health limitations based in their diagnostics. During the diagnostics we defined the changes that happened on the level of social-profile specialists' professional competence development in the field of working with families of children with health limitations in control and experimental groups. Simultaneously, we assessed the efficiency of chosen education content, form, methods and techniques and obtained objective information for making the decisions for its management. The information, obtained as a diagnostic result, allows the teacher to establish the relationship between the reached and planned levels of social-profile specialists' professional competence development in the field of working with families of children with health limitations.

Control stage of the professional competence study.

Table 2. Levels of social-profile specialists' professional competence development in the field of working with families of children with health limitations in control and experimental groups (%)

Levels	Control group (MSHI)	Experimental group (MSHI)	Control group (RSSU)	Experimental group (RSSU)
On the stating stage				
Low	43,13	42,72	42,87	43,11
Medium	24,12	28,10	25,15	24,85
High	32,75	29,18	31,98	32,04
On the control stage				
Low	40,35	16,68	40,56	15,85
Medium	24,12	30,42	25,87	30,96
High	35,53	52,9	33,57	53,19

Table 3.

Dynamics of levels increase of social-profile specialists' professional competence development in the field of working with families of children with health limitations

Group	S _a			S _a for C _m
	High	Medium	Low	
EG	23,72% (29)	2,32 (2)	-26,04% (-31)	0,5
CG	2,78 (3)	0	-2,78 (-3)	0,06
Mean score				Coefficient of efficiency C _{ef}
C _m (CG)		C _m (EG)		
Beginning	End	Beginning	End	1,2
1,89	1,95	1,87	2,36	

During the control stage of the experiment we conducted repeated measures of levels of social-profile specialists' professional competence development in the field of working with families of children with health limitations (see table 2, 3).

DISCUSSION

Comparison of the results, obtained for control and experimental groups (between-group differences), demonstrates positive dynamics in the increase of social-profile specialists' professional competence development levels in the field of working with families of children with health limitations in experimental groups. The results of the final diagnostics showed significant exceedance of social-profile specialists' professional competence development level in the field of working with families of children with health limitations in experimental groups compared with the control group.

Results and conclusions of the study were discussed and gained approval on the meeting of the Departments of Psychological and Pedagogic Education, General and Applied Psychology of Moscow Social-Humanitarian Institute, Department of Social and Family Pedagogic of Russian State Social University, on methodic meetings of Moscow School of VIII type #532, "Complex Center for Social Services of the Public "Semya" of Ryazan", Moscow children's orphanage home of combined type #1820, as well as on scientific and applied conferences, regional and city educational and methodic seminars for social-profile specialists working with families of children with health limitations.

Applied results of the study are integrated in the pedagogic process of the Department of Post-secondary Education of Moscow Social-Humanitarian Institute, Department of Post-secondary Professional Education of Russian State Social University and Ryazan Institute of the Education Development.

CONCLUSION

Studying the problem of social-profile specialists' education for working with families of children with health limitations in line with competence approach to education allowed defining the essence and content of social-profile specialists' professional competence in the field of working with families of children with health limitations, as well as the main criteria and characteristics of levels of social-profile specialists' professional competence development in the field of working with families of children with health limitations. During the study we developed and evaluated a model and validated a system of pedagogic conditions for social-profile specialists' professional competence development in the field of working with families of children with health limitations in post-secondary professional education process.

We proved that the efficiency of social-profile specialists' professional competence development in the field of working with families of children with health limitations would increase significantly, if the developed model of social-profile specialists' professional competence development in the field of working with families of children with health limitations was integrated in the process of post-secondary professional education.

Applied materials of the study may be used in secondary-, higher- and post-secondary education institutes and would allow increasing the professional education efficiency of the present specialists category with regard to modern requirements towards their qualification.

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