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## Comparison of self-regulation in children and adolescents in children's home and protective educational facility

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### Abstract

We focus on the process of self-regulation in children and adolescents living in institutional care. Based on a content analysis of transcripts of two focus groups carried out in a children's home and a protective educational facility, we attempted to detect, describe and explain the mechanisms of self-regulation in children and adolescents aged 11-18 years. The purpose of the study was to reveal how the participants describe their performance in four components of self-regulation processes, i.e., in setting personal goals, in self-regulation of behaviour, in self-regulation of conflicts and in self-regulation of learning. Within the aforementioned content analysis we compared the previous areas in two types of institutional facilities for provision of institutional and protective care.

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*Keywords:* self-regulation; children's home; protective educational facility; focus groups; content analysis.

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### 1. Introduction

Social sciences focusing on exploring human interactions in specific situations and environments have been paying increased attention in the past fifty years to self-regulation, which is perceived as the ability to develop, implement and flexibly aim one's planned behaviour towards achieving one's own goals (Brown, Miller, Lawendowski, 1999) A developed ability of self-regulation thus becomes a significant potential enabling the individual to live in the current world. Contrarily, in professional literature a low level of self-regulation is associated with behavioural and interpersonal interaction problems. For example theory and research of self-

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regulation in the field of alcohol abuse (Carey, Carey, Carnrike, Meisler, 1990; Chassin, DeLucia, 1996; Wills, Sandy, Yaeger, 2002), drug use (Baumeister, Heatherton, 2009), procrastination (Eerde, 2000; Senécal, Vallerand, 1995; Motiea, Heidaria, Sadeghic, 2012), students' high rates of drop-out and truancy (Veenstra, Lindenberg, Tinga, Ormel, 2010), etc.

Due to the fact that we often encounter risky behaviour in case of young people living in institutional-type facilities of children's homes and protective educational facilities, we were wondering how and in which areas their self-regulation is developed. Although, the link between self-regulation and risk behaviour was ascertained, especially abroad, similar studies are absent in the Czech settings. The importance played by self-regulation of behaviour in children and adolescents with risk behaviour has not been clarified yet. What are the mechanisms of its functioning and how it is reflected in the behavioural manifestation of children and adolescents in the institutionalised environment. The significance of self-regulation of behaviour (its deficit) was demonstrated in relation to a number of risk areas such as impulsive behaviour, symptoms of anxiety, depression, suicidal behaviour, addictive behaviour, etc. (Endler, Kocovski, 2005; Maes, Gebhardt, 2005). A low level of self-regulation is generally associated with a higher level of externalising and internalising of problem behaviour in childhood and adolescence (Eisenberg et al. 2005; Tangney et al., 2004). Self-regulation is often looked into in connection with problem behaviour, as by supporting its development in at-risk groups we may significantly contribute to its prevention. For this reason, we focused our research of self-regulation on the target group which can be described as an at-risk group. Within the settings of "alternative institutional care" or residential education we are interested in the problems associated with disorders of behaviour and perception of children, we deal with the optimal organisation of activities, we try to determine the most suitable processes (education, rehabilitation, psychotherapy) that would lead us to positive changes (Škoviera, 2007). According to Škoviera (2007), without the context above alternative institutional care would be a mere isolation of a child with behavioural problems from the society.

### 1.1. Aim of the study

Thinking and acting of residents of children's homes and protective educational facilities is a rarely researched environment, in spite of the fact that it may offer valuable data on this segment of youth population. In this study we concentrated on self-regulated processes in residents of these institutions as exposed in focus interviews. Rather than perceiving self-regulation as a chain of discrete acts beginning by setting a goal and ending in a task completion evaluation, we concentrated on self-regulation areas that we find important for understanding the beliefs and actions of residents of these institutions. *The purpose of the study was to reveal how the participants describe their performance in four components of self-regulation processes, i.e., in setting personal goals, in self-regulation of behaviour, in self-regulation of conflicts and in self-regulation of learning.* In addition, we focused on how much of these processes and actions were shared by, or different between, these institutions.

## 2. Method

In the presented study we were able to implement data collection applying *qualitative research strategies* and using the technique of focus interviews in two types of residential institutions for children and youth, i.e. in a children's home and a protective educational facility on the territory of the Zlín Region (one of the 14 regions of the Czech Republic).

*Interview of a focus group* is a form of a group interview, carried out in order to collect valuable data from respondents through their mutual interaction (Morgan, 2001). A moderator leads the group so that there was an interaction between him/her and the respondents, but also – more importantly - among the respondents themselves. Such an interaction process uses the so-called group dynamics which serves to provoke reaction among group members in interaction.

As the official names of the two institutions are rather long to be used persistently throughout the text, we shall further refer to them as ChH (a children's home) and PEF (a protective educational facility). Video recordings of the focus interviews were made.

### 2.1. Characteristics of the surveyed institutions

According to Statistical yearbook of the Czech Republic 2013 in school year 2012/2013 there were 220 children facilities of institutional and protective care in the Czech Republic, providing care to the total of 6,941 children (out of which 74,3 % in ChH and 25,7 % in PEF).

The facilities of ChH in the Czech Republic provide care to children with court-ordered institutional care. In relation to children, the institution primarily holds an educational and a social role (§ 12 of Act No. 109/2002 Coll.). PEFs in the Czech Republic are established pursuant to § 2, paragraph 1, point. d) and § 14 of Act No. 109/2002 Coll., On institutional and protective education in schools and on preventive educational care in school facilities and on Amendments to other Acts, as amended (particularly Act No. 383/2005 Coll.). According to § 14, paragraph 1 of the Act cited, a preventive educational institute/facility is intended for children over 15 years of age with serious behavioural problems, who have been ordered institutional or protective care. In relation to the wards, the facility shall perform educational and social roles. In exceptional cases, a child under the age of 15 may be placed into such a facility (see § 14, paragraph 3 of Act No. 109/2002 Coll.).

In accordance with a Canadian sociologist Goffman (2007) ChH and PEF can be considered a type of total institutions. Total institutions, as claimed by Goffman, are forced residential communities that significantly limit the contact of persons entrusted in care with the outside world. The combination of attributes of a residential community with a formal institution is called a social hybrid by Goffman (2007). Upon entering a total institution, the process of “mortification” of the user begins - the individual is “programmed”, “trimmed” and “framed” into a form that is more manageable by the apparatus of a formal organisation. The child institutional care system has been currently undergoing the process of a necessary transformation and deinstitutionalisation in the Czech Republic, partly due to a large number of children placed in all types of long-term institutional care. By 2018 the Government of the Czech Republic undertook to have created a functional system ensuring consistent protection of the rights of children and meeting their needs. The transformation is based on the assumption that the best social environment for a child is a family. Institutional care should thus be the last and extreme measure in dealing with a difficult life situation of a child.

### 2.2. Participants of the focus group interviews

The first focus interview was conducted with 7 participants in a ChH. The participants involved were 4 boys and 3 girls aged 12 to 16 years. The second focus interview included seven juvenile boys aged 15 years and over living in a PEF. In both cases, the participants volunteered to participate in the research. In the PEF, involvement in the study was awarded by "plus points", so a slightly different kind of motivation of the participants can be assumed than an interest in the issue. The focus of the discussions was self-regulation. The official part of the focus group took 71 minutes in the ChH and 42 minutes in the PEF. It was a semi-structured group with a script prepared in advance, identical for both facilities so that the results would then be easily compared. Both groups were led by the same moderator and an assistant moderator and their roles were clearly divided in advance. The moderator and the assistant moderator of the focus group (Miovský, 2006) prepared a script and a detailed strategy to manage the group, including the areas and model questions. Both, the moderator and the assistant moderator, kept records during the group discussions. They noted down interesting moments of the individual areas. Questions arising from notes taken were asked at the end of each discussion area.

Members of both groups were informed that the session will be recorded and were also asked to consent to the recording and given the possibility to refuse participation in the group. They were also informed about the group rules (only one person speaking at a time, all conversations are taking place in a forum, all members present take part in the discussion, no one has a dominant role, everyone has the right to express their opinion, no views/opinions are to be criticised, everyone has the right to refuse to answer, or terminate their participation in the group, the information shared within a group session remain within the group, the participants call themselves by their first names, written on adhesive tag prior to the session). After the start-up phase, an opening discussion and motivation followed, then moving on to the core of the discussion and to a conclusion.

### 2.3. Analysis strategy

The audio tracks of the video recordings were transcribed into a written form (a transcript). It was a verbatim transcript of the verbal interview between the moderators and among respondents, including substandard expressions. A verbatim commented transcription was used capturing and describing the social climate during the interview as well. Nonverbal expressions were included in the transcript when expressing a certain meaning (hmm; nod; pointing at XY) or when commenting on the atmosphere of the interview (laughter; poking Y). Some parts were labelled as (incomprehensible). An estimate of the incomprehensible words was sometimes provided. For privacy reasons, the names of all members of the transcript were used anonymously.

In the analysis of the focus interview transcripts, we used the so-called thematic analysis (Braun, Clarke, 2006). The transcripts were repeatedly read to get the sense of the content, then they were segmented into semantic categories, or subtopics. They were then grouped to obtain higher level categories, or topics. To meet the requirement of the constant comparison procedure, the topics and subtopics were analysed, grouped and re-grouped in consecutive rounds, first separately in each of the interview, then across them to receive a common picture of the field.

## 3. Findings

The findings are divided into four areas. We provide their detailed content analysis below in separate blocks.

### 3.1. Setting personal goals

Personal goals belong to the structure of human needs. Every human being has needs and thus sets personal goals to pursue. Planning personal goals is therefore an important regulation factor of humans. The data showed two levels of personal goals, the first one is desire, the other one is intention. *Desire* is a wish, it is a target situated in the future which will bring some personal benefit such as satisfaction or happiness. Desire, in contrast to intention, does not require much effort of the person. It is more or less a dream. If desire is materialised, it is a gift (like being presented a watch or a vehicle). A surprising finding is that participants of both institutions did not abound with desires. Their strategy is to wait if a desire emerges in the future: “*I do not think about it (desire), I let things flow (shrugs)*”. A lack of desires of the focus group participants may be attributed to limited personal values and narrow life experience due to being raised in incomplete and/or socially deprived families.

In contrast to desires, participants had a wide array of *intentions*, i.e., goals which are planned and deliberately pursued. To achieve a goal typically requires a sequence of resolutions, or multiple resolutions at a time, and is accompanied with a volitional control of actions. We therefore consider intention to be a higher level regulation goal than desire. Participants in the ChH displayed intentions related to school success (improving school grades, graduation from school), and to family planning and management (starting a family, taking care of one’s child – the latter concerns a juvenile mother participant). A precious intention was to escape from relying merely on social benefits (*I want to be different, I want to take care of the little one (son) to provide him with anything he needs so that he will not end up like myself. And simply not, I shall not sit at home and wait with my hands crossed [for the social benefits]*). Love of prospective children was reported in the PEF, and both groups had intentions to achieve in sports. Remarkably, these were sports with a higher status (i.e. airplane piloting, judo). Many intentions were conditioned by achieving a sub-goal: to be released from PEF requires a certain behaviour improvement on the part of the participant, to find a job (other than a manual one), it requires persuading the mother that the subject is able to perform such a job.

*Responses to a failure* in achieving a planned goal had a distinct pattern. It was an analysis of causes of failure followed by a correction of errors, change of perspectives, and finding support in peers. A failure generated repeated trials or/and an increase in efforts (like strength in sports). Blaming of others for one’s own failure to achieve goals was not recorded. The causes of failure were attributed to one’s misregulation or underregulation. No goal was reported to be dismissed as a result of failure, which indicates that the planned goals were significant for the participants.

### 3.2. *Self-regulation of behaviour*

Behaviour is here defined as a manner of acting, and is governed by implicit or explicit social rules. The two focus interviews concentrated on participants' misbehaviour, which is common in young people in the facilities of this kind, such as ChH and PEF.

In order to regulate their behaviour, the individual must recognise that the action is inappropriate. Recognition of misbehaviour was a somewhat easy task for the participants. In both institutions they recalled a variety of actions in which their conduct was ill: cursing, cheating, theft, fighting (in pubs, i.e. brawls), cigarette smoking and alcohol drinking. In PEF, usury occasionally appeared, probably modelled on adult Roma people, as well as substance abuse. In other words, socially inappropriate acting, personal health harming and physical attacks were referred to by the research participants as misbehaviour. These were assessed as one's own misbehaviour or as peers' misbehaviour. A kind of supra-misbehaviour was reported as well – i.e. encouraging others to misbehave. Encouragement may be, however, considered a verbal parallel to behavioural imitation.

The data revealed two sources of misbehaviour. The strongest reason was social conformity. Young people stuck to rules and traditions of the reference group because they find it socially desirable. The emerging misconduct is then a logical consequence of self-adaptation to the given social rules of a group. The second source of misbehaviour was impulsivity. While the former source is external, the latter is internal. It is caused by a lack of control of inner impulses, which results in non-considered actions. Impulsivity hinders the participant from forethought and anticipation of consequences of their behaviour. Thus the subject chooses short-term gains rather than long-term ones (Rachlin, 2000).

The participants were not only aware of their misbehaviour but they also recognised ways of a possible behavioural change. This suggests that they understand when behaviour is undesirable and see some possible actions to abandon or avoid the situation. Two kinds of behavioural changes were identified in the data. The first one is external control. The individual is influenced by someone else to avoid misbehaviour. Communication situations were displayed to exemplify how this control is performed – e.g. persuasion by a relative or a peer, explanation of consequences of violating the social rules and the like. The second kind of behavioural change is inner control. This can be considered a higher level approach as the participants understand the consequences of misbehaviour which, in turn, affects the planning of their future actions. The subject has the intention and the will to change. The will to change is a manifestation of responsibility of the person towards his/her behaviour. Though it is recognised that intentions do not necessarily lead to changes in behaviour (Sheeran, 2002), this shows that participants at least stand at the doorstep of change through self-regulation. One participant explained how she crossed over this metaphorical doorstep when she resisted a temptation to re-start smoking cigarettes: "I felt a sting on my tongue, and also burning in my throat, I had all my nails bitten, and my mouth was bloated." Setting time boundaries is an important element in one's behavioural control: "I promised to myself that if I persist a week, then I will persist longer." Such a level of behavioural control is an apt manifestation of the subject's self-efficacy (Bandura, 1997).

### 3.3. *Self-regulation of conflicts*

A conflict is a clash between two or more persons which occurs due to irreconcilable behaviour, attitudes and interests between them. A conflict leads to the need of resolution, either immediate or postponed. In addition to verbal and physical manifestation, a conflict is experienced emotionally and can be accompanied by a wide range of emotional reactions.

The participants in both groups were *aware of the existence* of conflict situations and could identify the signs of a conflict. However, they were unable to anticipate a situation in which a conflict would occur in the future. The conflict is simply a now-conflict, not a will-be-conflict. The lack of conflict anticipation seems to be an obstacle in avoiding undesirable behaviour of participants or avoiding conflicts as such. However, the participants were still able to assess the intensity of ongoing conflict situations.

A conflict was *initiated* most frequently by a peer. In the PEF, self-initiation was admitted as a source of conflicts (*The problem was mainly on my part*). The participants in the ChH did not admit their initiation of conflicts but they recognized they were equally engaged in the conflict as was the conflict initiator once the conflict began. This was true when physical reaction occurred, typically a fight between boys.

*The sources of conflicts* are numerous and they cause damage of the self-esteem of the target subject. Both groups shared the same conflict sources, such as telling on (so-called snitching) on the target subject, vilification,

lying, and slandering. In the ChH sources as curses (obscene expressions) and racial verbal attacks were discussed among the focus groups participants. To sum up, the sources of conflicts emerge from an insult targeted at a person, rather than from physical attacks, and range from moderate to aggressive (racist curses). A physical attack may follow a verbal exchange, which had previously caused disappointment, distress or anger. An important consequence of a conflict is defence of self-esteem of the target subject. One participant described an altruistic deed – a defence of a handicapped friend who was a target of a conflict. Overall, the ChH participants provided more answers to this topic than the PEF participants and their range of conflicts sources were somewhat larger.

*Experiencing conflict situations* by participants is both emotional and physical. The participants in ChH were unable to describe their inner state. The typical feelings were pressure in the breast, anger, and rage. The PEF participants also described shivering and weeping. The description revealed high impulsivity and low self-control (*If I am angry, I do not even know I am*). There were signs of an ability to trace the chain of one's reactions to a conflict situation in a ChH participant.

*Responses to conflicts* were threefold, i.e. resistance to the attacker, tempering one's feelings and emotions and self-targeted responses. Concerning the first kind of response, the strength, intensity, duration and the type of reaction depends on the severity of the conflict. Milder conflicts can be overlooked. More severe attacks are followed by verbal responses (shouting and curses); still more severe attacks are responded to physically. The physical reaction was revealed in both groups of the participants. Escalation of tension may result in exchanges of physical attacks (*If I am pounded, I will hit more vigorously; A fight is the best solution*). The ChH group provided more detailed accounts on physical responses. A peculiar reaction to an emotional discomfort in a conflict situation is destruction of furniture, i.e., the emotional tension is released by attacking an inanimate object, however not belonging to the attacking person (school facility). As all physical responses are explicit, the subject exhibits socially inappropriate behaviour, thus sacrifices an immediate emotional benefit for personal reputation.

The strategy of *tempering ones emotions* entails curtailing rather than masking them. Such behaviour can be classified as a defensive strategy. The participants in both groups described a wide range of temper regulation processes, the most common being ignorance of the conflict initiator or suppression of anger. The latter is an advanced strategy since it requires larger effort than other strategies. That is why one participant appraised himself: *"I am really surprised that I can cope with it. I learned how to do it."* However, the participant was unable to explain how he acquired this strategy. Another strategy is channelling the attention away from the conflict initiator or reflection on the situation or disputing with the initiator on the points of the conflict. Another defensive strategy is a retreat from the situation. A participant in the PEF described his strategy as having a talk with his girlfriend who has calming effects on him. A large section of tempering strategies is represented by drug use (cigarettes, soft drugs, alcohol) – in both groups of the participants. Sport activities serve as means of releasing emotional tension (*I press my teeth firmly and kick the ball fiercely*).

### 3.4. Self-regulation of learning

As the participants of focus groups were subjects of educational institutions, learning responsibility was their everyday business. They reported a range of strategies to cope with learning tasks and with classroom attendance. The former topic prevailed in the ChH, the latter was typical in the PEF. The school day was referred to as "obligation time" by both groups; they were obliged to sit in school and follow orders and instructions. Some school subjects were reported as unpopular (Physics, Math, History, the Czech language) but the participants admitted that the school subjects are not a burden, rather the burden is the obligation to attend the school. This attitude is probably the reason of their passivity during lessons.

The strategies to *cope with homework and assignments* was either to do it as soon and as quickly as possible (*I simply sit down to do it and when once I have completed it I get out of the home*), or to postpone the task as late as possible. The need to do the homework in order to avoid punishment (ban of some popular activities) or to get "points" is classified as extrinsic motivation. Cooperation strategies mean doing the assignment jointly with a schoolmate, or exploiting a schoolmate by asking him/her to do the task. An escape strategy was to openly reject to do home assignments. A more sophisticated strategy was to refuse to do assignments only up to the edge of tolerance by a teacher.

In brief, regulation of learning in the participants is dominated by time management strategies, cooperation strategies and task avoidance strategies. Metacognition strategies have not been identified in the interview data. In the background of these strategies there is a rather negative attitude of research subjects towards the educational

institution.

In connection with the findings above, we can determine three components of motivation, which is closely related to self-regulated learning: self-efficacy, attribution beliefs and the perceived value of the task. These components and their significance within learning motivation was confirmed by a number of research studies (e.g., Pintrich, 1999; Linnenbrink, Pintrich, 2003; Bandura et al., 2008).

#### 4. Discussion

Self-regulation is a process by which individuals activate, guide and monitor their actions. In the literature, numerous research studies concentrate on self-regulated learning – either aiming at assessing the current level of self-regulation skills in students (e.g., Pintrich, De Groot, 1990) ) or focusing on developing these skills (e.g., Boruchovitch, Ganda, 2013). This study differs from these attempts. As the environments of the study were institutions that provide care for young people with severe disorders in their conduct, self-regulated learning was one but not the sole target of this study. We also concentrated on other aspects of self-regulation situations: setting personal goals, self-regulation of behaviour, and self-regulation of conflicts.

Majority of self-regulation situations that emerged in the interviews were *harsh actions* (i.e. misbehaviour, conflicts, avoiding school responsibilities). Their origin is to be attributed to the social environment in which the participants previously lived. Typically, they were raised in a negative family environment, they witnessed hostile parental relationships and often engaged in conflicts with parents. In spite of the positive effects of the institution in which they currently reside, they are still under a detrimental peer group influence. However, the positive aspect here is that they recognise the detrimental circumstances and consider moving out from them.

We distinguished four self-regulatory processes that were present across the four areas of self-regulation: a) recognition of situation, b) sources of action, c) execution of action, and d) response to the situation. In self-regulation of behaviour the participants identified elements of misconduct, were able to detect the sources of misbehaviour, consider possible actions to control misbehaviour and possibly perform them. In self-regulation of conflicts the participants were aware of conflicts as a form of irreconcilable behaviour, attitudes and interests between persons, they saw conflicts as a cause of personal harm, were able to describe how conflicts happen, identified their inner and external responses to a conflict, and explained how to avoid conflicts. In self-regulation of learning the participants understood their responsibilities, reported strategies to accomplish them, including tactics of assignment avoidance, and time management.

Though the findings indicate some differences in self-regulation processes between the two institutions, the data converge rather than diverge. The participants provided broad and rich accounts of their self-regulation processes, thus enabling us to see and understand this area of experience of young people residing in the facilities of this kind.

As an interview was used as a research method in this study the responses elicited by respondents represent declarations rather than actual regulation of behaviour. Such behaviour could diverge from the declared one. However, it could be detected only by live observation of self-regulation situations. This, however, was impossible to accomplish because of technical, time and methodological constrains. In the interviews, the participants frequently commented on each other responses, providing corrections and additional information contributing to the validity of their responses.

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