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PSYCHODIAGNOSTICS OF CHILDREN WITH ATTENTION DEFICIENCY SYNDROME AND HYPERACTIVITY

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ABSTRACT

The article analyzes the issue of psychodiagnostics and selection of diagnostic methods for attention deficit and hyperactivity syndrome in children, as well as the results of research in this area. The high results on the attention deficit scale indicate a low level of attention compared to the control group of the main group of subjects. Therefore, DESG means that children have problems with compliance with social norms of behavior, reading, mastering the learning material. Such symptoms, i.e., emotional instability and psychomotor restlessness, are also observed in children with neurosis. According to IP Brezgunov and EV Kasatkina, dyslexia, dysgraphia and dyscalculia are secondary symptoms in DESG.

KEYWORDS: *Psychodiagnostics, Hyperactivity, Emotional-Volitional Sphere, Cognitive Processes, Fine Motor Skills, Behavior.*

INTRODUCTION

The problem of attention deficit syndrome and hyperactivity is not only in the urgency of child health, but it is a psychological problem of the civilized world. Evidence of this can be seen in the following: first, children with this syndrome are poorly integrated into the school curriculum; secondly, they do not obey generally accepted rules and often fall into the path of crime. 80% of the criminal group consists of people with DESG, thirdly, they have three times more accidents, they have 7 times more car accidents; fourth, these children are 5 to 6 times more likely to be drugged or alcoholic than normal children; fifth, 5% to 30% of children with this syndrome. The ability of a person to enter into interpersonal relationships, to find his place in society and to develop his emotional and volitional management skills in a normal way is important for the successful implementation of the process of personality formation.

The main function of emotion in a person is to ensure that these people can understand each other unconditionally, engage in joint activities and communication. In order to carry out this process more successfully, a person must be able to control his emotional state, his emotions with the power of his will. Poor development of emotional and volitional management skills in children causes serious problems in the education system, interpersonal relationships in groups and families, the organization and management of educational activities.

Fighting, aggression, stubbornness, anger, impatience, high levels of rudeness, and inability to consciously control behavior in students in this group often lead to conflicts between peers and family members. Therefore, they are more reprimanded and punished than others. As a result, they lose self-confidence, self-esteem, and a sense of accomplishment. Misunderstanding and punishment of such children by teachers and parents leads to school maladaptation, the formation of delinquent behavior. Delinquent - an offender who does not fulfill his obligations. Therefore, it is important to be able to diagnose and eliminate this syndrome in a timely manner.

There can be a number of difficulties in diagnosing a child with Attention Deficit Hyperactivity Disorder (DESG). In his research, NN Zavadenko emphasizes that DESG should not be confused with autism, schizophrenia, manic-depressive syndrome and mild olegophrenia. Such symptoms, i.e., emotional instability and psychomotor restlessness, are also observed in children with neurosis. According to IP Brezgunov and EV Kasatkina, dyslexia, dysgraphia and dyscalculia are secondary symptoms in DESG. Thus, the psychological study of children who are presumed to have DESG should cover several areas: the level of attention and memory development; the specificity of the child's emotional sphere; to study the child's perception of the family environment; Specificity of a child's behavior at home and at school (kindergarten) One of the most effective methods in diagnosing DESG is standardized observation, to which criteria have been developed by American psychiatrists.

Such major behavioral disorders are accompanied by other serious disorders, including low mastery and difficulties in communicating with others in the first place. Low mastery is typical for hyperactive children. This is explained by the specificity of their behavior, their behavior does not meet the age norm and seriously hinders the child's full participation in learning activities. The methodology used in our research is the "scale that determines the emotional state of the child."

This questionnaire was developed by Russian psychologists A.P.Golovey and E.F.Ribalko and is used to determine the degree of manifestation of emotional states in a child, to what extent they are expressed. According to the results of the J. Swanson survey used in our research work, high scores were obtained on the four scales in the main group. In the control group, the opposite was observed. Scale I - attention deficit was 22.6 in the main group, this indicator was 4.7 in the control group, Scale II - 22.4 in the main group on impulsivity / hyperactivity, 3.6 in the control group, Scale III - group abnormalities averaged 32.3 in the main group and 5.4 in the control group, while the IV scale - attention without hyperactivity was found to be 27.2 in the main group of subjects and 4.06 in the control group.

The high results on the attention deficit scale indicate a low level of attention compared to the control group of the main group of subjects. Therefore, DESG means that children have problems with compliance with social norms of behavior, reading, mastering the learning material. Also on this scale it is possible to assess the completion and direction of the child's

mental activity, thinking about the institutions, the process of development of the individual in specific conditions. Statistical processing of the results showed high levels of attention deficit in children with DESG.

This condition leads to neglect, easy involuntary distraction, superficial assimilation of new material, and reflex activity is noted in people with sluggishness. A correlation was also found between anxiety, impatience, agitation, and high levels of aggression. This communication showed a high level of anxiety in children with attention deficit disorder. In addition to anxiety, there is impatience and irritability. High levels of agitation and impatience often lead to conflict situations where children with DEGS cannot get out independently.

The fact that such children are not accepted by their peers is reflected in insults and intimidation. According to our observations, in children with this syndrome, the tone of voice changes, they use elements of verbal and nonverbal aggression, beating. The predominance of play motives over reading motives, inadequate conditions for teaching problem children, lead to behavioral disorders, anxiety, and school maladaptation.

The indicators on the scales of the survey "Assessment of the emotional state of the child" were as follows. The highest scores on the survey scales, i.e., "sensitivity" 0.37, "impatience" 0.34, "stubbornness", "masculinity-impulsivity" 0.32, were higher than J. The relevance of the Swanson questionnaire to the 'group disorder' scale indicator does not contradict the data in the literature and confirms the validity of the results obtained in the J. Swanson questionnaire, the DESG showed emotional psychological instability in children.

Low scores on the sympathy scale indicate emotional alienation (coldness), mild, superficial character, and inability to express one's feelings, which is typical of children with DEGS. These figures averaged 0.5 in the main group and 2.6 in the control group. On the "jealousy" scale, the average was 2.9 in the main group and 0.9 in the control group. This means that DESG in children is egocentrism, anxiety, insecurity.

Also, high scores on the scale of group disorders "anger" 3.5, "aggression" 3.6, "anger" 3.8 indicate emotional disorders in such children. The main group's score on the "cheerfulness" scale is 0.96, and in the control group - 2.9, which indicates that their mood is unstable, they do not understand the jokes of their peers and others, and always respond to them rudely.

Such high scores on the scales "Susceptibility" 3.4, "masculinity" 3.23 "group disorders" - 0.36 mean that they are easily offended by even the smallest things, as men they always think of their own interests, try to be the center of attention. as a result, they find it difficult to enter into interpersonal relationships in the group and become isolated.

On the scale of "gentleness" in the main group was recorded 0.43, in the control group - 2.1 result observed. This is manifested in the lack of communication skills in children with this syndrome, ignorance or inability to use verbal and nonverbal means of communication, frequent use of harsh words, insults, constant shouting when communicating with others.

In particular, on the scales of "fear" and "suspicion" were recorded 3.06 and 3.33, respectively, while in the control group these indicators were 1.1 and 1.06. These results indicate that DESG children are afraid of their own situation and the consequences of misbehavior, of seeing others as enemies, of constant anxiety.

In conclusion, the methodologies selected for the study of individual characteristics of children DESG cover the entire measuring spectrum of children's characteristics: conditions of development and development, level and quality of attention, behavioral specificity and personality traits, development of cognitive processes, capillaries the degree of development of motor skills. If mutual understanding, patience, and a warm attitude toward such children are maintained, all behavioral and cognitive impairments will disappear after DESG psychocorrection. Otherwise, character flaws will persist and can lead to more serious consequences.

REFERENCES

1. Bryazgunov I.P., Kuchma V.R. Attention deficit hyperactivity disorder in children. - M .: Institute of Psychotherapy, 1994. –S. 43.
2. Jalilova S.X., Berdiev G., Mahmudova D.A., Botirov B.M. Diagnosis of mental development of the person. - T., 2009. -49-p.
3. Zavadenko N.N. How to understand a child: children with attention deficit hyperactivity disorder. // Medical pedagogy and psychology. Adj. to the journal "Defectology", vol. № 5. - M .: "School-Press", 2000. –S. 112.