
Psychological Characteristics of Children with Attention Deficiency and Hyperactivity and their Readiness for School Training

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Abstract: Due to the high prevalence of attention deficit hyperactivity disorder in the child population, it becomes an urgent problem to study the psychological characteristics of children in this category and form their readiness for schooling.

Keywords: attention deficit hyperactivity disorder, learning, readiness for school, motor disinhibition, motor awkwardness, absent-mindedness, fatigue, infantilism, impulsivity.

The problem of raising and educating children with individual characteristics of development is one of the most important in educational psychology. Children with deficiency syndrome attention and hyperactivity disorder (ADHD) are classified as normal development and are subject to education in a comprehensive school. At the same time, students with ADHD have specific features of the development of the psyche, behavior and activities that, without a specially organized psychological assistance cause a low level of readiness for learning at school, difficulties in school adaptation and problems in mastering software material. The age of six or seven years is a critical period not only for the formation of written speech, but also for voluntary attention, memory, goal-directed behavior and other functions of higher nervous activity.

Therefore, if hyper excitability, motor disinhibition, motor awkwardness, absent-mindedness, increased fatigue, infantilism, impulsivity predominate among children with attention deficit hyperactivity disorder at preschool age, then in schoolchildren, learning difficulties and deviations in behavior. The question of the formation of school readiness for children with attention deficit hyperactivity disorder remains unresolved. The problem of the psychological readiness of children to study at school in recent decades has attracted the attention of specialists in various fields: psychologists, teachers, hygienists, pediatricians both in our country and abroad. Nevertheless, in pedagogical psychology there are very few reliable, optimal methods of developmental work with children who are not ready for schooling, therefore, the development of corrective developmental programs that contribute to the formation of psychological readiness for school is an important and topical issue.

In most existing approaches to correctional and developmental work with children with attention deficit hyperactivity disorder, emphasis is placed on certain aspects of this phenomenon; on the decline hyperactivity, development of attention. These works are mostly advisory character. The variety of manifestations of deficiency syndrome attention and hyperactivity in children requires new methods of correctional developmental work of a complex nature. Organization of a qualitatively new study and formation of school readiness of children with attention deficit hyperactivity disorder the basis of a single theoretical and methodological basis will allow not only summarize and explain empirical evidence, but also

improve the quality correctional and developmental work with children of this category as a whole. In this connection, the relevance of studying psychological readiness for schooling of children with the syndrome attention deficit hyperactivity disorder and the need to develop a comprehensive program for its formation.

Attention deficit hyperactivity disorder is often accompanied by a delay in the maturation of higher mental functions and, consequently, specific learning difficulties. Children with ADHD have difficulty planning and organizing complex activities. Most of them are characterized by weak psycho-emotional stability in case of failures, low self-esteem, stubbornness, deceit, irascibility, aggressiveness.

In addition, they have self-doubt and communication problems. Adolescents with ADHD are characterized by denial of authority, immature and irresponsible behavior, violation of family and social rules. They cannot maintain a certain behavioral response for a long time. They are characterized by destructive, oppositional, defiant, and sometimes destructive behavior. Due to misunderstanding on the part of others, a hyperactive child develops a hard-to-correct aggressive model of defensive behavior. Facade manifestations of ADHD may change with age. If in early childhood immaturity of motor and mental functions is noted, then in adolescence, violations of adaptive mechanisms appear, which can cause offenses. It is known that hyperactive children develop early cravings for alcohol and drugs. In this regard, this pathology is a serious social problem. For the prevention of juvenile delinquency, alcoholism, drug addiction, it is necessary to identify and correct children with attention deficit hyperactivity disorder in a timely manner.

Inadequate behavior, social maladaptation, personality disorders can cause failures in adult life. Such people are fussy, easily distracted, impatient, impulsive, quick-tempered, it is difficult for them to concentrate on the subject of activity. Their mood changes frequently. Difficulties in planning activities and lack of organization hinder them in career advancement, in the arrangement of family life. Hyperactive manifestations of a strong degree of severity can be replaced by a number of affective and personality disorders at a more mature age. At the same time, timely psychological assistance can compensate for this shortcoming.

Most researchers note three main blocks of ADHD manifestation: hyperactivity, attention deficit, impulsivity. Hyperactivity is manifested by excessive motor activity, restlessness and fussiness, numerous erratic movements, which the child often does not notice. Children with ADHD are characterized by excessive talkativeness, the inability to sit in one place, and the duration of sleep is always less than normal. In the motor sphere, they usually show violations of motor coordination, unformed fine motor skills and praxis.

They have an inability to tie shoelaces, fasten buttons, use scissors and a needle, unformed handwriting. The results of our study show that the motor activity of children with ADHD is 25-35% higher than that of other children. Many mental processes can be fully formed only if attention is formed. Attention disorders are manifested in the difficulty of maintaining it, in reducing selectivity and pronounced distractibility with frequent switching from one activity to another. Such children are characterized by inconsistency in behavior, forgetfulness, inability to listen and concentrate, and frequent loss of personal belongings.

They try to avoid tasks that require prolonged mental effort. However, the indicators of attention of such children are subject to significant fluctuations. If the child's activity is associated with interest, enthusiasm and pleasure, then he is able to hold his attention for hours.

Impulsivity is expressed in the fact that the child often acts without thinking, interrupts others, can get up and leave the classroom without permission. In addition, such children do not know how to regulate their actions and obey the rules, do not know how to wait, often raise their voices, and are emotionally labile. According to a study by H.H. Zavadenko, behavioral disorders persist in almost 70% of adolescents and 50% of adults who had an attention deficit diagnosis in childhood. These violations contribute to the emergence of difficulties in the development of reading, writing, counting. Children diagnosed with ADHD are characterized by dyslexia, dysgraphia, and signs of dyscalculia. In addition, hyperactivity is characterized by poor development of fine motor coordination and constant, erratic, awkward movements and is also characterized by constant external chatter, indicating a lack of development of internal speech, which should control social behavior.

Children with hyperactivity syndrome have sufficiently high compensatory mechanisms, for the development of which certain conditions must be met: providing calm, emotionally neutral conditions for development and learning, compliance with the regime, sufficient time for sleep; learning according to a personality-oriented program without intellectual overload, development of a comprehensive individual program for helping a child by a psychologist, teacher, parents and timely psychological correction.

Practical recommendations for teachers of a hyperactive child.

The school program for the correction of hyperactive children should rely on cognitive correction to help children cope with learning difficulties.

1. Study the neuropsychological characteristics of children with attention deficit hyperactivity disorder and work with a hyperactive child individually. It should always be in front of the teacher's eyes, in the center of the class, right at the blackboard.
2. Change the lesson mode to include physical education minutes and allow a hyperactive child to get up and walk at the end of the class every 20 minutes.
3. Creation of positive motivation for success: introduce a sign system of evaluation; Praise your child more often avoids over- or under-demanding a student with ADHD; break large tasks into successive parts, controlling the implementation of each of them;
4. Explain to parents and others that positive changes will not come so quickly; explain to parents and others that the improvement of the child's condition depends not only on special correction, but also on a calm and consistent attitude towards a hyperactive child.

We must always remember that attention deficit hyperactivity disorder requires timely diagnosis and complex correction. Successful rehabilitation is possible provided that it is carried out at the age of 5-10 years. It is at this age that the formation of readiness for school and education takes place. Therefore, special psycho-correction and preparation for school of children with attention deficit hyperactivity disorder is required. It should be noted that in the early stages of education such children do not have learning motivation, because the motivational level of learning is provided by the frontal parts of the cerebral cortex, i.e. they are formed later in DESG children than their peers. Therefore, one of the most important areas of DESG students' work is the formation of learning motivation.

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