
PSYCHOCORRECTION OF BEHAVIORAL AND EMOTIONAL FIELDS IN CHILDREN WITH ATTENTION DEFICIT AND HYPERACTIVE

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Annotation

The article discusses the main methods of emotional correction in children with attention deficit syndrome and hyperactivity, and psychocorrectional work with children with this syndrome requires a special approach.

Keywords: affective processes, behavior, impulsive, communicative skills, game therapy, aggression, emotion, psychocorrection

Poor development of emotional-volitional and behavioral management skills in children with attention deficit syndrome and hyperactivity causes serious problems in the educational system, interpersonal relations in the group and family, organization and management of educational activities. Children with this syndrome often have conflicts between their peers and family members due to belligerence, aggressiveness, stubbornness, stubbornness, impatience, rudeness, high level and inability to consciously control their behavior. At the end of the first year of the child's life, there is a need to actively participate in the level of behavior management that adapts to changing conditions. The transition from one's dominant ways of coping to others can be painful. This is reflected in the child's temporary affective instability, increased anxiety and fear.

In the process of constant communication with the child, adults help to manage and organize his affective interactions with the environment, to master various psychotechnical methods of affective structures of his behavior, and to stabilize affective processes. If some stimuli have a first quantitative effect from the birth of a child in accordance with the power law, others have a signal, qualitative significance from the very beginning. And in the next ones, the child is active, directed to search for them. First of all, the child can successfully solve the tasks of adaptation that appear in the process of his interactions with the environment, and develop special affective mechanisms of behavior management in different situations. In particular, it is ensured by the use of specific methods of supporting the internal stability of the whole affective system. The fulfillment of these two tasks is achieved due to the separation of one level at each stage of affective development in early childhood, that is, the addition of all other levels that lead to the provision of adaptive and adequate behavior, as well as affective stimulation, support of the necessary mental tone.

Secondly, the consistency of the basic affective levels added to behavior management is determined by the important tasks of the child's real adaptation in his interactions with the environment. In the process of the child's development, in the expansion and

deepening of his relations with the environment, these tasks change and become complicated according to the law. In this way, affective adaptation together with adults, methods of transition to independent adaptation are observed in the child.

Thirdly, the exchange of one level with others occurs through temporary affective incapacity. It is followed by the "attraction" of new, at the same time, adequate mechanisms, which at the previous stage only served as an affective stimulus and were gradually formed.

It is especially difficult to move from dominant levels to levels of stable affective relationships that respond to changing environmental conditions. In this case, the very principle of adaptation changes: now it is not at the expense of stereotyped adaptation to a stable situation, but at the expense of active assimilation and conquest of new situations. The fears that arise during this transition period reflect the incompatibility of stable levels of emotional regulation with the new tasks of adaptation.

Play therapy has a special place in the psychocorrection of the emotional sphere of children with attention deficit and hyperactivity syndrome. The mechanisms of the positive influence of play activities on children's development and its corrective and therapeutic goals are sufficiently described in the literature. Generalization of existing approaches O.A. Based on them, it allowed Karabanova to distinguish the psychological mechanisms of the game's corrective effect. In specific game conditions, the child will have the opportunity to model the system of social relations in a visual-motional form, acquire the skill of targeting them. In the conditions of the game, gradual overcoming of cognition and personal egocentrism takes place, according to which the child's self-awareness develops, he becomes socially aware, and gains experience in solving problem situations.

Along with partnership relations in the game, conditions are created for the formation of positive personality traits. Adequate ways of solving a problem situation are gradually learned, processed, internalized and mastered in the game. In the game, the child has the opportunity to understand the problem situation and change his attitude to it based on the understanding and verbalization of his inner experiences.

Obedience to the rules of the game in the context of the role encourages the formation of elements of voluntary control of the child's behavior and activities. In this way, the multifunctionality of game activity, its complex impact on the development of the child's personality and behavior is revealed. A psychocorrective and developmental program for children with attention deficit hyperactivity disorder (ADSH) should include a comprehensive approach, that is, cooperation between a psychologist-teacher-father-mother. The program of correction of the syndrome of attention deficit and hyperactivity should include its main symptoms (hyperactivity, impulsivity, impaired attention) and work with secondary symptoms. In particular, N.N. Zavadenko suggests including coordination disorders, interpersonal communication disorders, behavior disorders, and emotional disorders. A generalized system of work can cover the following aspects:

1. Formation of psychophysiological management skills (relaxation).
2. Correction of negative emotions, development of empathy, group cohesion.
3. Development of reaction speed and coordination of actions.
4. Development of missing functions in the syndrome system.
5. Formation of self-aware management skills.
6. Development of communication skills. Psychocorrection of children's emotional sphere of ADSH can include functional exercises, (voluntariness and self-control), breathing, eye movement exercises, etc. Some of the exercises can be conducted with a psychologist, another part with the whole class, and the next part - at home.

Physical rehabilitation of children with ADSH should be aimed at developing body sensations, development of movement coordination and their coordination, development of knowledge of voluntary relaxation of skeletal and respiratory muscles. It is worth noting that the idea of a large physical work (task) that reduces arousal and hyperactivity in this regard is wrong. The nervous system of these children is structured in such a way that both emotional and physical overstrain allow further development of aimless activity, which is a sign of fatigue. Therefore, physical exercise in the form of aerobics is recommended for children with ADSH. They improve the functioning of the heart and blood vessels and the respiratory system, help to increase endurance, and develop emotional management skills. In addition, these children should not play games with strong emotional content. Sports such as swimming and skiing are useful.

Teaching self-management skills is the most complex area of correctional work aimed at hyperactive children. Because they are stimulated by everything compared to other children. Therefore, he tries to do several things at the same time. The consequence is that none of it ends or is done superficially. They always drop something or bump into something. Teaching them to relax their body helps them learn to control their behavior and behavior.

It is better to use mediative stories to relax children. Development of emotional management and communication skills in children with ADSH is carried out step by step. First of all, it is important to start with individual training, during training, the child should learn to interact with others, listen to them, understand their emotions, and understand the rules of behavior. When the psychologist explains this, the child is invited to repeat what was said out loud. It is more appropriate to use play therapy during this period. During the play sessions, the psychologist will have the opportunity to model various situations in which the child will experience difficulties. Playing them (may be with the help of adults) helps the child to find adequate ways of emotional reaction and communication, which will eventually be transferred to life.

Hyperactive children are often considered quarrelsome and aggressive. In many cases, the reason for such behavior is that they do not know how to express their feelings, which in turn is conditioned by the lack of self-control knowledge. Later, children with ADSH can be included in the work of the group. It is better if this group consists of 2-3 children with various behavioral disorders. Including 2 hyperactive children in the

group at the same time reduces the efficiency of work. At this stage, it is necessary to continue expanding the set of behaviors. Group work helps children understand how their behavior affects others in a direct communication situation. Role playing of problematic situations and their discussion will help in this.

Development of communication skills is closely related to teaching self-control and correction of negative emotions. In fact, such a division of work is necessary, because they cannot be implemented without each other. It is necessary to carry out work in each direction in parallel against the background of physical rehabilitation. For example, it is impossible to develop constructive communication skills without correcting aggressiveness and belligerence. In this direction, it is important to teach children to manage themselves and their emotions. On the other hand, it is necessary to allow the accumulated emotions related to prohibitions and boundaries to respond. This allows the child to reorient himself from a sense of constant dissatisfaction with himself to a positive self-acceptance and effective interaction with the world.

The development of the missing functions in the system of this syndrome aims to compensate for the impaired functions of attention, volition, motor activity and self-control of behavior. In this process, E.K. Lyutova and G. B. Monina advise to be based on clear steps. For example, if you start with the development of the stability of attention, the ability to move it voluntarily, you can move on to the development of another feature after getting a positive result. Then, in parallel development, two functions of the child can be trained, for example, it is possible to develop the skills of concentration and voluntary control of one's behavior.

I.P. Bryazgunov and E.V. Kasatikova allocate a leading role in the correction of ADSH to behavioral psychotherapy, which includes training of children, parents and pedagogues. Despite the common goal of correction, these programs have different characteristics in kindergarten, school and family settings. The family program of correction depends to a large extent on the behavior and personality of the child. For a psychologist, it is important to help parents understand the need to accept the child and his uniqueness. In the family where many hyperactive children are growing up, the psychological micro-environment is disturbed, and quarrels arise between parents regarding the upbringing of such a child.

Therefore, emphasis should be placed on the development of emotional stability of parents and the development of a single strategy of upbringing, which is dominated by methods of support and reward. In addition, it is necessary to observe a clear order of the child's life in the family. During the diagnostic consultation, a number of negative situations are often identified:

- natural emotional - positive communication Parents who have lost confidence in their strength and their child hope for medical treatment without reason;
- indifference in relationships, in which everything is allowed, the child's behavior is not controlled;
- strict suppression of the child's activity, hypercontrol of his actions, which leads to opposite results in ADSH;

- episodicity and lack of unity of educational influence on the child between parents. The first and most important achievement of the work with the parents of the hyperactive child is to understand that the consequence of the abnormal behavior of the child is the disturbance of the nervous system. This will be the basis for the correction. Otherwise, all attempts to change the child's behavior, to influence his personality traits, will not work. It is necessary to carry out such educational work with pedagogues. Absolute discipline cannot be demanded from a hyperactive child, because such a situation leads to a decrease in his ability to work and master the material. Training should include different methods. (story, show, game, etc.).

During the child's direct execution of the task, adults should be with him, explaining the child's actions in a low voice. When organizing educational activities, teachers should pay special attention to children with DEGS. In particular, reducing the factors that distract the child's attention during the lesson and moving the child to a desk closer to the teacher in the row opposite the blackboard, writing down the tasks given in the lesson on the blackboard, giving only one task at a certain time interval, dividing large tasks into parts and monitoring the completion of each part, between training sessions allocating time for physical work, sports activities, etc. The emotional background of communication with the child should be positive at the same time, but one should not go to euphoria from his successes and reject him because of failures.

The development of communication skills in this category of children is closely related to teaching self-control and correction of negative emotions. In fact, such a division of work is necessary, because they cannot be implemented without each other. It is necessary to carry out work in each direction in parallel against the background of physical rehabilitation. For example, it is impossible to develop constructive communication skills without correcting aggressiveness and belligerence. In this direction, it is important to teach children to manage themselves and their emotions. In conclusion, it should be said that emotional and behavioral psychocorrection of children with ADSH and developmental works include parents and pedagogues.

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