

PSYCHOCORRECTION OF PSYCHO-EMOTIONAL DISORDERS IN PRESCHOOL-AGED CHILDREN WITH ATTENTION DEFICIT SYNDROME (ADS)

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Today, problems associated with Attention Deficit Syndrome (ADS) among preschool-aged children are becoming increasingly relevant. This syndrome is manifested by difficulties in sustaining attention, impulsive behavior, and excessive motor activity, which negatively affect the child's psycho-emotional development.

Particularly during the preschool period, ADS may lead to the formation of psycho-emotional disorders such as emotional instability, anxiety, aggressiveness, and difficulties in self-regulation. Preschool age is a crucial stage of personality development, during which supporting the child's emotional sphere and ensuring social adaptation are of great importance.

Early identification of psycho-emotional disorders in children with Attention Deficit Syndrome and their effective psychocorrection help prevent potential difficulties that may arise in the subsequent educational process.

Purpose. To conduct screening diagnostics of the structure of psycho-emotional disorders in preschool-aged children with Attention Deficit Syndrome and to implement comprehensive medical and psychological correction interventions..

Materials and Methods. During the years 2023-2024, 40 children enrolled in preschool educational institutions who were referred by their relatives due to complaints related to Attention Deficit Syndrome (ADS) were monitored. The average age of the children was 4.5 ± 0.12 years. Of these, 26 (72%) were boys, and 14 (28%) were girls. A control group consisting of 25 children, who had no complaints related to the syndrome, was also included. Of the control group, 14 (56%) were boys, and 11 (44%) were girls.

To assess the psycho-emotional disorders developing as a result of Attention Deficit Syndrome, the authors used a specially adapted version of the "Thromatical SADHD-III questionnaire." The correction of psycho-emotional disorders in the children was carried out through a medical-psychological algorithm based on a two-month intervention program specifically designed for preschool-aged children. The program, titled "Who is both an active and a passive program," consists of two distinct parts. The results were analyzed based on pre-treatment and post-treatment indicators using the SADHD Express Questionnaire.

Results. The analysis of the indicators revealed significant differences between the two groups. The control group served as a reference for the indicators in the main group. In the control group (n=25), the SADHD questionnaire analysis showed that 64% (n=16) of the children had normal scores (7.0 ± 0.1), while 36% (n=9) exhibited mild impairments (14.5 ± 0.1). In contrast, in the main group (n=50), consisting of children with Attention Deficit Hyperactivity Syndrome, the pre-treatment analysis showed that 28% (n=14) had mild impairments (15.3 ± 0.3), 56% (n=28) showed moderate impairments (23.7 ± 0.2), and 16%

(n=8) exhibited high-level cognitive impairments (32.7 ± 0.2) ($p < 0.05$). After undergoing the medical-psychological correction, the post-treatment results indicated that 58% (n=29) of the children showed normal levels (7.4 ± 0.2), 24% (n=12) had mild impairments (15.6 ± 0.2), and 18% (n=9) showed moderate impairments (25.4 ± 0.3). When compared with the control group's data, these results showed a statistically significant improvement ($p < 0.05$).

Conclusion.

The analysis of the results indicates that in children with Attention Deficit Syndrome, the severity of cognitive and psycho-emotional disorders tends to increase over time.

This progression negatively impacts the child's ability to adapt to academic processes and their external environment.

The psychometric and psychocorrectional methods proposed by us have proven to be effective in screening for the syndrome and its associated psychological changes, as well as in providing correction for children with hyperactive syndrome.

Our observations confirm that these methods are successful in addressing the challenges faced by children with this syndrome.