

UDC 159.9:37.015.3  
doi: 10.15330/jpnu.4.1.148-154

## PSYCHOSOCIAL AND PEDAGOGICAL MEANS OF REDUCTION OF HYPER DYNAMIC MANIFESTATIONS SYNDROME WITHIN THE AFFECTIVE PERSONALITY DISORDER

LIANA NOVITSKA

**Abstract.** The problem of correction of affective personality disorders (for example, reducing the manifestations of hyper dynamic syndrome), analyzes the main approaches to its solution. We determined the causes and forms of attention deficit disorder with hyperactivity. To characterize the basic correction means reducing the manifestations of hyper dynamic behavior, which includes two areas with different content and psycho social and recreational components. The first direction is connected with the conduct of an individual or group psycho-correction work; the second – social and recreational include tasks aimed at providing social and psychological support to the individual. It is shown that the problem of hyperactive behavior is determined by the individual variability and natural features caused by human development. Psychological studies suggest the importance of external, social factors, primarily adequate forms of organization and communication, the influence of family relations on the manifestations of hyperactivity. It is shown that the implementation of psycho-pedagogical bases of overcoming hyperactivity leads to increased self-esteem, developing the ability to plan and predict their own behavior and, as a consequence – the disclosure of the individual adaptation possibilities.

**Keywords:** affective disorders, physical rehabilitation, behavioral correction psychotherapeutic methods.

### 1. INTRODUCTION

The most common form of chronic behavioral disorders in children is hyperactivity. The reasons for addressing parents and teachers to experts - physicians, psychologists, social workers is extreme physical activity of the child, the inability to stay at one place, easily observed impulsive behavior, lack of a sense of danger. Identified features characterize hyperactive behavior whose frequency among preschool and school-age children, according to most studies ranges from 5% to 10%. Every year the number of such children increases. Of course, that special behavior of such children and their parents need psychological and pedagogical assistance provision which requires identifying the main causes of this disorder and on this basis to develop effective intervention programs.

A variety of theoretical and practical research on this topic suggests the need for comprehensive and systematic approach to the prevention, diagnosis and correction of hyperactive behavior in

children. So, study the problem of hyperactive behavior in children requires specialist medical profile corresponding development of adaptive methods for correcting children's hyperactivity.

Therefore, the main objectives of education psychologists are:

- 1) to help the child adapt to the social environment;
- 2) information and prevention activities to familiarize parents with the features of the hyperactive child's behavior;
- 3) assist teachers and parents in learning techniques of constructive, positive communication with the hyperactive child.

*The purpose of the article* is to explain the nature of hyperactive behavior in children and to determine the appropriate means of correcting hyperactive disorders in children.

## 2. DESCRIPTION AND ANALYSIS

Hyperactivity syndrome refers to systematic violations of child development because of interest among specialists of different scientific fields. Psychogenetically the research attention to disorders and hyperactivity is aimed at identifying the causes of ADHD. Among the reasons as the main etiological psychogenetics (Vandenberg SG, Scarr S.) called a violation of the CNS, which, in turn, are the result of genetic or environmental factors. Means of treatment depend on the child's age and degree of the violation. Children with mild disabilities recommended psychological and pedagogical assistance, with severe disorders - required medical therapy along with specialized pedagogical and psychotherapeutic techniques. Psychogenetical studies define ADHD as a hereditary disorders (MZ twins is 100% DZ – 17%). Results twins work showed that normal activity level of a child genetically controlled [12, p. 407]. Family studies also support the hypothesis of heredity ADHD (IV Rawicz-Shcherbo). Much research is devoted to establishing links ADHD with other psychiatric disorders, including J. Biederman established communication affective disorders (depression, anxiety), deviant behavior and learning difficulties with ADHD. Interesting is the research by V. Krasova in which hyperactive behavior is represented by a combination of actual motor disinhibition, increased distractibility, ie disorders of attention and emotional-volitional disorders.

The study of the problem of hyperactive behavior in children at different times engaged not only outstanding domestic and foreign psychologists, but also children's psychiatrists and neurologists. It should be noted the work of authors such as L. Alekseev, A. Drobynsky, James Dobson, A. Koshelev, E. Lyutova, G. Monino, V. Oakland and others.

Analysis of clinical work in states that psychophysiological basis of hyperactive behavior in children can be immature, disruption or disorder of the brain (the type of small brain dysfunction). The manifestation of a hyperactive child's behavior takes a few areas, including the most common combination of three different options symptoms: excess motor activity, impaired emotional behavior, attention deficit.

In practice we meet several school groups, exhibiting attention deficit and hyperactivity:

1. Children who have ADHD is accompanied by marked disturbances of coordination: general motor – when deploying movements in space and fine motor skills - the deployment of movements in the plane (on the board in the notebook on the table, etc.).
2. Children with disabilities perception of spatial and temporal relationships: perception distortions of shapes and sizes surrounding objects and relations between them, understanding cause-effect relationships, sequence of events.
3. Children with disabilities reciprocal interactions of eye movements and hand when writing, drawing, design, etc.
4. Children who have ADHD there are mixed forms with delayed mental development and language pathology: abnormal development of cognitive processes, impairment of emotional and volitional, defects of speech.

Studying disorder in the psychological literature is toward clarifying the notion of “hyperactivity”, its main components. However, challenges remain relevant today: revealing the dynamics of different forms of hyperactive behavior, identifying the reasons underlying the hyperactive behavior and find ways of psychological adjustment reduced regulatory capacity of the psyche in hyperactive children.

Currently, the main corrective means researched hyperactive behavior in three areas: physical rehabilitation, behavioral adjustment of children and adult relatives; therapeutic measures.

Treatment of hyperactive children has to include physical rehabilitation. These are special exercises aimed at restoring behavioral responses, making coordinated movements with arbitrary relaxation of skeletal and respiratory muscles. The mechanism of improved health associated with increased production during prolonged muscular activity of specific substances – endorphins, which positively affect the mental health of the child. However, not all types of physical activity can be beneficial for hyperactive children. They do not show the games where very distinct emotional component (competition, performances). Therapists recommended physical exercises that are aerobic in nature, in the form of a long, uniform training and high intensity light: long walks, swimming, skiing, biking and more. Particular attention is modern psychologists and therapists devote breathing exercises that relieve stress, anxiety, improve mood.

Behavioral adjustment should take into account the peculiarities of the nervous system of the child.

Particular attention should draw correction work in the family that seeks to enrich the emotional experience of hyperactive children, help in learning basic activities of self-control and thereby reduce symptoms of increased physical activity. This will be action, situations, events, aimed at strengthening relations and their emotional enrichment. In education hyperactive child close should avoid two extremes: on the one hand, excessive displays of compassion and permissiveness, the other – setting requirements that the child is unable to perform. It should be noted that frequent changes in indications and mood swings are parents to these children more than others.

The process of improving the child usually takes a long time and does not occur immediately. An important factor in this process is emotionally rich interaction of the child with adult relatives. Overall, the atmosphere in the family is considered as a condition of securing, and in some cases even the emergence of hyperactivity as a means of child's behavior. Often some of the features of the nervous system of children through education and poor living conditions have a background that facilitates the formation of hyperactive children as a way of addressing the adverse conditions.

For guidelines to help parents in the upbringing of hyperactive children include:

First, correction of external behavior close to adults:

restraining violent passions, especially if adults are frustrated or unhappy child's behavior, avoid categorical words and expressions hard estimates accusations, threats that can create tensions and trigger conflict in the family, the desire to at least say “no”, “not”, “stop”;

emotional support to children in all attempts constructive, positive behavior, however small they may be;

education of interest to a deeper knowledge and understanding of the child.

Secondly, the organization of the environment and the environment in the family:

- allocation to the child's own room or part thereof for activities and games. it is advisable to avoid bright colors and complex compositions. on the table in the immediate environment of the child should not be distracting objects, as hyperactive child is unable to do so, that nothing extraneous it is not distracted;
- the organization of the daily routine, which acts on a child soothingly;
- definition of responsibilities for the child circles, continuous observation and monitoring their implementation, often celebrate and praise the efforts of the child, even if the results are far from perfect.

Thirdly, active interaction and emotional unity with the child close to adults:

- the use of basic child – playing, during which emotional actions that are intonations of voice, facial expressions, gestures, responding adult form their actions and the actions the child brings immense satisfaction to both parties;

- unconditional love and support of the child.

Hyperactivity – a common disease children and adults. Therefore, remedial work will benefit both the child and her family. The key can include: play therapy, Gestalt therapy, integrative therapy.

Play therapy helps children acquire skills for self-regulation of behavior through the development of cognitive processes, such as voluntary attention, memory, predicts their actions, improving motor and volitional activity.

During therapy the child learns to better understand their feelings, make choices, make decisions, take responsibility for their own actions. As a result, developing communication skills, increased self-esteem, which affect the adaptive capacity of the child.

It is worth emphasizing efficiency dolls and toys small size, which make it possible to express and get unconscious fears, anxieties, resolve conflicts. Also, the game helps to establish friendly relations between an adult and a child, contributing to the establishment of trust.

On the negative manifestations of the behavior of hyperactive children particularly occurs when dealing with aggression, anger effectively use methods of gestalt therapy, namely in cases where the necessary work on the emotions of the child. During behavioral therapy with a child psychologist works out constructive behaviors that replace destructive.

Psychology corrective program for students with disabilities hyper dynamic behavior and school skills formation includes two areas of work with different content and psycho social and recreational components.

The first area is psycho associated directly with a child holding an individual or group psycho of the second line – social and recreational includes tasks aimed at providing social and psychological support for the child with hyper dynamic behavior. Psychological orientation of the program includes:

- the development of feelings of empathy in children, skills recognition and differentiation of emotional responses and experiences, as well as practical skills possession expressive movements and actions;
- development and enable the formation of self-control on his emotional state and his behavior, the formation of tolerance for other positions;
- the development of cognitive skills and structuring of temporal and spatial organization of mental processes, providing the ability to predict the outcome of behavior;
- developing skills in children of group interaction, communication, and group cohesion;
- help your child in the knowledge of his real "I", raising self-esteem, self-confidence.

To implement the above named skills offered in Psychology corrective program that conventionally carried out in several stages:

1. The first phase aims to establish the relationship with the therapist, discuss and outline the problems that bother the child, focus on the main points of the events that occur, structuring activities. Approaches and techniques that are being used at this stage are client-centered approach, empathy, congruence, active listening.

2. The second phase is associated with an awareness of their own emotions, feelings, emotions, aspirations and efforts. The most appropriate technique is the use of gestalt therapy.

3. The third phase promotes self-esteem, a positive image of "I". The most successful at this stage are body-oriented and art therapy psycho.

4. The fourth stage is aimed at the formation of new structural forms of interaction with the environment that promotes flexibility in behavior and reveals the adaptive resources of the child. At this stage the goal is achieved by using cognitive-behavioral therapy.

5. The fifth stage of mastering skills scores constructive behaviors. In addition to behavioral therapy is widely used play therapy.

To develop basic aspects of cognitive activity appropriate to use additional activities such as psycho gymnastics, theatricality.

The organization social recreation of parents or educators should ask before you start working parents and teachers to characterize the behavior of the child and they form a motivation for the need for long-term child psychological support.

The first phase of social and recreational work is Information and Education, it includes a review of parents with psychological characteristics and features of the social behavior of children with hyperdynamic behavior. This phase of work is especially necessary to parents as parents after prolonged confrontation with the hyperactive child usually feel powerless and do not know what to do.

On awareness-raising phase parents not only get the information, but have removed feelings of guilt, which they often coexist. In addition, parents are taught to use their influence for a child to achieve consistency in their actions, to be able to forgive a child, avoid physical punishment as it was not difficult.

The second stage is Special. At this stage, parents, teachers, tutors help acquire these skills:

1. Overcoming disobedience and the ban or eliminate defiant child behavior.
2. Introduction to the techniques of daily monitoring homework, ability to organize activities of the child to the success was the maximum and minimum setbacks.
3. Adapting to the emotional problems of the child.
4. Learning ability to maintain control of the situation, eliminating expansion of existing problems.
5. Protection of other family members and other children affected by adverse factors caused by hyperactive child's behavior.

The third phase – consolidation, parents, teachers, educators can join a support group to discuss and share problems of children and the problems associated with the failure of training, education.

It should be emphasized that one of the causes of hyperactivity and attention deficit is aborted management features that include a number of independent processes, namely the processes of programming, regulation and control. Therefore, psychological corrective work is aimed at forming ability to resist distraction, the possibility of fast switching various stages of activity associated with the redistribution of note, the development of control processes on their own performance and planning processes. A special role is played by linguistic mediation activities.

Group forms to work with hyperactive children include the following exercises:

- 1) development and control of motor activity:
  - motion exercises slow movements, postures and breathing exercises calm;
  - exercise: "what's going on?", in which the child through facial expressions, movements, emotions perform the task;
- 2) improving the skills of emotional self-regulation areas:
  - introduction: "most of all i like least of all ... i love you ...";
  - icon emotions, expression of mood through exercise "affectionate name";
  - exercise "good circle" – an expression of their feelings and moods;
- 3) creating a positive image of "I" of structural behavior:
  - game fantasy, correction and shaping behavior;
  - exercises to increase self-confidence - to finish the sentence: "i want ..." "i can ..." "i will be able to ...";
  - story – "I love it when ..." "I feel bad when ...", "... when I'm angry", "I worry about ...", after which addressed the proposed situation.

As a result of achieving the designated goal we settled the following tasks:

1. Improvement and skills on motor control and emotional spheres.
2. Formation of the ability to use personal resources to overcome traumatic situations.
3. Developing a positive attitude and environment.

There is a widespread view that in puberty hyperkinetic symptoms gradually leveled out and in individual psychological and personal variables. However, analysis of remote medical and social consequences of the disorder suggests that patients and in young and in middle age remain difficulties in obtaining education, acquisition profession of problems in the family, often establishes an aggressive type of conflict resolution, easily fixed states depending on substance that indicates the persistent violation of social adaptation and after adulthood. These facts indicate a high social value analyzed symptom disorders realistically as hyper kinetic disorder is predictive of a wide range of violations, including aggressive, addictive behavior and criminal recidivism. Therefore, early diagnosis is

important, adequate psycho corrective and medical and health care that is based on open in the system real psycho-social support through family, education and science and social prevention..

### 3. CONCLUSIONS

According to clinicians and physiologists problem of hyperactive behavior is determined by individual variation and natural features caused by development. Psychological studies suggest the importance of external social factors, especially adequate forms of organization and communication of the child, the impact of family relationships on the manifestations of hyperactivity. In this context, hyperactivity considered as formed way older child's interaction with the world.

Implementation of psychological and pedagogical principles to overcome hyperactivity in children leads to increased self-esteem, developing the ability to plan and predict their own behavior and as a consequence – Disclosure adaptive capacities of the child.

Based on the above, it should be noted that every hyperactive child needs an individual approach, because increased activity and behavioral disorders can be manifestations of different disorders. Hyper dynamic syndrome in children can be reduced by techniques of effective, constructive engagement in the “adult – child”.

### REFERENCES

- [1] *International Pedagogical Academy*. 1994. (in Russian)
- [2] Bekhterev V.M. *Objective psychology*. Science, Moscow, 1991. (in Russian)
- [3] Bryazgunov I. *A non-settled child, or All about hyperactive children*. Publishing house of the Institute of Psychotherapy, Moscow, 2001. (in Russian)
- [4] Drobinsky A.O. Syndrome of hyperactivity with deficiency. *Defectology*, 1 (1999). (in Russian)
- [5] Zavadenko N.N. Diagnosis and differential diagnosis of attention deficit disorder with hyperactivity in children. *School psychologist*, 4 (2000). (in Russian)
- [6] Zavadenko N.N. Factors for formation of attention deficit and hyperactivity in children. *The World of Psychology*, 2000. (in Russian)
- [7] Zaporozhets A.V. *Features of psychology of children of early and school age*. VLADOS, Moscow, 1985. (in Russian)
- [8] Kashchenko V.P. *Pedagogical correction*. Pedagogy, Moscow, 2000. (in Russian)
- [9] Malenkova L.I. *Teachers, parents, children*. Aspect, Moscow, 1994. (in Russian)
- [10] Motova E.K. *Training of effective interaction with children*. Speech, St. Petersburg, 2001. (in Russian)
- [11] Obukhova L.F. *Child psychology: theory, facts of the problem*. Aspect, Moscow, 1995. (in Russian)
- [12] Ravich-Shcherbo I.V. *Psychogenetics: Textbook*. Aspect Press, Moscow, 2002. (in Russian)
- [13] Rapaev D.S. *Hyperactivity in children's reward*. VLADOS, Moscow, 2007. (in Russian)
- [14] Budnyk O. *Professional training of primary school teachers to social and educational activities: Theory and Practice*. Seredniak T.K., Dnipropetrovsk, 2014. (in Ukrainian)
- [15] Slavina L.S. *Children with affective behavior*. Moscow State University, Moscow, 1966. (in Russian)
- [16] Stepanov V.G. *Psychology of difficult schoolchildren*. Moscow, 2001. (in Russian)
- [17] Spivakovskaya A.A. *Prophylaxis of children's neuroses. Complex psychocorrection*. Moscow State University, Moscow, 1988. (in Russian)
- [18] Shevchenko Yu.S. *Correction of behavior of children with hyperactivity and psychotic syndrome*. Knowledge, Moscow, 1997. (in Russian)
- [19] Shirgalin B.Sh. *Work with children at risk*. Pedagogy, Moscow, 1999. (in Russian)
- [20] Shulga T.I. *Psychological foundations of working with children at risk*. Knowledge, Moscow, 1997. (in Russian)
- [21] Chistyakova M.M. *Psychogymastics*. Enlightenment, Moscow 1990. (in Russian)

**Address:** Liana Novitska, Volodymyr Dahl East Ukrainian National University, 59-a, pr. Central, Severodonetsk, 93400, Ukraine.

**E-mail:** uni.snu.edu@gmail.com.

**Received:** 01.04.2017; **revised:** 05.05.2017.

---

Новицька Ліана. Соціально-психологічні і педагогічні засоби проявів гіпердинамічного синдрому в структурі афективних розладів особистості. *Журнал Прикарпатського університету імені Василя Стефаника*, 4 (1) (2017), 148–154.

У статті висвітлено проблему корекції афективних розладів особистості (на прикладі зниження проявів гіпердинамічного синдрому), проаналізовано основні підходи до вирішення окресленої проблеми. Визначено причини виникнення та форми вияву синдрому дефіциту уваги з гіперактивністю. Охарактеризовано основні засоби зниження проявів гіпердинамічної поведінки, які включають два напрямки роботи психокорекційних і соціореабілітаційних компонентів. Перший напрям пов'язаний із проведенням індивідуальної чи групової психокорекційної роботи; другий – соціореабілітаційний, включає завдання, спрямовані на забезпечення соціально-психологічної підтримки особистості. Доведено, що проблема гіперактивної поведінки визначається індивідуальною варіативністю та природно-обумовленими особливостями розвитку особистості. Психологічні дослідження дозволяють стверджувати про важливість зовнішніх, соціальних факторів, насамперед адекватних форм організації діяльності і спілкування, вплив сімейних відносин на прояви гіперактивності. Обґрунтовано, що реалізація психолого-педагогічних засад подолання гіперактивності призводить до підвищення самооцінки, розвитку здатності планування і прогнозування власної поведінки і, як наслідок, – розкриття адаптаційних можливостей особистості.

**Ключові слова:** афективні розлади фізична реабілітація, поведінкова корекція, психотерапевтичні методи.