

Development, Upbringing and Education of Children with Mental Delays

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Abstract: *This article discusses the causes, types, approaches to education and upbringing, rehabilitation and correctional work, as well as recommendations based on the principles of family upbringing and the individual characteristics of the child. The article also provides specific practical recommendations for the formation of fine motor skills, sensory-emotional development and motor activity.*

Key words: *Mental retardation, MRD, mental development, rehabilitation, correction, pedagogical approach, emotional development, motor skills, special education.*

Mental retardation (MRD) is characterized by a lag in the mental development of children compared to age norms. This condition is most often detected in preschool and primary school age. The article examines in detail the causes of this developmental delay, diagnostic signs and educational approaches to it. Mental retardation (MRD) is a temporary but clearly manifested lag in the formation of age-specific mental functions in children. This condition is usually detected in preschool and primary school age and is often associated with neurological, psychogenic or somatic factors. Social adaptation is difficulty in building relationships with peers, limited play activity.

Methodology This article analyzes the developmental characteristics of children with mental retardation, individual approaches to the process of education and upbringing, psychological and pedagogical correction, principles of upbringing in the family and culture of communication. The study was conducted in the form of analytical, descriptive and practical recommendations.

There are many factors that lead to the development of mental retardation (MRD), which can be classified as follows:

- Biological factors: prenatal (infections during pregnancy, toxicosis), natal (birth asphyxia, trauma), postnatal (severe illnesses in the first year, neurological disorders);
- Socio-psychological factors: lack of adequate social stimulation, apathy, pedagogical neglect, stress, family conflicts;
- Pedagogical factors: incorrect approaches, heavy workload, unadapted programs.
- Types of RRS (based on the classification of A.V. Semenovich, M.S. Pevzner):
- Constitutional type — this is associated with the natural slowness of the child's individual mental development.
- Somatogenic type — the child lags behind in development due to somatic (physical) diseases.
- Psychogenic type — is formed under the influence of socio-psychological discomfort, family environment, and emotional instability.
- Cerebral type — delay associated with organic brain damage.

Results. Approaches in education

Adaptive basic general education programs have been introduced in the Russian Federation and other countries for children with RRS. The most commonly used options:

Rehabilitation and correctional work: A systematic approach is important in working with children with RRS:

- Psychologist — corrects the emotional-volitional sphere.
- Speech therapist — strengthens speech development.
- Special educator — supports cognitive development with special pedagogical methods.
- Parents — help the child's social adaptation through love, patience and constant communication.

Information that parents should know about children with mental retardation:

1. Structural features (constitutional features):

- Infantile (childish) state of the psyche;
- "Childish" expressions in facial expressions;
- Predominance of emotional reactions in behavior;
- Low motivation for intellectual activity.

2. Organic insufficiency of the central nervous system:

- Neurotic and neurosis-like disorders;
- Disorders in the emotional-volitional sphere;
- Decreased working capacity;
- Slow development of cognitive and emotional spheres, their stagnation at a certain period;
- Unformed voluntary control of behavior.

3. The causes of MRD can be different:

MRD — (lag in mental development) is a child's mental maturation that is slower than normal age norms. Such children are characterized by the following features:

- Insufficient cognitive activity;
- Decreased working capacity;
- Underdevelopment of the emotional-personal sphere.

4. The influence of negative social factors:

- Rapid fatigue and exhaustion;
- Low working capacity;
- Limited perception of the environment;
- Predominance of play interests and underdevelopment of play activity.

5. Signs to watch out for:

Children with mental retardation do not differ in appearance from healthy children. Therefore, parents are often unaware of the presence of a problem. The first alarming signs usually appear when the child goes to kindergarten or school — teachers draw attention to the child's inability to master the educational material.

Pay attention to the signs of mental retardation at the following age periods:

- At 5 months: the child does not respond to his parents when they appear in his field of vision, does not pay attention to them.

- At 12 months (1 year): his movements are not coordinated, it is difficult to perform specific actions with his hands (for example, to take an object from a shelf, hold it for a while).
- At 18 months (1.5 years): does not understand his own name, does not say simple words that are often repeated, does not understand when simple actions are required of him.
- At 2 years: vocabulary is very poor, does not understand statements that call for action.
- At 3 years: the child cannot build complete sentences consisting of sentences, cannot repeat what was said recently, pronounces words very quickly and incomprehensibly or, conversely, very slowly.
- At 4 years: there is no consistency in speech, cannot distinguish concepts, attention is impaired, auditory and visual memory is weak.

These signs may indicate a delay in the child's development. It is important to consult a specialist in time.

Characteristics of children with delayed mental development:

1. Communication characteristics: Difficulty in establishing contact with other people. Often chooses children younger than him to play with. Very sensitive to sympathy, affection and compliments.
2. Cognitive characteristics: Low interest in knowledge, less curious than peers. Limited general knowledge and imagination. Can perform tasks much better with the help of adults than independently.
3. Behavioral characteristics: Very hot-tempered, impulsive (may act without thinking). Has difficulty following accepted rules and norms. Not independent, needs constant supervision. Emotionally unstable, mood swings, prone to whims. Emotions are typical of the early stage of development and do not correspond to his age. Anxiety, aggressiveness, a tendency to suspicion are observed.
4. Features of emotional development: Emotional responses and feelings are more at the level typical of younger children. Note: RRS (mental retardation) is usually assigned to children of preschool and primary school age. In children over 12 years old, this condition is expressed by the term "mild cognitive impairment".

General principles of raising a child with RRS in a family

The family is the main factor in the development of a child, and this applies not only to children with mental retardation, but also to healthy children. The way a child is raised in the family, how his parents treat him, his fate, success in life, self-esteem and other important aspects are formed on this basis. It is necessary to understand that raising a child with ZPR is a serious, complex and long-term work. Infantile behavior may indicate that the child suffers from a lack of attention and affection. If a child with ZPR is deprived of parental attention and support, he experiences a feeling of resentment and misunderstanding. As a result, he tries to behave like a "little child" again in order to gain his mother's attention. The main goal in raising such a child is to form independence in him. This will stimulate his activity and reduce his dependence on his parents. Keep in mind: these children have a very low sensitivity to negative influences - reproaches and punishments may be ineffective. But they are very sensitive to encouragement and affection. If parents understand the innate psychological characteristics of the child, they can greatly help him overcome problems and prepare him for social life by properly directing these characteristics. Being a friend and mentor for a child is not just a forbidding one. It is necessary to help him in times of difficulty. Family quarrels should not be allowed in front of the child. The following should be paid attention to: The child should be taught to dress independently, take care of himself, and maintain cleanliness. The child should be allowed to do housework and complete small tasks independently. It should be taught to overcome difficulties and finish what has been started. Positive behavioral habits should be formed. Honesty, kindness, hard work, and tolerance should be cultivated.

A child with MRD needs the help and support of adults. They should show patience, understanding and perseverance in communicating with the child. It is especially important for the child to establish a proper relationship with the mother. Talking with the child. You should always try to be calm, kind and friendly. From the first months of life, the child should feel stability and peace in the environment. Speech should be expressed clearly, intelligibly, sequentially and briefly. The child should be taught to communicate, ask for help, help others. He should be given conditions for communicating with peers and friends, because no media can fully replace live communication. The earlier the child begins to communicate with other children, the easier it will be for him to socialize and adapt in the future. Be interested in the child, ask for his opinion and listen carefully. He should be given the opportunity to express his opinion freely. If he makes a mistake, you need to correct him carefully. Show the child that you are ready to accept his opinion, this will strengthen his sense of self-respect. Praise the child if he succeeds in something or achieves his goal. Nothing can replace warm, sincere and interesting conversations with a child (parents). Only through personal communication does a child form a feeling of being needed by others - which, in turn, gives him a sense of self-confidence and security.

Unformed play activity is the first sign of a lag in mental development in children.

Conclusion. Children with mental retardation are included in the category of children with special needs, but with the right diagnosis, early rehabilitation, an individual approach and a positive psychological and pedagogical environment, they can achieve full development. The important thing is not to isolate them from their normally developing peers, but to support them in an integrated way. Training conducted in collaboration between parents and specialists is effective and productive.

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