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Research Article

DIFFERENTIAL DIAGNOSIS OF CHILDREN WITH COMPLEX DEVELOPMENTAL DISORDER

Submission Date: November 01, 2022, Accepted Date: November 15, 2022,

Published Date: November 22, 2022 |

Crossref doi: <https://doi.org/10.37547/tajssei/Volume04Issue11-03>

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ABSTRACT

This article describes the work carried out to improve the educational system and content of differential diagnosis of children with complex defects, a brief analysis of the educational opportunities of children with complex defects. Information about the work of medical workers and various specialists, educators is also provided.

KEYWORDS

Sensor, neurophysiological, complex examination, diagnostic, examination, coordination, differential diagnosis, neurophysiologist.

INTRODUCTION

Identification and diagnosis of children with complex developmental disorders is a new and serious problem. People who are called to solve it are specialists in various fields of medicine with extensive knowledge. A single comprehensive program of examination of children with severe mental retardation should include:

mandatory medical, neurophysiological and psychological-pedagogical comprehensive examination of each child at the first visit; examination of vision and hearing in children with all kinds of developmental anomalies;

conducting repeated psychological-pedagogical examination of all children with developmental disabilities;

refer all families for genetic testing.

THE MAIN RESULTS AND FINDINGS

Medical or clinical examination should include the participation of doctors of various specialties (pediatricians, neurologists, psychiatrists, ophthalmologists, otorhinolaryngologists and geneticists), taking into account the data of laboratory, radiological and other special examinations; in recent years, for example, examination using brain imaging and magnetic resonance imaging (MRT).

Neurophysiological testing may include electroencephalography (EEG) and objective evoked potential testing of the child's vision and hearing. The data of the child's neurophysiological study can have a significant impact on the conclusion about the presence and severity of emotional disorders, the depth and level of damage, and the maturity of brain processes.

The psychologist summarizes the information obtained together with the doctor and completes the history of the child's development obtained from the interview with his family members, paying special attention to the description of the child's condition during the illness, the disease, which led to a complex mental developmental disorder. For this, it is very important to carefully collect all available information about the features of his mental development before the disease and to start restoring the lost connections with the help of intact sensory organs in time.

Psychological-pedagogical expertise includes studying the characteristics of the child's motor, emotional, cognitive and personal spheres, communication

capabilities and the level of self-service both during the initial reception and during long-term observation (observation in dynamics). should include. In most cases, it is not possible to use traditional diagnostic methods and tests in the psychological diagnosis of children with congenital multiple defects. In such cases, it is important to observe the child's behavior and characteristics of communication with others (including the child's usual home environment) and analyze video materials about it. When conducting an examination at the diagnostic center, it is customary to carefully monitor the features of the child's reaction to the new room, to observe the nature of the child's communication with close adults and strangers. It is especially important to determine the level of his activity and interest in communication, individual methods and means of communication, sensitivity to the partner's influence and the ability to respond to them in one way or another.

It is necessary to carefully describe the child's motor characteristics, his movement coordination methods, his usual position and movements, the activities that give him the greatest joy (including those suggested by adults).

When studying the sensory field, it is necessary to note the level and characteristics of the child's use of sight, hearing, touch, smell, meeting new objects and moving. It is important to remember that a child with complex sensory disabilities can use not only his hands, but also other parts of the body, for example, the soles of the feet, the back, various parts of the face, and the tongue.

When determining the level of development of objective activity, it is necessary to carefully observe and describe various types of movements with objects. Actions with objects are highly regarded given their widely recognized cultural significance. In the child's

actions with objects and toys, it is necessary to note his interest, persistence, emotional involvement in the activity, the level of acceptance of the help and assistance of adults, and the ability to imitate.

A psychologist, together with a doctor, a neurophysiologist and a teacher, summarizes and completes the child's developmental history from medical records and interviews with family members. In the case of acquired sensitivity and other disorders, when taking an anamnesis, special attention is paid to describing the child's condition before the disease, which led to a complex disorder of mental development. In a child who has lost sight and hearing, it is possible to assess his development prospects by the nature and speed of restoration of damaged connections with the environment through intact sensory organs.

Special psychologist The main task of differential diagnosis in the guide is to qualify the developmental disorder by assigning the specific case to a specific variant of dysontogenesis and to a pedagogical group. At the same time, differential diagnosis solves the following important tasks:

Demarcation of similar cases of abnormal development of different genesis;

Determining the primary or secondary nature of a specific defect;

study of the atypical direction of dysontogenesis;

Determining the role of various defects in complex, complex defects;

Determining the relationship between dysontogenetic (developmental disorders) and encephalopathic (damage to brain structures).

The need and importance of limiting such cases depends on several factors.

First, it is the difficulty in diagnosing dysontogenesis itself and signs of underdevelopment within it.

Secondly, many syndromes of mental development are very similar to a number of conditions based on speech disorders, motor disorders, behavioral deviations, etc., rather than mental retardation. In childhood, the signs of the disorder are not clearly visible, the symptom complexes are atypical, and this sometimes makes it difficult to distinguish the signs of deficiency (loss of function or its immaturity) from effective ones (pathological neoplasms).

Thirdly, obtaining objective data on various aspects of impaired development requires a comprehensive comparative study and analysis.

Let's consider the main features of the clinical approach to the differential diagnosis of child development.

1. During the survey, the main focus is on determining the methods of the subject's execution of tasks, the nature and causes of his errors, and the possibilities of their elimination as a result of providing assistance.
2. Mastery of the subject is studied as the ability to transfer the newly learned element to the solution of the next task and the ability to independently apply what was learned with the help of an experimenter.
3. Various tasks, including certain tests, can be effectively used in the clinical approach. In this case, quantitative standards are not used, but the psychologist can flexibly change the tasks sorted by complexity.

4. In the clinical approach to the examination, various qualitative characteristics of the subject's mental activity (attention, organization of activities, work ability, etc.) are determined. This advantage can be realized only if the experimenter has a lot of experience, which allows him to see and correct different qualities of the subject's activity at the same time.

CONCLUSION

The task of conducting a comprehensive diagnostic examination of a child with multiple disorders is to describe in detail his physical, somatic and mental condition at the time of the examination and to develop psychological and pedagogical recommendations for teaching and upbringing. The question of the potential development of a child with multiple injuries and complex disorders can be resolved only in the process of raising and teaching him for a long enough time, about a year.

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