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# PATHOLOGICAL CONDITION IN CHILDREN WITH COGNITIVE DISORDERS: CLINICAL FEATURES AND CORRECTIVE SUPPORT

# ПАТОЛОГІЧНИЙ СТАН У ДІТЕЙ З КОГНІТИВНИМИ ПОРУШЕННЯМИ: КЛІНІЧНІ ОСОБЛИВОСТІ ТА КОРЕКЦІЙНА ПІДТРИМКА

**Abstract.** The article is devoted to the research and study of the problem of children with cognitive disorders, namely mental retardation (MR), as well as the use of methods of correction and compensation of impaired and underdeveloped functions, which allow to weaken the manifestations of secondary disorders in the development of children with mental retardation. Etiopathogenetic approach, analysis of disorders and determination of etiology and mechanisms that determine the structure of the defect in one or another variant of mental retardation. Deep comprehensive study of the child is the basis for choosing the optimal variant of correctional work.

The purpose of the article is to analyze clinical studies of this category of children, which is aimed at studying the causes and clinical and neurophysiological mechanisms of developmental abnormalities and the pathological symptoms caused by them, as well as at identifying clinical variants of mental retardation.

The article presents data on neurophysiological studies of this category of children by well-known scientists, as well as various classifications of mental retardation. Thus, the results of the study clearly indicate contradictions, which are determined by the fact that children with mental retardation have specific developmental features, due to cerebrosthenic phenomena and the lack of programmatic and methodological support for the correctional and educational process of education in a general education school. They indicate that children with mental retardation have the potential to preserve the possibility of intellectual development, but they are characterized by cognitive impairment due to the immaturity of the emotional-volitional sphere, reduced working capacity, and insufficiency of a number of higher mental functions.

***Key words:*** etiology, clinical studies, pathological condition, neurophysiological mechanisms, mental retardation, correction, compensation.

**Анотація.** Статтю присвячено дослідженню та вивченню проблеми дітей з когнітивними порушеннями, а саме – затримки психічного розвитку (ЗПР), а також використання способів

корекції та компенсації порушених та недорозвинених функцій, що дають змогу послабити прояви вторинних порушень у розвитку дітей із затримкою психічного розвитку. Етіопатогенетичний підхід, аналіз порушень та визначення етіології і механізмів, що визначають структуру дефекту в тому чи іншому варіанті затримки психічного розвитку. Глибоке всебічне вивчення дитини – основа для вибору оптимального варіанту корекційної роботи.

Метою статті є аналіз клінічних досліджень цієї категорії дітей, яке спрямовано на вивчення причин і клініко-нейрофізіологічних механізмів відхилень у розвитку та обумовленої ними патологічної симптоматики, а також на виділення клінічних варіантів затримки психічного розвитку.

У статті наведено дані нейрофізіологічних досліджень даної категорії дітей відомих вчених, а також різні класифікації затримки психічного розвитку. Отже, в результаті дослідження яскраво позначаються суперечності, які визначаються тим, що діти із ЗПР мають специфічні особливості розвитку, зумовлені церебрастенічними явищами і відсутністю програмно-методичного забезпечення корекційно-освітнього процесу навчання в загальноосвітній школі. Вони вказують на те, що діти із затримкою психічного розвитку мають потенційно збережені можливості інтелектуального розвитку, але для них характерно порушення пізнавальної діяльності у зв'язку з незрілістю емоційно-вольової сфери, зниженою працездатністю, недостатністю ряду вищих психічних функцій.

***Ключові слова:*** етіологія, клінічні дослідження, патологічний стан, нейрофізіологічні механізми, затримка психічного розвитку, корекція, компенсація.

**Relevance of the study.** The largest group among children with special educational needs are children with cognitive developmental disorders: with mental retardation, autism spectrum disorders, attention deficit hyperactivity disorder and mild intellectual disabilities (Prokhorenko et al., 2020).

The most common group is mental retardation (MR). This term is used for children with mild central nervous system insufficiency – organic or functional. These children do not have specific hearing, vision, musculoskeletal disorders, severe speech disorders they are not mentally retarded. At the same time, most of them have polymorphic clinical symptoms: immaturity of complex forms of behavior, deficiencies in purposeful activity against the background of increased exhaustion, impaired performance and encephalopathic disorders. Today, the above-mentioned problem is quite relevant. After all, the manifestation and depth of the mental retardation disorders are quite ambiguous,

which is due to both the various causes of its occurrence and the uniqueness of each child's individuality, upbringing, and development.

**Analysis of previous studies and publications**. Clinical studies of the children with cognitive impairment presentation, namely children with mental retardation, were presented in the works of L.S. Vavina, T.A. Vlasova, T.P. Viskovatoy, Yu. I. Daulenskene, T.D. Ilyashenko, K.S. Lebedinsky, V.I. Lubovsky, T.V. Marmara Kovskaya, M.S. Pevzner, M.V. Rozhdestvenskaya, T.V. Sak, U.V. Ulenkova, S.D. Yakovleva, L.M. Rudenko and others were deepened and refined in the works of other scientists (Mamatova, 2017). These studies are aimed at studying the causes, and the clinical and neurophysiological mechanisms of abnormalities developmental and the pathological symptoms caused by them, as well as at identifying clinical options for delaying mental development.

N.A. Bastun, V.V. Nazarevich, M.G. Reidyboim, E.F. Sobotovich, V.V. Tarasun, S.G. Shevchenko, N.A. Tsypina, L.I. Prokhorenko, G.B. Sokolova, O.A. Babyak, N.I. Batasheva, I.M. Omelchenko and others devoted their research to the study of the features of children mental development with developmental disabilities and the search for means of further corrective influence.

**Purpose of the article.** Coverage of medical-biological, neurophysiological and psychological-pedagogical aspects of mental retardation.

**Research methods** – theoretical methods aimed at the formation of theoretical knowledge on the deviations symptoms, analysis and generalization of clinical manifestations.

**Research results.** Research by O. Babyak, N. Batasheva, T. Ilyashenko, T. Marchuk, A. Obukhivska, I. Omelchenko, L. Prokhorenko, T. Sak, etc. shows that mental retardation covers the entire mental sphere of the child, including the peculiarities of the cognitive processes development, deficiencies in oral and written speech, immaturity of complex forms of behavior, deficiencies in purposeful activity against the background of excessive exhaustion, impaired performance, encephalopathic disorders, which generally indicates a systemic disorder of mental development (Prokhorenko et al., 2020).

The primary and main in the system of psychological and pedagogical influence on the development and learning of children with a violation of psychophysical development is a psychophysiological approach, which allows us to consider the personality of a child with developmental disorders and his activity not only as a dynamic multi-level phenomenon and is not limited only to studies of psychological components, but allows us to analyze morpho-functional structures and physiological processes that implement this activity (Yakovleva, 2019).

The reason for the deviation in development is understood as the effect on the child's brain of an external or internal adverse factor, which determines the specifics of the defeat or violation of the psychomotor functions development.

Developmental delay is certainly a syndrome that occurs in many manifestations of a painful condition in children. This is understandable, since complex brain systems are formed in them and they are characterized by the manifestation of new properties and qualities of the psyche at each age stage. Because of this, various adverse influences disrupt the processes of child development, often in the form of a delay in the pace of development.

It is known that almost any more or less long-term dynamic adverse impact on a child's brain can lead to deviations in psychomotor development. Their manifestations will be diverse, depending on the time of the adverse impact, i.e. on the stage of brain development at which it occurred, its duration, as well as on the social conditions in which the child is raised (Mamicheva, 2008).

Data on special pedagogy and psychology indicate that one of the most common forms of cognitive disorders in the early ontogenesis of the present is precisely the delay in mental development (Rudenko & Boyko, 2016).

The pathogenetic basis of the mental retardation symptoms is the organic damage to the central nervous system (CNS) suffered by the child and its residual organic insufficiency, as indicated in their studies by G.E. Sukhareva, T.A. Vlasova, M.S. Pevzner, K.S. Lebedynska, V.I. Lubovsky.

Developmental delays can be caused by various reasons: mild intrauterine damage to the CNS, mild birth injuries, prematurity, twinning, infectious and chronic somatic

diseases. The etiology of developmental delays is associated with both biological and adverse social factors. First of all, these are early social deprivation and the impact of prolonged psychotraumatic situations. Currently, certain successes have been achieved in the clinical, neuropsychological, psychological and pedagogical study of children with developmental delays.

Clinical studies of the such children category are aimed at studying the causes and clinical and neurophysiological mechanisms of developmental abnormalities and the psychopathological symptoms caused by them, as well as at identifying clinical variants of mental development delay. Data from neurophysiological studies (A.O. Drobynska, M.N. Fishman, 1995) indicate that the development of brain structures and connections between them lags behind the age norm in most 6-8-year-old children who have learning difficulties (Mamatova, 2017).

Underdevelopment of cognitive activity may be due to the insufficiency of some brain structures, primarily the frontal and parietal cortex. The process of functional combination of various brain structures is slowed down, their specialized participation in the implementation of the processes of perception, reconciliation, cognition, memory, speech and thinking is not formed. Four clinical and psychological syndromes can be distinguished, which determine the shortcomings of cognitive activity and cause difficulties in learning. The syndrome of mental infantilism is associated with the delayed maturation of the frontal-diencephalic systems of the brain, which causes the emotional and personal immaturity of the child, which manifests itself as if at an earlier stage of the emotional and volitional sphere development.

Emotional-volitional immaturity can be combined with mild cognitive impairment, speech, increased fatigue and oversaturation of active attention. This is due to the slowed pace of the left hemisphere structures development, primarily the frontal and parietal regions, as well as intra-hemispheric and interhemispheric connections. As a result, the child has weakened control and regulation of activity. Emotional-volitional immaturity is manifested in lack of independence, increased suggestibility, carelessness, and the predominance of gaming interests.

Motivation for activity is determined mainly by the desire to receive pleasure. A child with underdevelopment of interpersonal components is unproductive in educational situations, when he must obey the teacher's instructions and be more active in the game. Such children are characterized by motor disorders - restlessness, impulsiveness, insufficient coordination of movements.

Along with the prognostically favorable variants of uncomplicated infantilism, its complicated forms are distinguished, in which emotional immaturity is combined with encephalopathic disorders and more pronounced disorders of cognitive activity, such as disharmonious infantilism in psychopathic, cerebral, cerebral-organic conditions. In some cases, the easiest forms of mental immaturity clinicians associate with the so-called secondary infantilization, which occurs when the wrong upbringing of the child in the family. In any case, infantilism becomes one of the reasons for school maladjustment and failure.

Cerebrastenic syndrome is characterized by low resistance of the nervous system to mental and physical exertion. Cerebroasthenic disorders can occur with various disorders of brain activity, most often with hypertension-hydrocephalus syndrome (increased intracranial pressure). Such children have an enlarged head, a high, convex forehead, and a expressed vascular pattern (venous network) on the forehead and temples. Such children are characterized by motor discomfort, fine motor disorder. There is an unstable emotional tone, characterized by a sharp change of mood, whimper and tendency to apathy. In some cases, parents of such a child believe that child is beyond their age development, mistakenly focusing on good mechanical memory, multilingualism and a propensity to reason. However, upon closer examination it becomes clear that the formal side of speech is developed with shortcomings in its semantic side and logical memory is weakened. The most characteristic features of these children are increased fatigue and exhaustion, which manifests itself in attention disorders and weakness of voluntary activity. If we do not take into account the child’s abilities, then the increase in the workload, the imposition of unmanageable demands causes a significant risk of nervous and mental breakdown, sleep disorders and disturbances in the regulation of vegetative processes.

Children often show signs of dysfunction of the regulatory structures of the brain, primarily the diencephalic parts of the brainstem. (A.A. Drobinskaya, M.N. Fishman, 1995). Hyper dynamic syndrome (hyperactive or hyperkinetic) is characterized by general motor disinhibition, increased excitability, a large number of unnecessary movements, and impulsive behavior. These signs are combined with a pronounced lack of focused attention, decreased volume and concentration. The arbitrariness of behavior regulation is violated. Such children do not obey the requirements of discipline; they have problems communicating with their peers.

Psycho-organic syndrome is often the basis of abnormalities in the child cognitive activity formation in which, along with the phenomena of cerebrasthenia and motor disinhibition, signs of early organic brain damage are observed. It is manifested by weakness, slowness of any activity, weakness of motivation, inertia. In some children, inertia and slowness of mental activity coexist with motor disinhibition. Signs of manifestation of psycho-organic syndrome can also be in psychomotor disinhibition and disruption of purposeful activity.

Neurophysiological studies show that even with mild functional changes in the parietal, temporal-parietal-occipital, and temporal regions, changes in the processes of perception, analysis, and processing of information are noted. In such children, the process of forming internalize connections, which provide, in particular, such complex types of activities as reading and writing is difficult. Violations of the processes of reception and processing of sensory information cause deficiencies in the visual sphere, visual and auditory memory and difficulties in spatial orientation.

Children with psychoorganic syndrome suffer from fine motor skills and visual-motor coordination, which makes it difficult to learn self-care and writing skills. These shortcomings are reflected in productive activities (drawing, modeling). Children with psychoorganic syndrome tend to have delayed speech development. The impact of various harmful factors on the child's brain at different stages of its development can lead to a complex combination of both symptoms of mild damage and functional immaturity of various parts of the cerebral cortex. For the mental sphere of children with delayed mental development is a typical combination of insufficient higher mental functions and

preserved. Some children are dominated by emotional-personal immaturity and suffer from arbitrary regulation of activity; others have reduced working capacity, third have more pronounced deficits in attention, memory, thinking (Prokhorenko et al., 2020).

The problem of constructing a corrective-pedagogical process in special educational institutions is due to the fact that the delay of mental development is a complex polymorphic disorder and affects different aspects of mental and physical development. There are many different causes of delayed mental development, as well as its various manifestations. There are several classifications of mental developmental delay. T.A. Vlasowa and M.S. Pewzner (1967) propose the first clinical classification. This classification considers two options of mental retardation. In the first option, the violations are manifested in emotional-personal immaturity due to mental or psychophysical infantilism. In the second option, cognitive activity disorders are in the foreground in connection with persistent cerebral asthenia (Sementzova, 2019).

An interesting classification by U. U. Kovalev (1979). He identifies three variants of mental retardation caused by the influence of biological factors:

- dysontogenetic (in states of mental infantilism);
- encephalopathy (in mild organic lesions of the central nervous system);
- secondary mental retardation in sensory defects (in early visual and hearing impairments).

A fourth variant is also possible, which V. V. Kovalev associates with early social deprivation (Voitko, 2017).

In the practice of working with developmental delays children, the classification of K. S. Lebedynska (1980), developed based on the etiopathogenetic approach, is more widely used. According to this classification, four main variants of developmental delays are distinguished.

Mental retardation of constitutional origin (harmonic mental and psychophysical infantilism). In this disorder, the features of emotional and personal immaturity come to the forefront in the structure of the defect. Infantile mentality is often combined with an infantile body type, with «childish» facial expressions, motor skills, and a predominance of emotional reactions in behavior. Such children are creative in play; this activity is most

attractive to them, unlike educational activities. They do not like and do not want to study. The listed features complicate social, in particular, school adaptation.

Mental retardation of somatogenic genesis occurs in children with chronic somatic diseases of the heart, kidneys, endocrine and digestive systems. Such children are characterized by persistent physical and mental asthenia, which leads to decreased performance and the formation of such personality traits as shyness. Children grow up under restrictions and prohibitions, the circle of communication is narrowed and they do not have enough knowledge and ideas about the surrounding world. Often there is a secondary infantilization, emotional-personal immaturity is formed, which together with the decrease of working capacity and increased fatigue does not allow the child to reach the optimal level of age development.

Mental retardation of psychogenic genesis. With the early appearance and long-term effect of psychoactive factors, permanent shifts in the child's neuro-psychic sphere can occur, which leads to neurotic and to neurotic and neurosis-like disorders, pathological personality development. In the absence of supervision, the development of the personality can be observed in an unsustainable type: the child is dominated by impulsive reactions, inability to control his emotions. In the conditions of the child's hyper dependency, egocentric attitudes are formed, the inability to exert willpower, to work. In psychoactive conditions, neurotic development of the personality occurs. Some children have negativity and aggressiveness, hysterical manifestations, others - timidity, fears and cloudiness. In this version of the delay of mental development in the foreground are also disturbances in the emotional-volitional sphere, reduced working capacity, unformed arbitrary regulation of behavior. Children have poor knowledge and ideas; they are not capable of long-term intellectual effort.

Delay of cerebral-organic genesis. In this variant of mental retardation, immaturity traits and different degree of damage to a number of mental functions are combined. Group «A» - the structure of the defect is dominated by features of immaturity of the emotional sphere of the type of organic infantilism, that is, the psychological structure of mental retardation combines the unforcedness of neurological symptoms. Group «B» - symptoms of damage dominate: persistent encephalopathic disorders, partial disorders of

cortical functions are revealed, intellectual disorders predominate in the structure of the defect. In both cases, the functions of mental activity regulation suffer: in the first case, the control link suffers to a greater extent, in the second case, the control and the programming link suffer, which causes a low level of children's mastery of all types of activity (object-manipulative, play, productive, educational, speech). Children do not show a stable interest, their activity is not purposeful enough, and their behavior is impulsive.

Mental retardation of cerebral organic genesis is characterized by a primary impairment of cognitive activity, is the most stable and represents the most severe form. This category of children primarily requires comprehensive medical, psychological and pedagogical correction in special classes and preschool institutions. In essence, this form of mental retardation often expresses a condition bordering on mental retardation, requiring a qualified comprehensive approach to examining children (Martynchuk, 2017).

Special conditions similar to the symptoms with «delay» are formed in children due to the so-called «pedagogical neglect». In these cases, a child with a fully functional nervous system, who has been in conditions of informational, social, and often emotional deprivation for a long time, has an insufficient level of development of the emotional and personal sphere, and a decrease in knowledge, skills and abilities is noted. Such a child is well oriented in familiar situations at the everyday level, but in a situation requiring volitional effort and cognitive activity, he often behaves like a child with mental retardation.

**Conclusions and prospects of further studies.** The dynamics of such a child's development is determined by the intensity of pedagogical correction. When combined with favorable social environment, the development prognosis will be favorable. At the same time, a healthy newborn child with early deprivation may also have underdevelopment of certain mental functions. If the child does not receive pedagogical assistance in a sensitive period, these deficiencies may be irreversible. According to many researchers, the success of compensation is affected by the child's age, health condition, characteristics of the surrounding microsocial environment, which were delayed in development precisely because of mental functions, when and how much and other

psychological characteristics of the child are important. The most important factor determining the dynamics of age development is timely organization of correctional and pedagogical assistance, namely, in early and preschool age. Children with the listed options of mental retardation can study in special kindergartens or in inclusive groups in general education pre-school institutions or in inclusive classes of general education schools.

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## ІНДИВІДУАЛЬНИЙ ПЛАН ПІДТРИМКИ ДЛЯ ДОРОСЛИХ З ІНТЕЛЕКТУАЛЬНИМИ ПОРУШЕННЯМИ