



PSYCHOLOGICAL AND PEDAGOGICAL EXAMINATION OF CHILDREN OF THE EARLY AGE (1-3 YEARS)

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Annotation:

This article deals with the methods of examination and identification of psychological characteristics of children of early age with hearing impairment based on their theoretical basis and scientific analysis.

Keywords: Psychological feature, early age period, psychophysical development, diagnostics, Tonal hearing, musical instruments.

Introduction:

Obtaining a reliable pedagogical description of the state of hearing in children with disabilities based on the registration of unconditional indicative (behavioral) reactions is possible only up to 1.5 years of age. In older children, the unconditioned indicative reflex subsides, and they no longer give visible reactions to many audible sounds. As a rule, for the first time, most children over 1.5 years old respond only to very loud or unusual sounds. Reliable information about the hearing condition of these children can only be obtained during the targeted work on the development of a conditional motor reaction to sound: low, medium and high frequency and sound (whisper, conversation volume, loud sound). Such a reaction means a certain play action of the child in response to a sound signal.

Healthy, psychophysical development at the age of 10-12 months corresponds to age. In the initial presentation of various sounds, it became only a drum and a loud sound. After that, diagnostic sessions were carried out for two weeks, during it, both the teacher and the mother developed a conditioned motor reaction to different sounds. It turns out that the ability to hear can make musical instruments (drums, but also pipes, accordion, organ,) rustle, as well as the sound of a spoken voice. So, for a hearing test, children over 1.5 years old need to be specially prepared. This preparation is carried out by surdopedagog and parents for 2-4 weeks. At this time, they are taught to respond to sound with any game action. After the reaction is developed, the maximum distance at which the child can perceive the sound of sound and toys is determined.





When the conditional motor reaction to sound in a child has already been developed, the tone of the audiometer can serve as a source of sound. Consequently, using the conditional reflex method, it will be possible to perform an audiometric examination of the child with the method of universal used game limit tonal audiometry.

Preparation for the study of Tonal hearing involves the development of a conditional motor reaction to the vibration of a hand bone phone, and only then the development of the tone sound of an audiometer on an air phone. In this case, it is best to start the study at a frequency of 250 Hz at an intensity of 70-80 db, since this signal should not cause pain and at the same time be felt by the absolute majority of children.

During the diagnostic period, tonal audiometry is carried out several times until stable results are obtained. During the examination, most children undergo significant changes in the received audiogram: the boundaries decrease, and the range of received frequencies expands.

In Tonal audiometry, perceptual boundaries are checked for air permeability (through an auditory analyzer). The findings allow the surdologist to determine the form of injury (conductive, mixed or sensorineural hearing loss) of the auditory analyzer.

Thus, during the diagnostic examination, the child's attitude to sound toys, sound and whispers and audiometer tones is determined. The totality of the results of pedagogical and audiometric examination makes it possible to assess the degree of hearing loss at the initial stage of correctional work.

Based on the data obtained, it is possible to distinguish children with normal hearing, mild hearing, moderate to severe and deaf.

Children with normal hearing will respond to the sound of all toys and whispering at a distance of at least 5 m.

Children classified as hearing impaired have the sound of all the toys offered and at a distance of at least 4-5 m, while whispering is 1.5 from the auricle

-They hear a volume of up to 2 m. In an audiometric examination, these children have a hearing loss of up to 55 db in the full range of received frequencies.

Children classified as hearing impaired perceive low - and medium-frequency sounds at a distance of 4-5 m, while high-frequency sounds perceive 0.5-1.5 m, and respond to volume at a distance of 1-4 m, but the whisper, as a rule, is not heard. In an audiometric examination, hearing loss in these children decreases by 55-75 db, frequency range-by 4000-8000 Hz.

Children with low hearing have low and medium frequency sounds of toys at a distance of 3-5 m, and high frequency sounds at a distance of 0.1 close to the auricle.



- 0.5 m) hear and perceive the sound of a speech sound at a distance of 0.4–1 m (whispering is not heard). These children have a decrease in tonal hearing at the level of 75-85 db in the frequency range from 4000-8000 Hz.

Among children with hearing impairment, two groups can be distinguished:

The first is children who have hearing impairments with significant hearing loss. They react to the sound of low–frequency toys at a long distance (2.5 – 5 m), medium-frequency-significantly closer to the ear; high-frequency toys these children, as a rule, do not hear. They perceive the sound of the oral voice at a distance of 0.3 m from the auricle. In audiometric examination of hearing, its decrease in the received frequency range up to 2000-8000 Hz is observed at the level of 85-100 db.

The second group includes deaf children with small hearing residues. They perceive only low-frequency sounds (drums) and a loud sound in the auricle. These children have more than 100 db of tonal hearing in the narrowed frequency range.

Comparing the data of the pedagogical examination of hearing with the results of audiometric studies, it is necessary to take into account the degree of preservation of the perception of low frequencies. Relatively good frequency perception of 125 and 250 Hz in children with safety, in the pedagogical examination of hearing loss, much better results can be obtained than expected based on the average hearing loss in tone audiometry.

Comparison of the results of Tonal audiometry and pedagogical examination is of great importance in the initial assessment of the child's hearing condition. Next, in the process of targeted work on the development of auditory function, the child's ability to perceive non-speech and speech sounds, as a rule, expands. This is especially pronounced during repeated hearing tests of children who start early.

In case of the first suspicion of hearing loss, you should immediately contact the surdologist of the surdology Cabinet at your place of residence. At the same time, a child under 1.5 years of age does not need to be specially prepared for examination, on the contrary, it is necessary to stop the Home examination of his hearing, then repeated repetition of sound signals does not receive unconditional indicative reactions to sound.

It is recommended to prepare a child over 1.5 years of age to study hearing, i.e.start developing a conditional motor reaction to the sound of speech and toys. Such preparation speeds up the diagnosis and allows you to start training with the baby on time.





Parents benefit from keeping a journal of monitoring the child's reactions. It notes what sounds the child can respond to and at what distance, find the sound source. Depending on the age of the child, the diary records the results obtained on the basis of unconditional indicative reactions (up to 1.5 years) or the development of a conditional motor reaction after (1.5 years). A diary can look like this, for example. If a child is diagnosed with at least a slight decrease in hearing during an audio-pedagogical examination, it is necessary to immediately start corrective work with him.

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