The Bioscan AN INTERNATIONAL QUARTERLY JOURNAL OF LIFE SCIENCES
20(4): 157-164, 2025 www.thebioscan.com

EFFICACY OF A PSYCHO-CORRECTIONAL PROGRAM IN PREPARING CHILDREN WITH ATTENTION DEFICIT AND HYPERACTIVITY DISORDER FOR SCHOOL

Nargiza A. Askarova[1], Umida B. Mirzayeva[2], Dildora N. Juraeva[3], Nodirbek A. Alimirzayev[4]

[1]PhD, Department of Pedagogy and Psychology, Tashkent State Medical University, Tashkent, Republic of Uzbekistan. ORCID: 0009-0001-1671-1099. E-mail: nargizaaskarova111@mail.ru
[2]Teacher, Department of Pedagogy and Psychology, Tashkent State Medical University, Tashkent, Republic of Uzbekistan. ORCID: 0009-0008-5936-3136.
E-mail: u8361186@gmail.com
[3]Teacher, Department of Pedagogy and Psychology, Tashkent State Medical University, Tashkent, Republic of Uzbekistan. ORCID: 0009-0004-9039-3174
E-mail: jdildora429@gmail.com
[4]Teacher, Department of Pedagogy and Psychology, Tashkent State Medical University, Tashkent, Republic of Uzbekistan. ORCID: 0009-0001-3295-4736
E-mail: nodirbekalimirzayev@gmail.com

DOI: 10.63001/tbs.2025.v20.i04.pp157-164

KEYWORDS:
Attention deficit disorder and hyperactivity, psychological readiness for school education.

Received on:
12-09-2025

Accepted on:
06-10-2025

Published on:
08-11-2025

ABSTRACT

Background: Children with Attention Deficit and Hyperactivity Disorder (ADHD) often face significant challenges in adapting to the structured school environment, necessitating specialized preparatory interventions. This study investigates the efficacy of a novel psycho-correctional program aimed at enhancing school readiness in this population.

Methods: The program employed a multi-faceted approach, with a particular emphasis on emotional and behavioral correction techniques tailored to the needs of children with ADHD.

Results: Post-intervention assessment revealed marked improvements in key areas of school readiness among the participants, including emotional self-regulation and classroom preparedness.

Conclusion: The findings confirm that a targeted psycho-correctional program is an effective means of preparing children with ADHD for the academic and social demands of school.

I. Introduction

Every twentieth person in the world suffers from attention deficit hyperactivity disorder (ADHD), which leads to difficulties in adapting to the educational process and a lack of mutual tolerance. As a result, hyperactivity has become both a social and personal problem. In this regard, studying the factors that contribute to ADHD, preparing such children for school, conducting a comparative analysis of differences in attention, memory, and the emotional sphere, as well as empirically researching the relationship between hyperactivity and emotional-behavioral aspects, remain urgent issues.

In constant interaction with a child, adults help regulate and control the child's affective relationships with their environment. They assist in mastering various psychotechnical methods to structure the child's behavior and stabilize affective processes. While some stimuli initially have a quantitative impact based on the law of force from birth, others possess signal and qualitative significance from the outset. At later stages, the child actively seeks out such stimuli. For harmonious development, a child must go through stages of stable and dynamically mobile affective adaptation. Without the necessary daily "emotional nourishment" from adults, a child cannot successfully navigate critical developmental periods.

II. Theoretical Significance of the Topic.

The Role of Play Therapy in the Emotional Correction of Children with ADHD. Play therapy plays a crucial role in the emotional correction of children with attention deficit hyperactivity disorder (ADHD). The mechanisms of play activity's positive impact on children's development and its corrective and therapeutic purposes have been widely described in the literature. Summarizing the existing approaches, O.A. Karabanova identified the psychological mechanisms underlying the corrective effect of play. In a structured play environment, a child models social relationships in a visual-motor form, gaining skills in navigating social interactions. During play, children gradually overcome cognitive and personal egocentrism, which fosters self-awareness, social awareness, and problem-solving experience. Alongside the development of cooperative relationships, play creates conditions for shaping positive personality traits.

Through play, children learn, process, internalize, and adopt appropriate strategies for problem-solving step by step. They gain the ability to recognize their inner experiences, verbalize them, understand problem situations, and adjust their responses accordingly. Adhering to role-play rules helps children develop voluntary behavioral control. This highlights the multifunctionality of play and its complex influence on personality and behavioral development.

A psychocorrectional and developmental program for children with ADHD must take a comprehensive approach, involving collaboration between psychologists, teachers, and parents. ADHD correction programs should address both primary symptoms (hyperactivity, impulsivity, and attention deficits) and secondary manifestations. N.N. Zavadenko suggests including issues related to motor

coordination disorders, interpersonal communication difficulties, behavioral problems, and emotional instability. A holistic intervention system should encompass the following:

1. Physical rehabilitation.
2. Development of self-regulation skills.
3. Enhancement of communication skills.
4. Correction of negative emotions.
5. Development of deficient functions within the ADHD system.

Functional Training for Emotional Correction in ADHD Children

Psychocorrectional work for children with ADHD can include functional exercises focused on self-regulation, breathing techniques, and eye movement exercises. Some exercises should be conducted with a psychologist, others with the entire class, and a portion practiced at home. The physical rehabilitation of children with ADHD should aim to develop sensory perception, refine motor coordination, regulate movements, and improve voluntary relaxation of skeletal and respiratory muscles.

It is crucial to dispel the misconception that intensive physical activity can reduce hyperactivity. The nervous system of ADHD children is structured in a way that excessive emotional or physical exertion exacerbates purposeless hyperactivity rather than reducing it. Therefore, aerobic exercises are recommended, as they improve cardiovascular and respiratory function, enhance endurance, and support the development of emotional self-regulation skills. However, highly stimulating games with strong emotional components should be avoided. Beneficial sports include swimming and skiing.

Teaching Self-Regulation Skills.

Training ADHD children in self-regulation is one of the most challenging aspects of corrective work. These children are highly sensitive to external stimuli and often attempt to perform multiple tasks simultaneously, which results in unfinished or poorly executed work. They frequently drop things, bump into objects, and struggle with impulse control. Teaching relaxation techniques can help them regulate their behavior and actions.

The development of missing functions in ADHD children aims to compensate for deficits in attention control, voluntary regulation, and behavioral self-monitoring. E.K. Lyutova and G.B. Monina recommend a structured, step-by-step approach.

For example, interventions should begin with improving attention stability and voluntary shifting skills. Once progress is

achieved, other functions, such as impulse control, can be targeted. Parallel development of two skills—such as concentration and voluntary behavior regulation—can also be introduced.

First, children should be taught that relaxation and rest are not punishments but rather enjoyable and beneficial activities. ADHD children frequently hear commands like "Stay still," "Don't move," and "Calm down," which require significant effort and self-control. The role of adults is to create a sense of inner peace, comfort, and satisfaction for the child.

Guidelines for Conducting Psychocorrectional Sessions.

When conducting psychocorrectional sessions for ADHD children, it is essential to follow several key guidelines:

1. The room should be free from external noise.

2. No outsiders should be present during the sessions.

3. The room temperature should be moderate.

4. Children should be seated in a way that minimizes distractions.

5. The environment should be comfortable, preferably with the children seated on sports mats.

For relaxation, meditative music can be used. The development of emotional control and communication skills should be implemented gradually. Sessions should begin individually and later transition to group interactions. Children should learn to communicate, listen, understand emotions, and grasp behavioral rules. Psychologists can help by encouraging children to repeat verbal instructions aloud, reinforcing their comprehension.

At this stage, play therapy is particularly effective, as it allows psychologists to model challenging situations and help children find appropriate emotional responses and communication strategies. These skills then translate into real-life interactions.

Communication Skills and Emotional Regulation.

The development of communication skills is closely linked to self-regulation training and the correction of negative emotions. In practice, these intervention areas are interdependent and should be carried out in parallel. For example, it is impossible to develop constructive communication skills without first addressing aggression and irritability.

Children must be taught emotional self-control while also being given opportunities to express pent-up feelings

appropriately. This process helps them move from a state of dissatisfaction with themselves to a positive self-perception and productive interactions with the world.

Parents play a crucial role in this process. A unified parenting strategy should focus on fostering emotional stability, providing consistent support, and using reinforcement methods rather than punishment. Moreover, a structured daily routine is essential in the home environment.

One of the first and most important steps in working with parents of hyperactive children is helping them understand that their child's behavior is a result of neurological differences, not deliberate misbehavior. This realization forms the foundation for effective correction. Without this understanding, efforts to change the child's behavior or personality traits will be ineffective.

Strategies for Classroom Management

Teachers must pay special attention to ADHD students in the classroom. Some effective strategies include:

• Minimizing distractions in the child's learning environment.

• Seating the child closer to the teacher and the board.

• Writing assignments on the board to reinforce verbal instructions.

• Giving one task at a time rather than multiple instructions at once.

• Breaking large assignments into smaller steps and monitoring completion.

• Incorporating physical activities and sports breaks between lessons.

The emotional tone of interactions with the child should remain consistently positive. However, excessive enthusiasm over their successes or strong disappointment in their failures should be avoided. Maintaining a balanced and encouraging environment is key to their development and emotional well-being.

III. Analysis of Research Results

After conducting psychocorrectional and formative sessions with the children in the experimental group, the DESG and Kern-Yirasek methodologies were re-administered using the retest method as control experiments. The results of these control experiments showed the following outcomes in the experimental group participants, which are presented in the table. These results indicate the effectiveness of the conducted correctional and developmental interventions.

Table 1. Manifestation of DEGS in Diagnostic and Control Experiments in Participants

Examinees	Scales

	1	2	3	4
Experimental A.T	22.6	22.4	32.3	27.2
Experimental H.T	18.3	17.2	24.5	20.5
t	3.89**	4.27**	6.26**	7.21***
Control Group A.T	4.7	3.6	5.4	4.06
Control Group H.T	4.6	3.5	5.5	4.01
t	0.67	0.67	-0.67	-0.98

Note: p<0.01; * p<0.001

A.T. – Diagnostic Experiment; N.T. – Control Experiment

• I - Attention Deficit • II - Impulsivity/Hyperactivity

• III Scale – Group Disturbances

• IV Scale – Attention Without Hyperactivity

Regarding the Attention Deficit Scale, in the experimental group, the mean value in the diagnostic experiment was 22.6, whereas in the control experiments, this indicator decreased to 18.3 (t = 3.89; p<0.01). In the control group, the difference between the results was insignificant.

For the Impulsivity-Hyperactivity Scale, in the experimental group, the mean value in the diagnostic experiment was 22.4, while in the control experiments, it decreased to 17.2 (t = 4.27; p<0.001). In the control group, the difference between the results was insignificant.

Regarding the Group Disturbances Scale, in the experimental group, the mean value in the diagnostic experiment was 32.3, while in the control experiments, it decreased to 24.5 (t = 6.26; p<0.001). In the control group, the difference between the results was insignificant.

For the Attention Without Hyperactivity Scale, in the experimental group, the mean value in the diagnostic experiment was 27.2, whereas in the control experiments, it decreased to 20.5 (t = 7.21; p<0.001). In the control group, the difference between the results was insignificant.

From the above results, it is evident that in children with Attention Deficit and Hyperactivity Syndrome, the average results in all scales decreased. The obtained results indicate a high level of statistical significance across all scales. However, the results obtained in the control group were insignificant.

In the study, we used the Kern-Jirasek Method to assess children's readiness for school, and the results were summarized as follows.

Table 2

Tested Group	M	S	t
Experimental Group(Diagnostic Experiment)	8.9	3.1	3.21**
Experimental Group(Control Experiment)	5.3	2.8	
Control Group(Diagnostic Experiment)	4.7	2.3	0.93
Control Group(Control Experiment)	4.9	2.5	

In Table 2 above, the results of the diagnostic and control experiments are presented for both the experimental and control groups of examinees. For the experimental group, the mean value of school readiness in the diagnostic experiment was 8.9, with a variance of 3.1. In the control experiments, this indicator changed to 5.3, with a variance of 2.8. The difference between the results of the diagnostic and control experiments was significant ($t = 3.21$; $p<0.01$). To provide a clearer understanding of the obtained results, the following histogram was generated.

The correction-developing program led to an increase in the level of school readiness for DEGS children. For the control group, the mean value of school readiness in the diagnostic experiment was 4.7, with a variance of 2.3. In the control experiments, the mean value changed to 4.9. The difference between the results of the diagnostic and control experiments was insignificant ($t = 0.93$; p = insignificant). This confirms the effectiveness of the correction-developing program. The program resulted in an increase in the school readiness level of DEGS children.

Conclusions

In conclusion, it can be emphasized that the emotional area psycho-correction and developmental program for children with DEGS involving parents and educators leads to faster effectiveness, resulting in a successful school readiness preparation.

1. Emotional-volitional skills and voluntary attention development training activities focused on emotional management, communication, voluntary self-regulation, cooperation, behavioral correction, attention, memory, motor coordination, and physiological rehabilitation.

2. The psycho-correction and developmental program, which affects cognitive, affective, conative, and communicative areas in children with Attention Deficit Syndrome and Hyperactivity, was found to be effective in preparing them for school.

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