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EMOTIONAL ORIENTATION OF CHILDREN WITH MENTAL DEVELOPMENT RETARDATION AND THEIR MOTHERS'. THE ACCENTS OF PSYCHOCORRECTION PROGRAM

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Резюме

У статті розглянуто питання важливості акцентів психокорекційної роботи на особливостях емоційної сфери для дітей із затримкою психічного розвитку, який є дуже тісно зв'язаний із когнітивними функціями. Показано зміни емоційної спрямованості та моральної направленості у сприяючому середовищі як у дітей, так і у їх матерів, що є не менш важливим фактором у контексті поняття прихильності.

Ключові слова: діти з затримкою психічного розвитку, психокорекція, емоційна спрямованість, моральна направленість, анімалотерапія.

Резюме

В статье рассмотрены важные аспекты психокоррекционной работы с эмоциональной сферой детей с задержкой психического развития, которая развивается в тесной связи с их когнитивными функциями. Показаны изменения эмоциональной и моральной направленности в психокоррекционной среде как у детей, так и у их матерей, что является не менее важным фактором в контексте понятия привязанности.

Ключевые слова: дети с задержкой психического развития, психокоррекция, эмоциональная направленность, нравственная направленность, анималотерапия.

Summary

The article deals with the important aspects of psychocorrectional work focusing on emotional sphere of children with retardation of mental development, which is closely interconnected with their cognitive functions. We can see the evident changes of the emotional and moral orientation in assisting environment for both children and their mothers, which is no less important factor in the context of the concept of attachment.

Keywords: children with retardation of mental development, psychological correction, emotional orientation, moral orientation, animal assisted therapy.

Emotions play significant role in adaptation functioning and motivation formation of children and especially for children with disabilities. In their social, personal and intellectual development, they lean on adults and communication with them (I. V. Dubrovina, M. I. Lisina). Often we can affect a defect very slightly (because of its organic nature), but it is possible to direct the correction effort to overcome the difficulties created by the defect (L. S. Vygotskii). Psychological causes of children emotional problems include features of the emotional-volitional sphere, violations of the adequacy of its response to the impact, the lack of development of behavioral and self-control skills (I. I. Mamaichuk). The course of psychological correction with the inclusion of hippotherapy and dolphin assisted therapy primarily affects the stimulation of the sensation component of the psycho-emotional sphere of human activity and help to form new psycho-emotional dominant (L. N. Lukina) [1, 2, 3, 4].

Successful therapy implies helping people to access and explore their painful feelings in order to modify maladaptive emotions (S. C. Paivio). The essential aim is to help clients increase their emotional intelligence, identify, transform, experience, accept and flexibly

manage their emotions (L.S. Greenberg). While working with the dyads it is important to evaluate the type of affective experience (adaptive, maladaptive), the type of the conflict (interpsychical, intrapsychical), the quality of attachment, level of emotional arousal. It is often not so easy for both children and mothers to identify and speak their emotional experiences out. Their stories may be devoid of affect, devoid of coherent content due to overwhelming affect [5, 6, 7, 8].

The psychologist's interventions deal with emotion regulation difficulties, emotion awareness and focus on affective experience. It is aimed for clients to focus more on the present and future rather than on the past, construct more adaptive meaning concerning self and others. Maladaptive emotions often are evoked by memories of situations, while experiencing resemblant or bringing back situations and are frequently not recognized by person. In this case, we speak of fear, guilt, shame and powerless, worthless, unlovable views of self and vulnerability to rejection or abandonment. We focus on amending the attachment injuries. Children and mothers begin to feel stronger, they become more able to experience and express adaptive anger and grieve, integrate them into current meaning systems. They gain

better reflectivity and coherence and more confident, valuable and powerful self. Also they become more oriented on contact with others and perception of them as more human than neglectful and abusive (L. Angus, S. C. Paivio) [9, 10, 11, 12].

When work with emotional sphere, especially with children, it is helpful to use the elements of play therapy, and often the contact with animals is easier for them than direct communication with people. Animals lately became the participants in hospital, nursing home, school visitations and therapeutic programs (M. C. Lamia, P. McCardle, S. McCune, J. A. Griffin, V. Maholmes) [13, 14].

Working with children with retardations of mental development, autism spectrum disorders and cerebral palsy, it is important to integrate the psychopathology perspective with the developmental perspective, cognitive processes with emotional processes and have a pre-concept, especially concerning aggression and its expression, that early affective experience and relationships gives and ensures a foundation for children's succeeding social cognitive understanding of victimization, harm and moral intentionality. We proceed from the construct that emotions play an important role in empathic tendencies, early conscience formation and they come from the peculiarities of parent-child and peer-peer interactions (W. F. Arsenio, E. A. Lemerise) [15, 16].

The codependence of emotional and cognitive processes is investigated by many scientists and is considered as a basis for successful or pure regulation of thought and behavior, – children with early adjustment difficulties frequently have deficits in both types of processing (S.D. Calkins) [17, 18].

The model of children's functioning and disability evaluation, that we suggest is based on The International Classification of Functioning, Disability and Health for Children and Youth. According to this classification, health changes are evaluated from the point of functioning, disability and context factors. Functioning and disability characterize the structure and functions of the body, personality factors (personality structure and cognitive functions), activity and involvement (potential capacity and realization). And the context factors are described as the part of environmental factors (micro- and macro-environment). To assess changes in children's health, we suggest to study their personality traits and functions of emotions: adequacy (differentiation of emotions), range (emotional state) regulation (emotional and moral orientation). In the micro-environment we suggest to study personality traits and functions of emotions of mothers that facilitate or hinder the realization of their children, – their personal characteristics and functions of emotions: adequacy (differentiation of emotions), range (emotional state) regulation (emotional and moral orientation) [20].

This approach recommends to study the special needs of children in the context of the family, because through the understanding of family environment we may evaluate the potential ability and children's participation in social life. The ability to be involved and take active participation, in early childhood is associated with close relationships with parents or close relatives.

Understanding the symptoms of mental underdevelopment may be appropriate when they are viewed in terms of the laws of child development, as each symptom in a certain age is a normal degree of genetic development of various aspects of the psychics of the child. This relates more to children with mental and physical disabilities, organic deficiency of which always leads to delayed emotional development (L. S. Vygotskii) [1].

Taking into account the number of theories of mental and physical development of children, different age limits of their physical and mental development, we determined the personal and emotional characteristics of children with mental and physical disabilities of senior preschool and primary school age.

Features of emotional sphere of children with retardation of mental development were determined by many authors. T. V. Vlasova and M. M. Pevzner identified the key characteristics: the immaturity of emotional and volitional sphere, expressing in mental and psychophysical infantilism, underdevelopment of cognitive sphere and language, and cognitive violations happening due to cerebral-asthenic and asthenic conditions, high mental exhaust, reduced intellectual ability [21].

K. Lebedinskaia, defining the types of retardation of mental development, indicated that emotional and volitional sphere of children with retardation of mental development had the constitutional origin and was situated on the early stage of development of a healthy child. It characterized by elevated mood, spontaneity and expressiveness of emotions, playing character of motivations. Somatogenic infantilism of children with retardation of mental development was determined by uncertainty, timidity, whimsey that arose from the realizing of own inferiority. Retardation of mental development of psychogenic origin, in the absence of parental care, expressed in not complete formation of volitional skills, the ability to restrain affect, thirst, desire. With despotic, harsh upbringing style in the family, retardation of mental development of psychogenic origin manifested by lack of independence, activity, initiative. The type of retardation of mental development of cerebral-organic origin expressed with the underdevelopment of emotional and volitional sphere and manifested in the form of organic infantilism and immaturity of cognitive sphere [22].

The notion «attachment» in the «mother-child» system is the leading problem of their relationship, so that the nature of attachment in contact with the mother is the condition of the child's personality development. And it is determined by the characteristics of a woman's maternity and external situation. The quality and style of attachment in the dyad, as a condition of the child's development, especially children with retardation of mental development, are determined not only by the frames of the system «mother-child», but the triad: the «environment-mother-child».

The purpose of the article is to analyze the moral orientation of children and emotional orientation both of children and their mothers. And investigate the influence of psychocorrection programs with the inclusion of animal assisted therapy (dolphins, horses) on that function of their emotions.

Materials and methods. 43 children with retardation of mental development in the age of 3 to 12 and

43 their mothers in the age of 22 to 39 took part in the research. Children had a free choice of animal assisted therapy – with dolphins or horses. The set of psychodiagnostic tests was suggested to both children and mothers before the start and on completing the course of 10 sessions. According to our developed model of children's functioning and disability evaluation, in this article we consider the regulation as the emotions' function. We studied the moral orientation of children and emotional orientation both of children and their mothers in that context [19]. Statistical analysis of empirical data was made using the methods of descriptive statistics (Student t-test, Wilcoxon criterion), as well as the methods of multivariate statistics: correlation (Spearman rank correlation coefficient) and cluster analysis. The model of psychocorrection consisted of theoretical, methodological, organizational, executive units. Executive unit included diagnostic, tuning, corrective, estimation and final parts. Correction part covered two stages of work: orientation and reconstructive. The psychocorrection of emotional sphere of children with retardation of mental development was conducted by means of: external control of emotional response of those children (psychologist), joint management through the organization of work of psychologists, children with retardation of mental development and their mothers, creation of conditions for the transfer of skills of controlling emotional response from the situation of correction in real life situation with the gradual formation of self-control and self-management.

Orientation stage (of correction part) of psychocorrectional technology model for children with retardation of mental development was held separately for mothers and children. Mother watched the session of the child, being situated in a special area, receiving the information, emotional and psychological support and assistance of a psychologist. For the orientation stage of children it was important to form the relationships with the psychologist, coach (trainer) and animals: tuning tactile contact with the animals (touching, stroking, studying the texture of the skin /fur).

In communication with psychologist it was important to discuss planned activities and rules and the

system of evaluation of child's behaviors) and establish a positive attitude to the course.

Reconstructive stage (of correction part) of psychocorrectional technology model for children with retardation of mental development also was conducted separately for mothers and children. That stage for both dolphin assisted therapy and for hippotherapy, provided children with work on a specially designated site and in close interaction with the animals, and their mothers also worked in a specially designated area for them, and in both cases it was aimed to stabilize emotional state. Reconstructive stage of the correction model including dolphin assisted therapy or hippotherapy, consisted for children from work on the platform or in a specially designated area and the surveillance of their mothers of the session (with getting on some information, emotional and psychological support of a psychologist). They photographed and filmed the video, collecting their own bank of material support – for further individual work with the child at home (common memories and watching the pictures or/and video may consolidate and stabilize the achieved results of psychocorrection).

Results and discussion. According to the system of the test, we studied 10 indicators of emotional orientation in understanding of mothers of the children. Romantic emotional orientation in 39,5 % for them was connected with waiting for something unusual, any events which affect the destiny. Akizitive orientation in 37,2 % was associated with collecting and purchasing any items. Pracsical – in 46,5 % of cases was associated with successful or not successful activities. Glorical emotions in 65,1 % were connected with the need for career development and recognition; gedonistic in 62,8 % – with pleasure and need for emotional comfort. Altruistic orientation in 60,5 % of the mothers were based on the need for assistance; gnostic emotions in 16,3 % were understood as the need to obtain new information. Pugnic emotional orientation in 25,6 % of the respondents had to be based on the need for risk, fame, success, popularity; communicative emotions at 67,4 % base on the need for communication; aesthetic orientation in 81,4 % was associated with the effort to live in harmony with the world and close surrounding.

Table 1
Emotional orientation of children with retardation of mental development and their mothers before and after the course of psychocorrection including dolphin assisted therapy

Children			Indicators	Mothers		
before	after	p-meaning		before	after	p-meaning
6,2±0,4	6,3±0,4	0,95	romantical	6,8±0,4	7,1±0,4	0,63
7,5±0,4	5,5±0,4	0,0002*	akizitive	6,7±0,4	5,3±0,4	0,03*
5,2±0,4	7,2±0,4	0,002*	pracsical	5,8±0,4	6,6±0,5	0,17
4,3±0,4	5,6±0,5	0,06	glorical	4,6±0,4	5,6±0,5	0,11
4,9±0,5	5,4±0,4	0,39	gedonistic	4,4±0,5	5,3±0,4	0,18
4,8±0,5	4,6±0,4	0,72	altruistic	4,4±0,5	4,3±0,4	0,89
7,7±0,4	3,1±0,3	0*	gnostic	8,1±0,3	4,1±0,4	0,00*
7,8±0,4	2,6±0,5	0*	pugnic	7,4±0,4	2,2±0,4	0,00*
2,9±0,4	8,1±0,4	0*	communicative	3,9±0,4	7,8±0,4	0,00*
3,7±0,4	6,7±0,5	0,0006*	esthetical	2,8±0,4	6,8±0,4	0,00*

Footnote. * – p < .005

Common emotional orientations of mothers and their children with retardation of mental development (dolphin assisted therapy), defined by the «Test-questionnaire: emotional orientation» (B. I. Dodonov) were akizitive, gnostic and pugnic. Romantical orientation of the mothers became their distinctive indicator (Table 1) [19].

Mothers of persons with retardation of mental development, compared with children, showed the

increase of expressiveness of communicative (23,5 %, $p > 0,05$), practical (7,6 %, $p > 0,05$), romantical (5,1 %, $p > 0,05$) orientation and the decrease of aesthetical (15,0 %, $p > 0,05$), akizitive (12,6 %, $p > 0,05$) and pugnic (5,3 %, $p > 0,05$) emotional orientation.

Children, which chose hippotherapy, characterized with rather strong pugnic, gnostic, gedonistic and rather weak altruistic, romantical and communicative emotional orientation (Table 2).

Table 2

Emotional orientation of children with retardation of mental development and their mothers before and after the course of psychocorrection including hippotherapy

Children			Indicators	Mothers		
before	after	p-meaning		before	after	p-meaning
4,8±1,2	5,3±0,9	0,60	romantical	4,2±1,2	4,9±0,7	0,58
5,8±1,0	5,3±0,9	0,93	akizitive	4,5±1,0	5,3±0,9	0,55
5,4±0,8	5,5±0,8	0,80	pracsical	5,2±1,0	5,2±0,9	1,00
5,6±0,7	5,3±1,0	0,82	glorical	5,3±0,7	6,4±1,0	0,41
6,0±1,0	5,7±1,0	0,79	gedonistic	6,4±0,9	5,2±0,8	0,26
4,6±0,9	4,8±0,8	0,53	altruistic	6,8±0,9	5,1±1,1	0,23
6,0±0,9	5,3±0,9	0,85	gnostic	5,6±0,7	5,2±0,9	0,69
6,6±1,0	6,3±1,2	0,68	pugnic	6,2±0,9	5,9±1,3	0,79
5,0±0,9	5,6±1,0	0,43	communicative	5,3±1,0	5,5±1,0	0,90
5,2±0,9	5,9±1,0	0,30	aesthetical	5,5±0,9	6,3±0,6	0,48

Footnote. * – $p < .005$

Common for children with retardation of mental development when choosing a hippotherapy and dolphin assisted therapy were the expression of pugnic and gnostic orientation, and the different for hippotherapy – gedonistic, while for dolphin assisted therapy it was akizitive emotional orientation. Children from the dolphin assisted therapy group distinguished from the other by the decrease of indicators of communicative (at 42,0 %), aesthetical (28,9 %), glorical (23,2 %), gedonistic (18,3 %) and the growth of gnostic (28,3 %), akizitive (29,3 %), romantical (29,2 %) and pugnic (at 18,2 %) emotional orientations (Table 1, Table 2).

Mothers of children with retardation of mental development (dolphin assisted therapy group) showed gnostic, pugnic, romantical and akizitive emotional orientations as the strongest (Table 1). And gedonistic, altruistic and pugnic emotional orientations were peculiar to the mothers of children from hippotherapy group (Table 2).

The age peculiarities of children with retardation of mental development touch on the increase of akizitive, gnostic and pugnic emotional orientation for children of senior preschool and primary school age. Younger children differed by the growth of the indicator of communicative orientation (16,2 %), aesthetical (13,2 %), glorical (11,4 %) and the decrease of akizitive (12,0 %) emotional orientation. Comparing with healthy children of senior preschool age, patients with retardation of mental development show the decrease of communicative (33,9 %), glorical (25,4 %) and practical (16,1 %) orientations, and the increase of aesthetical (at 31,0 %) altruistic (to 27,0 %), akizitive (11,9 %). In the

early school years pugnic increases (by 65,9 %) as well as gnostic (33,9 %) emotional orientation and communicative orientation decreases (by 47,5 %). However, in this age glorical decreased (14,0 %), altruistic (10,9%), hedonistic (10,3%) emotional orientation.

Mothers of children with retardation of mental development of senior preschool age, showed akizitive, romantical and gnostic emotional orientations as the primary. And mothers of children of primary school age had gnostic and pugnic emotional orientations as the leading ones. With the age of the children, their mothers differed by the increase of pugnic (33,9 %), aesthetical (33,3 %), gedonistic (15,2 %) and the decrease of practical (20,9 %), romantical (15,2 %), altruistic (15,1 %), akizitive (10,8 %) emotional orientations.

Compared with the mothers of healthy children, mothers of children with retardation of mental development of senior preschool age had the decrease of altruistic (16,9 %), gedonistic (13,2 %), glorical (9,6 %) and the increase of gnostic (21,7 %) and romantical (13,8 %) emotional orientation. Mothers of children of primary school age had pugnic orientation increased (1,2 times), gnostic (41,8 %), romantical (9,8 %) and had practical (30,9 %), communicative (30,5 %), altruistic (27,4 %), glorical (20,0 %), aesthetical (6,9 %) emotional orientations decreased.

When studying the moral orientation we investigated positive and negative moral orientation, sociability and motivation (interest) of children.

Common for children with retardation of mental development when choosing a hippotherapy or dolphin assisted therapy were motivation (interest) and negative

moral orientation. Sociability became the distinguishing indicator in hippotherapy group, and positive moral orientation – in dolphin assisted therapy group (Table 3).

The special features of children with retardation of mental development were defined in the study as negative moral orientation and motivation (interest). Those children differed from healthy individuals by the decrease of the indicators «sociability» (61,8 %), «motivation» (at 55,3 %), negative (13,9 %) and positive (57,1 %) moral orientation.

To the age characteristics of children with retardation of mental development, we assigned the high scores of negative and positive moral orientations. Children of primary school age compared to senior preschool age,

showed the increase of sociability (by 88,9 %), motivation (interest) (18,8 %), positive (15,0 %) and the decrease of negative (10,3 %) moral orientation. The features of emotional orientation of senior preschool children, if to compare individuals with retardation of mental development with healthy children, the first ones characterize with decrease of sociability (by 68,9 %), motivation (interest) (at 54,3 %), positive (at 52,4 %) and negative (15,2 %) moral orientation. While children with retardation of mental development of primary school age distinguished with the decrease of sociability (54,1 %), interest (52,5 %), positive (by 56,6 %) and negative (16,7 %) moral orientation.

Table 3

Moral orientation of children with retardation of mental development before and after the course of psychocorrection in two groups (including hippotherapy and dolphin assisted therapy)

Dolphin assisted therapy			Indicators	Hippotherapy		
before	after	p-meaning		before	after	p-meaning
3,8±0,3	3,6±0,2	0,60	negative moral orientation	3,5±0,5	2,6±0,5	0,0008*
2,2±0,3	6,7±0,2	0*	positive moral orientation	1,8±0,4	5,0±0,5	0,0005*
0,8±0,2	4,2±0,2	0*	sociability	2,6±0,5	4,2±0,6	0,001*
1,5±0,3	5,0±0,2	0*	motivation (interest)	2,6±0,3	4,3±0,4	1,00

Footnote* – p < 0,05

Conclusions. Children with retardation of mental development after the course of psychocorrection, which included dolphin assisted therapy, showed change in emotional orientation: the increase of practical (38,5 %), communicative (179,3 %), aesthetical (81,1 %) and decrease of akizitive (26,7 %), gnostic (59,7 %) and pugnuc (66,7 %) emotional orientation. Also positive moral orientation grew (2 times), sociability (4,2 times) and motivation (interest) (2,3 times) increased also.

Mothers, bringing up children with retardation of mental development (which chose the course with the inclusion of dolphin assisted therapy) demonstrated the increase of communicative (100,0 %), aesthetical (1,4 times) and decrease of akizitive (20,9 %), gnostic (49,4 %) and pugnuc (70,3 %) emotional orientation.

Children with retardation of mental development after the course of psychocorrection (including hippotherapy) showed common changes with their mothers: the increase of aesthetical (13,5 and 14,6 %), communicative (12,0 and 3,8 %), romantical (10,4 and 16,7 %) and the decrease of gedonistic (5,0 and 18,8 %) emotional orientations. Children also had the growth of positive moral orientation (2,8 times) and sociability (61,5 %).

On dealing with their own emotions through the play with animals and being professionally supported by the psychologist: expressing emotions, naming them, living them through, both mothers and children felt more harmonious, motivated and full of sensational impressions they had come through together. And that fact

helps the relations of attachment be more productive and supporting.

An important achievement of this model of psychocorrection is stabilization of the emotional sphere of children with retardation of mental development, improvement of their socialization through the «new environment» of a supporting animal surrounding, mastering new social roles, and maintaining contact with animals, with subsequent switch to new patterns of interaction in micro- (with parents) and macro-environment.

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