

## **Problems and trends of psychological and pedagogical diagnostics**

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**Annotation.** The current stage of development of psychological and pedagogical diagnosis is marked by a number of problems and trends that are considered in this article. The author analyzes the contradictions and changes that are the engine of the development of diagnostic activity, as well as the trends that are characteristic of modern diagnostics of children's development.

**Key words:** psychological and pedagogical diagnostics, psychological, medical and pedagogical commission, diagnostic support.

Development is intrinsic to all processes and according to philosophical canons basically has contradictions. Visible contradictions are expressed in the obvious problems of the process itself: its technology, support, consistency, etc. Latent contradictions can be invisible until a certain time, until they become substantive and specific procedural problems. From this aspect, we consider the problems of psychological and pedagogical diagnosis of development as a process and as part of a comprehensive support for children with special psychophysical development (or limited health).

So, the psychological and pedagogical diagnosis of development is the process that underlies the activities of medical, psychological and pedagogical commissions and consultations (PMPC and PMPC). As a result of the diagnosis, not only the current state of development of the child is determined, but against the background of qualifications of his features, the conditions of his education are determined (educational route) and the possibilities of his further socialization are predicted [4; 5].

Over the past 20 years, the diagnostic process within the PMPC has not changed significantly, which indicates its thorough development: comprehensive content, fairly clear regulation, compliance with the principles and criteria of diagnosis. Thanks to the timely and universally accepted methodological manuals and recommendations (A.R. Luria, V.I. Lubovsky, S.D. Zabravnaya; M.M.Semago, N.Ya. Semago, etc.) in the 90s of the past century diagnosis of development has acquired a universal and uniform character [1 – 3; 6]. However, as in any process, problems manifest themselves in it, expressed in visible and as yet apparently not visible contradictions. Let's consider them in more detail.

From a technological point of view, the most vulnerable and susceptible to change is the provision of diagnostic activities (personnel, methodological, material). One only has to remember the use of the “hand-made” stimulus material for the majority of diagnostic techniques in the PMPK procedure. It seems to be the last century, but have there been changes in regional PMPC? Are standard diagnostic kits and standardized diagnostic methods used? The issue is controversial and still open. In addition, each type of collateral has its own problems, which are both visible and voiced, but do not always have a solution.

So in the field of staffing the diagnostic process, there is still a rather superficial attitude to the appointment of specialists who carry out psychological and pedagogical diagnostics. On the one hand, specialists with specific experience and experience in diagnostic work should work in the Centers for Corrective Development Education and Rehabilitation (CCDE&R) of the Republic of Belarus that implement the diagnostic function [5]. And on the other hand, such competent specialists who are in their place, with decent training in the field of diagnostic work and developed intuition against the background of experience, are clearly not enough. What is the difference between a good diagnostician, be he a psychologist, a defectologist or a teacher by training? Awareness of the responsibility for the diagnostic process, which is built taking into account the knowledge of classical methods and research techniques of developmental features, the skills of their competent use and interpretation in a survey situation and the skills of using the diagnostic methods themselves (presentation, assistance, completion and evaluation). In addition, a specialist who diagnoses children of different ages should, like no other, grasp the picture of the child's current age development: hear, see and feel the phenomenon of his personality. Perhaps one of the ways to solve the problem of staffing the diagnostic process is certification when taking compulsory courses, built not only on monetary relationships - paid and received - but also on the quality selection of specialists who claim to be a diagnostician.

Problems of a methodological nature include the loss or departure from classical (canonical) methods and methods of presenting them to their modern "remakes." Of course, changes are inevitable, but not in the form that is observed today. Thus, the well-known method of B.V. but also instructions for presentation. It is clear that S. Ya. Rubinshtein, who has collected all the classical methods of pathopsychological research in one book that has never been surpassed by anyone, “Experimental methods of pathopsychology,” set out verbal presentation instructions based on the author’s account [3]. But as we know, the classical and the true are unchanging. Short and clear (indicating the use of a "clear language"!), Clearly laid out instructions are accessible and understandable. In addition, all other actions, words and phrases are marked as providing assistance: from the

organizer to the trainer. To fix this fact, protocols are provided. As you know, the best is the enemy of the good. Apparently, out of good intentions, there is a substitution of proven and worked out instructions for presentation to their own interpretations, sinning by the redundancy of words and the confusion of goals. A witness to this is the ubiquitous Internet, which easily provides artifacts of insolvency for unprepared but overwhelmed ambitions of diagnosticians.

The expediency of material changes in the diagnostic methods themselves is understandable: the diagnostic material is becoming obsolete. Both the images themselves and the performance in the material become rare. Some images of the stimulus material for classical methods, made in black and white in the style of contour drawing, have become incomprehensible to modern children. Not only barn locks and dial telephones became rarities, but also a kerosene lamp, pocket watch, pharmacy scales, etc. But nowhere are the requirements for diagnostic "pictures" clearly spelled out, and therefore albums appear with stylized images made not in a realistic manner, but "Beautiful" or "relevant" in the spirit of drawing modern animation.

All this seems insignificant and even mercantile, in comparison with the main goal of the diagnostic process - to establish features in the development of the child and determine educational tasks. But a thermometer is a thermometer, even an electronic one - it shows degrees. A well-executed diagnostic technique in the hands of a competent diagnostician will show what it is aimed at, and not the degree of recognition of the image or understanding of the instructions for execution.

Among the non-obvious, but, nevertheless, important, in our opinion, problems of psychological and pedagogical diagnostics should be attributed a change in the ecology of relations inside and outside this process. Based on the global trends of inclusion in education and other areas of life, as well as under the influence of regulatory changes, the nosological diagnosis is replaced by the phenomenological, where the leading role is assigned to the unique and inimitable personality phenomenon of the child. But the attitudes of specialists in the diagnostic process have remained the same: to find out the situational picture of the child's development - to correlate it with his living conditions - to change these conditions for the benefit of the child's development. It is clear that all the conditions necessary for a child, including an inclusive environment, are not created only for the sake of the phenomenon of his personality, but have regulatory documents and provide for legal liability on the basis of a clear medical diagnosis. After all, building certain conditions for education and training entails appropriate funding. Therefore, given the current global trend towards a phenomenological

approach in psychological and pedagogical pedagogy, the main one remains complex, with a priority for nosological diagnosis.

In external terms, changes in the diagnostic process have led not only to soft formulations: “special educational needs”, “child with disabilities”, “child with disabilities”, etc. The position of parents has changed – more rights and exactingness, wider choice of conditions in the organization an inclusive environment, a wider range of responsibility and accountability of specialists. A complete transfer of authority in decision-making to the family (parents of the child) took place, taking into account the assistance and support (support) from specialists. In making the final decision on the educational route, of course, the opinion of the parents is significant, and the conditions for the inclusion of the child in the school environment are accurately determined and then fulfilled. However, the forecast of the final socialization of a child in adulthood has become more blurred: competitiveness in the labor market of a person with disabilities is still questionable. The receipt of appropriate professional education by adolescents with disabilities in colleges is irregular in nature, which is associated with the difficulties of their further employment, lack of at least partial motivation for vocational training and work; a well-established stereotype that it is more difficult for a disabled person to realize himself in the sphere of small business. In addition, people with various types of health disorders have medical restrictions both in the profession and in vocational training [7].

Against the background of the widespread use of competent communicative techniques and communication formulas in social interaction, the problem inevitably arose of their use both in counseling within the framework of the consultation and in the PMPC procedure. Teams of specialists develop their own internal “etiquette”, which is made out in the form of rules of negotiations between themselves and their parents, using techniques of invaluable statements and arguments, avoiding conflict situations and resolving misunderstandings. It should be noted that while there are no clearly defined and well-written templates for conducting conversations with the child's parents before and after the psychological and pedagogical diagnosis, although all the conditions for this have long existed. It is not about collecting medical history data or reporting a conclusion. This is just done according to the regulations. But conducting competent, reasoned and excluding the psychological pressure of a dialogue between specialists and parents (significant adults) is left to the hands of either the most responsible person of the council or PMPC (chairmen or secretary), or the most experienced negotiator, or a psychologist based on his profile.

Thus, it is obvious that under the influence of the above problems and existing trends, there are external and internal changes in the psychological and

pedagogical diagnosis of development, which will inevitably lead to the realization of the need to improve the procedural and substantive aspects of the diagnostic process, prepare specialized certified personnel, and strictly observe the requirements for competent provision diagnostic process.

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