

# EVALUATION OF COGNITIVE FUNCTIONS, PERSONALITY AND REGULATORY SPHERE IN MINORS WITH DEVIANT AND DELINQUENT BEHAVIOR WITHIN THE AUTHORITY OF THE PSYCHOLOGICAL, MEDICAL AND EDUCATIONAL COMMITTEE

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## ABSTRACT

Education of children and adolescents with special needs due to health problems requires particular forms, conditions and assistance by pedagogues and psychologists. A psychological, medical and educational committee (PMEC) appoints a certain program of special education based on the complex evaluation of the psychic state and (dis)abilities of the child. In 2013, inclusion of children and adolescents with deviant behavior in the competence of PMEC became a new challenge for their traditional activities. Development of recommendations for special educational programs aiming at deviant behavior prevention differs greatly from their original tasks, requires comprehensive psychological evaluation, better psychodiagnostic skills and knowledge of various ways of subsequent work with children. The problems arising and ways of their solution are discussed in the article.

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## 1. INTRODUCTION

In Russia, starting from 1920s different experts occupied themselves with defining typology and structure of divergent child development in order to determine the appropriate educational pathway. These expert circles varied depending on the concept which prevailed among scientists as well as officials at the head of education and medicine. But it

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was always clear that «Disturbance in mental development of children must be viewed integrally and systematically. Hence, results of psychological and educational diagnosis must be coupled with data obtained by professionals in different areas» (Semago M. M., Semago N. Ya., 2014). Beginning with 1949, standards of medical and educational committees determined the committees' membership and provisions for referral of children to specialized schools depending on deviations in their development. The choice of an educational institution was based on the medical model and the prevailing principle of a nosological diagnosis.

In the 1990s the educational system of the Russian Federation started to employ psychologists and some new institutions appeared to help children who needed psychological, educational, medical and social aid - Centers for psychological, medical and social support. Because of that, medical and educational committees were changed to psychological, medical and educational committees (PMECs) and started to function on the basis of centers for psychological, medical and social support. Psychological diagnostic techniques became instruments for evaluating child's condition.

The 2000s marked conceptual changes in the activity of PMECS in addition to some organizational and substantial ones. Nowadays examination of a child doesn't result in diagnostics, identifying an appropriate educational institution type or general recommendations for choosing a suitable educational institution. Instead, it results in a collective decision and complex recommendations for the child's further education, development and correction combined with a description of particular educational circumstances, specific activity directions for all professionals involved in complex support given to the child in the educational environment (Semago M. M., Semago N. Ya., 2014).

In 2012, for the first time the notion of a «student with disabilities» was introduced into the Russian legislation, describing a person with defects in their bodily and/or psychological development (as confirmed by a PMEC) and impeding their education without specially organized setting.

A PMEC ascertains the existence of disabilities and the need for specially organized conditions for education and upbringing. In the Federal formal educational standard, it is suggested that educational pathways, programs and settings for students with disabilities are to be adjusted to their capabilities on

the basis of complex assessment of personal, meta-subject and subject results of mastering of adapted primary education programs, the conclusion of a PMEC and parents' opinion.

Nowadays the range of problems with which children and adolescents happen to be examined by PMEC has widened. Apart from deviations in development of sensory system, intelligence, speech, locomotor system, autistic disorders, PMEC deals with school and social adjustment problems.

One of the most important goals of state policy in the interests of children is implementation of children's rights, as stated by the Constitution of the Russian Federation. At the same time implementing the constitutional right for getting (special) education shouldn't lead to segregation and infringement on other child rights. This idea was reflected as the main principle of the state policy and legal regulation of interrelations in educational sphere. Thus, the law on education determines the principle of the educational system adjustment to one's level of training, specifics of development, abilities and interests. The implementation of this principle necessitates taking an individual approach to students, including steps to offer psychological, educational, medical and social assistance to children, having difficulties in mastering general educational programs, personal development and social adjustment, notably underage students pronounced (in cases provided by criminal procedural law) to be suspects, accused or defendants on criminal cases.

Provision of such assistance is assigned (by the law «On Education in the Russian Federation») to the centers for psychological, educational, medical and social support. Additionally, duties to carry out complex psychological, medical and educational examination of children for the purpose of timely detection of physical and/or mental development and/or behavioral deviations of children are entrusted to PMECS. Moreover, the committee not only performs examination, but also writes recommendations to provide children with psychological, medical and educational assistance and organize their education and upbringing, as well as confirms, improves or corrects recommendations given previously. It should be noted that such activity is a specifically Russian practice, because there is a specific interdisciplinary team of experts including a psychologist, a psychiatrist, a speech therapist, a specialist in defectology and a social pedagogue in the committee.

Carrying out examinations of children

and adolescents with deviant behavior and making appropriate recommendations is currently a new task for a P MEC. Development of recommendations for special educational programs aiming at deviant behavior prevention differs greatly from their original tasks, requires comprehensive psychological evaluation, better psychodiagnostic skills and knowledge in various ways of subsequent work with children.

The notion of deviant behavior should be subdivided into two forms differing in severity and intensity. The first is deviant behavior in its proper sense, that is, violating generally accepted age norms and requirements (truancy at school, leaving home and vagrancy, taking psychoactive drugs, aggressive behavior, precocious sexual experience etc.), but it is not penal. The second, a more serious one, includes delinquent behavior which breaks of a criminal statute. However, due to different circumstances minors are not held responsible for a criminal offense, and correctional and educational measures are taken by educational facilities. In both cases differentiated recommendations for working with underage children are necessary. Hence, the P MEC has to perform two kinds of examinations depending on the category of children and adolescents with deviant behavior:

1. Minors with deviant behavior;
2. Minors with delinquent behavior, that is, conflicting with the law.

It is necessary to differentiate the activity of a psychological, medical and educational committee and a complex forensic psychological and psychiatric expert examination. A forensic expertise is performed in the cases when the legal investigation and trial need (in addition to the results of a clinical study) information about clinical condition, mental development, personality traits of charged juvenile offenders to decide about their sanity and the degree of their responsibility. It is this evaluation that is carried out in the health care system expert institutions (Makushkin E. V., Badmayeva V. D., Dozortseva E. G., Oshevsky D. S., Chibisova I. A., 2014). P MEC deals with problems related to complex assistance and education organization and pertains to the educational system.

Mild cases of deviant behavior can be corrected within the authority of general educational institutions. For children and adolescents with more serious behavioral problems two types of educational institutions exist in Russia – open and closed specialized teaching and education facilities (schools).

Students aged 8-18 who need special pedagogical approach are admitted to open schools on the basis of decisions passed by the commission on minors and their rights, resolutions of the psychological, medical and educational committee with the consent given by their parents or other legitimate representatives, as well as by the minors themselves (if reached the age of 14). The question if a minor needs any special pedagogical approach is within the authority of a P MEC, whose resolution is taken into account by the commission on minors and their rights when deciding if they are to be allowed to a specialized publicly held school.

Minors aged 11-18 who need special educational setting and pedagogical approach are admitted to close educational facilities on the basis of findings of the court or its verdict if they

1) are excluded from criminal liability due to the fact that by the moment they had committed a socially dangerous act they hadn't reached the age of criminal responsibility (16 or 14 for some serious offenses);

2) did reach the age of criminal responsibility, but because of their mental underdevelopment (not related to a mental disorder), at the time of performing a socially dangerous act they weren't fully aware of the real nature and social danger of their (non-)actions or were unable to control them (this condition should be stated by forensic psychiatric-psychological expertise);

3) are convicted of severe or medium severe offenses and indemnified by the court in accordance with the procedure established by the Criminal Code (provision 92 the Criminal Code of the Russian Federation).

The P MEC is given a completely new task of complex and thorough examination of children and adolescents with deviant behavior, as well as those being in conflict with the law. This necessitates special methodological support for using diagnostic tools, development of the committee's activity model, specific organizational procedures and interaction between different institutions (the court, prosecution service, investigation and other bodies) while taking into account the examined minors' legally significant context, age and their clinical specificity.

## 2. METHODOLOGICAL SUBSTANTIATION

To single out the criteria for diagnostic evaluation of minors with deviant and delinquent behavior it is necessary to define these concepts more precisely. In deviantology the term «divergent (deviant) behavior» connotes a persistent behavior of a personality diverging from the most important social norms, and incompatible with common social values, rules, behavioral stereotypes, expectations, established attitudes, vividly detrimental to the society and the personality itself, endangering interpersonal well-being and is accompanied by social maladjustment (Zmanovskaya E. V., 2003). Additionally, such behavior is observed to increase in puberty and become less prominent after the age of 18 (Schneider L. B., 2007).

In different psychological classifications various criteria of deviant behavior are singled out. The type of violated norm, psychological goals of the behavior and its motivation, implications and the inflicted damage as well as individual and stylistic behavior characteristics can serve as examples. The identified distinctive features of deviant behavior are as follows (Zmanovskaya E. V., 2003):

1. Incompatible with generally accepted and officially established social norms.
2. Negatively judged by other people.
3. Harmful to the personality itself and the surrounding.
4. Predominantly and persistently recurring (frequent or long-lasting).
5. Considered within medical norm.
6. Accompanied by various manifestations of social maladjustment.
7. It has a pronounced individual, age and gender specific peculiarity. Deviant behavior varies in manifestation in different periods of one's life.

In law deviant behavior is understood as everything that contravenes currently established legal norms and is threatened by punishment. The principal criterion for legal treatment of an individual's actions is the degree of their danger to the society. According to the character and extent of their risk to the society, actions are subdivided into felonies, administrative, civil and juridical infractions, disciplinary cases. Hence, legal assessment of deviant behavior describes delinquent behavior. In other words, delinquent (antisocial) behavior is one that contravenes legal norms, threatening public order and the well-being of people around. It is these actions or non-

actions that are criminalized by the law.

Deviant and delinquent behavior are accompanied by low life standards, lowered criticism towards one's actions, cognitive distortions (in perception and understanding of what is going on), increasingly negative self-feeling and emotional deterioration.

The term «deviant behavior» can be used for children from 5 years of age and older, in the strict sense – not below 9 years.

In childhood (5-12 years) the following forms of deviant behavior are prevalent: violence against younger children and children of the same age, cruelty against animals, stealing, petty offense, vandalizing of property, running away from home and vagrancy, truancy at school, violent behavior, scandal and backbiting, lying, racketeering (begging money).

In adolescents (over 13 years) the following forms of deviant behavior are predominant: hooliganism, thievery, robbery, vandalism, physical violence, drug trade, running away from home and vagrancy, truancy at school or abandoning of education, lying, violent behavior, promiscuity, graffiti (writing obscenities and drawing on walls), subcultural deviations (slang, putting on scars, tattoos). Adolescent deviant behavior is characterized by the importance of age group values.

As observed by many authors, in adults (over 18 years) delinquent behavior mainly appears in the form of law violation, leading to criminal and civil responsibility and a corresponding punishment (Zmanovskaya E. V., 2003).

To understand the specifics of deviant and delinquent behavior development, various determining factors are studied. The majority of researchers agree in the opinion that it is impossible to talk about the role of only one factor in deviant behavior genesis, most often formation of behavioral disorders is a matter of different factors.

In the American psychology an attempt was made to describe some general development scheme which includes the time parameter and 4 contexts, in which development unfolds (Wenar C., Kerig P., 2007). The time parameter characterizes the dynamics of psychological changes, as the child grows, and is illustrative for understanding the stages of development which are marked by qualitative changes and behavior reorganization, and also characterizes the most important life events, happening at various ages. The four contexts in which development unfolds and which have an effect on the behavior, include the following components: organic (brain functioning,



the overall temperament), intrapersonal (cognitive abilities, emotions, personality characteristics), interpersonal (relationship with the immediate environment) and transpersonal (culture, social class). For each of the contexts there are corresponding risk factors (that is, conditions and circumstances increasing likelihood of deviant development), vulnerability (that is, susceptibility to various risks), preventing factors (that is, factors which are conducive to normal development) and preventing mechanisms (that is, mechanisms which describe the activity of the protective factors).

Summarizing various psychological theories (psychoanalytic, cognitive, behavioral) of normative psychological development, it is possible to single out variables playing vital role in the well-being of a child, which can also be markers or indicators of deviant development: attachment, initiative, self-control, moral development, cognitive development, anxiety and defense mechanisms, gender identity, aggression, relationship with children of the same age and sociability, labor activities and vocational self-determination (Wenar C., Kerig P., 2007; Zmanovskaya E. V., 2003; Zmanovskaya E. V., Rybnikov V. Yu., 2010).

For diagnostics of peculiarities in psychological development of children with deviant and delinquent behavior the category of «psychological age» is pivotal. In L. S. Vygotsky's cultural-historical psychology, psychological age is understood to mean a unit of analysis of psychological development. The concept of psychological age comprises social situation of development, leading (In L. S. Vygotsky's and his followers' concept, "leading" activity designates a general activity specific for a certain age period (e.g. play is the leading activity for preschool age period, learning – for primary school period etc.) activity, new formations and age crisis.

Within the context of the cultural-historical theory two approaches for understanding of deviant behavior are notable. The first approach prioritizes disruptions to the social situation of development. Abnormalities in the system «the child and their immediate environment» complicate the child's relationship, cooperation with other people and lead to social and psychological maladjustment, that is, disturbances in other systems of relationships (Tikhomirova A. B., Moskvichov V. V., Lapshin Yu.G. et al., 2006; Zaretskii V. K., Smirnova N. S., Zaretskii Yu.V., Evlashkina N. M., Kholmogorova A. B., 2011; Delibalt V. V., Bogdanovich N. V., 2017). In the second approach what is emphasized is deformations

in the meaning content and in the conditions where the leading activity proceeds (Lishin O. V., Lishina A. K., 2009; Delibalt V. V., Bogdanovich N. V., 2017). In this approach deviant behavior is seen as a disturbance in semantic regulation.

In a number of medical works deviant and delinquent behavior is seen not only as problem behavior, but also as a behavioral disorder. For example, in DSM-IV classification behavioral disorders mean a recurring and persistent pattern under which other people's rights or social norms and standards are violated. Also, four types of behavioral problems are abstracted: aggression towards others, property destruction, lying or stealing, serious infringement of rules (Wenar C., Kerig P., 2007).

However, it is important to note, that behavioral disorders differ from problem behavior. The latter can be a part of normal development or come as a result of adaptation to the adverse environment. Moreover, deviant and delinquent behavior can manifest itself both in relation to normal mental development and go together with abnormal mental development (dysontogenesis). Medical classification of behavioral disorders is based on the psychopathological and age criteria. According to them, behavioral disorders are singled out, which corresponds to medical diagnostic criteria, that is, they reach the extent of a mental disease. A number of cases related to disturbed development, emotional-volitional cessation of behavior control, and underdevelopment of one's ability to predict and control one's actions can trigger and intensify aggressive, deviant and delinquent behavior (Makushkin E. V., 2009).

In the Russian clinical and psychological practice the following kinds of disturbed development are abstracted: arrested, disharmonious, developmental retardation, distorted, deficiency, dissociated and defected development (Makushkin E. V., 2009).

In expert judgement about dysontogenetic psychological and behavioral disorders in minors with divergent behavior it is necessary to consider following parameters: 1) deficiency (lack in development or significant decrease) in the level of intellectual, cognitive performance; 2) distortion in perception of a criminal situation (a tendency to follow the leader, amenability – in the cases of collective delicts); 3) limited (impaired) self-reflection; 4) decrease (or notable disruption) in volitional control over one's behavior; 5) inconsistency of motivation (behavioral com-

ponent disorder); 6) diminished control over one's actions (to the extent of impulsiveness); 7) (in)ability to overcome one's drives; 8) incompleteness of one's critique and prediction; 9) decreased capacity of adjustment (in the family, at school, one's reference group, social environment, including criminal subculture) (Makushkin E. V., 2009).

It is possible to refer critique, adequacy and learnability to differential diagnostic criteria for selecting typological variants of developmental deviations. Practice showed that the entire triad works in all situations when analyzing psychological development of a child - both relatively normative and deviant (Semago M. M., Semago N. Ya., 2011).

If behavioral disorders appear in relation to severe mental illnesses, then they cannot be analyzed apart from the clinical presentations of these illnesses.

Hence, in the course of diagnostic examination of minors with deviant and delinquent behavior it is necessary to assess the specificity of one's social situation of development and the leading activity, correlate cognitive functions, peculiarity in personal and regulatory spheres and in behavior with one's psychological age.

### 3. PRELIMINARY ANALYSIS AND APPROBATION OF THE EXAMINATION PROCEDURE

At the stage of formulation of examination procedure and the committee activity model, a preliminary analysis was performed on the data of juvenile criminals' personal records. They are students of specialized closely held teaching and educational facilities (=schools), assigned chiefly under the ruling and verdict of the court. 230 personal records from 17 regions of the Russian Federation dated 2016-2017 have been studied. Before the actual analysis was carried out, the following parameter set for personal records analysis was determined:

- The students' age.
- Reasons for being referred to the school (the character of the deed).
- Education (present/absent, what type thereof, if present).
- Level of health (presence and content of medical records, if any), concomitant diseases (present/no data), availability of the PMEC opinion record (available/unavailable), availability of any recommendations

from the psychological, medical and educational committee (available/unavailable, recommendations details).

- Family status (two-parent/broken family, the minor is under trusteeship/has the status of an orphan/is without parental care (has lived in an orphanage)), family characteristics (availability of data, family specifics).
- Symptoms of deviant behavior.
- Psychological characteristics (availability, legal case materials), psychological examination opinion record (availability, content).
- Social environment (groups the student belonged to and his/her own status; friends, their social status, bad habits, delinquency, negative influence).
- Criminal debut (at what age one's first crime was committed; if it is not the first crime, what the age was at the date of committing a delict (according to the criminal case data)).
- Prognosis ((in)favorable/positive if assistance is provided).

Personal records analysis has shown age composition of juvenile delinquents ranging from 11-12 to 17 years. Predominantly, they committed habitual illegal acts of little to moderate severity.

Education. Students in the sample group are pupils of 5<sup>th</sup> - 9<sup>th</sup> grades. Out of 230 children: 40% repeated a year in school, 9% of the respondents have vocational training, 17% are doing a specialized educational course for children with learning disabilities. Over 80% show lack of motivation and negative attitude towards education, habitually miss classes, ignore doing homework.

Level of health, availability of the psychological, medical and educational committee's opinion record. Almost all of the respondents have their health status as «healthy» and have no concomitant diseases (except 8% of the respondents with chronic somatic diseases). PMEC opinions are present not solely in the personal records of the students with learning disabilities doing a specialized educational course, but also in 75% of children doing the general educational course. Recommendations found in most PMEC opinion records appear to be very brief in size and perfunctory in character.

Family status. 26% of the students are brought up in two-parent families, 20% live in

broken families. In the remaining cases there were annulments, or the child has a status of an orphan, 68% of families belong to the category of socially endangered or low-income families.

Symptoms of deviant/delinquent behavior. The following general properties of deviant behavior were found: drinking alcohol (47%), drug addiction (11%), smoking (100%), physical strength demonstration (22%), thievery (47%), leaving home (19%) and vagrancy (7%), pronounced aggression (67%), toxicomania (13%), misconduct, ignoring educators' remarks (84%).

Psychological characteristics are only contained in forensic documents, where availability and degree of detail varies greatly. Examination of case papers has shown that psychological characteristics are written in a highly non-uniform manner. They describe specifics of adolescent's social interaction. The respondents show fits of anger, tend to follow somebody's lead, are hyperreactive, prone to conflict, impulsive, temperamental, aggressive. They are very often qualified as egocentric, emotionally unstable and immature. About 69% of the students have disorders of attention, assiduity and emotional-volitional regulation.

Social environment is also described in some case papers. Quite frequently (over 50%) case papers contain information that the children have other children of the same age or older as their friends, namely those with drug and alcohol addiction, previous conviction or registered in police departments for minors. Some are negative leaders themselves (32%) and have no close friends.

Criminal debut is mostly specific to the age of 12-13 years, more than 70% of the children have already been registered in police departments for minors, prior their last delict and only 30% of the students had no previously recorded criminal wrongdoings.

The respondents received mostly unfavorable prognoses (as follows from case papers, prognostic risks are a motivational factor for decisions about referral of a child to a specialized closed teaching and educational facility).

In the personal records of 11 adolescents there is information about their behavior, learning activity, psychological traits which were indicative of a probable pathology (pathological development of character, low level of intelligence (observed with no diagnosis), inappropriate behavior etc).

The facts mentioned above show the

necessity for examining minors by psychological, medical and educational committees. They allow defining a concrete direction and spheres of complex evaluation, which is necessary for development of a model of PMEC work with minors with deviant behavior.

As a result of the analysis made on the personal record data of students from specialized closed teaching and educational facilities an approbation program was developed for examination procedure and the committee activity model.

Currently in the work of psychological, medical and educational committees with minors having behavioral disorders a traditional, stating the present situation model in outpatient setting is used to provide them with a one-time examination visit. Within this model the committee is given certain documents and the committee diagnostic session takes place for an hour. This is followed by writing the committee's opinion and recommendations. As part of the project being developed a task is given, to work out a committee activity model, set out reasons for the examination procedure and make diagnostic tools.

The aim of minors' examination procedure testing is to optimize PMEC work with children having behavioral disorder of varying severity and to create special educational setting for them).

The approbation program goals are as follows: 1) go through the procedures currently in use by committees and commissions in different regional institutions with the view of 2) identifying most common difficulties experienced by them and 3) introduce them to guidelines related to work with minors having deviant and delinquent behavior; 4) test the examination procedure and the committee activity model (in no less than 20 runs) and also 5) motivate and inspire members of the committees and commissions to embrace new developments in psychology relevant to the work of PMECs.

The diagnostic and counseling centers for children and adolescents in Kaliningrad and Saratov regions served as testing grounds due to the PMECs functioning in them.



#### **4. THE COMMITTEE ACTIVITY MODEL; AN INSTRUMENT FOR STRUCTURED ASSESSMENT OF SOCIAL SITUATION OF DEVELOPMENT; EXAMINATION PROCEDURE**

Specialists in various areas take part in the work of the committee – a psychologist (clinical psychologist), a social pedagogue, a psychiatrist (neuropsychiatrist), a defectologist, a logopedist. The participation of these specialists allows to give a maximum detailed presentation and work out recommendations for an individual minor's assistance program. As a matter of fact, all consecutive practical work with a minor is organized on the basis of P MEC conclusion and recommendations.

The authors have developed the committee's «Expert activity model» containing a number of steps.

In the first step the P MEC social pedagogue goes through and analyses the materials possibly including different documents which describe the minor's social situation of development, teachers' reference, previously made psychological conclusions, medical documents, the documents written by the commission on minors, the police departments for minors, and the decision, ruling or verdict of the court (if available). In studying the documents, the social pedagogue uses the method for structured assessment of the social situation of the minor's development which has been worked out by the authors as part of the project. After that, the social pedagogue gives the report to the other committee members, on the basis of which a set of methods appropriate for each specific situation is selected.

In the second step the minor is examined by the psychologist together with the psychiatrist. This step includes clinical conversation with the minor, joint psychological and experimental examination and observation of the minor. If the committee works in special close teaching and educational facilities, such examination can be carried out for several days.

In the third step the minor is examined by the logopedist and the defectologist.

In the fourth step the committee specialists perform joint analysis of the examination results, compare the data with the materials studied in the first step, after which a detailed opinion is worked out containing conclusions and recommendations.

The P MEC's structured assessment

of social situation of development (with the presence of a minor having deviant behavior) reflects the now existent in psychiatry and psychology holistic, multifactor, biological, psychological and social approach to the problems connected with deviant behavior in adolescence (Holmogorova A.B., 2010). This approach considers psychological, social and biological contexts. The instrument of structured assessment, developed by the authors also considers the legal context.

Each of the aforementioned contexts comprises a wide range of relevant factors which can either be preconditions, or factors that prevent deviant behavior development in a particular minor, and therefore they can be personality resources.

As stated before, deviant behavior is understood as a person's persistent behavior that contravenes the most important social norms, including provisions of administrative (deviant behavior) and criminal (delinquent behavior) law, has seriously detrimental effect on the society and the personality itself, and is also accompanied by its social maladjustment (Dozortseva E. G., 2004; Dozortseva E. G., Badmayeva V. D., Oshevsky D. S., Alexandrova N. A., 2011; Zmanovskaya E. V., Rybnikov V. Yu., 2010).

Coming together as an integral system and interacting, all the contexts make up a specific social situation of development, in which the minor is found at the given stage of his/her life. (Aron I. S., 2013; Karabanova O. A., 2007; Sultanova A. S., Ivanova I. A., 2011).

It is this particular social situation of development that P MEC specialists consider. Even with a small number of biological, psychological, social and legal preconditions, they must take each of them into account when working out a final conclusion on every particular case. Such an analysis in the framework of P MEC's activity is costly in terms of time and effort. An unfavorable condition of the committee's work is the time limitation of the minor's examination (up to 60 minutes), which is insufficient for profound diagnostics.

In this connection the committee has to make use of methods and techniques which will, on the one hand, help reveal all the factors and, on the other hand, they won't take much time in order to structure a large amount of information obtained about the social situation of a particular minor's development.

One of such methods can be the proposed «Structured assessment of social situation of development for minors with behavioral disorders» coming as a form to be filled in



and intended for qualitative analysis of legal, biological, psychological and social factors. It is first filled in by the PMEC social pedagogue, based on the provided materials, and then added to by other committee specialists.

The psychological factors are predominant in this model. They ultimately determine the minor's behavior, and so the PMEC members must place emphasis on these factors in the course of diagnosing and deciding on any conclusions. These include the minor's personal, cognitive and behavioral traits. The precise psychological factors that can be found in minors with deviant behavior in the course of PMEC activity include uncritical attitude to deviant and antisocial forms of behavior, stressful experiences, negative feelings towards those around him, low self-esteem, suggestibility, accentuated character traits, an inclination to protest and negativism, lack of interest to socially positive activities etc.

Among biological (clinical) factors, detected by psychologists there are mainly consequences of organic cerebral affection, dysontogenesis manifestations of different kind and origin and others.

The micro- and macrosocial factors of deviant behavior formation are of particular importance: a problem, broken and destructive family, dysfunctional and asocial groups of children of the same age, susceptibility to influence of fashion, media (above all, the internet), etc.

The social status of minors with deviant behavior is connected with the factors which can be designated as legal. They pertain to the minor's past illegal acts of various severity, from mild to serious.

The proposed structured assessment of social situation of development form can be filled both before seeing the minor in person on the basis of the materials provided for PMEC and immediately in the course of the diagnostics process.

During the work of the committee special attention should be paid to multidimensional assessment, including socio-psychological analysis of the social situation of development, desocializing influences, social and clinical analysis of the principal psychic dysontogenesis, in case it is present (inhibited, disharmonic, asynchronous) accompanied by singling out its basic mechanism that generates it (deprivational, conflict, stress and identification related), and also including clinical and psychological analysis of manifestations of personality abnormal development and mental condition.

The psychological and diagnostic work plays an important role not only for teaching and educational process, but also for delinquency prevention and protection of rights of children. During psychodiagnostics it is important to identify factors of deviant behavior and resources for positive development, including risk factors of deviant behavior formation, preventing mechanisms, unimpaired facets of the personality to rely on in the process of practical work with minors in an educational facility. These characteristics can serve as a basis for the recommendatory part of the conclusion. Above all, it is important to look for the signs indicative of the ability to voluntarily regulate one's actions: cognitive functions, regulatory characteristics of activity during examination, personality characteristics and its degree of maturity.

These indicators entail a psychological and pathopsychological examination carried out by the specialists of the committee, as well as diagnostics of personal and psychological characteristics, personal meanings sphere, legal awareness, self-control etc.

The main principle of psychological diagnostics is an integral qualitative analysis of the data which are obtained in the course of study of the materials the committee is provided with, the information about the clinical conversation with the minor, the minor's behavior during the examination, comparison between the results of each method in isolation and the entire examination.

Psychological and diagnostic examination is a standardized and, at the same time, flexible procedure, during which minors' intellectual and personality characteristics are studied and evaluated. In the course of the minor's intellectual capabilities analysis what is carried out is pathopsychological study of perception, memory, attention, reasoning (operational and logical), learnability, general knowledge and practical orientation. To describe each of the mentioned spheres, 1-2 techniques are used. It has to be borne in mind, however, that the pathopsychological techniques are multi-aspect functional tests and give information about different spheres of psychical activity, complementing each other. Some of the most informative techniques act as principal ones and are used in all the studies (for example, memorizing 10 words, «Pictograms», «Classification»), others act as supplementary ones, allowing to modify and personalize the examination according to a particular minor's specifics (Rubinstein S. Ya., 2010). The examination of the adolescent's individual, psychological

and personality characteristics is performed in a similar way, in which with the help of questionnaires, projective and semi-projective techniques one needs to find out features of the adolescent's temperament and character (in particular, suggestibility, conformity, aggression), and also characteristics of self-concept, general social attitudes and attitudes to people from his/her surrounding, motivation. On average, the psychological and diagnostic instruments include 10-15 techniques. At the same time, direct conversation with a minor and observation are equally important sources of information as the techniques mentioned above. In all the spheres acknowledgment of deficiency must entail assessment of minor's unimpaired functions and traits as well as his/her personal resources.

The data (results) of experimental and psychological examination are prepared as the psychologist's opinion, are used in working out the committee's conclusions, decisions substantiation and recommended personalized work with the minor.

In the committee's conclusion each of the specialists presents their own part, after having agreed it with the results of the other committee members and taking into account the data of the structured assessment of social situation of the minor's development. The committee conclusion plays an important role not only in deciding about the educational pathway of the minor but also in the course of resolving complex life and legally significant situations in which children and adolescents are caught (in the latter case at the stages of pre-trial, trial and post-trial), and in the process of working out an individually appropriate assistance program. It is noteworthy that during examination of children with disabilities the committee provides a list of recommendations related to the educational program characteristics and educational process support. The list of recommendations with respect to minors with deviant and delinquent behavior must be extended by bringing in all the resources and social services of the preventive system. Only a comprehensive multi-system approach allows to level the risk factors and ensure normative setting for development of children and adolescents.

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## Conflict of interests

The authors declare no conflict of interest.

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