

PSYCHOLOGICAL CARE FOR CHILDREN WITH AUTISM: BIOETHICAL PROBLEMS IN THE CONDITIONS OF THE PANDEMIC

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Comparison of the opinions working with the children of psychologists of Volgograd region concerning the provision of psychological assistance to children with early childhood autism in the 10-year interval (2009–2019) showed the ongoing institutionalization of this social practice, although not intensive enough. However, the COVID-19 pandemic, which began in early 2020, made it virtually impossible to provide psychological support to children with the disorder, due to numerous factual and subjective factors. It was concluded that regional medical and social services needed to be particularly proactive in providing support to vulnerable categories of persons (in particular, with regard to psychological support for children with early childhood autism).

Key words: Bioethics, psychological assistance to children with autism, pandemic.

ПСИХОЛОГИЧЕСКАЯ ПОМОЩЬ ДЕТЯМ С АУТИЗМОМ: БИОЭТИЧЕСКИЕ ПРОБЛЕМЫ В УСЛОВИЯХ ПАНДЕМИИ

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Компарация мнений, работающих с детьми практических психологов Волгоградского региона, относительно оказания психологической помощи детям с ранним детским аутизмом в 10-летнем интервале (2009–2019 гг.) показала происходящую институционализацию данной социальной практики, хотя и носящую недостаточно интенсивный характер. Однако начавшаяся в начале 2020 года пандемия COVID-19 практически сделала невозможным психологическое сопровождение детей с расстройством вследствие многочисленных факторов как объективного, так и субъективного плана. Сделан вывод о необходимости региональным медицинским и социальным службам проявить особую активность в организации поддержки незащищенных категорий лиц (в частности, относительно психологического сопровождения детей с ранним детским аутизмом).

Ключевые слова: биоэтика, психологическая помощь детям с аутизмом, пандемия.

The term «autism» was proposed in 1911 by E. Bleiler; G. Asperger in 1938 used the term in relation to children with personality disorder and L. Kanner in 1943 used the term «early childhood autism» (ECA).

Since that time (since the 1940s), doctors, social worker specialists, psychotherapists, teachers and psychologists have considered and considered a wide range of questions: the causes of the disorder, the diagnostic criteria, methods of providing the necessary professional assistance both to these children and to their families, follow-up (already in adulthood) social adaptation of children with ECA; at the same time, psychological support is of key importance for the success of the rehabilitation process. Although the prevalence of ECA in different countries is not significant (from 3 to 6 cases per 10,000 children), the interest of researchers in this problem is constantly increasing, up to the last decade, according to V.E. Kagan, «autistic boom» [2, 3]. The latter, firstly, is connected with the use of «soft» diagnostic criteria, as a result of which more frequently diagnoses understood more widely (than ECA) «autistic spectrum disorders»; secondly, with increased awareness of specialists (in particular psychologists) concerning ECA [1, 4, 6].

Thus, a comparison was made of the opinions of practical psychologists of the Volgograd region working with children on the provision of psychological assistance to children with ECA at 10-year intervals. In 2009, 61 psychologists participated in the anonymous questionnaire (44.3 % in one job less than 5 years; 55.7 % in one job more than 5 years). In 2019, 63 (39.7 % and 60.3 % respectively). The problem of ECA for «children» psychologists was considered relevant and «up-to-date» in 2009 – 63.9 % of specialists, in 2019 – 87.3 % ($p < 0.05$). At the same time, if in 2019 this point of view was held by almost the same number of psychologists with experience of up to 5 years (84.0 %) and more than 5 years (89.4 %), then in 2009 – more often than experienced colleagues (70.6 % versus 55.6 %). In 2009, 13.3 % of the respondents questioned the relevance of ECA to psychologists, 3.3 % denied it and 19.7 % found it difficult to answer. In 2019, the distribution of responses was 4.8 %; 4.8 % and 3.1 % respectively. For 78.7 % of specialists in 2009 and 92.1 % in 2019, the most effective approach to help children with ECA was drug therapy (psychopharmacy-macotherapy) combined with psychocorrection / psychotherapy; exclusively psychocorrection / psychotherapy (without psychopharmacotherapy) 11.5 % and 16.2 % respectively; 9.8 % had difficulty answering in 2009. However, psychopharmacotherapy (without psychocorrection / psychotherapy) was not mentioned as the most effective approach either in 2009 or in 2019. According to 75.4 % of the respondents in 2009 and 85.7 % in 2019, psychologists can actually help in the treatment and rehabilitation of children with ECA; 11.5 % and 4.8 % doubted it, and 1.6 % in both 2009 and 2019 denied psychological assistance for this disorder (the remaining 11.5 % and 7.9 % were difficult to answer). The impact of professional experience on the distribution of responses to this question in both the 2009 and 2019 questionnaires

was also not revealed. In 2009, 3.3 % respondents said that psychological care for children with ECA was fairly complete, in 2019 – 12.7 %; 62.3 % and 57.1 % of interviewed psychologists, respectively, considered this help to be clearly insufficient. 13.1 % and 28.6 % decided that there was a balance between these extremes and the rest (21.3 % and 1.6 %) found it difficult to answer. The influence of the length of service in the profession on the distribution of answers to this question, both during the survey in 2009 and in 2019, was also not revealed.

Thus, a comparison of the opinions of practical psychologists working with children in a 10-year interval showed that the ECA problematic was recognized and recognized by a significant majority of psychologists; psychological assistance to children with ECA continues to be provided to them in an insufficient volume, although there are signs of an improvement in the situation; the decrease in the number of psychologists who found it difficult to answer the questions included in their professional competence shows an increase in the awareness of specialists regarding the ECA. In fact, there is an ongoing institutionalization of this social practice (psychological support for children with ECA), although not intensive enough [5, 7].

In addition, in conceptual terms, society through the system of social institutions and practices should pay special attention to promoting the processes of social adaptation of those of its members, whose ability to adapt is limited on their own. They are traditionally viewed as socially unprotected categories of the population and, in particular, include children and persons with mental disabilities. Accordingly, children with ECA represent a "doubly" socially unprotected category.

However, the COVID-19 pandemic, which began in early 2020, practically made it impossible to provide psychological support for children with ECA due to numerous factors, both objective and subjective [11]. In particular, such factors include: psychological assistance is often paid for by parents of children with ECA, and the deteriorating economic opportunities of many parents made it inaccessible; a number of pediatric institutions, where psychologists used to work, were redesigned to become "covid"; the centers of psychological and pedagogical assistance to the population have minimized their activity; many professionals over 65 have switched to remote work, but not all parents have the opportunity to fully consult in this format (at the same time, the effectiveness of face-to-face and online counseling is hardly equal, although the transition of practicing psychologists to providing their services using remote technologies has become widespread); the fears of parents of possible infection with the coronavirus of their sick child contribute to limiting his contacts, including with peers, but these contacts play an important role in his social rehabilitation (moreover, contacts were limited for "purely technical"

reasons – the closure of kindergartens, sections, full-time education in schools).

As a result, being left without psychological support, the majority of children with ECA lost the opportunity to receive specialized, very significant for them, help. In principle, the situation with children with autism is only a private one, one of the many cases when in 2020 representatives of many unprotected categories of people, defined by key medical and social characteristics, were left without proper support [8, 9].

Most likely, in 2021, the epidemiological (and economic) situation in the country will gradually improve, but this process will take a long time (quite possibly more than one year) [10]. Accordingly, regional medical and social services should show (and, most importantly, show in the near future) special activity in organizing support for unprotected categories of persons (in particular, regarding psychological support for children with ECA).

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