PSYCHOLOGICAL AND PEDAGOGICAL INFLUENCE ON THE HOLISTIC DEVELOPMENT OF THE CHILD’S PERSONALITY

INTRODUCTION
For the last ten years, (2010-2020) empirical studies have found an increase in the level of the children mental development due to psychological and pedagogical influence. During adolescence, the level of emotional stability of children increases. This ensures the holistic development of the individual and the solution of mental, emotional, behavioral and general development problems. The level of interest, curiosity and curiosity, control as part of the child’s personality, resilience, honesty, conflict and friendliness affect the mental state.

Occurrence of attention disorders, hyperactivity require psychological and pedagogical intervention, involvement of a specialist to correct the child’s behavior. Pedagogical intervention in the learning process affects the emotional and mental state of the child, and as a consequence - on his behavior and interaction in society. The purpose of the article is to identify the link between obtaining psychological and pedagogical influence in the form of behavioral treatment, such as training or an intervention and mental, emotional development of the child, which determine his/her behavior in society.

Research tasks
1. Identify the level of influence of personality traits on the propensity to mental disorders.
2. Assess the effectiveness of psychological and pedagogical influence on the development of the child’s personality: emotionality, concentration of attention, behavior, general development.

LITERATURE REVIEW
The macroeconomic, social and cultural factors affect the development of the child’s personality (HOUSE, 2017; DECKERS et al., 2015), which is determined by the environment, parenting style, teaching methods or level of psychological interventions (DECKERS et al., 2015). The child’s personality is considered as a set of traits and tendencies that are formed in the process of gaining life experience, interaction with society, learning and education. Activity, energy and / or calmness determine the effectiveness of interaction with the environment, the child’s potential to receive resources from other people, the level of tolerance to external negative factors, the level of control and resilience of the child, independence, sociability. Emotional stability, openness, honesty, extroversion are also attributed to personality traits (SHINER MASTEN, 2012).

The child’s behavior is influenced by crisis situations. Typically, children experience emotional maturity, personal or post-traumatic growth, independence, and independence after crisis situations (MURPHY, ROBERTS, HERBECK, 2013). A child’s resilience is one of the main traits that determines his ability to be flexible, persistent, and resourceful and adapt to stressful situations (CHI et al., 2015). Personality traits also depend on the context. For example, a child who grows up in an environment that promotes resilience is much more likely to show...
openness, ease of behavior, and appreciation for life (LI, CHI, SHER, CLUVER, STANTON, 2015). Personality is formed in the process of influence of various factors. Mental development is the fundamental basis of psychology and the main thing to ensure the holistic development of the child (EL’KONIN, 2017). Development is a qualitative and quantitative physiological, cognitive, behavioral change in the process of evolution from birth to maturity. Under the development of personality means the process of formation of personality as a social quality of the individual because of socialization and education. Integrity of development is a complex process of training and education, formation of personality.

Personality traits are an important component of human capital, often referred to as life or non-cognitive skills. Traits reflect personality traits that positively or negatively affect productivity in school, the labor market, the workplace, and social relations (ALMLUND et al., 2011). Traditionally, personality development psychologists have suggested that personality traits are a stable component of human capital. It is believed that children from birth have a temperament that almost deterministically grows into a stable portfolio of behavioral styles and thinking patterns in adulthood. These assumptions about stability and deterministic evolution have been criticized over the past decade (ROBERTS et al., 2009). In 2009-2020, empirical studies show that most people experience increased integrity, approval, and emotional stability between adolescence and adolescence (BLEIDORN et al. 2013; Hopwood et al. 2011), especially with increased social responsibility (ROBERTS et al., 2006).

The formation and development of personality depends on the factors of external influence and environment: teaching methods, psychological intervention, parenting style. These factors require a detailed study of the effects of psychological and pedagogical influence on the development of personality.

METHODOLOGY

This study uses data from a structured interview based on the National Survey of Children’s Health 2018-2019. The survey was conducted in 51 US states to assess the emotional and mental health of children aged 3-17. The following indicators were used to identify the impact of a child’s personality traits on the child’s emotional and mental health:

1. Indicator 2.4a: Flourishing for children and adolescents, age 6-17 years. How often does this child show interest and curiosity in learning new things, age 6-17 years?
2. Indicator 2.4b: Flourishing for children and adolescents, age 6-17 years. How often does this child stay calm and in control when faced with a challenge, age 6-17 years?
3. Indicator 2.4c: Flourishing for children and adolescents, age 6-17 years. How often does this child work to finish tasks he or she starts, age 6-17 years?
4. Indicator 2.5: How often does this child argue too much, age 6-17 years?
5. Indicator 2.6: Compared to other children his or her age, how much difficulty does this child have making or keeping friends, age 6-17 years?
6. Indicator 2.7: Does this child currently have Attention Deficit Disorder (ADD) or Attention-Deficit/Hyperactivity Disorder (ADHD), age 3-17 years?
7. Indicator 2.7a: Would you describe this child’s current Attention Deficit Disorder (ADD) or Attention-Deficit/Hyperactivity Disorder (ADHD) as mild, moderate or severe, age 3-17 years?
8. Indicator 2.7c: At any time during the past 12 months, did this child receive behavioral treatment for ADD or ADHD, such as training or an intervention that you or this child received to help with his or her behavior, age 3-17 years?
9. Indicator 2.10: Does this child have a mental, emotional, developmental or behavioral (MEDB) problem, age 3-17 years?

The study developed a structure of communication between personality traits (indicators 2.4: interest, curiosity, control, calm, honesty; indicator 2.5: propensity to conflict; indicator 2.6:
friendliness), mental disorders (indicators 2.7 and 2.7.a: attention deficit disorder). ADD, hyperactivity ADHD), psychological and pedagogical impact (indicator 2.7.c: treatment/intervention in the learning process for 12 months to correct behavior) and the consequences of psychological and pedagogical impact (indicator 2.10: emotionality, concentration, behavior, mental problems, development problems).

**Figure 1.** Methodology framework: structure of connections by personality traits, mental disorders, psychological and pedagogical influence on mental disorders and development of the child in the process of influence on mental disorders

Source: Developed by the author.

Based on the developed relationship structure, the following assumptions are made:

- **Hypothesis 1.** Personality traits determine the predisposition to mental disorders (to verify the assessment of the correlation of indicators 2.4, 2.5, 2.6, 2.7, 2.7.a).
- **Hypothesis 2.** Psychological and pedagogical influence has a positive effect on the development of the child’s personality: emotionality, concentration, behavior, psyche (to verify the assessment of the correlation of indicators 2.7.c and 2.9, 2.10).

**RESULTS**

The development of a child’s personality in the United States (within the states) aged 6-17 years is characterized by a high level of curiosity and curiosity about new things: on average over the past 12 months (2018-2019) 59.38% of children always show these personality traits, 30.49% of children, sometimes - 9.65%, never - 0.47%. Among the respondents, 23.9% of children always show control and calm, usually these traits are characteristic of 51.24% of children, sometimes the manifestations of these traits are characteristic of 23.00% of children, never - 1.84% of children.

Honesty is always shown by 35.86% of children, usually (in most tasks) - 48.09%, sometimes - 15.03%, never - 1.01%. Conflict as a personality trait is always manifested in 5.28% of children, usually - 10.38%, sometimes - in 59.09%, never - in 25.23%. Friendliness is always manifested in 76.47% of children who have no difficulty in meeting other children. 18.79% have difficulty meeting new children, 4.74% have many difficulties. Among the respondents, 89.85% had no manifestations of Attention Deficit Disorder (ADD) or Attention-Deficit/Hyperactivity Disorder (ADHD), 0.78% had previous manifestations, 9.36% had manifestations at the time of the survey. 90.75% have no mild, moderate or severe ADD and/or ADHD, 3.7% have mild ADD and / or ADHD, and 5.55% have no moderate or severe ADD and/or ADHD.

During the last 12 months, 4.61% of children with ADD and/or ADHD aged 3-17 years have not undergone psychological treatment (correction) of behavior, including within training, despite the existing conditions. At the same time, 90.67% of children did not have the prerequisites for psychological intervention or pedagogical correction of behavior. Among the
surveyed 9.28% of children, aged 3-17 years take medication for ADD and/or ADHD and have difficulty with emotions, concentration and behavior, while 90.71% do not take medication and do not have difficulty. 23.46% of children have one of the problems related to emotional, mental development, behavior or general development. 76.53% do not have any mental, emotional, developmental, or behavioral problems. To test "Hypothesis 1 Personality traits determine the predisposition to mental disorders" an assessment of the correlation of indicators, the results of which are presented in table. 1-5.

**Table 1.** Correlation matrix of connection of personality traits (interest, curiosity) and psychological disorders

| Indicator 2.7: Does this child currently have Attention Deficit Disorder (ADD) or Attention-Deficit / Hyperactivity Disorder (ADHD), age 3-17 years? Indicator 2.7a: Would you describe this child’s current Attention Deficit Disorder (ADD) or Attention-Deficit / Hyperactivity Disorder (ADHD) as mild, moderate or severe, age 3-17 years? | Indicator 2.4a: Flourishing for children and adolescents, age 6-17 years. How often does this child show interest and curiosity in learning new things, age 6-17 years? |
|---|---|
| | 2.4.a. Always% | 2.4.a. Usually% | 2.4.a. Sometimes% | 2.4.a. Never% |
| 2.7. Does not have condition % | -0.038 | 0.223 | -0.300 | -0.292 |
| 2.7. Ever told, but does not currently have condition % | 0.159 | -0.223 | 0.144 | -0.004 |
| 2.7. Currently has condition % | 0.012 | -0.196 | 0.290 | 0.318 |
| 2.7a. Does not currently have ADD / ADHD % | -0.020 | 0.203 | -0.292 | -0.297 |
| 2.7a. Current ADD/ADHD, rated mild % | -0.086 | -0.071 | 0.245 | 0.214 |
| 2.7a. Current ADD/ADHD, rated moderate or severe % | 0.090 | -0.242 | 0.247 | 0.272 |

**Source:** calculated by the author based on National Survey of Children's Health (2018a; 2018f; 2018g).

The results indicate that a high degree of association is characteristic of children with a complete lack of interest and curiosity and current ADD and/or ADHD disorders (correlation 0.318). The direct relationship between interest and curiosity and previously diagnosed manifestations of ADD and/or ADHD is 0.159. It should be noted that the negative relationship between the manifestation of interest is usually moderate or severe ADD and/or ADHD (-0.242). Thus, a high level of interest and interest in the new is usually not accompanied by mental disorders.

In cases where children usually show control and calm, they have no signs of ADD or ADHD (0.376). This is also confirmed by the negative correlation between the frequent manifestations of these traits and the manifestations of ADD or ADHD (-0.384), in particular moderate or severe (-0.388); negative correlations between rare manifestations of control, rest (-0.415), the absence of these features (-0.374) and ADD or ADHD; positive correlations between these traits and manifestations of ADD or ADHD (0.249), in particular moderate or severe (0.452). Thus, control and calm as personality traits affect the presence of attention disorders and hyperactivity.

**Table 2.** Correlation matrix of connection of personality traits (control, calmness) and psychological disorders

| Indicator 2.7: Does this child currently have Attention Deficit Disorder (ADD) or Attention-Deficit/Hyperactivity Disorder (ADHD), age 3-17 years? Indicator 2.7a: Would you describe this child’s current Attention Deficit Disorder (ADD) or Attention-Deficit/Hyperactivity Disorder (ADHD) as mild, moderate or severe, age 3-17 years? | Indicator 2.4b: Flourishing for children and adolescents, age 6-17 years. How often does this child stay calm and in control when faced with a challenge, age 6-17 years? |
|---|---|
| | 2.4.b. Always% | 2.4.b. Usually% | 2.4.b. Sometimes% | 2.4.b. Never% |
| 2.7. Does not have condition % | 0.077 | 0.376 | -0.415 | -0.374 |
| 2.7. Ever told, but does not currently have condition % | 0.042 | -0.116 | 0.029 | 0.143 |
| 2.7. Currently has condition % | -0.087 | -0.384 | 0.434 | 0.373 |
| 2.7a. Does not currently have ADD/ADHD % | 0.096 | 0.375 | -0.443 | -0.363 |
| 2.7a. Current ADD/ADHD, rated mild % | -0.048 | -0.202 | 0.249 | 0.145 |
| 2.7a. Current ADD/ADHD, rated moderate or severe % | -0.102 | -0.386 | 0.432 | 0.209 |

**Source:** calculated by the author based on the National Survey of Children's Health (2018b; 2018f; 2018g).
The propensity for conflict in most cases directly correlates with the absence of disorders (0.413) of any form (0.399). Rare manifestation of propensity to conflict negatively correlates with manifestations of attention disorders and hyperactivity (-0.510), but positively correlates with moderate or severe forms of disorders (0.492).

**Table 3.** Correlation matrix of connection of personality traits (propensity to conflicts) and psychological disorders

| Indicator 2.7: Does this child currently have Attention Deficit Disorder (ADD) or Attention-Deficit/Hyperactivity Disorder (ADHD), age 3-17 years? Indicator 2.7a: Would you describe this child's current Attention Deficit Disorder (ADD) or Attention-Deficit/Hyperactivity Disorder (ADHD) as mild, moderate or severe, age 3-17 years? | Indicator 2.4c: Flourishing for children and adolescents, age 6-17 years. How often does this child work to finish tasks he or she starts, age 6-17 years? |
|---|---|
| 2.7. Does not have condition % | 2.4.c. Always % | 2.4.c. Usually % | 2.4.c. Sometimes % | 2.4.c. Never % |
| 27. Ever told, but does not currently have condition % | 0.137 | 0.183 | 0.070 | 0.002 |
| 2.7. Currently has condition % | 0.041 | 0.049 | 0.553 | 0.284 |
| 2.7.a. Does not currently have ADD/ADHD % | -0.037 | 0.399 | -0.522 | -0.285 |
| 2.7.a. Current ADD/ADHD, rated mild % | 0.005 | -0.238 | 0.356 | 0.122 |
| 2.7.a. Current ADD/ADHD, rated moderate or severe % | 0.050 | -0.400 | 0.492 | 0.320 |

Source: calculated by the author based on the National Survey of Children’s Health (2018c; 2018f; 2018g).

Honesty in performing tasks is always negatively correlated with the absence of disorders (-0.434), especially the average form (-0.435). However, a positive correlation was also found between honesty and manifestations of disorders (0.432). This means that in some cases, the presence of this feature does not ensure the absence of problems with attention and activity. Rare manifestation of honesty is positively correlated with the absence of attention disorders and hyperactivity (0.344), while positively correlated with the absence of disorders (0.323) and negatively correlated with moderate or severe forms of disorders (-0.382).

**Table 4.** Correlation matrix of connection of personality traits (honesty) and psychological disorders

| Indicator 2.7: Does this child currently have Attention Deficit Disorder (ADD) or Attention-Deficit/Hyperactivity Disorder (ADHD), age 3-17 years? Indicator 2.7a: Would you describe this child’s current Attention Deficit Disorder (ADD) or Attention-Deficit/Hyperactivity Disorder (ADHD) as mild, moderate or severe, age 3-17 years? | Indicator 2.5: How often does this child argue too much, age 6-17 years? |
|---|---|
| 2.7. Does not have condition % | 2.5. Always % | 2.5. Usually % | 2.5. Sometimes % | 2.5. Never % |
| 2.7. Ever told, but does not currently have condition % | 0.163 | -0.027 | -0.165 | 0.113 |
| 2.7. Currently has condition % | 0.043 | 0.077 | -0.336 | 0.133 |
| 2.7.a. Does not currently have ADD/ADHD % | -0.035 | -0.070 | 0.323 | -0.121 |
| 2.7.a. Current ADD/ADHD, rated mild % | 0.230 | 0.026 | -0.097 | -0.008 |
| 2.7.a. Current ADD/ADHD, rated moderate or severe % | 0.451 | 0.074 | -0.382 | 0.173 |

Source: calculated by the author based on the National Survey of Children’s Health (2018d; 2018f; 2018g).

There is almost no connection between the level of friendliness and disorders of attention, activity of children. Feedback was found between a low level of difficulty in meeting other children and moderate to severe disorders (-0.200), but a direct relationship between high levels of difficulty and moderate to severe disorders (0.220).
Table 5. Correlation matrix of connection of personality traits (friendliness) and psychological disorders

Indicator 2.7: Does this child currently have Attention Deficit Disorder (ADD) or Attention-Deficit/Hyperactivity Disorder (ADHD), age 3-17 years? Indicator 2.7a: Would you describe this child's current Attention Deficit Disorder (ADD) or Attention-Deficit/Hyperactivity Disorder (ADHD) as mild, moderate or severe, age 3-17 years?

|                      | 2.6. No difficulty % | 2.6. A little difficulty % | 2.6. A lot of difficulty % |
|----------------------|----------------------|---------------------------|---------------------------|
| 2.7. Does not have condition | -0.077               | 0.131                     | -0.106                    |
| 2.7. Ever told, but does not currently have condition | 0.202               | -0.196                    | -0.096                    |
| 2.7. Currently has condition | 0.045               | -0.104                    | 0.130                     |
| 2.7.a. Does not currently have ADD/ADHD % | -0.047 | 0.111 | -0.142 |
| 2.7.a. Current ADD/ADHD, rated mild % | -0.048 | 0.066 | -0.029 |
| 2.7.a. Current ADD/ADHD, rated moderate or severe % | 0.099 | -0.200 | 0.229 |

Source: calculated by the author based on the National Survey of Children’s Health (2018e; 2018f; 2018g).

A positive direct relationship was found between the provision of behavioral treatment for ADD or ADHD, such as training or intervention, and the presence of at least one mental, emotional, developmental, or behavioral problem in a child (0.462). The negative feedback between the provision of behavioral treatment for ADD or ADHD, such as training or an intervention, and the absence of mental, emotional, developmental or behavioral problems was assessed (0.462). At the same time, the availability of conditions for the provision of assistance to the child and the lack of such assistance is characterized by a higher level of connection with developmental problems (0.721). Lack of conditions and developmental problems are characterized by feedback (-0.705). This means that the psychological and pedagogical impact provides a reduction in the level of mental, emotional, developmental or behavioral problems.

Table 6. Correlation matrix of connection of psychological and pedagogical influence and development of the child's personality: a mental, emotional, developmental or behavioral (MEDB)

Indicator 2.10: Does this child have a mental, emotional, developmental or behavioral (MEDB) problem, age 3-17 years?

Indicator 2.7c: At any time during the past 12 months, did this child receive behavioral treatment for ADD or ADHD, such as training or an intervention that you or this child received to help with his or her behavior, age 3-17 years?

|                      | 2.7.c. Currently has condition and received behavioral treatment % | 2.7.c. Currently has condition but did not receive behavioral treatment % | 2.7.c. Does not currently have condition % |
|----------------------|---------------------------------------------------------------|---------------------------------------------------------------|-------------------------------------------|
| 2.10. Child has 1 or more reported MEDB problems, and/or qualifies on CSHCN Screener emotional, behavioral or developmental criteria % | 0.462 | 0.721 | -0.705 |
| 2.10. Child does not currently have mental, emotional, developmental, or behavioral problems % | -0.462 | -0.721 | 0.705 |

Source: calculated by the author based on the National Survey of Children’s Health (2018h; 2018j).

The study confirms Hypothesis 1 that personality traits determine the predisposition to mental disorders. In particular, the greatest positive influence is exerted by such features as the absence of conflict, honesty in the performance of tasks, control and calm, interest and curiosity. Friendliness has almost no effect on the manifestations of attention disorders and hyperactivity. The study found positive effects between providing behavioral treatment for ADD or ADHD, such as training or an intervention, and mental, emotional, developmental, or behavioral problems. This means that Hypothesis 2. "Psychological and pedagogical influence has a positive effect on the development of the child’s personality: emotionality, concentration, behavior, psyche and development" should be confirmed. Psychological and pedagogical
influence provides a reduction in the level of problems of the child: mental, emotional development, behavior and general development.

**DISCUSSION**

Children with attention and hyperactivity disorder need the support of teachers and psychologists as subjects of psychological and pedagogical influence on the individual and the correction of behavior for emotional and mental development (EBERSÖHN, FERREIRA, 2011). Problems with control, calm, interest, and conflict are common among children aged 3-17, which in most cases are directly related to mental disorders. The presence of ADD or ADHD is an indication for behavioral treatment for ADD or ADHD, such as training or an intervention. The results show that the level of emotional and mental problems of the child is reduced due to behavioral treatment. Every day and frequent interaction between teachers and students at school allows teachers to provide psychological support to children (DU et al., 2014). A number of studies have found the effectiveness of supporting children with disorders (FERREIRA, EBERSOHN, 2011; WOLMER, HAMIEL, BARCHAS, SLONE, LAOR, 2011; WOOD, NTAOTE, THERON, 2012).

Interventions in children's behavior can focus on developing coping skills (cognitive, emotional, communication, and problem-solving skills), strengthening internal assets (self-esteem, perseverance, positive future orientation, academic competence, and optimism), and raising awareness of existence of external resources and support. Interventions at the family level can focus on effective parenting, including the parent-child relationship, a safe environment for the child's personality, discipline, and realistic parental expectations. Effective smooth transition planning and cognitive support can be important in the development of a child's personality with attention deficit hyperactivity disorder (ADHD). Interventions at the school level can focus on building the capacity of both individual teachers and the school system as a whole and improving the school environment, such as mobilizing resources, opportunities and assets available in school communities and pooling resources in communities to support children and teachers, who need help in correcting the behavior of children with attention disorders and hyperactivity. The main goals of teacher interventions should be to create a comprehensive child-friendly environment, identify resources and forces that can support children and their families, create a local support network among children, raise community awareness of the needs of children and their families to increase social support.

**CONCLUSION**

Personality traits determine the predisposition to psychological disorders. In particular, such features exert the greatest influence as the absence of conflict, honesty in the performance of tasks, control and calm, interest and curiosity. Friendliness has almost no effect on the manifestations of attention disorders and hyperactivity. The study found positive effects between providing behavioral treatment for ADD or ADHD, such as training or intervention, and mental, emotional, developmental, or behavioral problems. This means that Hypothesis 2: “Psychological and pedagogical influence has a positive effect on the development of the child’s personality: emotionality, concentration, behavior, psyche and development” should be confirmed. Psychological and pedagogical influence provides a reduction in the level of problems of the child: mental, emotional development, behavior and general development.

Further research should be aimed at studying effective methods of psychological and pedagogical influence on the development of the child’s personality.

**REFERENCES**

ALMLUND, M.; LEE DUCKWORTH, A.; HECKMAN, J.J.; KAUTZ, T. Personality psychology and economics. In HANUSHEK, E.A.; MACHIN, S.; WOESSMANN, L. (Eds.). Handbook of the Economics of Education, 2011, vol. 4. North-Holland, Amsterdam, 1-181.

BLEIDORN, W.; KLIJMSTRA, T. A.; DENISSEN J. J. A.; RENTFROW, P. J.; POTTER J.; GOSLING, S.D. Personality maturation around the world: A cross-cultural examination of socialinvestment theory. Psychological Science, 2013, 24(12), 2530-2540. Available at: http://dx.doi.org/10.1177/0956797613498396. Access: May 02, 2021.
CHI, P.; SLATCHER, R.; LI, X.; ZHAO, J.; ZHAO, G.; REN, X.; STANTON, B. Perceived stigmatization, resilience and diurnal cortisol rhythm among children of parents living with HIV. Psychological Science, 2015, 26 (6), 843-852. Available at: https://doi.org/10.1177%2F0956797615572904. Access: May 12, 2021.

DECKERS, T.; FALK, A.; KOSSE, F.; SCHILDBERG-HÖRISCH, H. How does socio-economic status shape a child’s personality? 2015. Available at: http://ftp.iza.org/dp8977.pdf. Access: May 07, 2021.

DU, H.; LI, X.; CHI, P.; ZHAO, J.; ZHAO, G. Relational self-esteem, psychological well-being, and social support in children affected by HIV. Journal of Health Psychology, 2014. Available at: doi: 10.1177/1359105313517276. Access: May 04, 2021

EBERSÖHN, L.; FERREIRA, R. Coping in an HIV/AIDS-dominated context: Teachers promoting resilience in schools. Health Education Research, 2011, 26(4), 596–613. Available at: doi:10.1093/her/cyr016. Access: May 04, 2021

ELKINS, R. K.; KASSENBOEHMER, S. C.; SCHURER, S. The stability of personality traits in adolescence and young adulthood. Journal of Economic Psychology, 2017, 60, 37-52. Available at: https://doi.org/10.1016/j.joep.2016.12.005. Access: May 12, 2021.

EL’KONIN, D. B. Toward the problem of stages in the mental development of the child. In Revival: Soviet Developmental Psychology: An Anthology, 1977, p. 538-563). Routledge, 2017. Available at: https://doi.org/10.2753/RPO1061-0405370611. Access: May 07, 2021.

FERREIRA, R.; EBERSÖHN, L. Formative evaluation of the STAR intervention: Improving teachers’ ability to provide psychosocial support for vulnerable individuals in the school community. African Journal of Aids Research, 2011, 10(1), 63–72. doi:10.2989/16085906.2011.575549. Access: May 04, 2021

HOPWOOD, C.; M. DONNELLAN, D.; BLONIGEN, R.; KRUEGER, M.; MCGUE, W.; IACONO, BURT, S. Genetic and environmental influences on personality trait stability and growth during the transition to adulthood: A three wave longitudinal study. Journal of Personality and Social Psychology, 2011, 100(3), 545–556. Available at: https://dx.doi.org/10.1037%2Fa0022409. Access: May 21, 2021.

HOUSE, J. S. Social structure and personality. In Social psychology, London: Routledge, 2017, p. 525-561.

LI, X., CHI, P.; SHERR, L.; CLUVER, L.; STANTON, B. Psychological resilience among children affected by parental HIV/AIDS: a conceptual framework. Health psychology and behavioral medicine, 2015, 3(1), 217-235. Available at: https://dx.doi.org/10.1080%2F21642850.2015.1068698. Access: May 02, 2021.

NATIONAL SURVEY OF CHILDREN’S HEALTH Indicator 2.7: Does this child currently have Attention Deficit Disorder (ADD) or Attention-Deficit/Hyperactivity Disorder (ADHD), age 3-17 years? 2018f. Available at: https://www.childhealthdata.org/browse/survey/allstates?q=7815. Access: May 04, 2021

NATIONAL SURVEY OF CHILDREN’S HEALTH. 2018. Available at: https://www.childhealthdata.org/browse/survey?s=2&y=32&r=s . Access: May 04, 2021

NATIONAL SURVEY OF CHILDREN’S HEALTH. How often does this child show interest and curiosity in learning new things, age 6-17 years? 2018a. Available at: https://www.childhealthdata.org/browse/survey/allstates?q=7809. Access: May 04, 2021

NATIONAL SURVEY OF CHILDREN’S HEALTH. How often does this child stay calm and in control when faced with a challenge, age 6-17 years? 2018b. Available at: https://www.childhealthdata.org/browse/survey/allstates?q=7810. Access: May 04, 2021
NATIONAL SURVEY OF CHILDREN’S HEALTH. How often does this child work to finish tasks he or she starts, age 6-17 years? 2018c. Available at: https://www.childhealthdata.org/browse/survey/allstates?q=7812. Access: May 04, 2021

NATIONAL SURVEY OF CHILDREN’S HEALTH. Indicator 2.10: Does this child have a mental, emotional, developmental or behavioral (MEDB) problem, age 3-17 years? 2018j. Available at: https://www.childhealthdata.org/browse/survey/allstates?q=7981. Access: May 04, 2021

NATIONAL SURVEY OF CHILDREN’S HEALTH. Indicator 2.5: How often does this child argue too much, age 6-17 years? 2018d. Available at: https://www.childhealthdata.org/browse/survey/allstates?q=7813. Access: May 06, 2021

NATIONAL SURVEY OF CHILDREN’S HEALTH. Indicator 2.6: Compared to other children his or her age, how much difficulty does this child have making or keeping friends, age 6-17 years? 2018e. Available at: https://www.childhealthdata.org/browse/survey/allstates?q=7814. Access: May 04, 2021

NATIONAL SURVEY OF CHILDREN’S HEALTH. Indicator 2.7a: Would you describe this child’s current Attention Deficit Disorder (ADD) or Attention-Deficit/Hyperactivity Disorder (ADHD) as mild, moderate or severe, age 3-17 years? 2018g. Available at: https://www.childhealthdata.org/browse/survey/allstates?q=7817. Access: May 04, 2021

NATIONAL SURVEY OF CHILDREN’S HEALTH. Indicator 2.7c: At any time during the past 12 months, did this child receive behavioral treatment for ADD or ADHD, such as training or an intervention that you or this child received to help with his or her behavior, age 3-17 years? 2018h. Available at: https://www.childhealthdata.org/browse/survey/allstates?q=7816. Access: May 04, 2021

ROBERTS, B. W. Back to the future: personality and assessment and personality development. *Journal of Research in Personality*, 2009, 43(2), 137-145. Available at: https://dx.doi.org/10.1016%2Fj.jrp.2008.12.015. Access: May 09, 2021.

ROBERTS, B. W.; WALTON, K. E.; VIECHTBAUER, W. Patterns of mean-level change in personality traits across the life course: a meta-analysis of longitudinal studies. *Psychological Bulletin*, 2006, 132(1), 1-25. Available at: https://doi.org/10.1037/0033-2909.132.1.1. Access: May 02, 2021.

SHINER, R. L.; MASTEN, A. S. Childhood personality as a harbinger of competence and resilience in adulthood. *Development and Psychopathology*, 2012, 24(2), 507-528. Available at: doi:10.1017/s0954579412000120. Access: May 04, 2021

WOLMER, L.; HAMIEL, D.; BARCHAS, J. D.; SLONE, M.; LAOR, N. Teacher-delivered resilience-focused intervention in schools with traumatized children following the second Lebanon War. *Journal of Traumatic Stress*, 2011, 24(3), 309-316. Available at: doi:10.1002/jts.20638

WOOD, L., NTAOTE, G. M.; THERON, L. Supporting Lesotho teachers to develop resilience in the face of the HIV and AIDS pandemic. *Teaching and Teacher Education*, 2012, 28(3), 428-439. Available at: doi:10.1016/j.tate.2011.11.009. Access: May 04, 2021
Psychological and pedagogical influence on the holistic development of the child’s personality
Influência psicológica e pedagógica no desenvolvimento holístico da personalidade da criança
Influencia psicológica y pedagógica en el desarrollo holístico de la personalidad del niño

Resumo
O objetivo foi identificar uma ligação entre o recebimento de tratamento comportamental para DDA ou TDAH, como treinamento ou intervenção, e dificuldades com emoções, concentração e comportamento. A metodologia da pesquisa baseia-se em uma análise de correlação dos resultados de uma entrevista estruturada da Pesquisa Nacional de Saúde da Criança de crianças de 3 a 17 anos em 51 estados dos EUA em 2018-2019. Os resultados mostram que traços de personalidade determinam a predisposição a transtornos mentais. Em particular, a psique da criança é mais afetada por traços de caráter como honestidade não conflitante na realização de tarefas, controle e calma, interesse e curiosidade. A simpatia quase não tem efeito nas manifestações de transtornos de atenção e hiperatividade. O valor prático dos resultados é comprovar a redução do nível de problemas relacionados à emoção, concentração e comportamento, por meio da intervenção psicológica e pedagógica.

Keywords: Personality traits. Mental development. Emotionality of the child. Psychological influence. Pedagogical influence.

Palavras-chave: Traços de personalidade. Desenvolvimento mental. Emocional da criança. Influência psicológica. Influência pedagógica.

Abstract
The aim was to identify a link between receiving behavioral treatment for ADD or ADHD, such as training or an intervention, and difficulties with emotions, concentration, and behavior. The research methodology is based on a correlation analysis of the results of a structured interview of the National Survey of Children’s Health of children aged 3-17 years in 51 US states in 2018-2019. The results show that personality traits determine the predisposition to mental disorders. In particular, the child’s psyche is most affected by such character traits as non-conflicting honesty in performing tasks, control and calm, interest and curiosity. Friendliness has almost no effect on the manifestations of attention disorders and hyperactivity. The practical value of the results is to prove the reduction of the level of problems related to emotionality, concentration and behavior, through psychological and pedagogical intervention.

Resumen
El objetivo fue identificar un vínculo entre recibir tratamiento conductual para add o ADHD, como el entrenamiento o una intervención, y las dificultades con las emociones, la concentración y el comportamiento. La metodología de investigación se basa en un análisis de correlación de los resultados de una entrevista estructurada de la Encuesta Nacional de Salud Infantil de niños de 3 a 17 años en 51 estados de EE. UU. en 2018-2019. Los resultados muestran que los rasgos de personalidad determinan la predisposición a los trastornos mentales. En particular, la psique del niño es la más afectada por rasgos de carácter tales como la honestidad no conflictivos en la realización de tareas, el control y la calma, el interés y la curiosidad. La amabilidad casi no tiene ningún efecto sobre las manifestaciones de los trastornos de atención y la hiperactividad. El valor práctico de los resultados es probar la reducción del nivel de problemas relacionados con la emocionalidad, la concentración y el comportamiento, a través de la intervención psicológica y pedagógica.

Palabras-clave: Rasgos de personalidad. Desarrollo mental. Emocionalidad del niño. Influencia psicológica. Influencia pedagógica.