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DIFFERENTIAL CRITERIA FOR DIFFERENTIATING OLIGOPHRENIA AND OTHER DISORDERS OF MENTAL DEVELOPMENT: A COMPARATIVE ANALYSIS OF INTERNATIONAL CLASSIFICATIONS AND SOURCES OF DEFECTOLOGY

Eshbayeva Ozoda Yuldashevna

Acting Associate Professor, University of Information Technology and Management

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Abstract. The article analyses the problem of differentiating oligophrenia (disorder of intellectual development) from other disorders of mental development. The study is theoretical and analytical: using the comparative-typological method, it examines the ICD-10, ICD-11, DSM-5-TR and AAIDD classifications together with classical sources of special education. As a result, a four-dimensional system of differential criteria is substantiated: totality of the defect, its hierarchical structure, the dynamics of the disorder and learning capacity. On this basis a comparative table and a five-stage differential algorithm are proposed, allowing the delimitation of oligophrenia, delayed psychological development, pedagogical neglect, severe speech disorders, autism spectrum disorders, secondary underdevelopment in sensory impairment and dementia. The practical value lies in reducing diagnostic errors in the work of psychological-medical-pedagogical commissions.

Keywords: oligophrenia, disorder of intellectual development, differential diagnosis, delayed psychological development, pedagogical neglect, learning capacity, zone of proximal development, dynamic assessment, ICD-11, DSM-5-TR.

Аннотация. В статье анализируется проблема дифференциации олигофрении (нарушения интеллектуального развития) от других нарушений психического развития. Исследование носит теоретико-аналитический характер: на основе сравнительно-типологического метода изучены классификации МКБ-10, МКБ-11, DSM-5-TR и AAIDD, а также классические источники дефектологии. В результате обоснована четырёхмерная система дифференциальных критериев: тотальность дефекта, его иерархическая структура, динамика нарушения и обучаемость. На этой основе разработаны сравнительная таблица и пятиэтапный дифференциальный алгоритм, позволяющие разграничить олигофрению, задержку психического развития, педагогическую запущенность, тяжёлые нарушения речи, расстройства аутистического спектра, вторичное недоразвитие при сенсорных дефектах и деменцию.

Ключевые слова: олигофрения, нарушение интеллектуального развития, дифференциальная диагностика, задержка психического развития, педагогическая запущенность, обучаемость, зона ближайшего развития, динамическая оценка, МКБ-11, DSM-5-TR.

INTRODUCTION

The expansion of inclusive education and the improvement of the system of early identification of children with special needs have made the issue of accurately determining the type of

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developmental disorder in a child of primary importance. Which educational path a child will be directed to, what corrective assistance will be provided to him, and what educational program will be offered directly depend on the initial diagnosis. Therefore, differential diagnosis is not a theoretical issue in special pedagogy, but a matter of direct practical consequence.

The complexity of the problem is that various developmental disorders manifest themselves in a similar way in appearance. Such signs as inability to master the school program, speech delay, instability of attention, lack of formation of play and educational activities are observed both in oligophrenia, and in mental retardation, and in pedagogical neglect, and in severe speech disorders. A conclusion based on only the external picture can direct the child to the wrong educational path.

Diagnostic errors occur in two directions. In the first case, a child with preserved intellectual abilities is transferred to a special program with a diagnosis of oligophrenia; this artificially limits his development opportunities and narrows his social prospects. In the second case, a child with a real intellectual developmental disorder is left in a public program; he experiences years of failure, loses motivation, and develops secondary emotional and behavioral disorders. Both mistakes are equally harmful to the child.

The terminology and classification framework of this field have changed significantly in recent decades. The term "mental retardation" and columns F70–F79 used in the tenth revision of the International Classification of Diseases (ICD-10) were replaced by the concept of "intellectual developmental disorders" and column 6A00 in ICD-11. The DSM-5 and its revised edition require that intellectual ability be assessed not only by IQ but also by the state of adaptive functioning in conceptual, social, and practical domains. The twelfth edition of the AAIDD describes the disorder in terms of a system of support needs. These changes shifted the diagnostic rationale from test scores to functional assessments.

The theoretical basis of differential diagnosis in the tradition of domestic defectology was developed by L.S. Vygotsky. His rule about primary and secondary defects, as well as the concept of the zone of proximal development, justified the need to measure not the current state of the child, but his development potential. Later, in the studies of M.S. Pevzner, T.A. Vlasova, G.E. Sukhareva, V.I. Lubovsky and S.Ya. Rubinstein, this rule was transformed into concrete criteria for differentiating oligophrenia from other conditions. In particular, the criterion of mastery abilities put forward by V.I. Lubovsky has not lost its relevance to this day. Nevertheless, a number of unresolved issues remain in practice. First, the concept of mental retardation is a national construct of post-Soviet defectology, and there is no directly corresponding column in international classifications; this creates a problem of compatibility between the two systems. Secondly, most of the psychodiagnostic tools used are not fully adapted to the Uzbek language and the national cultural context. Thirdly, when assessing a child growing up in a bilingual environment, the language barrier can be misinterpreted as intellectual disability.

The purpose of this article is to substantiate a holistic system of criteria for differentiating oligophrenia from other disorders of mental development based on a comparative analysis of international classifications and defectology sources and to present it in the form of a step-by-step algorithm for its application in practice. The research objectives are: to identify terminological and

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criterion changes in classifications; to highlight the main dimensions of differential differentiation; to conduct a comparative analysis of nosological groups; to systematize dynamic assessment indicators.

RESEARCH MATERIALS AND METHODS

The study is of a theoretical-analytical nature. It did not involve empirical observation of children or their diagnostic results, nor did it collect personal data; the conclusions were drawn by analyzing available scientific and normative sources.

Research materials. The sources of analysis were divided into three groups. The first group is international classification and normative documents: the Tenth and Eleventh Revisions of the International Classification of Diseases, the DSM-5-TR manual of the American Psychiatric Association, the AAIDD publication on the description and classification of intellectual disorders. The second group is classical sources of defectology and special psychology: the works of L.S. Vygotsky, M.S. Pevzner, G.E. Sukhareva, T.A. Vlasova, K.S. Lebedinskaya, V.I. Lubovsky, S.Ya. Rubinstein and S.D. Zabramnaya. The third group is educational literature published in Uzbekistan on special pedagogy and speech therapy.

Research methods. The following methods were used in the work. The comparative-typological method was used to compare the criteria in the classifications and distinguish their common and different aspects. Content analysis made it possible to determine how differential signs are expressed in the sources. The systematic-structural approach served as the basis for analyzing the structure of the defect by dividing it into primary and secondary levels. Through the method of operationalizing the criteria, theoretical concepts were transformed into specific indicators observed in practice. The methods of synthesis and generalization were used to form the final system of criteria and algorithm.

Analysis stages. The study was carried out in four stages. The first stage identified the terminological and criterion evolution in the classifications. In the second stage, differential signs were extracted from defectology sources and grouped according to their content. In the third stage, a four-dimensional system of criteria was formed based on the grouped signs and a comparative matrix was compiled for seven nosological groups. In the fourth stage, the criteria were brought into a sequence of practical application and formalized in the form of a step-by-step algorithm.

Research limitations. The proposed system of criteria and algorithm are the product of theoretical analysis, and their sensitivity and specificity indicators have not been empirically tested. The conclusions should be validated in a sufficiently large sample before being implemented in practice. Also, the analysis was conducted mainly within the framework of the post-Soviet defectology tradition and classification documents in English.

RESEARCH RESULTS

1. Terminological and criterion evolution in classifications

A comparative analysis of sources has shown that in recent decades, three important shifts have occurred in the definition of intellectual developmental disorders. The first is a terminological shift: the evaluative term "mental retardation" has been replaced by the neutral concept of "intellectual developmental disorder". The second is a criterion shift: the sole dominance of the intelligence quotient as a diagnostic criterion has been abolished, and adaptive functioning indicators have been

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elevated to an equally important criterion. The third is a functional shift: the disorder is now characterized not only by the deficit, but also by the level of support that the individual needs.

Table 1

Expression of intellectual developmental disorders in different classifications

Tasnif	Atama	Rukn va darajalar	Tashxis asosi
XKT-10	Aqliy zaiflik	F70–F79; yengil, o'rtacha, og'ir, chuqur darajalar	Asosan intellekt koeffitsienti ko'rsatkichlari
DSM-5-TR	Intellektual buzilish (intellektual rivojlanish buzilishi)	Uchta mezon: intellektual faoliyat, adaptiv faoliyat, rivojlanish davrida boshlanishi	Adaptiv faoliyatning konseptual, ijtimoiy va amaliy sohalari bo'yicha daraja belgilanadi
XKT-11	Intellektual rivojlanish buzilishlari	6A00; yengil, o'rtacha, og'ir, chuqur, shartli va aniqlanmagan	Standartlashtirilgan baholash hamda adaptiv xulq ko'rsatkichlari
AAIDD (12-nashr)	Intellektual buzilish	Qo'llab-quvvatlash ehtiyoji intensivligi bo'yicha	Intellektual faoliyat, adaptiv xulq va qo'llab-quvvatlash tizimlari

The table shows that all modern classifications have retained three common conditions: significant limitation of intellectual activity, deficits in adaptive behavior, and the onset of the disorder during the developmental period. It is the third condition that is the main boundary separating oligophrenia from later acquired intellectual impairment, that is, dementia.

At the same time, the analysis also revealed a significant discrepancy. The concept of mental retardation, widely used in domestic defectology, is not present as a separate column in international classifications. The closest column to it in ICD-11 is developmental learning disorder, but this concept is narrower in scope. In practice, this leads to the side-by-side use of two different descriptive systems and makes it difficult to compare diagnostic conclusions.

2. Four dimensions of differential differentiation

As a result of the content analysis of defectology sources, it was found that differential signs can be grouped into four independent dimensions. These dimensions do not replace each other, but complement each other; the conclusion is based only on the integration of the information obtained on all four.

The first dimension is the totality of the defect. In oligophrenia, all areas of mental activity — perception, memory, attention, thinking, speech and the emotional-volitional sphere — are simultaneously and relatively uniformly impaired. In the case of mental retardation, the disorder is

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partial, that is, partial in nature: some functions remain in line with the age norm, while others lag behind. Therefore, in the assessment, the flatness or unevenness of the profile in terms of functions is of decisive importance, not the final total score.

The second dimension is the hierarchical structure of the defect. According to the rule established by L.S. Vygotsky, in any disorder it is necessary to distinguish between a primary defect and secondary deviations arising from it. In oligophrenia, the primary defect is a deficiency of abstract thinking, and the underdevelopment of speech and learning skills is a secondary phenomenon. In a child with hearing impairment, the primary defect belongs to the sensory sphere, and the lag in intellectual development is a secondary consequence. Despite the similarity of the external picture of the two conditions, the correction strategy is fundamentally different.

The third dimension is the dynamics of the disorder. Oligophrenia is characterized as a non-progressive condition that occurs during development: intellectual deficiency does not deepen, but secondary deviations may increase without adequate pedagogical influence. Dementia is a breakdown of already formed intellectual activity, which in most cases is progressive or manifests itself in the form of a residual state. In pedagogical neglect and psychogenic retardation, the lag decreases in the short term with a change in conditions.

The fourth dimension is the ability to master. This criterion, based on V.I. Lubovsky, is recognized as the most reliable indicator of differential diagnosis. It is measured by the child's ability to accept help, the change in the result after the help provided, and the ability to transfer the mastered method to a new, similar task. In oligophrenia, help improves the result to a limited extent and transfer is practically not observed; in mental retardation, dosed help significantly increases the result and the child begins to use the method independently.

3. Comparative analysis by nosological groups

Based on the system of four-dimensional criteria, oligophrenia and the six most commonly confused conditions with it were analyzed in the form of a comparative matrix. The matrix is presented in Table 2.

Table 2

Comparative differential description of oligophrenia and similar conditions

Holat	Nuqson tuzilishi	Dinamikasi	O'zlashtirish qobiliyati	Asosiy farqlovchi belgi
Oligofreniya (intellektual rivojlanish buzilishi)	Total, ierarxik; birlamchi nuqson — mavhum tafakkur yetishmovchiligi	Rivojlanish davrida yuzaga keladi, progressiv emas	Past; yordam natijani cheklangan oshiradi, ko'chirish kuzatilmaydi	Barcha psixik funksiyalarning bir tekis yetishmovchiligi

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Holat	Nuqson tuzilishi	Dinamikasi	O'zlashtirish qobiliyati	Asosiy farqlovchi belgi
Ruhiy rivojlanishning sustlashishi	Parsial; ayrim funksiyalar saqlangan	Qulay sharoitda sezilarli ijobiy siljish	Nisbatan yuqori; yordamdan keyin natija keskin yaxshilanadi	Funksiyalar profilining notekisligi
Pedagogik qarovsizlik va deprivatsiya	Birlamchi nuqson yo'q; bilim va ko'nikmalar bo'shlig'i	Sharoit o'zgarishi bilan tez tiklanish	Yuqori; yangi material me'yorga yaqin o'zlashtiriladi	Kognitiv jarayonlar saqlangan, bilim zaxirasi kam
Og'ir nutq buzilishlari (alaliya)	Birlamchi nuqson nutq sohasida	Logopedik ish fonida sezilarli dinamika	Nutqsiz topshiriqlarda yuqori	Noverbal intellekt nisbatan saqlangan, muloqot motivatsiyasi bor
Autizm spektri buzilishlari	Notekis; ijtimoiy o'zaro ta'sirning sifat jihatdan buzilishi	O'ziga xos, notekis rivojlanish	Notekis; ayrim sohalarda yuqori	Ijtimoiy muloqot va o'zaro ta'sirdagi sifat o'zgarishi
Sensor nuqson natijasidagi rivojlanmaganlik	Birlamchi nuqson eshitish yoki ko'rish sohasida	Kompensator vositalar bilan ijobiy	Moslashtirilgan sharoitda yuqori	Noverbal va moslashtirilgan sinovlarda natija keskin ortadi
Dementsiya	Shakllangan intellektning parchalanishi	Progressiv yoki qoldiq; orttirilgan	Pasayib boruvchi	Rivojlanishning ma'lum davrigacha me'yorda kechgani

Matrix analysis shows that it is not possible to make a reliable distinction based on a single sign. For example, a low test result in itself cannot be evidence of intellectual developmental disorders: it can also be explained by a sensory deficit, a language barrier, a speech disorder, or a lack of motivation. Therefore, in each case, it is necessary to collect information on at least four dimensions and compare them with each other.

A particularly important aspect is the differentiation from dementia. Anamnestic information is crucial here: if it is found that the child's development was normal up to a certain age and then

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regression is observed, the logic of the diagnosis changes completely. Therefore, collecting anamnesis is a mandatory stage of differential analysis.

4. **Dynamic assessment indicators**

Static tests are not enough to measure learning abilities, because they record the child's current state, but do not provide information about his potential. In dynamic assessment based on the concept of the zone of proximal development, the child is presented with a task in stages with dosed assistance, and the result at each stage is recorded. As a result of the analysis, three main indicators of dynamic assessment were identified; they are presented in Table 3.

Table 3

Comparative description of dynamic assessment indicators

Ko'rsatkich	Oligofreniya	Ruhiy rivojlanishning sustlashishi	Pedagogik qarovsizlik
Yordamga sezgirlik (topshiriqni bajarish uchun zarur yordam darajasi)	Yuqori darajadagi yordam talab etiladi, ko'pincha to'g'ridan-to'g'ri ko'rsatish	O'rtacha darajadagi yordam kifoya qiladi: yo'naltiruvchi savol, misol	Eng kam yordam yetarli: topshiriq shartini tushuntirish
Yordamdan keyingi natija o'sishi	Kam yoki umuman kuzatilmaydi	Sezilarli o'sish kuzatiladi	Keskin o'sish, me'yorga yaqinlashish
Usulni yangi topshiriqqa ko'chirish	Deyarli kuzatilmaydi	Qisman yoki to'liq amalga oshadi	To'liq amalga oshadi

The third indicator — the transfer of the mastered method to a new task — is the highest in terms of differential value. After all, almost all children demonstrate the ability to show results under the influence of assistance, but the ability to generalize the method and independently apply it in a similar new situation directly indicates the preservation of abstract thinking activity.

5. **Step-by-step algorithm of differential differentiatio**

The identified criteria are brought to the sequence of practical application. The algorithm begins with the exclusion of sensory and medical factors and ends with a dynamic assessment; each stage is a prerequisite for moving to the next.

Table 4

Step-by-step algorithm of differential differentiation

Bosqich	Vazifa	Vosita va usullar	Qaror mezoni

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Bosqich	Vazifa	Vosita va usullar	Qaror mezoni
I	Sensor va somatik omillarni istisno qilish	Audiologik va oftalmologik tekshiruv, nevrologik xulosa	Eshitish yoki ko'rish nuqsoni aniqlansa, birlamchi nuqson sensor sohaga tegishli
II	Anamnestik ma'lumot to'plash	Ota-onalar bilan suhbat, tibbiy hujjatlar, rivojlanish tarixi	Rivojlanish ma'lum yoshgacha me'yorda kechgan bo'lsa, dementsiya ehtimoli baholanadi
III	Ijtimoiy-pedagogik sharoitni baholash	Oila sharoitini o'rganish, ta'lim tarixi, til muhitini aniqlash	Deprivatsiya yoki til to'sig'i mavjud bo'lsa, natija ehtiyotkorlik bilan talqin qilinadi
IV	Funksiyalar profilini tuzish	Idrok, xotira, diqqat, tafakkur, nutq va motorika bo'yicha baholash	Profil tekis bo'lsa — totallik belgisi; notekis bo'lsa — parsiallik belgisi
V	Dinamik baholash o'tkazish	Dozalangan yordam bilan topshiriq, ko'chirish sinovi	Yordamdan keyingi o'sish va ko'chirish darajasi yakuniy xulosa asosini tashkil etadi

An important feature of the algorithm is that the conclusion about intellectual developmental disorders is made only at the fifth stage and only if the information from the previous four stages does not contradict each other. This sequence reduces the risk of basing the diagnosis on the result of a single test.

DISCUSSION

The system of criteria obtained as a result of the analysis corresponds to the theoretical tradition of domestic defectology and connects it with modern classification requirements. The dimensions of the totality and hierarchical structure of the defect directly go back to L.S. Vygotsky's rule about primary and secondary defects. The criterion of mastery ability is a developed form of the approach based on V.I. Lubovsky. At the same time, the requirement to assess adaptive activity is consistent with the DSM-5-TR and AAIDD approach.

The results obtained clarify the issue of the role of the test indicator. The IQ score is not excluded in differential analysis, but it is considered not as a single decisive factor, but as an indicator within one of the four dimensions. This approach is consistent with the tendency of modern

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classifications to emphasize adaptive functioning and alleviates the known limitations of static assessment.

From a practical point of view, the most important conclusion is related to the first three stages of the algorithm. The exclusion of sensory impairment, collection of anamnesis, and assessment of socio-pedagogical conditions are often postponed or not carried out at all after psychometric testing. However, it is these stages that prevent a significant part of diagnostic errors. It is natural for a child with hearing loss or who has been separated from the educational environment for a long time to show low results, and this result cannot be interpreted as evidence of intellectual disability.

A separate issue is the assessment of children growing up in a bilingual environment. If the language of daily communication of the child and the language of examination are not the same, the results of verbal tasks do not reflect his real capabilities. In this case, it is necessary to rely on non-verbal methods and, if possible, conduct an examination in the child's native language. This requirement once again confirms the relevance of the issue of adapting psychodiagnostic tools to the national language and cultural context in the conditions of Uzbekistan.

The classification inconsistency identified by the analysis - the incompatibility of the concept of mental retardation with international columns - should be considered as a separate scientific problem. As a practical solution, it may be appropriate to present the two systems side by side in psychological-medical-pedagogical conclusions, that is, to provide a classification column along with a functional description. This approach allows the conclusions to be adapted to the requirements of both local correctional practice and international statistical reporting.

The limitations of the proposed system should be openly acknowledged. The criteria and algorithm are the result of theoretical analysis, and their effectiveness in increasing diagnostic accuracy requires empirical verification. Future research directions include testing the algorithm on a sufficiently large sample, standardizing the dynamic assessment protocol, and developing Uzbek-language versions of nonverbal methods and conducting psychometric testing.

CONCLUSION

The conducted theoretical and analytical research allowed us to draw the following conclusions.

- In modern international classifications, the logic of determining intellectual developmental disorders has shifted from the indicator of the intelligence coefficient to the assessment of adaptive activity and the need for support; three conditions common to all classifications — limited intellectual activity, adaptive deficiency, and the occurrence of the disorder during the developmental period — have been preserved.

- Differentiating oligophrenia from other disorders of mental development requires combining information obtained on four dimensions: the totality of the defect, its hierarchical structure, the dynamics of the disorder, and the ability to learn.

- The criterion of the ability to learn has the highest differential value, in particular, the indicator of transferring the mastered method to a new task; this indicator can be measured only in conditions of dynamic assessment.

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- It is advisable to carry out differential differentiation in a sequence that includes five stages: exclusion of sensory and somatic factors, collection of anamnesis, assessment of socio-pedagogical conditions, compilation of a functional profile and dynamic assessment.

- The lack of full compliance of the concept of mental retardation with international classification columns leads to ambiguity of descriptive systems in practice; this issue requires a separate scientific and methodological solution.

- The proposed system of criteria and algorithm must be empirically validated before being widely introduced into practice, and psychodiagnostic tools must be adapted to the Uzbek language and national cultural context.

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