



Early development support for children with speech and language disorders from the perspective of needs and developmental tasks

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The purpose of the paper is to highlight the risk of child disability in the period between birth and commencement of primary education. The first part of the paper analyses differences in defining the target group of early development support and intervention, a distinction is made between disability and the risk of disability. The paper describes selected concepts of early developmental support and traditional psychological concepts regarding human development. The second part of the paper presents concepts of speech and language disorders in children. The paper discusses the dependence between linguistic competencies and global development of a child and the problem of early development diagnosis and evaluation of cognitive functions, listing the methods and tools used to examine young children.

KEY WORDS: early developmental support, developmental needs, risk of disability, preventive intervention, disability

Beneficiaries of early development support and early intervention

Early development support is defined in the Regulation of the Polish Minister of Education of 24 August 2017 on the organisation of early childhood development support as ensuring the right conditions and implementing the programme of *psychomotor and social stimulation of a child from the moment of diagnosing a disability unit the child starts school*¹ The programme also provides for various forms of cooperation and activities that support the family of a child with disabilities. The concept of early childhood development support, as it is defined in the abovementioned Regulation, responds only to the needs of persons diagnosed with a disability and their parents or caregivers. Apart from the fact that early development support is provided on the basis of an opinion determining that such support is needed, the definition contained in the Regulation requires a formal diagnosis of disability. In Poland, such assistance, financed through the State budget, is offered on the condition that a child is diagnosed with disability before starting school. In practice, early development support is a programme of interactions with children with disabilities and their families.

Another, similar type of support offered to young children is early intervention. *Early intervention* is the assistance offered by Early Intervention Centres (EIC). Such centres have existed in Poland since 1978². They are financed from funds raised by the Polish Association of Persons with Intellectual Disability (PSONI), for example under contracts with the Polish National Health Fund. They offer assistance to children either on the basis of disability diagnosis or referral

¹ Rozporządzenie Ministra Edukacji Narodowej z dnia 24 sierpnia 2017 r. w sprawie organizowania wczesnego wspomaganie rozwoju dzieci, Dziennik Ustaw Rzeczypospolitej Polskiej, Warszawa, 2017, p. 1.

² D. Podgórska-Jachnik, *Specyfika wczesnego wspomaganie rozwoju i wczesnej interwencji logopedycznej w pracy z dziećmi z uszkodzonym słuchem* [in:] ed. K. Kaczorowska-Bray, S. Milewski, *Wczesna interwencja logopedyczna. Seria Logopedii XXI*, Wydawnictwo Harmonia, Gdańsk 2016.

from a physician (e.g. paediatrician). It should be noted that physicians issue such referral if they determine, for example, unspecified lack of expected normal physiological development in childhood, i.e. the R.62 disorder according to the ICD-10 classification³. There are currently 30 early intervention centres in Poland⁴, operated by the Polish Association of Persons with Intellectual Disability. The do not provide assistance to all the individuals who need it.

In scientific analyses, early development support is defined as a measure that is addressed also to individuals at risk of developing a disability (by the time they start school) and their families.^{5 6 7 8 9} Andrzej Twardowski proposed a concept of early development support that focuses on the family of a child. He defines early development support as a process of planned and regular activities that are supposed to stimulate the desired patterns of interactions between a child and his or her caregivers. Those activities should be performed by a team of specialists in close cooperation with the child's family. It should be noted that the beneficiaries of such support are not only young children with disabilities but also chil-

³ ICD-10, *Międzynarodowa Statystyczna Klasyfikacja Chorób i Problemów Zdrowotnych*. Rewizja dziesiąta. Tom I, World Health Organization, 2008, p. 573.

⁴ <https://rwi.psoni.org.pl/2018/01/05/124/> (as on: 12.05.2020)

⁵ D. Kopeć, *Zapobieganie niepełnosprawności intelektualnej w świetle rozważań Amerykańskiego Stowarzyszenia Niepełnosprawności Intelektualnej i Rozwojowej (AAIDD), "Kultura-Społeczeństwo-Edukacja", 2012, no. 2.*

⁶ A. Twardowski, *Wczesne wspomaganie rozwoju dzieci z niepełnosprawnościami w środowisku rodzinnym*, Wydawnictwo Naukowe Uniwersytetu im. Adama Mickiewicza w Poznaniu, Poznań 2012.

⁷ B. Cytowska, *Idea wczesnej interwencji i wspomagania rozwoju małego dziecka* [in:] ed. B. Cytowska, B. Winczura, *Wczesna interwencja i wspomaganie rozwoju małego dziecka*, Oficyna Wydawnicza Impuls, Kraków 2006.

⁸ A. Kloze, *Ocena fizjoterapeutyczna niemowlęcia zagrożonego nieprawidłowym rozwojem ruchowym*, [in:] "Wczesna interwencja - wsparcie dziecka i rodziny. Materiały z sympozjum naukowego", Polskie Stowarzyszenie na rzecz Osób z Niepełnosprawnością Intelektualną, Warszawa 2018, p. 245-252.

⁹ I. Chrzanowska, *Pedagogika specjalna*, Oficyna Wydawnicza Impuls, Kraków 2018.

dren who are at risk of developing a disability.¹⁰ In this model, early development support involves revalidation and rehabilitation as well as prevention. This also extends to preventing intellectual disability.

The American Association on Intellectual and Developmental Disabilities addresses the problem of the risk of disability and early intervention by analysing three dimensions of intellectual disability prevention. The first dimension concerns the degree of intellectual disability prevention, the second – impact of factors determining intellectual disability and the third dimension is linked with the concept of *preventive support*.¹¹ Intellectual disability prevention as a form of support is advocated by the multi-factor and multi-generation model developed by Robert Schalock.¹² This model analyses two dimensions. The first concerns the degree of prevention (from first to third degree) and the beneficiaries of supports in the respective degrees. In first-degree prevention, the beneficiary is a child at risk of disability or a child diagnosed with intellectual disability and his or her parents/caregivers. Second and third-degree prevention is addressed to persons already diagnosed with intellectual disability. The second dimension covers support measures in areas associated with intellectual disability factors. The following support measures are identified in this model: biomedical, related to the ways of life of the parents/caregivers, and associated with accessibility of educational supports. In one of the stages of developing a plan of action for a child at risk of disability, the author emphasises access to educational support and suggests that a child should receive spe-

¹⁰ A. Twardowski, *Wczesne wspomaganie rozwoju dzieci z niepełnosprawnościami w środowisku rodzinnym*, Wydawnictwo Naukowe Uniwersytetu im. Adama Mickiewicza w Poznaniu, Poznań 2012.

¹¹ D. Kopeć, *Zapobieganie niepełnosprawności intelektualnej w świetle rozważań Amerykańskiego Stowarzyszenia Niepełnosprawności Intelektualnej i Rozwojowej (AAIDD), "Kultura-Społeczeństwo-Edukacja"*, 2012, no. 2, p. 63-67.

¹² R. Schalock, A. Borhwick-Duy, R. Luckasson, *Intellectual Disability. Definitions, Classification and Systems of Supports. The AAIDD Ad Hoc Committee on Terminology and Classification*. 11th ed. Washington 2010.

cialist early intervention.¹³ However, the most important element of such support is assistance addressed directly to a child's parent or caregiver, the same as is suggested in the abovementioned model proposed by Twardowski.¹⁴

The term *child at risk of disability* was included in the 2004 Government Programme (*Early, Specialist, Comprehensive, Coordinated and Continuous Assistance to Children at Risk of Disability and Their Parents*) and it was defined as a *child from a high pregnancy and delivery related risk group who, in the opinion of a physician, is at risk of developmental disorders,, disability or functional disorders*.¹⁵ Children at risk of disability were beneficiaries of the programme in the years from 2005 to 2007. The programme also addressed *children with psychomotor development dysfunctions of unknown etiology*.¹⁶ The factors that may contribute to disability in children include premature birth, birth injuries, infections and CNS microdysfunctions, congenital anomalies and genetic diseases as well as delayed development of reflexes or epilepsy.¹⁷ Currently, the possibilities to provide (from public funds) early development support to children at risk of disability who are not diagnosed with a disability are very limited. There are only 25 Early Intervention Centres (EIC) in Poland who provide such support. Not all who need it have equal access to such assistance because of remoteness of the centres, limited number of available places and long waiting times

¹³ D. Kopeć, *Zapobieganie niepełnosprawności intelektualnej w świetle rozważań Amerykańskiego Stowarzyszenia Niepełnosprawności Intelektualnej i Rozwojowej (AAIDD), "Kultura-Społeczeństwo-Edukacja"*, 2012, no. 2, p. 63-67.

¹⁴ A. Twardowski, *Wczesne wspomaganie rozwoju dzieci z niepełnosprawnościami w środowisku rodzinnym*, Wydawnictwo Naukowe Uniwersytetu im. Adama Mickiewicza w Poznaniu, Poznań 2012.

¹⁵ Program Rządowy, *Wczesna, Wielospecjalistyczna, Kompleksowa, Skoordynowana i Ciągła Pomoc Dziecku Zagrożonemu Niepełnosprawnością lub Niepełnosprawnemu oraz Jego Rodzinie. Pilotaż 2005-2007*, 2004, p. 11 (as on 15.05.2019).

¹⁶ Ibidem, p. 14.

¹⁷ B. Cytowska, *Idea wczesnej interwencji i wspomaganie rozwoju małego dziecka* [in:] ed. B. Cytowska, B. Winczura, *Wczesna interwencja i wspomaganie rozwoju małego dziecka*, Oficyna Wydawnicza Impuls, Kraków 2006, p. 20-21.

for therapy. This is particularly important in the context of rapid changes taking place in the period of a young child's rapid development.

Developmental needs and tasks in a young child in the context of linguistic development disorders

According to Erik Erikson's theory, a human being undergoes specific stages of psychosocial development each of which ends with a solution or lack of solution typical of a given stage of conflict. Each of the eight stages has a different kind of a crisis which needs to be overcome in order to move on to the next stage. The crises determine the development of an individual and their maturity in a given social and psychological area. According to that concept, a child, before reaching seven years of age (when he or she starts school), passes three stages of psychosocial development and enters the fourth stage that lasts until adulthood.¹⁸ The first stage lasts from birth until more or less the eighteenth month of life (natal period and infancy). It is dominated by *trust vs mistrust*¹⁹ and the positive outcome is achieving a basic sense of safety (whereas a negative solution is lack of a sense of safety and insecurity). The second stage covers the post-infancy period (1.5-3 years) and the *autonomy vs shame about oneself* crisis.²⁰ Achieving a positive outcome of this crisis means perceiving oneself as an independent person capable of controlling his or her own body and of influencing external events – a sense of agency. If this stage is not completed successfully, an individual develops a sense of not being able to control external events. The third stage is the middle childhood period (3 to 6 years) and in this time, an individual has to deal with a crisis that Erikson refers to as *initiative*

¹⁸ E. Erikson, *Dzieciństwo i społeczeństwo*, Dom Wydawniczy Rebis, Poznań 1997.

¹⁹ P. Zimbardo, R. Gerrig, *Psychologia i życie*, Wydawnictwo Naukowe PWN SA, Warszawa, 2018, p. 439.

²⁰ Ibidem, p. 439.

*vs. sense of guilt.*²¹ Successful completion of this stage is associated with self-confidence and a sense of initiative and faith in one's own creativity. Failure, on the other hand, generates a sense of worthlessness. Another achievement for which a child prepares in the pre-school age is adequacy of elementary social and intellectual skills and a sense of competence. A negative outcome may result in lack of self-confidence and a sense of failure, which prevents an individual from being successful in subsequent stages.²²

These stages of a child development, according to Erikson's theory, coincide with the period of intense speech and language development. Developmental achievements, such as a sense of safety, agency, being in control of one's own body, being able to control events, a sense of initiative and of being competent may result from the level of development of cognitive processes and in particular the language function acquired and developed in this period. A sense of safety achieved during the first stage of development ensures the child's ability to communicate – to express their own needs, and is associated with a sense that the child's messages are understood in the way they are meant to be understood. Another achievement – a sense of agency – is also associated with the use of language – communicating and triggering the desired reaction of others in the act of communication. A sense of controlling one's own body makes it possible to acquire the speaking skill as well as non-verbal communication skills. When a child senses that he or she does not achieve these important tasks, he or she has no satisfaction with being able to control things. A sense of agency is associated with correct use of language and communication that is properly understood and implies changes around the child. Another achievement – a sense of being an initiator, a creator – requires the use of language in order to establish contact with others. Also, a sense of competence is associated with extensive use of language to solve social and intellectual problems. In this analysis, I try to emphasize that there is ev-

²¹ P. Zimbardo, R. Gerrig, *Psychologia i życie*, Wydawnictwo Naukowe PWN SA, Warszawa, 2018, p. 439.

²² Ibidem, p. 440.

idence that proper development of speech and language facilitates psychosocial development and that the progress of psychosocial development facilitates acquisition of linguistic skills. Moreover, any disturbances in the respective stages may increase the future risk of disability and identification of such disturbances in psychological evaluation may be a basis for a diagnosis of functional disorders and risk of disability.

Another concept that explains lifelong development is Robert Havighurst's theory. According to his theory, the developmental tasks in the infancy and early childhood period are: learning to walk, bite, speak, control the elimination of body wastes, learning sex differences and sexual modesty, forming concepts and learning language to describe social and physical reality, getting ready to read.²³ Three of these tasks are associated with language and speech development. A completely blocked development of speech in a child means a diagnosis of disability whereas any disorders in linguistic development processes that do not meet the criterion of disability may be associated with development disorders in other spheres. According to Havighurst's theory, they mean lack of achievements associated with a specific age, i.e. failure to move on to subsequent stages of developmental tasks.²⁴ Any partial dysfunctions in a particular sphere, by acting as feedback, could distort the functioning of an individual in other spheres and prevent the individual from achieving the developmental goals of a specific age. In psychological diagnosis founded on extensive knowledge of the needs and tasks associated with the respective stages of human life, it is possible to evaluate the level of a child's functioning and early detect any developmental delays, and prognosticate disability on the basis of achievements typical of a given age, or lack of them.

²³ *Psychologia Tom 2.* ed. J. Strelau, D. Doliński, Gdaskie Wydawnictwo Psychologiczne. Gdańsk, 2008.

²⁴ *Ibidem.*

Development diagnosis and evaluation of cognitive functions in a young child at risk of disability

The probability of disability (risk of disability) is when partial dysfunctions or delays in the development of respective functions are observed in a young child, but the child does not yet meet all the diagnostic criteria of a given nosological unit (in the ICD-10 or DSM-V classification). One of the indicators of dysfunctional development of a child 1-2 months old is when the child is unable to focus on external stimuli even for a short while.²⁵ This symptom is seen in children who are later diagnosed with global delay in the development of the cognitive sphere, although it may not necessarily be the case and the symptom is not synonymous with disability. Such fragmentary problems may be determined on the basis of a psychological and pedagogical examination (e.g. Psychomotor Development Evaluation Sheets – KOPR²⁶ to diagnose children as young as 1 month old). To diagnose psychomotor development of children older than 2 months, it is possible to use standardised tools, too (Child Development Scale – DSR²⁷). There are also other tools, like the Short Child Development Scale (KSRD) – to examine children older than 12 months²⁸, or the IDS-2 Intelligence and Development Scales for Children and Adolescents²⁹ and many other.

Following an examination, a psychologist, pediatrician, physiotherapist, pedagogue, midwife or pedagogical diagnosis and thera-

²⁵ E. Bogacz, A. Bogacz-Rybczak, J. Gruba, *Karty Oceny Rozwoju Psychoruchowego*, Wydawnictwo Komlogo, Gliwice 2018.

²⁶ E. Bogacz, A. Bogacz-Rybczak, J. Gruba, *Karty Oceny Rozwoju Psychoruchowego*, Wydawnictwo Komlogo, Gliwice 2018.

²⁷ A. Matczak, A. Jaworowska, A. Ciechanowicz, D. Fecenec, J. Stańczak, E. Zalewska, *DSR -Dziecięca Skala Rozwoju*, Pracownia Testów Psychologicznych i Pedagogicznych, Gdańsk 2007.

²⁸ M. Chrzan-Dętkoś, *Krótką Skala Rozwoju Dziecka*, Pracownia Testów Psychologicznych i Pedagogicznych, Gdańsk 2018.

²⁹ D. Fecenec, A. Jaworowska, A., Matczak, *DS-2 Skale Inteligencji i Rozwoju dla Dzieci i Młodzieży*, Pracownia Testów Psychologicznych Polskiego Towarzystwa Psychologicznego, Warszawa 2018.

py specialist may determine whether development is harmonious and what dysfunctions a child may have (depending on the scope of competencies of a given specialist). Concerning the diagnosis of cognitive functions, based on the knowledge of developmental psychology, the psychologist may determine the probability of disability based on functional difficulties that will be crucial in subsequent stages of development.

Cognitive functions, according to the DSM-5 classification, are language, complex attention, executive function, learning and memory, perceptual and motor functions, social cognition.³⁰ Jeffrey Cummings identifies language, attention and focus, memory, construction skills, calculation, abstract thinking, insight and evaluation and praxis.³¹ Training these functions is important in revalidation, correction and compensation as well as prevention therapies. It is important to identify the difficulties and create the right conditions to train specific skills and develop them to make the best of a child's possibilities, using special methods.

Early development support for children with language processing impairments

Language processing is particularly important in the development of young children. Linguistic functions include spontaneous speech, understanding speech, repeating, naming, reading, writing and prosody.³² Linguistic function impairments may be associated with a child's disability or risk of disability. One of the disorders is speech aphasia – a condition caused by brain damage with complete loss of speech production and/or comprehension skills. This is

³⁰ *Kryteria Diagnostyczne Zaburzeń Psychiczych. Wydanie Piąte.* ed. P. Galecki, M. Pilecki, J. Rymaszewska, A. Szulc, S. Sidorowicz, *DSM-5*, Edra Urban&Partner, Wrocław 2018.

³¹ J. Cummings, *Neuropsychiatria*, Wydawnictwo Medyczne Urban&Partner, Wrocław 2005.

³² *Ibidem.*

an acquired set of symptoms caused, for example, by brain stroke, head injury, cerebrovascular disease, nervous tissue degeneration or brain tumor.³³ There is also developmental aphasia caused by impaired development of cerebral cortex structures.³⁴ Cognitive disorders with limited ability to understand or produce spoken or written language are defined as dysphasia.³⁵ Another concept is SLI – Specific Language Impairment, which, according to Laurence Leonard, include language and speech deficits, delayed maturation of the nervous system accompanied by lack of other developmental disorders and preserved intention of communication. In such case, lexical development is slower and verbal speech appears late into the development process and there may be some problems with understanding speech, but mostly problems concern speech production. However, the cerebral cortex is not damaged³⁶ and the specific linguistic impairments are not a disease according to the ICD-10 classification. Yet, a child requires early intervention. Supporting a child's development and stimulating linguistic processes should be a part of interdisciplinary support, including speech therapy, neurological speech therapy, auditory training, improving verbal and non-verbal communication and possibly alternative and augmentative communication (ACC). This is complex linguistic development training that goes beyond verbal speech impairment therapy.

Conclusions

In pedagogical practice, there are no generally available solutions focusing on disability prevention in high risk groups. If a child is not diagnosed with a specific condition, it is difficult to provide

³³ Ibidem.

³⁴ ICD-10 (2009). Międzynarodowa Statystyczna Klasyfikacja Chorób i Problemów Zdrowotnych – Rewizja X, Tom I. Światowa Organizacja Zdrowia.

³⁵ J. Cummings, *Neuropsychiatria*, Wydawnictwo Medyczne Urban&Partner, Wrocław 2005.

³⁶ L. Leonard, *SLI – specyficzne zaburzenie rozwoju językowego*, Gdańskie Wydawnictwo Psychologiczne, Gdańsk, 2006.

him or her with early development support, and access to early intervention in specialist centres (EIC) is limited due to the limited number of those centres and long waiting lists, including persons already diagnosed with disabilities. This situation reveals the major impact of the medical model of disability³⁷ on the solutions offered within the framework of EDS, depreciating the achievements of social science in this respect, in particular special pedagogy and developmental psychology.

The need for early development support, from the perspective of the needs and developmental tasks of a child, arises as soon as not only global impairments but also partial deficits and risk of disability are identified. The success of interaction depends on how well it is tailored to actual difficulties in specific functions. Implementation of institutional early development support for children at risk of disabilities, based on relevant legal regulations, would be a milestone in the pedagogical practice of early development support. It should also be noted that early assistance, including psychological assistance (in psychological practice, therapy is planned in such a way as to support psychomotor, emotional, social and/or cognitive development) is crucial in the context of the current *deep crisis* of Polish child and adolescent psychiatry³⁸.

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³⁷ ICF Międzynarodowa Klasyfikacja Funkcjonowania, Niepełnosprawności i Zdrowia (Polish translation), World Health Organization, Genewa 2009, <https://www.csioz.gov.pl> (as on 30.05.2019).

³⁸ Polskie Towarzystwo Psychiatryczne, https://psychiatria.org.pl/news,tekst,355,psychoterapia_dzieci_i_mlodziarzy, (as on 30.05.2019).

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