



## РАННЯ ПІДТРИМКА РОЗВИТКУ ДИТИНИ (ОПИС ТА АНАЛІЗ ІНДИВІДУАЛЬНОГО ВИПАДКУ)

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У статті описано формат проведення терапевтичних заходів з маленькими дітьми з метою сприяння їх ранньому розвитку. Рання підтримка розвитку – це міждисциплінарний підхід, спрямований на забезпечення широкої і комплексної фахової допомоги дитині та родині. Заняття тривають від часу виявлення порушення розвитку в дитини до початку шкільного навчання. Висвітлюється процедура діагностування дитини і вихідні положення, на яких будується програма терапевтичних заходів. Автор також розглядає ефекти дворічної роботи команди фахівців (психолога, учителя і логопеда) з дитиною із порушеннями розвитку, яка проводилася у форматі психолого-педагогічного консультування.

**Ключові слова:** рання підтримка, розвиток, терапія, порушення розвитку.

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**Ранняя поддержка развития ребёнка** (Описание и анализ индивидуального случая)

В статье описан формат проведения терапевтических мероприятий с маленькими детьми с целью содействия их раннему развитию. Ранняя поддержка развития – это междисциплинарный подход, направленный на обеспечение широкой и комплексной профессиональной помощи ребенку и семье. Занятия длятся с момента выявления нарушения развития у ребенка к началу школьного обучения. Освещается процедура диагностирования ребенка и исходные положения, на которых строится программа терапевтических мероприятий. Автор также рассматривает эффекты двухлетней работы команды специалистов (психолога, учителя и логопеда) с ребенком с проблемами развития, которая проводилась в формате психолого-педагогического консультирования.

**Ключевые слова:** ранняя поддержка, развитие, терапия, нарушения развития

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**Early support child development** (Description and analysis of the individual case)

Article introduces a form of therapeutic activities with young children, which is to support early child development. Early support of development of an interdisciplinary approach allowing the extension of specialist care of the child and his family. Such classes are taught from the time of detection of developmental deficits in a child until they start school. In addition, the article discusses the procedure for diagnosing the child and the assumptions of the therapeutic work program. It also presents the effects of two years of work by a team of specialists: a psychologist, a teacher and a speech therapist with a child with developmental disabilities realized in psychological and pedagogical counseling.

**Keywords:** toddler, early support, development, therapy, developmental disorders.



**M**inister of National Education of 3 February 2009 \* specifies the conditions for the organization of the child's early development support. Early support the child's development is most often understood as a comprehensive mental and physical stimulation of its development. And the stimulation and development of the young child is conscious, systemic impact of experts and family environment to all its sphere of cognition, in order to optimally overcome the effects of the disorder. \*\*

Early support the development can be implemented in schools, kindergartens, psychological-pedagogical dispensary, in health care, rehabilitation, etc. The condition for conducting this type of course is the possibility of implementing the guidelines contained in the opinion of early assistance in the development of the child, it means properly trained professionals, proper base educational and rehabilitation. Experts conducting the classes with the child make up the team support early child development. The team is appointed by the director of the institution, which is usually also the coordinator of the team's work. The team includes individuals with preparation for working with young children with impaired psychomotor development. It is usually a teacher (in particular oligophrenopedagogue, typhlopedagogue, surdopedagogue), a psychologist, a speech therapist and other professionals – depending on the needs of the child and his family (often it is also a physiotherapist).

The tasks of the team are mainly development and implementation with the child and his family an individual program of early intervention and analyzing the effectiveness of the measures taken. The individual program is created based on the opinions of early assistance in the development, to be issued on request of the parents (or legal guardians of a child) after examination of the child in the psychological and pedagogical. The application is also included medical documentation about the health of the child. The opinion is the diagnosis of the medical, psychological, pedagogical and speech therapy, indicated there are appropriate forms of assistance for children and families and is included reasons for the decision Arbitral Tribunal to issue an opinion on the need for early child development support.

Classes within early development support organized in size from 4 to 8 hours a month, depending on the psycho-physical capabilities and needs of the child. Classes are conducted individually with the child and his family. Children who have completed three years of age can attend classes up to 2 or 3 children involving their families. Family support is to assist in shaping attitudes and behaviors desired in dealing with the child, strengthening the emotional relationship between Parents and a child, recognizing the child's behavior and consolidating appropriate responses to these behaviors. In addition, specialists provide instruction, guidance and consultations on work with children. It helps to adjust the conditions in the home environment to the needs of the child and in obtaining and using in work with children in the teaching of appropriate and necessary equipment.

Below there is the individual program of therapeutic work with children four years of developmental deficits implemented in psychological-pedagogical and presented two-year results impact a team of specialists: psychologist, teacher and speech therapist, with a particular focus on therapeutic work educator.

**Adam – 4 year old.**

**1. Diagnosis.**

Adam is a child with impaired development – He has delayed speech development, mixed development deficits and the characteristics of autism. From early childhood we develop his disharmonious. Development of speech is delayed and verbal thinking – conceptual. The boy is somewhat less independent than their peers in the exercise of self-service operations. Therefore,

\* Rozporządzenie Ministra Edukacji Narodowej z dnia 3 lutego 2009 r., Dz.U. nr 23, poz. 133.

\*\*J. Cieszyńska, M. Korendo, Wczesna interwencja terapeutyczna, Kraków 2013, s. 15



it should be included in an early-assisted development. Presented below Adam's functional diagnosis justifies the need to extend it influences speech therapy and psychological. Working with parents to increase the efficiency of these interactions as well as a positive impact on socio-emotional development of the child. Adam is moving alone. In terms of dexterity: images of straight lines, horizontal and vertical, draws circles, trying to draw known to him objects of type: house, car (shown to be incorrect grip crayons), builds with blocks towers, trains, houses, bridges, uses a spoon and a fork. It is a well-developed understanding of words, sentences and phrases. Adam understands most commands addressed to him. He can point to the picture persons performing certain actions. He rarely communicates (appears distorted repetition of syllables, words), nervous (screams, squeals) when his mother did not understand him. Sometimes anger is also no apparent reason.

The boy copes with comparing objects and colors, can judge material in terms of shape and color. It is difficult to judge whether comparison of shapes and sizes is too difficult, because Adam did not always take the proposed task. He does those which suit him. Favorite fun and activities: fun cars, painting, drawing not. Adam has attended kindergarten for a year. Mostly he plays alone, because contact with the children is difficult because of the difficulty in communicating. A DAS is a cheerful child, always smiling, makes of eye contact. Sometimes he presents a stereotypical behaviors (flapping hands).

### **2. The forms of assistance and support provided to children and families**

In connection with the diagnosis a child requires a multidisciplinary, comprehensive stimulation of psychomotor development in developing small motor skills, speech and language, cognitive, emotional and social development, improving the skills of self-service. Recommended forms of assistance and support:

- Speech therapist care
- The impact of psychopedagogic: the use of games, exercises and tasks aimed at developing thinking and speech, ability to communicate with the environment in verbal and non-verbal,
- Help for parents in the form of teaching, consulting, support in shaping desired behaviors and attitudes towards the child, proper stimulation of emotional and social development.

### **3. Composition of the specialists**

- Director of the clinic, team coordinator
- Psychologist
- Educator – therapist
- Speech therapist

### **4. The individual program of early support of child development**

**Overall objective:** Stimulation of psychomotor development of the child

**Specific objectives:**

- Formation of the child competence sensory, motor, interactive, of intellectual, emotional,
- Development writing efficiency and visual – motor coordination,
- The better to implement exercises developing visual perception, auditory, coordination visual-motor,
- Stimulating development and understanding of broadcasting in ypowiedzi verbal,
- Sparta parents in the upbringing of the child, help in the proper handling of child in developing his competence and social – emotional, self-reliance, organizing more fun.

**Methods:**

- Mainly based n the practical operation of the child and the method of play, with elements of methods: Sherborne, Good Start, M. Frostig, educational kinesiology, educational computer programs, etc.



**Program content**

No	Tasks	Forms (sample exercises)	Examine the effects of therapy
1	Diagnosis child.	Interview (parents and others in the family), observation, experimental trials and testing.	A description of the child's functioning. Comparative Diagnosis.
2	Improving the functioning of speech organs	Massages passive camera speech (cheeks, lips, gums and tongue). Fun breathing	Classes will be kept stored in the Charter of speech therapy exercises
3	Training imitations	Imitation of simple movements with and without the use of objects, mimicking the sounds of speech	Classes will be kept stored in the Charter of speech therapy exercises. In the description of the course activities will be recorded all the achievements and the difficulties faced in the implementation of the exercise
4	Raising awareness of one's body	Learning parts of the body through fun sticks, rhymes and poems sung, massage different parts of the body	
5	Developing hearing (auditory physical and aural)	Exercise and ability to differentiate and recognize sounds (voices of animals, vehicles, the environment, human)	Course content and comments will be kept stored in the worksheet
6	Exercises in communication with the environment (improving speech understanding and encouraging the use of speech)	Exercises within the meaning of command of the situation and responding to relevant execution of commands (gestures supported by sound, a simple expression). Encouragement to speak simple words	At the end of each school year finds Descriptive carried out the assessment of performance and continued development of the child deficits
7	Improving visual perception	Matching image according to the pattern, for example. Wheel-to-wheel. With your finger on the board with rows of small pictures – maintain the finger in a row	Course content and comments will be kept stored in the worksheet
8	The development of visual-auditory coordination.	Listening to and recognizing sounds from the environment. Associating a sound with the picture whispering in the ear by the paper tube, catching and throwing the ball, waving a flag, and so on	Course content and comments will be kept stored in the worksheet
9	Developing dexterity and writingj and visual-motor coordination	Painting, torn, cut-outs, modeling with plasticine. Puzzles, mosaics, puzzles. Fun on the basis of V. Sherborne developmental movement	Course content and comments will be kept stored in the worksheet
10	Shaping of mobility and spatial	Fun in the «feet», tapping maintaining the direction, turning the ball into the goal.	Changes in your child's behavior noted in the worksheet
11	Blanking abnormal reaction of the child	Distraction, rewarding appropriate behavior	
12	Working with parents and the child's family	Conversations support, parenting advice, an exchange of information, teaching	The current assessment of the child's parents and family
13	Team Meetings (every 3 – 4 months) – exchange of information, making some adjustments to the program	Coordination team work for the early development support	The report of the meeting of the team



**5. Individual early development support program (part of the pedagogical) and the results of its annual implementation.**

Tasks	Forms of execution	The effects of therapy after one year of therapeutic work
The development of auditory perception	<ul style="list-style-type: none"> <li>– Command and listening comprehension of texts,</li> <li>– Playing rhythmic structures.</li> <li>– Exercise of fonetic hearing,</li> <li>– Auditory memory exercise</li> </ul>	Better ro understanding commands, fairly good analysis and synthesis of monosyllabic words. Avoiding of rhythmic exercises, he does not like – do not listen to the text. <b>I still intensively develop</b>
Development of visual perception	<ul style="list-style-type: none"> <li>– Recognition and naming of objects 1) everyday, fruits, vegetables, etc.).</li> <li>– The exercise of analysis, synthesis, perception and visual memory for pictorial material, geometric and literopodobnym (puzzles, mosaics, etc.)</li> </ul>	Recognize and name objects, but the difficulty of classifying, likes and quite copes well with the system faithfully puzzles, puzzles. He has difficulty with searching differences, he knows some letters, trying to write words. <b>Still develop</b>
Developing dexterity and visual – motor coordination	<ul style="list-style-type: none"> <li>– Fun and games of skill, general – large and small motor skills (bowling, playing with a ball, balance exercises, etc.)</li> <li>– Fun handling (stacking blocks, puzzles, matching etc)</li> <li>– Various art techniques (painting, drawing, stamping, etc.)</li> </ul>	Large caution in performing physical exercises (ladder, balance beam) general poor motor coordination. Lack of spontaneity in laying bricks, willingly plays a car, much better dexternity (willingly colors the images in a fast-paced, but very carefully, likes to paint with paint), not very willingly draws letters literopodobne, uses scissors, but lack of precision, avoids playground from plasticine. <b>I still intensively develop</b>
Development of spatial orientation and orientation over time	<ul style="list-style-type: none"> <li>– Exercises to shape your own body schema,</li> <li>– Exercises in the differentiation and identification of objects in space and on the plane,</li> <li>– Determining the space-time: season, day – night, today, tomorrow, yesterday like.</li> </ul>	He knows and is called the body. Understands, though mistaken, basic concepts: on, under, beside, does not understand: the concepts of time today, tomorrow, left, right, closer to further recognizes seasons (summer, winter). <b>I still practice</b>
Developing mathematical concepts	<ul style="list-style-type: none"> <li>– Exercises the conversion of objects, comparing sets (less is more, as much, shapes, colors, etc.), Classifying and generalizing (for specifics)</li> </ul>	It can convert objects, count to 10 (trying to save those digits, knows the mathematical signs), does not understand the concepts of less is more, wrong names geometric figures. <b>I still develop</b>
Extending the knowledge of the proximal and distal surrounded by nature – society	<ul style="list-style-type: none"> <li>– Short stories, stories, books, pictures, puzzles, etc.</li> </ul>	It is difficult to determine the level of knowledge, because they do not answer questions, give no questions. He does not like – do not listen to fairy tales stories. He knows basic information about themselves and family (names, roles, etc.) <b>Intense broaden their knowledge</b>
Cooperation with parents	<ul style="list-style-type: none"> <li>Parenting advice.</li> <li>Teaching.</li> <li>Conversations support.</li> <li>An exchange of information.</li> </ul>	Parents involved in the stimulation of the overall development of the child, but in the secondo term less contact with them. Adas is brought by his grandfather, grandmother, sometimes dad

**6. Conclusions after one year of therapeutic work to be implemented in the next year**

– Intensively develop: functions perceptual-motor skills and coordination, in particular by developing auditory perception (listening comprehension of short stories, poems, making



analysis and son thesis phone – syllable -verbal) and develop manual dexterity and writing (pasting, cutting, drawing letters e.t.c.),

- To conduct exercises in preparation for literacy and numeracy,
- Enrich vocabulary (concepts) and knowledge about himself and about the proximal and distal surrounded by nature – social (reading books, commenting on activities of daily living, a story about natural phenomena – name them)
- Develop math skills in relation to the practical situation based on specifics (mathematical operations using objects, symbols on the pictures, etc.)
- Repeatedly and systematically perpetuated mastered the knowledge and skills
- Develop the ability to communicate with the environment,
- Develop and improve self-service activities (mainly at home).

#### **7. Effects of therapeutic interventions undertaken a two-year (Adam 6 years old)**

Adam in touch is clear in a force situation task – interested, quite willing to work. Sometimes he had problems with concentrating. Especially in new situations often require additional clarification and guidance. Understands simple commands, difficulties with complex commands. Correctly name: everyday objects, fruits, vegetables, animals, colors. Distinguishes and properly called seasons. He knows the names of some professions and defining the concept of spatial relations (above, below, on, etc.). Quite good at stacking puzzle. The boy frequently speaks simple sentences. He asks questions. Properly arranged a simple pictorial historian. He has difficulty with solving puzzles. Counts further to 10 (up to 20, but sometimes he makes a mistake). Properly assigns a number according to the number of objects. Trying to add and subtract on specifics. He knows the numbers and letters. He can read two-syllable words correctly, sometimes three syllables. He arranges words with letters. He properly matches captions to images. He can sign his name. He distinguishes and properly called geometric figures. In terms of auditory perception analyzes and phones synthesis doubles, three syllables words. Adam willingly undertakes the tasks associated with drawing, but the efficiency requires further improvement. It keeps an incorrect grip crayons. He pictures colors fast, fairly accurately, but prefers to draw himself a specified (by him) about it, willing to write letters and words quite carefully uses scissors. Quite good at mapping simple letters and geometric figures. According to information from mum shows that Adam is pretty self: he washes, dresses, eats, makes sandwiches, cleans like. The doctor in medical diagnosis did not identify the characteristics of autism.

As you can see from the presented material despite the fact that therapeutic work started quite late, in the fourth year of a child's life, effects of its impacts are clearly visible. They cover both the child's speech, as well as a small motor, cognitive, package Development of emotional and social development and increasing the skills of self-service. It is worth emphasizing the attitude of the parents of Adam, who is committed to join in the process of supporting the development of their child.

#### **Conclusiones**

The first years of a child are particularly important for his development. Appropriate stimulation of perceptual-motor function allows the child a good start at school, as well as functioning in the later life. Particularly important it is to take the earliest possible stimulation of disturbed functions. The sooner they found developmental abnormalities detected the child and the sooner you will start therapeutic work, the effects of stimulating will be better. Early undertaken a comprehensive corrective and compensatory effects make it possible, if not eliminate developmental deficits, it certainly ease the existing disorders and difficulties.

#### **REFERENCES**

1. *Cieszyńska J., Korendo M., Wczesna interwencja terapeutyczna*, Wydawnictwo Edukacyjne, Kraków 2013.
2. Rozporządzenie Ministra Edukacji Narodowej z dnia 3 lutego 2009 r., Dz.U. nr 23, poz. 133.