

UDC 376.1-056«465.00/.07»
BBC Ч450.091
GSNTI 14.29.01
Code VAK 13.00.03

O. V. Yugova
Moscow, Russia

A VARIABLE MODEL OF EARLY REHABILITATION AND EDUCATIONAL SUPPORT FOR CHILDREN WITH DISABILITIES AND THEIR PARENTS

Abstract. The article is devoted to the process of early psychological and pedagogical support for children with disabilities and their families. In the process of psycho-pedagogical counseling, the author studies the peculiarities of the modern family and the parents' needs in rehabilitation-pedagogical technologies of child education. The article presents the results of a complex diagnostic test of speech, cognitive and motor development of disabled children of early and junior preschool ages. By way of experiment, the author studies and defines qualitative, age-related, and individual-typological peculiarities, specificity, multivariance and degree of manifestation of developmental disabilities. Four groups of children are singled out on the basis of the structure of disability. The author describes a developed and tested model of early comprehensive assistance to children with disabilities, depending on the needs and opportunities of the parents. Then the article describes structural components of the model of early support for the child and his parents. Variable strategies of the model of early psycho-pedagogical support for children with disabilities and their parents have been worked out according to the results of a comprehensive observation within the framework of the differentiated approach to education. The article also defines and describes approaches and content of rehabilitation-educational work with children depending on the structure of developmental disorder.

Keywords: children with disabilities; psycho-pedagogical counseling; preschool children; rehabilitation and educational work; work with parents; early age.

About the author: Yugova Olesya Vyacheslavovna, Candidate of Pedagogy.

Place of employment: Associate Professor of Department of Logopedics, Institute of Special Education and Complex Rehabilitation, Moscow City Pedagogical University.

At present, the family-oriented approach to psycho-pedagogical support for children with disabilities prevails in rehabilitation practice. Recent research has determined the main principles of work of special pedagogues and psychologists with the family and has defined regular fea-

tures of the parents' behavior in the process of pedagogical counseling: individual approach to every family; necessity to observe ethical norms and show civility towards the family that turns for help; orientation towards positive solution of problems connected with the child's develop-

ment; optimal involvement of the parents in the pedagogical process, etc. (E. A. Ekzhanova, S. D. Zabravnaya, I. Yu. Levchenko, N. V. Mazurova, E. A. Medvedeva, G. A. Mishina, V. V. Saburov, E. A. Strebeleva, V. V. Tkacheva, N. D. Shmatko, etc.).

The family is looked upon as a system-forming determinant of the socio-cultural status of the child predetermining his further psychophysical and social development (I. Yu. Levchenko, V. V. Tkacheva [4]). Modern research has revealed direct dependence of the impact of the family factor upon the development of the child: the more dysfunctional the family is, the more salient the developmental disorders are (V. B. Nikishina [6]).

The problem of early diagnostics of psychophysical development disorders as a modern tendency of the Russian special education needs rethinking of the role of the social pedagogue and the role of the family in early rehabilitation-educational intervention. The need of professional support and maximally early inclusion of the parents in the rehabilitation-educational process is becoming more and more evident.

Our home researchers have defined the tasks and content of early psycho-pedagogical family counseling and have revealed significant aspects of preventive and educational work with the parents of children with developmental disorders (E. A. Ekzhanova [1], S. B. Lazuren-

ko [2], I. Yu. Levchenko [3], G. A. Mishina & E. A. Strebeleva [12], L. Yu. Panarina [7], O. B. Polovinkina [8], O. G. Prikhod'ko [9], Yu. A. Razenkova [11], R. A. Suleymenova [13], N. Sh. Tyurina [14], O. V. Yugova [15]).

And the modern forms of work with the family focus on training the parents to use efficient and developing methods of interaction with the child in daily and educational situations (E. R. Baenskaya, A. A. Venger, G. L. Vygodskaya, E. A. Ekzhanova, E. I. Leongard, M. M. Libling, G. A. Mishina, O. S. Nikol'skaya, O. G. Prikhod'ko, Yu. A. Razenkova, L. I. Solntseva, E. A. Strebeleva, N. D. Shmatko, etc.).

The first years of the child's life make up the most significant period for the development of potential of the family caring for a child with disabilities. The family plays the leading role in the child development and bears the primary responsibility for the process and results of rehabilitation-educational work with the child. It is the parents that are the main customers of educational, medical and social services, and at the same time, they are equal partners of the specialists in realization of the perspectives and assessment of outcomes of the work (O. G. Prikhod'ko [10]).

We agree with G. A. Mishina [5] who believes that the period of early childhood is sensitive to the kind of support and help offered to the

parents bringing up problem children. The behavior of parents caring for a child with a developmental disorder at an early age has a number of peculiarities in comparison with the behavior of parents looking after typical children of the first years of life. In addition, the author singles out five tendencies of behavioral deviations of mothers in their organization of object-based playing interaction with their child: prescriptive cooperation; unemotional indulging cooperation; speech interaction; estranging interaction; formal communication. That is why correction of deviations in behavior and psychological development of children with developmental disorders and their successful social adaptation needs changing the mode of behavior of the adult who is close to the child.

In recent years, Russian researchers have created models of provision of early support for children with various developmental disorders: infants with disorders of psychomotor development (E. F. Arkhipova, S. B. Lazurenko, Yu. A. Razenkova), hearing impairments (L. M. Kobrina, E. I. Leongard, T. V. Nikolaeva, T. V. Pelymskaya, N. D. Shmatko), vision impairments (M. E. Bernadskaya, O. V. Paramey, L. I. Fil'chikova), organic lesions of the CNS (E. A. Ekzhanova, E. A. Strebeleva, G. A. Mishina), motor disorders (O. G. Prikhod'ko, N. V. Simonova), speech underdevel-

opment (Yu. V. Gerasimenko, O. E. Gromova, Yu. A. Lisichkina, E. V. Sheremet'eva), and disorders of early emotional development (E. R. Baenskaya, N. N. Libling). The works of these authors argue the necessity of inclusion of the parents in the rehabilitation-educational process.

At the same time, there is still deficiency of scientific-methodological literature in the field of special education dealing with the process of counseling a family raising a child of the first years of life with disabilities.

The aim of our research is to substantiate the scientific-methodological approach and work out variable models of provision of early psycho-pedagogical support for a child with disability in the process of family counseling. The experimental research was carried out on the basis of the Institute of Special Pedagogy of the Russian Academy of Sciences, in the laboratory (Early Complex Assistance to Children with Developmental Disorders" of the Moscow City Pedagogical University and in the Service of Early Assistance of Child Education Institution # 1388 of the South-Western Administrative Okrug of Moscow from 2006 to 2012. The sample included 147 children (82 infants and 65 junior preschoolers) with disabilities and their parents. We had worked out a step-by-step plan of testing.

Stage 1 (acquaintance) was devoted to acquaintance and establish-

ing contact of the special pedagogue with the parents. We held primary interviews with the parents during which we specified the age of the child, the family composition and problems, the parents' complaints and the kind of expected support from counseling. In the course of review, the parents were oriented towards the goal and tasks of counseling and motivated to work together with the child and the specialist.

Stage 2 dealt with examination of documentation about the child, and the parents' questioning. It included the following: analysis of the history of the child's birth and development, collection of anamnestic data, analysis of the documents brought by the parents to the consultation (results of clinical and psycho-pedagogical examinations and conclusions, references from medical and educational institutions); specification of the family composition and history, conditions of upbringing, information about the atmosphere in the family, and the parents' review using a specially designed questionnaire. The aim of questioning consisted in collection of more complete information about the child's life conditions and education in the family, as well as learning the parents' attitude towards their child. At this stage, we formed a primary general idea about the child and his family's problems (the child lags behind in develop-

ment; the parents do not know what to do next).

Stage 3 was devoted to psycho-pedagogical and logopedic examination of the child and to predicting his capacities during rehabilitation-educational training. Complex psycho-pedagogical examination of the child was targeted at assessment of the level of the main lines of the child's development: cognitive, social, speech and motor (their correspondence to developmental norms) with the purpose of revealing his special educational needs. The method worked out by E. A. Strebeleva was used for assessment of the level of cognitive development of the children. Logopedic examination was conducted in accordance with the methods of Yu. A. Razenkova and O. G. Prikhod'ko. Additional data were obtained through review and observation.

Stage 4 is targeted at the study of the modern family needs in rehabilitation-pedagogical technologies of education of children at an early and junior preschool age with developmental disorders (through questionnaire analysis and review). Special attention was paid to the talk with the mother and closest relatives during which we further specified the answers of the questionnaire and made them more concrete. Questions to the parents were designed to reveal the level of their pedagogical literacy. The level of

preparation of the parents for active participation in psycho-pedagogical rehabilitation of their children was determined. While summing up the results, we discussed with the parents the real problems which had been revealed in the process of psycho-pedagogical observation of the child and his family. The parents' attention was drawn to the questions which were really the most significant and essential. During the final talk, the pedagogue asked questions about family problems and needs and offered possible solutions.

The observation data analysis showed that the children at an early and junior preschool age represented a heterogeneous group in the level of cognitive, speech and motor development and the degree of manifestation of these disorders. As a result of the complex experimental psycho-pedagogical examination, these children were subdivided into four groups depending on the structure of developmental disorder.

Group I – *children with speech underdevelopment only*. This group included 11 children (13%) with speech underdevelopment at an early age and 4 children (6%) of preschool age with general speech underdevelopment. The level of cognitive development of these children corresponded to the norm. There was a disproportion in the development of impressive and expressive speech. Comprehension of addressed speech formed in accord-

ance with age (in due time), but individual (reproduced) speech lagged in its development (was on a lower level of development). Children with reproduced speech underdevelopment displayed speech development of level I or level II, and there was not a single child who would demonstrate pre-speech stage of development. In children with general speech underdevelopment, we diagnosed speech development of levels II and III. The children of this group did not show signs of deviations from the typical motor development (gross and articulation motor activity, as well as functional capacity of wrists and fingers were not characterized by pathological manifestations).

Group II – *children with speech underdevelopment and motor disorders*. This group included 8 children (10%) at an early age and 13 children (21%) of preschool age. In the children at an early age speech underdevelopment was accompanied by motor speech disorders (dysarthria); preschool children demonstrated general speech underdevelopment and dysarthria. This group comprised children with mild neurological pathology (hypertension, hydrocephalic and asthenic syndrome, neurotic responses and attention deficit hyperactivity disorder). The same as in the children of Group I, the level of cognitive activity of the children of Group II was within the developmental norm.

They were characterized by a high level of development of impressive speech and a lower level of development of expressive speech. In addition to manifestation of neurological symptoms in the muscles and articulation motor activity, the children at an early age showed underdevelopment of general motor skills and functions of the hands. The preschool children, apart from dysarthritic disorders, had malformation of complex motor skills both in gross and fine motor skills activity, not corresponding to the developmental norm.

Group III – *children with disorders of cognitive and speech development.* This group was made up by 21 children (26%) at an early age with disorders of psychological development or intellectual disability in combination with systemic speech underdevelopment. The given group included children with intellectual disability and disorders of the emotional-communicative spheres. Level indices of intellectual development and impressive speech in the children of Group III did not correspond to their age and were various (low, medium and inadequate). It is necessary to note that cognitive and speech underdevelopment was in the majority of cases rather *even*. Only 3% of young children were at the pre-speech stage of speech development, and 23% – at level I. The majority of them had mild or mod-

erate disorder of psychological development. And the children with systemic speech underdevelopment displayed speech development of levels II and III. No disorders of the musculoskeletal system were registered in the children of the given group.

Group IV – *children with deviations in cognitive, speech and motor development.* This group consisted of 42 children (51%) at an early age and 28 children (43%) of preschool age. The given group turned out to be the most numerous one. Here belonged children with motor cerebral pathology (CP and other motor disorders), genetic disorders, episyn-drome, sensory disorders, etc. The typical feature of children of this group was *irregularity* of development of different functional systems, i.e. underdevelopment of the cognitive, speech and motor development had uneven character.

We revealed different attitudes of the parents raising children with disabilities.

1. *Active attitude.* Parents with an active attitude had had a certain amount of knowledge about developmental disorders and their child problems. The majority of them asked for the specialist's (pedagogue-defectologist or logopedist's) advice on their own initiative. These parents were distinguished by adequate response, interest and involvement in the joint process of psycho-pedagogical support for their child. They accepted their

child “as is”, were positive, attentive and tolerant, and realized their responsibility for the child’s education. The parents had a balanced and adequate assessment of the child’s development perspectives and tried to further determine their role in the general process of his learning and upbringing.

2. *Quasi-active attitude.* The parents with a quasi-active attitude were somewhat subdued and did not show active interest in cooperation with the special pedagogue. Their knowledge of the child’s problem was superficial and unsystematic. They brought up their child intuitively, considering that provision of comfortable living conditions for their child was their only task. The child had been sent to the consultation by specialists of other institutions to which the parents had turned in order to get a variant of conclusion more suitable for their purposes. The parents did not always recognize the necessity of consulting with a special pedagogue. They agreed that their child might need rehabilitation-pedagogical assistance but quite often did not have any idea what kind of help it could be. The parents wanted to hear something about guaranteed results and positive perspectives of the child’s development being minimally involved in the process themselves, as they believed that child development stimulation was the task of the specialists.

3. *Passive attitude.* The parents

with a passive attitude were characterized by absence of knowledge about their child’s development peculiarities and the nature of his disability. The fact of giving birth to a child with disabilities was especially traumatic and not easy to overcome by these families. We singled out two groups of parents with such an attitude. Some of them would not accept the real state of things laying the blame on the specialists for their incompetence, and did not agree with the diagnosis. They did not expect anything from the consultation. Others, on the contrary, fully agreed with the special pedagogue’s opinion, but demonstrated estrangement from the child (there were abrupt changes of mood during interaction with the child, resentment, inflexibility, and constant fault-finding; the conditions for the child’s emotional well-being had not been created). Those parents wanted to be rid of the need to take part in the child’s rehabilitation personally and tried to shift all responsibility onto the specialists of educational and medical institutions.

It is necessary to point out that the parents’ position did not depend on the structure and degree of manifestation of their child’s developmental disorder, on the composition of the family raising the child, or on the fact, whether the child went to an education institution. At the same time, we registered a certain connection between the parents’

position and the child's age and the age of the parents themselves; it depended on who looked after the child, on the standard of living, and presence of other children in the family. We believe that the parents' activity was in direct correlation with what they had expected to get from the consultation and who had sent them to the special pedagogue. Their personal traits and moral-ethical, general-cultural and pedagogical level had the most effect upon the formation of parental attitude.

Based on the results of psychopedagogical and logopedic observation, we worked out variable models of rehabilitation-educational support for children with disabilities and their families. These models consisted of several components.

- *Design of an individual program of the child's development, his learning and upbringing.* The individual development program represented a complex of measures and interconnected lines of work with the child and his parents. The main aim of the individual program design was to work out the content of rehabilitation-educational activity with the child meant to form age-related pedagogical features and development of all kinds of child activity. It was important for us both to make up a perspective plan of rehabilitation-educational work and to formulate concrete tasks for the current period. The individual development program consisted of

three main parts: general recommendations on the child education and organization of training; priority areas and content of rehabilitation-educational work; improvement of the pedagogical competence of the parents (literature for the parents, practical training of the child, watching video materials and talks).

- *Design and publication of an authored complex of methods guidelines for parents* to stimulate cognitive and speech development of children. This complex was offered to all parents to use during independent training and games with the children. The complex included Illustrated Guidelines for the Parents "How to Teach Your Child to Speak" (163 object and plot-driven pictures); a set of didactic toys and Guidelines for Methods of organization of games with children "Playing with Infants"; a set of audio discs "We are Beginning to Speak!" (poems, funny rhymes, little songs, games with different movements).

- *Conducting rehabilitation-educational lessons with children.* We had selected a group of children and conducted individual and subgroup lessons with them during a period lasting from a month to three months. We performed a dynamic observation of the child's development in the process of training. The observation included assessment of development and behavior of the

child after creation of a special educational environment in the conditions of a short-term rehabilitation group and at the center of early aid. Training was held in the presence of the mother and/or other family members with the purpose of providing rehabilitation support for the child and teaching the mother pedagogical technologies in the process of child training.

- *Teaching parents pedagogical technologies of the child's education.* Apart from obligatory presence at the lessons conducted by the special pedagogue, the parents were included in short-time interactions with the child and the pedagogue, took part in games, and could later carry out the whole lesson or a part of it independently. This form of activity was aimed at formation of the parents' motivation towards positive and productive forms of communication with their children. In this way, we accomplished the following tasks: education of the parents in the sphere of psycho-physical and developmental peculiarities of the child at an early age with developmental disorders; and practical acquisition of the skills of interaction with the child. The following methods were used: pedagogical observation, individual interviews with the mothers and other family members, training practical sessions with the parents and common activity of the mother and child.

- A final talk with the parents which made it possible to assess the inner attitude of the parents towards their child's upbringing, determine the motivation to acquire pedagogical technologies of bringing up their child and their immediate aims in terms of rehabilitation measures organization. In the course of the interview, we defined how the parents accepted and interpreted the information they had received and their readiness to use the given recommendations in the future. The talk also had a prognostic aspect and allowed us to show the parents what would happen in the near future in case they actively participated in the complex rehabilitation work with the child, or, on the contrary, what might be the consequences of total inactivity. We worked out an educational path for each child, which took into account the level of his cognitive and speech development, and made up an approximate prediction of his further development.

Realizing the differential approach to pedagogical activity, we used different **models** of rehabilitation-educational support for children with developmental disorders and their families **in accordance with the parents' demands and opportunities:**

Model I (complete and continuing) – complex differentiated rehabilitation-educational support for the child and his family. All stages

were realized in this model: diagnostic stage; individual development program design; pedagogical rehabilitation (conducting individual lessons with the children in the presence of the parents); dynamic observation of the course of further development of the child with due adjustment of the program.

Model II (distance support) – is recommended for the children who could not attend individual lessons with the special pedagogue and included the following stages: diagnostic stage; design of an individual program of the child's learning and upbringing; dynamic observation of the child's development; and program adjustment. The given program presupposes one or two rehabilitation-educational sessions with the child according to the previously elaborated program of teaching the parents proper interaction with their child and their acquaintance with the requirements to the organization of such lessons, with guidelines, toys and methods literature.

Model III (one-time consultation) was recommended for the children whose parents could pay a visit to the special pedagogue only once (because of absence of specialized institutions at the place of permanent residence and other reasons). In this case, a brief development program was designed and the parents received recommendations on learning and upbringing

their child; the parents were given the necessary special literature and manuals for individual training of the child.

Depending on the structure of developmental disorders, the rehabilitation-educational work with the children was differentiated. Work with the children of Group I was mainly aimed at stimulation of the child speech development (formation of own speech activity). The process of rehabilitation-educational intervention with the children of Group II was primarily oriented towards speech and motor development. Work with the children of Group III was focused on cognitive and speech development. The children of Group IV needed a purposive complex of multiple pedagogical interventions in order to improve cognitive, speech and motor development and correction of various functional system disorders.

Conclusions

- All children of the early and junior preschool ages who had taken part in counseling needed rehabilitation-educational training and upbringing, and their parents were in need of pedagogical support. The children represented a heterogeneous group in terms of the level of cognitive, speech and motor development and the degree of manifestation of disorders.
- Our study of the children who needed special pedagogical

technologies for correction or minimizing deviations in their development showed that many parents turned for rehabilitation support to the specialist when their children had developed salient secondary developmental conditions. Thus, there were 73% of children with problems of intellectual development; 40% of them had intellectual disability and 33% - disorders of psychological development.

- Only a quarter of the families (25%) consulted the special pedagogue of their own accord. The majority of parents became anxious about their child's development only by the end of infancy and the beginning of the junior preschool age. But all children under observation needed rehabilitation-educational training. These data testify to the fact that the modern family is not well-informed about the typical parameters of child development and thus misses the most sensitive period of development of new psychological traits.

- We found three variants of parental attitude to children and their developmental disorders in the process of interviews and questionnaires of the parents and during observation of the parents before and during psycho-pedagogical examination of their children. It turned out that many parents were not ready to adequately evaluate their child's state and ensure orientation of the education process to-

wards rehabilitation. The adults did not know what and how should be done with their child, what toys and educational games to buy. More attention was paid in the family to the physical and somatic health of the child, and cognitive, speech and emotional development was underestimated. But it is common knowledge that the parental attitude to the child directly influences efficiency of the rehabilitation-educational process.

- Joint activity of the special pedagogue and the parents can be organized on the condition of obligatory and timely inclusion of the family in the process of rehabilitation-educational intervention and step-by-step training of the parents in pedagogical technologies of the child's learning and upbringing.

- It is necessary to look at the work with the parents as a unity of three parties: child – parents – special pedagogue. A systemic complex approach presupposes observation by all parties of the unity of content, methods and forms of work, which would make it possible to provide maximally individualized assistance to the child and the family, to make the required alterations in the process its realization and to evaluate its effectiveness at the final stage. The coordinating role in realization of the systemic approach belongs to the special pedagogue.

References

1. Ekzhanova, E. A. Sotsial'no-pedagogi-

cheskaya rabota v problemnykh sem'yakh s raznymi tipami vnutrisemeynogo vzaimodeystviya / E. A. Ekzhanova // Shkola zdorov'ya. — 1998. — T. 5. — № 3—4. — S. 199—203.

2. Lazurenko, S. B. Psikhicheskoe razvitiye detey s narusheniyami zdorov'ya v rannem vozraste : monogr. / S. B. Lazurenko. — M. : LOGOMAG, 2014. — 266 s.

3. Levchenko, I. Yu. Kompetentsii spetsialistov v sfere ranney pomoshchi detyam s ogranichennymi vozmozhnostyami zdorov'ya i detyam gruppy riska / I. Yu. Levchenko // Rannee razvitiye i korrektsiya: teoriya i praktika : sbornik nauch. st. po materialam nauch.-prakt. konf. (Moskva, 7—9 apr. 2016 g.). — M. : PARADIGMA, 2016. — S. 154—161.

4. Levchenko, I. Yu. Psikhologicheskaya pomoshch' sem'e, vospityvayushchey rebenka s otkloneniyami v razvitiit : metod. posobie / I. Yu. Levchenko, V. V. Tkacheva. — M. : Prosveshchenie, 2008. — 239 s.

5. Mishina, G. A. Puti formirovaniya sotrudnichestva roditeley s det'mi rannego vozrasta s otkloneniyami v razvitiit : dis. ... kand. ped. nauk / Mishina Galina Aleksandrovna. — M., 1998. — 179 c.

6. Nikishina, V. B. Sotsial'no-psikhologicheskaya determinatsiya narusheniy psikhicheskogo razvitiya detey : avtoref. dis. ... d-ra psikhol. nauk / Nikishina Vera Borisovna. — Yaroslavl', 2005. — 54 s.

7. Panarina, L. Yu. Psikhologicheskaya korrektsiya vzaimodeystviya mladentsev s sindromom Dauna i ikh blizkikh vzroslykh : avtoref. dis. ... kand. psikhol. nauk / Panarina Larisa Yur'evna. — M., 2004. — 19 s.

8. Polovinkina, O. B. Pedagogicheskoe soprovozhdenie sem'i, vospityvayushchey rebenka rannego vozrasta s organicheskim porazheniem tsentral'noy nervnoy sistemy : avtoref. dis. ... kand. ped. nauk / Polovinkina O'l'ga Borisovna. — M., 2005. — 26 s.

9. Prikhod'ko, O. G. Sistema ranney kompleksnoy differentsirovannoy korrektsionno-razvivayushchey pomoshchi detyam s tsebral'nym paralichom : dis. ... d-ra ped. nauk / Prikhod'ko Oksana Georgievna. — M., 2009. — 350 s.

10. Prikhod'ko, O. G. Sistema ranney kompleksnoy pomoshchi detyam s ogranichennymi vozmozhnostyami zdorov'ya i ikh roditeley / O. G. Prikhod'ko // Osobyje deti v obshchestve : sb. nauch. dokl. i tezisev vystupleniy uchastnikov I Vseros. s"ezda defektologov 26—28 okt. 2015 g. — M. : ANO «NMTs „SUVAG“», 2015. — S. 179—183.

11. Razenkova, Yu. A. Mama + papa = ya. Rebenok ot rozhdeniya do goda : kn. dlya roditeley / Yu. A. Razenkova. — M. : Shkol'naya pressa, 2007. — 408 s.

12. Strebeleva, E. A. Pedagogicheskoe soprovozhdenie sem'i, vospityvayushchey rebenka rannego vozrasta s otkloneniyami v razvitiit : posobie dlya pedagoga-defektologa i roditeley / E. A. Strebeleva, G. A. Mishina. — M. : Paradigma, 2010. — 72 s.

13. Suleymenova, R. A. Organizatsionno-tehnologicheskije osnovy ranney korrektsionno-pedagogicheskoy pomoshchi detyam s ogranichennymi vozmozhnostyami: na materiale Respubliki Kazakhstan : avtoref. dis. ... d-ra ped. nauk / Suleymenova Roza Aytzhanovna. — M., 2001. — 48 s.

14. Tyurina, N. Sh. Sotsial'no-pedagogicheskije usloviya formirovaniya abilitatsionnoy kompetentnosti roditeley, imeyushchikh detey s narusheniyami psikhofizicheskogo razvitiya mladencheskogo i rannego vozrasta : avtoref. dis. ... kand. ped. nauk / Tyurina Nadiya Shamil'evna. — M., 2008. — 22 s.

15. Yugova, O. V. Variativnye strategii rannego psikhologo-pedagogicheskogo soprovozhdeniya rebenka s otkloneniyami v razvitiit i ego sem'i : avtoref. dis. ... kand. ped. nauk / Yugova Olesya Vyacheslavovna. — M., 2012. — 26 s.