

## THE PLACE OF TALES IN CHILDREN'S SPEECH AND LANGUAGE THERAPY

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**Abstract.** This article describes in brief the specifics of use of tales in speech and language therapy as opposed to that in the psychotherapy direction of narrative therapy. The analysis is supported by a study of the practice of Bulgarian speech and language therapists which came to several conclusions: a large number of the speech and language therapists in the country employ tales to support their speech and language therapy goals; tales are mainly used to improve semantics and motivate speaking; most often, popular tales are used, and some of the professionals adapt their texts to the goals and specifics of children; an extremely small proportion of the speech and language therapists create their own tales for the goals pursued; a small proportion of the practitioners educate themselves to use tales through appropriate literature, and an even smaller proportion undergo targeted training; most of the professionals feel that even if it is good to be trained, this is not required when it comes to the use of tales.

**Keywords:** speech and language therapy; narrative therapy tales; speech and language impairments articulation gymnastics; finger gymnastics; language development

In the pursuit to improve their practice and achieve satisfactory and rapid results, many speech and language therapists employ a variety of activities, some of which are well-known, and others are creative and innovative. A strategy like this requires enough creativity and persistence in the search and creation of new materials, as well as a sense of the need to adapt each material to the needs of clients and the goals of the therapy.

Undeniably, a relatively well-developed method both for motivating children and correcting and developing speech and language skills is tales. In more than one practical field dedicated to children's development, tales are an integral part of interaction and learning. However, each of these fields has its own features, which is why the employment of tales should be well considered and specified.

On the one hand, this article is aimed at the theoretical description of the essence of speech therapy stories as opposed to tales as a tool of narrative therapy,

the latter a direction in psychotherapy. On the other hand, it is aimed at the study of the attitudes and experience of Bulgarian speech and language therapists using the method in their practical activities with children, for which 144 professionals practicing on the territory of the country were surveyed. The attainment of these aims could contribute to greater clarity regarding the place of tales in speech and language therapy sessions and thereby support the understanding of their more specific application.

In the description of individual speech and language therapy services, narrative therapy is repeatedly mentioned as an approach to work within the framework of language and speech correction. When interacting with children, use of tales is an inevitably preferred method by many professionals, and interaction is determined by “the specifics of children’s perception of the world, the extraordinary world of metaphorical images with which the children’s inner world is filled” (Konakchieva 2015, p. 262). Children’s ability to immerse themselves in the imaginary brings with it the need for personal creativity (Legkostup 2006, p. 45).

However, like any approach, method, or tool used in a specific professional field, tales should be used in accordance with the main goals of the field in the first place. To this end, when considered in relation to speech and language therapy practice, tales should contribute to the “development of the ability to fully communicate” (Tsenova 2009, p. 291) and support professionals in their efforts to overcome, reduce, or limit speech and language impairments (Stamov 1989, p. 138). On the other hand, narrative therapy is defined as a psychotherapy direction which uses the metaphorical resources of tales to help individuals develop self-awareness and improve their personality (Korotskova 2006, p. 4). It implies listening and discussing texts aimed at gaining new experience and stimulating active decisions (Tsaneva 2020, p. 158). As early as at this stage, there is a significant difference in the goals of the two therapeutic fields.

A further in-depth study of the essence of psychotherapy, guided by some detailed definitions, could deduce some of its features. As J. Meltzoff and M. Kornich defined the direction, “Psychotherapy is qualified and planned techniques based on recognized psychology principles and applied by professionals who, thanks to the training and experience received, can understand and use such principles and techniques to help individuals change some personal features of theirs such as feelings, value system, attitude, and behaviour, which, in the judgment of the psychotherapist, do not correspond to the environment and the individual” (Hadzhiyski 2007, p. 37). As additionally specified by K. Zlatkova-Doncheva, “psychotherapy is a form of complex impact on individuals in solving various internal and external conflicts and factors that hinder their full life development” (Zlatkova-Doncheva 2021, pp. 243 – 245). The subsequent presentation of the features of psychotherapy, with an emphasis on the direction of narrative therapy, outlines some essential differentiating features with those of speech and language therapy practice.

First, psychotherapy is a goal-oriented process, as is speech and language therapy. As previously mentioned, however, the goals of the two processes are different: change of certain personal features versus correction and development of speech and language competences. The two goals are mutually related; in psychotherapy, new communicative abilities can be developed, while in the speech and language therapy process certain personal features or behavioural patterns can be developed (Tsenova 2009, pp. 302 – 303), but these processes are secondary to the primary goal. In this sense, when applying narrative therapy as a type of psychotherapy, focus shifts and speech and language therapy goals are neglected in speech and language therapy sessions.

A more detailed description of the goals of narrative therapy was proposed by other authors. Some included elements such as regulating emotional disorders, supporting the development and improvement of relationships with the environment, reducing aggression, dealing with fearful experiences and increased anxiety, and developing self-control (Korotskova 2006, p. 4). Others put the emphasis on understanding the world and discovering one's place in it (Parry, Doan 1994, p. 14), moving beyond the familiar in behaviour and perception of the environment, and facing what can be changed (White, Morgan 2006, p. 55). Undoubtedly, children with such needs are often found in speech and language therapy offices, but the place for dealing with these needs should be the psychotherapy space, in the presence of the relevant professionals. This additionally raises two important questions, i.e., who can administer narrative therapy and for whom it is intended.

The answer to the first question points to another essential element distinguishing the directions of narrative therapy and speech and language therapy, namely the need for professional qualification to ensure their application. Just as for the conduct of speech and language therapy, a high-quality higher education is required to practice psychotherapy/narrative therapy, too. What is more, the conduct of any type of psychotherapy requires additional qualification with a psychotherapy school, necessarily including personal therapy. All this significantly limits the number of professionals correctly providing psychotherapy and/or narrative therapy.

In today's reality of an ever-increasing need to apply multidisciplinary impact in helping professions, the number of practitioners with two or more specialties is constantly growing. This allows, on the one hand, reflection on and dealing with various needs of different children by one and the same person, but, at the same time, carries a very high risk of mixing approaches, which can greatly harm clients instead of helping them. Such a risk is particularly significant when speech and language therapy and psychotherapy are administered by one and the same person to one and the same child in a single session as the interaction in the two therapeutic directions is different. Speech and language therapy is more directive and presupposes and suggests the existence of right and wrong assessed by the professional. In psychotherapy, on the other hand, clients have an extremely leading role in the

process: they choose the topic, activities, and words/actions. Psychotherapists do not seek a verifiable “truth” either in tales or in their interpretation (Duvall, Béres, Pare 2011, p. 11). Applying these approaches at the same time leads to confusion, especially when working with children who need clear rules, boundaries, and role models. At the same time, the knowledge that speech and language therapists possess from other professional fields would be extremely useful if applied in accordance with the interdisciplinary approach (Neminska 2015, p. 51) based on the use of techniques from other professions to achieve their own goals and, in the context of the subject considered, the speech and language therapy goals.

Considering the second question, i.e., for whom narrative therapy is intended, significant differences are once again identified in the two directions. Proceeding from the goals described and based on the analysis by T. Zinkevich-Yevstigneyeva, a most famous researcher of tales as a psychotherapeutic tool, clients of narrative therapists can be both children and adults having pathological problems, either emotional or behavioural, or personal (Zinkevich-Yevstigneyeva, Grabenko 2011, p. 24). I. Vachkov complemented the profile by directing the attention not so much to the pathology as to the daily difficulties that clients face in the process of their social functioning (Vachkov 2007, pp. 20 – 22). Another trend described in the scientific literature is the use of tales as a technique in family therapy (Parry, Doan 1994). However, all these authors clarified it was about psychological specifics and difficulties. As is known, subjects of speech and language therapy can be both children and adults, and what is essential here is the presence of an impairment or delay in their speech and language development. It can be the cause of unsatisfactory social functioning, but the aetiology will be different and, accordingly, the approaches and methods of impact will also be specific. At the same time, there are cases where the specifics of the language or speech addressed by the speech and language therapy do not affect quality social inclusion. All this points to the fact that the two groups can by no means be interpreted as identical.

Finally but importantly, an important differentiating feature in the use of tales in speech and language therapy and psychotherapy is the way they are used. Both directions can employ both popular author’s or folk tales and ones written by therapists themselves. Often, psychotherapy practice offers clients to create tales themselves. This approach is directly related to the already described specifics of psychotherapy, namely the leading role of clients. In speech and language therapy practice, such an approach is possible at the level of creating one’s own text, which E. Zhulina wrote about in her publications (Zhulina, Lebedeva 2019; Zhulina, Kurdova, Markicheva 2022). On the other hand, in narrative therapy, texts are rather discussed, and projections are discovered, and metaphors experienced. The focus of speech and language therapy sessions is training certain pre-speech or speech components. In this sense, we can speak of a significant difference in the content of tales themselves. To ensure training, speech therapy stories should be “active”

enough to ensure the continuous inclusion of children with certain movements, actions, sounds, syllables, words, expressions, etc., in accordance with what is set in the relevant activity. If, from a psychotherapeutic point of view, listening to tales and “immersing” in metaphors is justified, in terms of the nature of speech and language therapy, mere listening without active components is not.

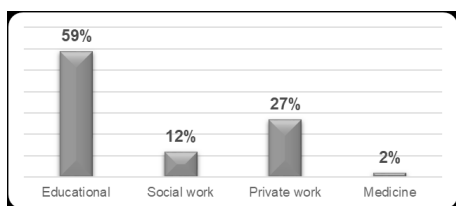
The differentiating features of psychotherapy tales and speech therapy stories described so far clearly show that in speech and language therapy the application of narrative therapy is ineffective if carried out by one and the same professional, and even more so within one and the same session. Of course, the inclusion of children in targeted psychotherapeutic work through narrative therapy, in parallel with speech and language therapy, could qualitatively support children's development, but only if at least two conditions are met, i.e., children need psychotherapy and narrative therapy is the right direction for them, administered by trained professionals outside of speech and language therapy. Only in this way can they “enter into active partnership roles” with the professionals, which is an essential prerequisite for the psychotherapeutic process and the development of the personality (Todorova 2021, p. 192).

This conclusion gives reason to study in more detail the use of tales when working with speech and language impairments. The review and analysis of scientific literature led to several general conclusions. First, there is a significant difference in the descriptions suggested by Western European and Russian authors. While the former put emphasis on the effect of tales in various psychological difficulties and psychopathological conditions accompanying communicative disorders, i.e., their use in psychotherapeutic terms, the latter make a sort of combination between psychological (but not psychopathological) and speech and language therapy goals. A most discussed topic in the context of the usefulness of tales is inevitably related to stuttering. Several elements are considered here: the self-perception of stutterers as such and the need to change and adapt to their new role of fluent speakers (psychological plan) (DiLollo, Neimeyer, Manning 2002); the breaking down of widespread prejudices against stutterers, including against themselves (cognitive plan) (Ryan, O'Dwyer, Leahy 2015); the impact of the environment and, more specifically, the negative experiences due to the rejection by others (social plan) (Leahy, O'Dwyer, Ryan 2012); the development of the prosodic components of speech: timbre, voice pitch, voice loudness, and tempo; the development of connected speech; the expanding of passive and active vocabulary (speech and language therapy plan) (Zhulina, Kurdova, Markicheva 2022, p. 68). Another widespread direction in which the employment of tales is analysed is the work with clients with language impairments. Again, efficiency here is determined in two ways. On the one hand is the integration of tales in language therapy, through which children's self-esteem is increased (Wolter, DiLollo, Apel 2006) and negative emotions such as fear, guilt, anxiety, etc., are dealt with as well as aggressive behaviour if any

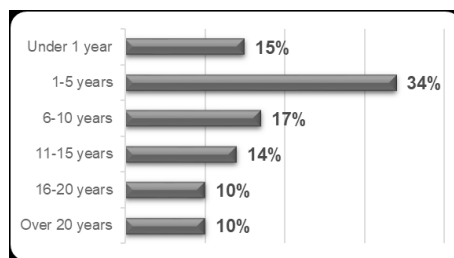
(Zhulina, Lebedeva 2019, p. 113). On the other hand is the targeted speech and language impact in relation to, in the first place, the preparatory part of the therapy: motivation to engage in work tasks and produce speech, development of gnosis and praxis processes (manual praxis and articulation praxis), phonemic awareness, voice skills, etc., and second, at the actual stage, the expansion and activation of vocabulary, development of dialogic and monologic speech (Zhulina, Lebedeva 2019, p. 114), familiarization with logical-grammatical constructs, and anchoring of grammatical categories (Oseyeva, Bychkova 2022, p. 159), etc. Some authors also described the positive impact of tales in dysarthria disorders in children, and the emphasis here is on the prosodic features of speech, which refers to the positive impact on stuttering already described. In this regard, the so-called rhythm-based tales including rhythm-based training components are discussed, which can relate to both the non-speech symptoms in dysarthria (impaired prosodic components) and separate language features (syllabic analysis, sentence structure, etc.) (Zhulina, Kadikina 2020, p. 204).

No significant guidelines related to the use of tales were found in the Bulgarian scientific speech and language therapy literature studied. There are some author's speech therapy stories published, mainly related to articulation therapy, aimed at the development of articulation praxis, manual praxis, and generalising of speech sounds (Nozharova 2019; Fartunova 2017). Similar tales can be found on various professional pages and sites. However, there are no scientific justifications, studies, and methodological guidelines on the subject.

To investigate in detail the experience of Bulgarian speech and language therapists employing tales in their own practice and as a kind of onset of a future further analysis of the issue, a questionnaire survey was conducted through the Google platform, and 144 valid surveys cards were received and processed. The distribution of the respondents by practice field and length of practice is shown in Figure 1 and Figure 2:



**Figure 1.** Distribution of respondents by practice field

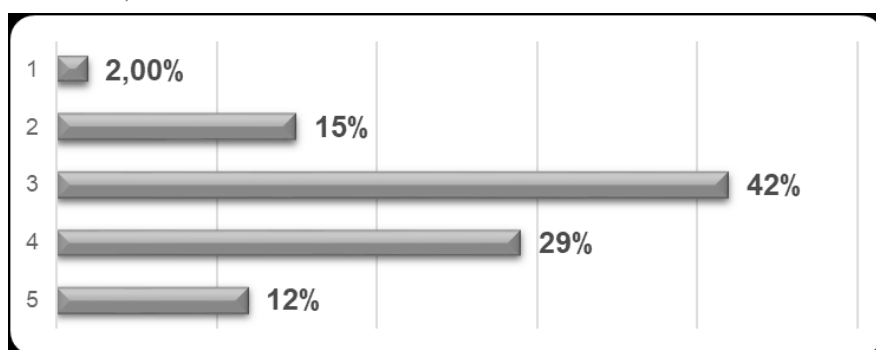


**Figure 2.** Distribution of respondents by length of practice

Figure 1 shows a predominant percentage of speech and language therapists working in the field of education (59%), as well as a very low percentage of therapists engaged in various medical institutions (2%). The uneven distribution does not allow for a qualitative factor analysis based on this indicator. In relation to the length of practice, most respondents have experience between 1 and 5 years, which probably reflects the increased activity of professionals in this period of their professional development.

Regarding the employment of tales in speech and language therapy, an extremely high percentage was reported: 95% of all respondents answered in the affirmative. Such a number allows for a subsequent quantitative and qualitative analysis of the practice with a sufficiently high statistical significance and providing quite detailed information about the current state of the issue investigated.

Figure 3 shows the frequency with which speech and language therapists use tales in their sessions with children. Score 1 on the Likert scale stands for an extremely low frequency of use and score 5 shows employment of tales in almost every session. The answers to the specified question are available only to speech and language therapists using tales in their practice (95% of all respondents or 137 professionals).



**Figure 3.** Frequency of using tales in speech and language therapy practice

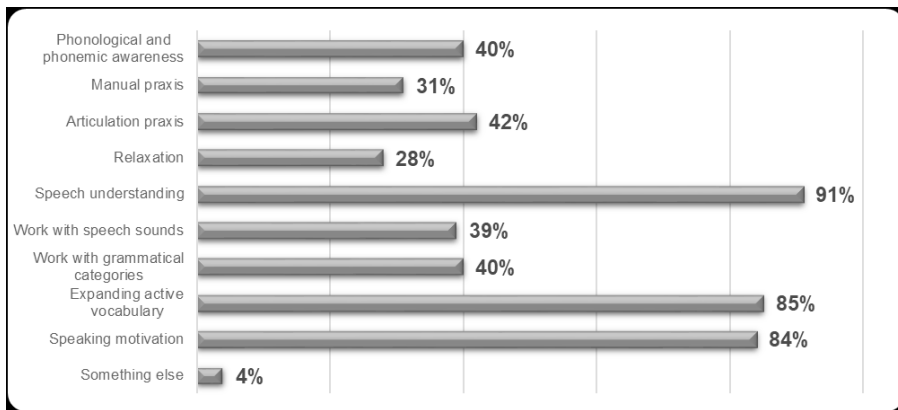
In Table 1, the mean of the data set and the standard deviation can be seen.

**Table 1.** Frequency of using tales in speech and language therapy practice (mean of the data set and standard deviation)

Mean	SD
3,335766423	0,941505149

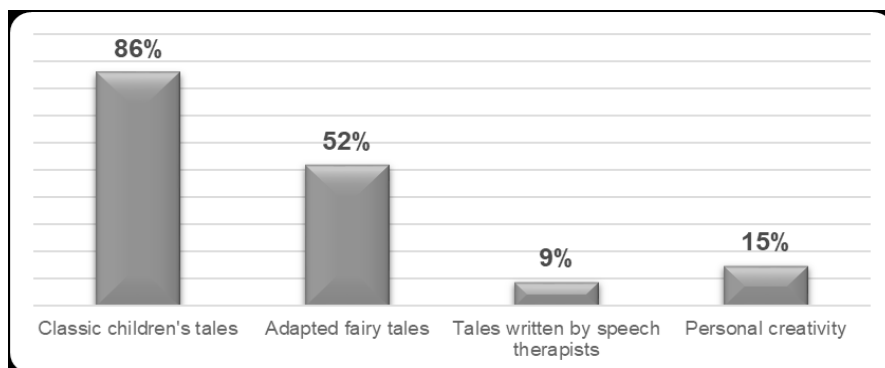
Both the percentage relations (Figure 3) and the mean of the data set (Table 1) point to a moderate use of tales in speech and language therapy sessions with a slight bias towards an increase in frequency. Despite the high value of the mean deviation pointing to a low statistical significance of the mean of the data set, it is an indicator of speech and language therapists' preferences for this type of stimulus material, without overexposing its usefulness.

Of interest to this study is also the question about the goal of using tales by speech and language therapists in their practice. Figure 4 shows the responses of the therapists using tales (137), with the percentage exceeding 100% as more than one choice was possible.



**Figure 4.** Goals of using tales in speech and language therapy

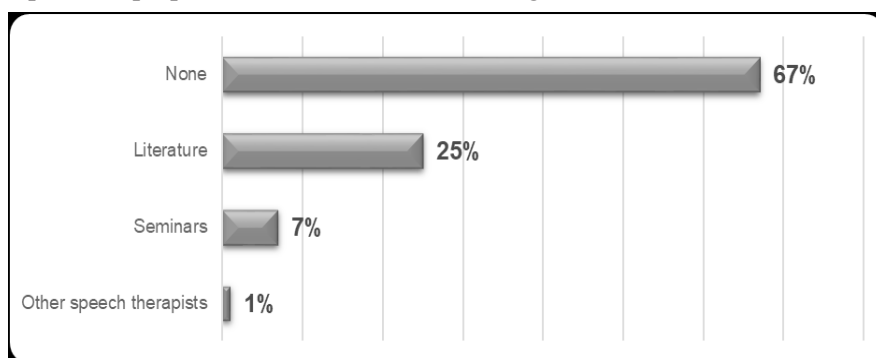
The predominant number of responses points to the use of tales primarily for semantic purposes, i.e., speech understanding (91%) and expanding active vocabulary (85%), as well as increasing children's motivation to produce speech (84%). The results correspond to the possibilities described in foreign language literature. At the same time, the data do not correspond to the special speech therapy stories available in the Bulgarian literature, which, as mentioned hereinbefore, are primarily aimed at work in articulation therapy. All responses corresponding to this type of therapy are below 50%: development of phonological and phonemic awareness (40%), development of articulation praxis (42%), work with speech sounds (39%). The answer to this question can be hypothesized from the data indicating what type of tales are most often used by practicing speech and language therapists in the country, shown in Figure 5 (with the total exceeding 100% due to the multiple-choice possibility):



**Figure 5.** Type of stories used in speech and language therapy practice

The results show the predominance of classic tales (86%) and adapted tales (52%), while special tales written by speech and language therapists or personally created ones occupy an extremely small place (9% and 15% respectively) in the practice of Bulgarian speech and language therapists. This tendency could be explained by the extremely small number of targeted texts corresponding to the various speech and language therapy goals of the therapy of children, and as stated hereinbefore, this is the main requirement when using methods from other scientific fields. On the other hand, the writing of speech therapy stories is not included or is poorly included in the professional training programs. However, the effort of speech and language therapists to adapt popular texts to compensate for such deficiencies is positive.

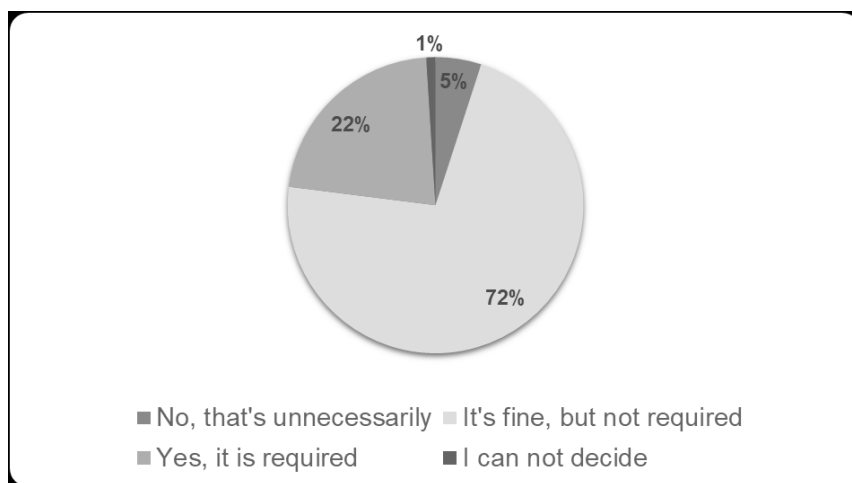
The hypothesis of the insufficient number of trainings related to the subject is confirmed by the answers to the question of whether and how speech and language therapists are prepared to use tales, shown in Figure 6.



**Figure 6.** Methods of training speech and language therapists to use tales

This question is available only to speech and language therapists who use tales in their practice (137 people). A large part of them (67%) did not receive any organized training or undergo any targeted self-training on the subject. The most frequently used method of self-training is reading literature (25%), and various seminars occupy only 7% of the total. The results highlight two worrying trends: neglecting the need for training and using techniques without the qualification and/or training required.

The answers to the last question addressed to all respondents (144) fully correspond to what was described. Figure 7 shows the opinion of the respondents about the extent of training needed to employ tales as a tool for working with children in the context of speech and language therapy. The largest percentage of respondents (72%) share that it would be good to have one but is not required; 5% are explicit that there is no need, and only 22% believe that professionals should undergo targeted training.



**Figure 7.** Need for training

Apart from the trends described, the presented data can be considered as due to other specifics of the practice in the country as well. As a result of the lack of sufficiently diverse scientific literature and special training, a process of experimentation with various tools and techniques can be observed. This process is fundamental for the creation of innovative working models, but for this to happen it needs to be sufficiently well considered, justified, and supported by evidence. Finally but importantly, the high-quality application of methods tested in practice requires very good communication and sharing of experience between professionals. However, all these hypotheses need to be further verified to lay the foundation for a more qualitative integration of new methods in speech and language therapy.

The theoretical research and survey conducted are not enough to fully describe the specifics of the application of tales in speech and language therapy offices. They indicate only some general guidelines and attitudes on the subject. First, employing such stimulus material as a tool for achieving more than one speech and language therapy goal is undoubtedly valuable. At the same time, it is extremely important to follow speech and language therapy goals without “seizing” the functions of other professionals and thereby shifting the focus of therapy. A positive trend is also emerging regarding the number of speech and language therapists using tales in their practice in the country. However, special and author's speech therapy stories to support practitioners, as well as targeted training and seminars on the subject, remain poorly represented.

The question considered and other similar ones indicating the specifics of individual methods, techniques, and approaches and posing various questions for future research could also give rise to new ideas, both theoretical and practical ones. The sharing of opinions, ideas, and experience among speech and language therapists, on the other hand, would help not only the development of young professionals, but also the improvement of those with extensive practical experience. This is the path of a successful speech and language therapy satisfying professionals, parents, and children.

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