

Tamara Cierpiałowska  
<https://orcid.org/0000-0002-5167-2128>  
e-mail: [tamara.cierpialowska@ignatianum.edu.pl](mailto:tamara.cierpialowska@ignatianum.edu.pl)  
Ignatianum University in Cracow, Poland

## Introduction

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Contemporary approaches to human development increasingly place communicative and linguistic competence at the center of cognitive, social, and cultural processes. Language serves not only as a tool for transmitting information but also as a medium for organizing experience, enabling participation in social relationships and the construction of meaning and identity (Bruner, 2006; Tomasello, 2003). In this sense, speech and language development constitutes one of the key dimensions of individual development, and disruptions in its development can lead to consequences beyond the sphere of communication.

In the context of these interdependencies, speech therapy appears as a clearly interdisciplinary discipline, and in the case of complex communication phenomena, also transdisciplinary, situated at the intersection of linguistic sciences, pedagogy, developmental psychology, and medicine (Kurkowski & Grabias, 2012; Michalik & Przebinda, 2020). Traditionally, speech therapy has focused primarily on the diagnosis and treatment of speech disorders, but contemporary approaches increasingly emphasize the importance of early intervention – before communication difficulties become established or begin to impact a child’s functioning within the family, preschool, school, and peer group. In this approach, preventative speech therapy is not merely an adjunct to therapy, but an important area of specialized practice, focused on supporting communication development, early recognition of risk signals, and creating an environment conducive to speech and language development.

As Węsierska (2012) emphasizes, this prevention is multi-level and systemic, encompassing both general interventions targeted at broad audiences and those specifically targeted at individuals particularly vulnerable to or already experiencing communication difficulties. The classic division distinguishes primary, secondary, and tertiary

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prevention, but the boundaries between these levels are not always clear-cut and depend on the social and institutional context and the individual's individual needs.

Primary prevention refers to universal interventions aimed at creating conditions conducive to language development and disseminating knowledge about its proper course. It particularly encompasses parents and guardians, who play a key role in shaping the language environment (Kaczorowska-Bray & Milewski, 2016). In this context, increasing importance is being placed on the quality of adult-child interactions, communicative responsiveness, and the creation of a rich, stimulating language environment. Contemporary research also indicates that preventive measures can and should cover the very early stages of life, including the prenatal and perinatal periods, which requires integrating speech therapy knowledge with health education and family support. It is important to remember that primary prevention can benefit people of all ages, including seniors.

Secondary prevention focuses on the early detection of speech and language developmental disorders. A key element is screening, which allows for the identification of children and adults requiring in-depth assessment and support. The importance of early intervention is emphasized in numerous studies, which indicate that prompt therapeutic intervention significantly increases its effectiveness and reduces the risk of secondary difficulties, including those related to learning, social functioning, and mental well-being (Paul & Norbury, 2012). At the same time, questions arise about the availability and systematic nature of such interventions in educational and health-care practice.

Tertiary prevention encompasses interventions for individuals with diagnosed communication disorders, aimed not only at improving language functions but also at preventing further consequences of the difficulties. In this approach, prevention intertwines with therapy, creating a continuum of interventions that support the individual's development and quality of life. A functional perspective, taking into account the individual's actual communication needs and their functioning in the social environment, is particularly important here. Speech therapy prevention, understood in this way, transcends the individual work of a specialist and takes on the character of a social task. Its effectiveness depends on the cooperation of many entities – from families, healthcare institutions, educational communities, the social support system, and the media landscape. In the age of digitalization and the growing role of social media, additional questions arise about the quality and credibility of disseminated content regarding speech development and its impact on educational and parenting practices.

Therefore, speech therapy prevention requires a rethink today. It is no longer simply a question of whether communication difficulties should be prevented, but rather how to do it systematically, responsibly, and with the participation of various groups:

family, educational institutions, healthcare, social services, and the media. Questions remain about the availability of screening tests, the quality of parental education, the preparation of teachers and specialists, and the boundaries between reliable knowledge dissemination and the simplifications present in the media landscape.

This issue is dedicated to speech therapy prevention, broadly defined – as an area of educational, diagnostic, therapeutic, and social activities. We are interested in what primary, secondary, and tertiary prevention activities are currently being implemented and which entities are participating in their implementation.

We hope that the articles collected in this issue will contribute to the development of reflection on speech therapy prevention and inspire further research and practical action. We invite you to read.

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